VOLUME THREE

Witness Transcripts

Part 6 of 9: **Vancouver, British Columbia**

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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
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 1 Timestamp: 00:49:33–01:24:04
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley

We welcome you to the National Citizens Inquiry as we begin Day 1 of three days of hearings in Vancouver, British Columbia. We have finally hit the West Coast. Commissioners, my name is Buckley, initial S. I'm attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I would like to begin by explaining to those who are not familiar with the National Citizens Inquiry that we are a citizen-organized, a citizen-led and a citizen-funded group that just decided to hold an independent inquiry into how all levels of government dealt with the COVID-19 pandemic.

Our hope is, by marching across the land and allowing people to have a voice to tell their stories—

And I am sorry, I should probably start that again. I am sorry, I forgot to put the mike on, so I am going to say that again so people online can catch what I just said.

Again, I welcome you to the National Citizens Inquiry as we begin our first of three days in Vancouver, British Columbia. Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

The National Citizens Inquiry is a citizen-organized, a citizen-run, and a citizen-funded group with a vision to have independent commissioners go across this land and discover what happened with the COVID-19 pandemic and to come up with recommendations to help us move forward in a better way. But just as important, we give a voice to Canadians who have been silenced for years. And we have been silenced. Whether you're vaccinated or unvaccinated, you're not allowed to tell your story. We're not allowed to have a discourse. And I guess I need to stop saying you're not allowed because you are allowed now to tell your story and you are telling your stories here. And we are now allowed to tell our stories outside of these hearings because we need to tell our stories.

Now I'm supposed to always do an ask before I go into my opening remarks. I do ask that you go to our website, nationalcitizenshearing.ca, and sign our petition. We want to have as many signatures on there as possible so that it's clear that citizens are demanding this honest inquiry into what happened.

We also ask that you donate. Every set of hearings costs us approximately $35,000 to run. And we just kind of manage to pay our bills as they go along. We don't have a single big funder, so we actually rely on you to be donating every time we do this. And I actually feel quite humbled and proud to be part of something that really is a citizen-run event and that relies on the citizens. And the fact that the word is getting out is because you're getting the word out. We don't have any mainstream media here today, which is quite fantastic. When you think about the fact that never in history has a group of citizens gotten together and marched across the land, doing a fair and independent inquiry, and this COVID experience has been the most significant experience of our lives.

Even for those who lived through wartime in Canada, this has been more impactful and will be more impactful going forward. So the fact that this is happening itself should be front page news. This should be the leading story on every TV network, but it's crickets. And its crickets for a reason, and we know the reason is because the mainstream media doesn't want to tell the Canadian citizens the truth. They're not ready and we haven't demanded it yet, although we're demanding it now. So we've depended on you getting the word out for us, sharing all of our social media.

The only social media that I thought we were not being hindered on and censored was Twitter, and we've done fairly well on Twitter. And in an opening in the Red Deer hearings, I asked everyone, and I ask again, whenever you tweet anything at all connected to a subject matter of this Inquiry, add the hashtag #NCI so their algorithms pick us up.

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But we have come to the conclusion, and I don't know if it's Twitter Canada, I suspect it must be, that we are being search banned on Twitter. So that if you search for us on Twitter, if you search for the National Citizens Inquiry— And we have screenshots where we don't show up and we have screenshots where we do show up, and that shouldn't be happening except for somebody is putting a brake on us.

And I have to confess that I know really nothing about whether governments in Canada have been involved with censorship with social media as the governments in the United States have. Because we know in the United States, and let's thank Elon Musk for releasing what are called the Twitter files, that literally government agencies were involved in censoring voices that went against the government narrative. Now because Canada acted **even in a more aggressive way on censorship than the United States, I would presume, but it's only an assumption, that perhaps the Canadian authorities were also involved in censoring.**

But in any event, I'm asking you to take action to stop this search banning on Twitter. I'm asking everyone who hears this to basically tweet out at Elon Musk, tag NCI, and you ask Elon Musk to do whatever he needs to do to help the NCI and to ensure that we are not searched banned. And if enough of you do this, he might get the word because likely he doesn't know. He has shown that he does not want censorship on Twitter, and we are being censored, which in itself is tremendously alarming, and it's a result of the Big Lie.

And the one thing that jumped out at me this week as I was having discussions with people, as I was interviewing witnesses, and some of my interviews were very unenjoyable, I got reminded of the Big Lie. And some of you know what the Big Lie is, what that term means. And most of you won't know what the Big Lie is, and I'll tell you in a little bit. I'll tell you because you must know what the Big Lie is. And you must know because it's an ingredient to this spell that our brothers and sisters have been put under, where they actually believe that a lie is truth: that they're living in a world that is not true, that they believe fundamental things that are not true. Literally, they're under a spell. And the Big Lie was one of the ingredients used to put them under this spell.

I've spoken in other openings of how we're herd animals, and there are very few things that we are more afraid of than being shamed, from being excluded from the herd. In fact, police states have learned that you don't have to torture people, just put them in solitary confinement for a long enough period of time and they break. We can't tolerate it.

Now it's been a theme that's come up in the past couple sets of hearings of people actually giving testimony about how awful this COVID-19 vaccine is and then volunteering: "But I'm not an anti-vaxxer, I'm not an anti-vaxxer, I'm not an anti-vaxxer," which just shows how conditioned we are to accept that as a pejorative term. And what I'm wondering is whether or not we should, in a manner consistent with the second commandment, start using that psychology to help wake the vaxxed up.

And when I say vaxxed, I'm meaning people that follow the government narrative because that's really where our divide went: Like overall, people that got vaccinated believed in the government narrative or were otherwise coerced. And people that didn't get vaccinated tend to be those that were skeptical of the government narrative. And I appreciate there's a whole range of other individuals in there, and I'm speaking very broadly. So understand that when I'm using the term vaxxed, I'm referring to those that accept the government narrative, but I want to contrast it with the unvaxxed or an anti-vaxxer. I think the vaxxed need to understand how we actually look down at them as deceived. I think that they would feel shame if they understood that now. And we're the majority now; we're the majority of people that don't buy the government narrative.

So they're now in a minority, where the majority are looking at them and thinking that they are downright silly and to be pitied. And I think that those of you that are vaxxed, that buy into the government narrative, need to understand we literally look at you like you're blind.

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Aren't many of you in disbelief at how people can't see what's right before their eyes? And people in the crowd are shaking their heads. We look at you or vaxxed people as if you're **ignorant. We look at you as if you've been tricked because you have been tricked. And when somebody's tricked, they can't see it. The hardest thing, psychologically, is to accept that you've been fooled, that you've been taken for a patsy. It's hard for us to get there, but we look at you and we look at you as Proles: as literally the unwashed masses in George Orwell's book *Nineteen Eighty-Four*, that were controlled by the authorities, that were controlled by the lies, that were controlled by the Ministry of Truth.**

And so, I want you to understand—those that accept the government narrative, those that I'm calling vaxxed—that if you understood how the majority looks at you, you would feel shame. And you need to start opening your eyes and becoming reasonable, and you need to stop living a lie.

I'm going to use a phrase as I continue, because I can't resist. One of the people that I follow is a blogger, Greg Hunter, of usawatchdog.com, and I enjoy him for several reasons. But he has a phrase that he sometimes uses that I want to borrow, so I'm giving him credit for the phrase. But sometimes he'll be talking about something, and he'll say, "You know, that is too stupid to be stupid." And I just love that phrase. So there are so many things that we went through that are too stupid to be stupid. It's like—really—you couldn't think about this and realize how silly it was?

Let's talk about how people were forced and coerced to take the vaccine. We've never witnessed anything like it, and we've had witness after witness explain that they were coerced. Well, that meant a whole bunch of you—employers, family members, friends—were doing everything you could to convince people to take this vaccine. And you could only do that if you believed it worked, right? You're not going to coerce somebody; you're not going to stop being friends with your best friend; you're not going to alienate your family members just because they don't take a vaccine—if you didn't believe it worked, right? This is just common sense.

But the problem is, if it worked, if it protected you from COVID-19— And that's what they were telling us at the beginning, the reason for taking the vaccine changed over time. But let's not make any mistake about it: at the beginning, people were just assuming you wouldn't catch COVID-19. Even the word "vaccine," that's what it implies, right? Although the definition was changed by the Ministry of Truth. So if you believe it works, how can you get mad at somebody that doesn't take it? I mean, if you've taken it and your kid's taken it, they're safe.

Do you see the logical inconsistency? If it works, you don't have to coerce anyone. So the fact that we got worked into a frenzy over a vaccine that we believed worked—because you're not going to do all this pressure on coercion and hatred and division for something that doesn't work, that's meaningless. The fact that we got into this frenzy was too stupid to be stupid because it's logically indefensible.

One of my favourites is masks and restaurants. And I know people are watching us all around the world; this isn't just a Canadian thing. In the province that I live in, Alberta, and I think this was true across most of Canada, there was a period of time where we had to wear masks into restaurants. I'm smiling because, I mean, even the idea of wearing masks that don't stop viruses that are so small, it's crazy. And then you can just wear whatever mask you want. And even if you had an N95 or something that could work, if you read the instructions, you're supposed to stop using it after a couple of hours. And you're wearing it for weeks and pretending that it means something, but aside from all that silliness, which is also too stupid to be stupid.

So in Alberta, you'd have to wear your mask into the restaurant. Literally, there'd usually be somebody at the door: you're only getting in there if you can show your identity papers and if you're wearing a mask. But then, as soon as you sit down, you can take your mask off. If this was a deadly pandemic, if this was a deadly disease, and if masks worked—let's just assume all those things.

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And we'd have to assume those things or we wouldn't be wearing masks. So let's understand that. We're not going to be wearing masks—we're not going to be accepting that, wearing masks in restaurants—unless we believe that there's a deadly virus

warranting a mask, and we believe that masks work. Or otherwise, we're too stupid to be stupid, right?

So if we believe those things, how can it possibly be—I mean truly, how can it possibly be that then, we could take our masks off as we sit at the table, which is most of the time we're in there, and that that's okay? So help me out: that's a little too stupid to be stupid.

And how the restrictions, they wouldn't be phased out. It wouldn't be like, "Oh actually, this part of the city is doing poorly, so you still need passports there and you need masks to wear. But these other areas, we're going to—" No, no. For us it was like a light switch going on and off. So you might be getting yelled at and kicked out of a store one day for not wearing a mask or not being able to go places because you don't have a passport. And then flick, the next day, you're able to go wherever you want: nobody's wearing a mask; nobody's upset about it; like, nobody's all of a sudden afraid.

We were having to put people under house arrest, a portion of the population, where they couldn't go out except for essential services because they didn't have their police-state identification papers. And we had to wear masks to protect ourselves from this daily virus on Monday. But on Tuesday, we don't need the masks. And on Tuesday, we can let everyone out of their houses regardless that they're in a social subclass that has less rights because the virus has decided to go on vacation. This is too stupid to be stupid.

Ignoring censorship. And I'm sorry, you had to be asleep to ignore the censorship. We had in Canada all of our media, both government-owned and private sector, our mainstream media speaking with one voice. And every single government at every level speaking of one voice, federal, provincial, municipal. And anyone who stepped out of the government narrative would be reported in the mainstream press as spreading misinformation, which Dr. Francis Christian told us, as an expert witness in Saskatoon, that that term was invented in Stalinist Russia. So it's appropriate that we're using it in Canada.

We had censorship. And it was supported by the public. We had censorship by people. We can't even talk with family members and friends that are still in this vaxxed category, that still buy the government narrative—although we can't believe that they do. But these people haven't thought this through. Could you imagine living in a society where there was agreement on important issues because you couldn't step out of the narrative because there was censorship? Do they want to live in that type of society? That's full-on police state.

If we were truly in a dangerous pandemic—is that not the time where we actually have to privilege every voice and say, "We're going to have open discussion, where any idea, we're not going to discount. We're going to treat people with respect. Obviously, as ideas don't **pan out or don't seem reasonable, we'll focus on other ones." But if we were truly in a global pandemic—if this truly was a 1918 flu and we were in trouble—isn't the best public policy to have open and free debate and let provinces and countries try different things, not a one-solution-fits-all? That makes no common sense: it is too stupid to be stupid.**

But the icing on the cake, and what led to literally the crime of the century, is this mantra of "safe and effective." If you go to Health Canada's website today and you find their Pfizer page, and I didn't check today, but they have a page for every single vaccine that they've approved. And every time I check—and I usually just go to the Pfizer page, at the top of the page, and this is on Health Canada's website—will be a sentence that reads something like: "All COVID-19 vaccines approved of by Health Canada have been proven to be safe,

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effective and of the highest quality." And the safe, effective, and highest quality part is in bold. Now, we've had witnesses speak about the quality control problems. And to say that it wasn't an absolute lie that they were of the highest quality would be an understatement. But I want to focus on the safe and effective.

So we come out with a vaccine literally in a year for a novel coronavirus. We've never had a mass vaccine for a coronavirus ever, and we're told it is new technology. I mean, who had ever heard of mRNA being injected in us before? Who had ever heard of lipid nanoparticles prior to this? So we all know, they're being open about, this is new technology. This is rushed. We know it's rushed. We lived it. It happened in a year. And you're not critically thinking that maybe this hasn't been proven to be safe and effective? How could they prove it to be safe for three months or four months? And just so you know, it was a mean of two months. How would we know how this is going to affect us even in the short period, let alone the long term? We can't know. And so if you would believe that—and people would just, you know, the mantra, "safe and effective," "safe and effective." It's almost as nauseating as "follow the science." I mean, I'm sorry: that's just too stupid to be stupid, isn't it?

Now let's talk about the media and government, what I think is one of the biggest crimes of the century, which anyone, any one of you, could have uncovered in an afternoon. The beauty about this crime is, it's not hidden. It will be hidden. Some of the documents I expect will very soon be erased from the web, but they're still there. You can still find them today. You could find them in an hour. We all knew this was rushed. We all knew it. We were told it was rushed. We live the U.S. mainstream media and, you know, emergency authorization. And a whole bunch of Canadians believe ours was approved under emergency authorization, which is the wrong terminology. We don't have an emergency use authorization pathway. We did something worse.

We had the Minister of Health issue an order, basically, exempting these vaccines from our regular drug approval process, which requires proof of safety, which requires proof of efficacy. And once you understand the safety and efficacy profile, then you do a risk–benefit analysis. You can't do that unless you know the safety profile and the benefit profile. But an interim order was issued, which exempted the vaccines from the regular test. And again, anyone could have found this out in an hour. Anyone. And let's put this in context: We're in a global pandemic. We've lost our freedoms. We're becoming divided and hateful. We're afraid for our children. We're afraid for our parents. We're afraid for our very lives. We know a vaccine is rushed. I mean, you couldn't take an hour of your day and maybe do a little research about—was this proven safe or effective?

The test that the vaccines were approved under, the word "safety" isn't even mentioned. Let that sink in for a second. And I'll cite the test. I might get it off by a word or two, but I've read it enough times, I can, just from memory, tell it to you. But when I tell it to you, I challenge you to listen for the word "safety" as part of the test. And I also challenge you to listen to the word "efficacy," which is just—does it work? Because that word's not there also.

So the test that all COVID-19 vaccines were approved under, it begins with—"The Minister has sufficient evidence to support the conclusion." Now I'll stop there. Minister means Health Canada. So I'm going to say it again, and I'm going to substitute [for] Minister, Health Canada. So the test is—"Health Canada has sufficient evidence to support the conclusion." I need to stop because what follows, I want you to understand: Health Canada doesn't have

to be convinced of anything. There doesn't have to be objective proof to convince Health Canada. If Health Canada had to be satisfied that something needed to be proven, the test would read "Health Canada has sufficient evidence to conclude."

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That's how we word it.

But our test for these COVID-19 vaccines is "The Minister has sufficient evidence to support the conclusion"—not Health Canada's conclusion, so just an argument needs to be made. I'll start at the beginning: "Health Canada has sufficient evidence to support the conclusion that the risks of the drug outweigh the benefits, having regard to the uncertainty concerning the risks and benefits and the urgent public health emergency presented by COVID-19." Did you hear the word "safety" in that test?

So we'll use Pfizer as an example. The Pfizer vaccine was approved under that test: Pfizer did not have to prove the vaccine was safe. Did you hear the word "efficacy" in that test? Pfizer did not have to prove that the vaccine worked. There's cost–benefit language in that test, but if you actually go to the order and study it, Pfizer doesn't even have to prove that the benefits outweigh the risks. They just have to have evidence to support—they basically just need to make the argument. They don't have to convince Health Canada.

And this wasn't hidden. The media actually reported that this was approved under an interim order. And I assure you, people looked: journalists looked; members of parliament and MLAs, they looked, some of them looked; some doctors looked; some nurses looked. They looked and they didn't tell you. They didn't speak out. But what's too stupid to be stupid is for the biggest event of your life, you didn't look.

And now let me get to the really shocking part about this interim order.

Under our regular drug approval law—and you can just go to our drug regulation C.08.002 and start reading there. They're not long provisions. It'll be a couple of pages. But keep going, and you'll see that the Minister has power after a market authorization is granted.

So what happens is the drug company applies: they have to prove safety and efficacy, and then—this is a good idea—benefits outweigh the risk. And a market authorization is granted. But sometimes, in fact, most of the time, we actually don't know how safe a drug is or how effective it is until we get it into the general population. And so that's why we do post-market authorization surveillance. And we have a power in our drug regulation so that if after market approval is granted, the Minister realizes, "Wait, it's not safe." Or "Wait, it doesn't work," then the Minister can withdraw it from the market. That makes pretty good sense, doesn't it? Can anyone argue that the Minister should have that power?

So here we are with the COVID-19 vaccines, and I challenge anyone to read that interim order. You're not going to sleep at night. So not only is this interim test granted, but the Minister's power to withdraw a COVID-19 vaccine after it's approved is withdrawn from the Minister for a year. Did you hear that? So normally, the Minister has the power to withdraw market authorization, to pull a drug off the market if subsequent evidence shows that it's unsafe or subsequent evidence shows it doesn't work, which then would change the risk–benefit profile. The COVID-19 vaccines were deliberately, by the Liberal Government, exempted. Basically, the Minister lost the power under this interim order to order the withdrawal from the Canadian market of COVID-19 vaccines if further evidence showed that they were unsafe and if further evidence showed that they were not effective.

And that lasted for about a year. It varied from vaccine to vaccine because of the way the order was written.

Now—how—how is this in the public interest by any metric? And that clearly has to be a rhetorical question. I've thought about this: You can only remove the power to protect us from an unsafe or an ineffective vaccine if your intention is to kill, steal, or destroy. This has nothing to do with the public interest. And anyone who has ears, let them hear.

[00:30:00]

And some of you just got a message that means you have to stand up and you can't sit down ever again.

But for those of you who didn't understand the message that I just gave, understand that we are in the eye of a hurricane. And we just went through three years of the first part. You understand a hurricane is circular, and when it hits you, it's just awful. The winds are blowing, things are flying through the air, you're lucky to get through, and then you hit the eye. And this is so all-encompassing that nobody would make up this lie. So people actually believe the lie because it is just so big and outrageous, and it's just a psychological thing.

So for example, I think most of you will be aware of this. We had Woody Harrelson, the comedian, on Saturday Night Live not long ago, and he's standing up and he's talking about, "Oh, yeah, I got this script for a movie," and he told us kind of how it went. And then he says, "You know, I wasn't going to follow this." So basically, he said about this script, "Well, hey, you know, we've got all these powerful and rich pharmaceutical companies that basically started buying off the regulatory agencies and the governments. And we found ourselves in this world where we're locked down and we can only leave our house if we'll take these, you know, drugs from these pharmaceutical companies." And he's going, "Well, that's a script that was just a little too outrageous, and so I didn't follow it."

That's an example of the Big Lie. Because do you understand that those people that are still buying into the government narrative, the idea that the pharmaceutical companies could collectively get together and they'd have so much power and wealth that they would basically buy the regulatory agencies and buy the government and control the colleges of doctors and physicians, and the like, and basically place us in a situation where we're locked in our homes and have to take a drug for money—that is so outrageous that you can't believe it.

But if the government pushed that narrative, and it likely will be a narrative that will be pushed, if the mainstream media started pushing that narrative, then we would believe it. Because it's just too outrageous. It's too big. Nobody could make that up. So if all of a **sudden CBC is sharing that narrative with you—even though before you might consider it outrageous—you would believe it. We were told a lot of Big Lies. We're living the Big Lie now. And things like safe and effective are part of them. So how the spell was cast is the Big Lie, fear, which I've spoken about, and repetition. And I'm just going to end my opening comments because fear and repetition are essential for the Big Lies to stick.**

I was thinking this morning as I was deciding what to speak about, and I just posed the question. And I don't know the answer to the question, but I'll just pose it to you. Because I can't watch TV anymore. We don't even subscribe. About a month into the COVID thing, my wife and I just made a decision. We have to turn off the TV because it creates so much fear. And it actually, I think it took us a full month to settle down. And I shared on another opening how I was watching Del Bigtree's show, "The High Wire," and one of his episodes—

I don't know if it was monkeypox or something else they're trying to get us scared of. And in his show, he literally showed five or six minutes about how the media was reporting this. And so now I'm watching on his show the mainstream media. And in that short period of time, I got scared. They're experts at manipulating your emotions and getting you in fear.

So the question that I leave you with is—is watching television consistent with you being alive in three years? That's the question that just came to my mind. I don't know the answer. But I do know that we are experiencing the Big Lie. We're living in a lie. And that if everyone turned off the television sets, we would have a completely different nation and a much better one.

[00:34:30]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 1: William Munroe
Full Day 1 Timestamp: 01:24:02–02:28:40
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
I'm going to end my opening remarks. We're going to invite our first guest, our witness, William Monroe, to join us. William is joining us virtually today. William, can you hear us?

William Munroe
Hi Shawn. Thank you very much for your message to us this morning.

Shawn Buckley
Well, thank you for joining us. I want to start by asking if you can state your full name for the record, spelling your first and last name.

William Munroe
Yes, my full name is William Warren Munroe. I go by Warren. My first name is spelled W-I-L-L-I-A-M and Munroe is M-U-N-R-O-E.

Shawn Buckley
Oh sorry, I'm going to swear you in now.

William Munroe
Yes, okay.

Shawn Buckley
Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

William Munroe
Yes, I do.

Shawn Buckley
Now, I want to introduce you a little bit. If I don't do you justice, please feel free to share some more. But you have both a Bachelor of Arts and a Master of Arts dealing with analyzing population numbers and trends. Is that fair to say?

William Munroe
Yes.

Shawn Buckley
And part of your education, you actually studied with some people at Stats Can that were experts in this field. You didn't just go and get a professor. You actually worked with experts in the field. You worked for the BC Statistics Agency for four years.

William Munroe
Yes.

Shawn Buckley
Then you started what's called the Population Projections Project, which is basically doing similar work as the BC Statistics Agency. You've been doing that since 2007.

William Munroe
Yes.

Shawn Buckley
The point I'm trying to make is that you are an expert in the area of analyzing populations.

William Munroe
Yes.

Shawn Buckley
Did I miss out anything there that you think we should explain? Or should we just launch into this analysis that you wanted to share with us?

William Munro
No, I think that covers it. Yeah, I could jump into the presentation [Exhibit VA-2]

Shawn Buckley
We've invited you here to do a presentation on your findings, and so I would invite you to start.

William Munroe
Okay. So I think it's unusual for many people to say that there are people in the profession of population analysis. I was hired by the provincial Government of British Columbia straight out of university, having finished my Master's in Population Studies.

Yeah, the government has population analysts. I haven't heard one population analyst over the last three years. So part of my presentation is to show that there are people who are in government, and in other organizations, who do analyses of population. In particular, the description would be that a population analyst is versed in understanding the strengths and weaknesses of the methods, data, and modelling used to estimate and forecast the components of population change—which are births, deaths, in-migration and out-migration, by age and by sex.

With that in mind, since this is a discussion and an inquiry into mortality and lethality, a population analyst would be looking at the death data. The death data is first broken out for any particular area. We don't just use total deaths because that hides a lot of variation. We use population by age and sex as per the analyst's purview. It provides us with a bit of a macro way of looking at things quickly. So we would have had the data, if I was with the government.

I'm not with the government, just a little aside. The Population Projection Project was developed as an alternative to having to use government data, which can be manipulated.

[00:05:00]

The Population Projection Project is built entirely off of calculations right off the census of population. So it's cleanly laid out: it isn't interpretation; it's description.

So population analysts. It's not as though data is the best way to look at things. People had a sense that there was something wrong simply by going to the restaurant. You have to wear a mask to get in and then, once you're in and sit down, you take it off. This isn't an epidemic. So it's pretty clear to people.

But since I do the data side of things, I wanted to show people two things, mainly. How you can see at an early stage—let's say, in mid-March 2020—that people were being misled. It also shows that the government, itself, should not consider themselves above questioning. They should be questioned, just like anyone should be questioned. Any analyst or scientist versed in scientific techniques knows that you benefit from methodic doubt. Anybody who's putting forward findings must be able to show how they came up with those findings. Anything less is not science.

Shawn Buckley
Warren, can I just interject? Were you going to screen share and start with a slideshow to help explain this stuff?

William Munroe
Yes. There were two questions that I had when I was looking at doing a review. As a population analyst, what they do is look to see whether or not the deaths were evenly distributed across all age groups—in this case, it's 10-year age groups—or are they clustered or age specific? The deaths would be just for a small number of—

Shawn Buckley
I'm just going to interject because I just want those watching your testimony to understand.

What you're saying is, a population analyst is going to look at the different age groups. They're broken into groups of 10 years to see— "Well, just wait a second, there's no deaths in this group, and the deaths are clustering in this group." So for example, my understanding is early on, we learned with COVID, it really clusters in an older population and is pretty well non-existent in the younger population. This is the type of thing that you're saying a population analyst would look at.

William Munroe
Yes, exactly. So that's the first cut when you're looking at lethality, to see if there is any age-stratified or a particular age group.

I might interject a little bit here just to bring in Neil Ferguson—from the Imperial College in London, in March 16th, 2020—had said, in the very first sentence of his report, that we're looking at something as potentially as bad as the Spanish influenza, H1N1. It was obvious to anybody who looked at the data from British Columbia and also data from China from January and February that this was age-specific and the median age of death was as old—if not older—than life expectancy.

Shawn Buckley
Can I just stop you again, Warren, because you've just said something really important.

I think that the average person viewing, they don't know Neil Ferguson. But they will remember, very early on in the pandemic, the mainstream media citing these awful projections of how a large number of us were going to die. And one round of this media fearmongering was based on a model done by a man named Neil Ferguson in the United Kingdom.

William Munroe
Yes. And then his report— Right away, *Financial Times*, BBC, a number of the big media organizations

[00:10:00]

were ringing the alarm.

Shawn Buckley
Can I ask you if you're aware of Mr. Ferguson because he's been a forecaster for a long time and forecasted other things? Can you share with us your thoughts on the accuracy of his previous forecasts?

William Munroe
Yeah, he exaggerates. I think John Ioannidis from Stanford said it best and I can paraphrase: that it was below standard; it doesn't meet the basic requirements for statistical analysis. I don't know how better to say that. But, no, he's way off.

Shawn Buckley
Right, and yet the mainstream media covers him.

William Munroe
Yes, and yet they do. And also, I don't think it's non-related, but the Bill and Melinda Gates Foundation granted $100 million to Imperial College in the year 2020.

Shawn Buckley
And that's the College where he works.

William Munroe
Yeah.

Shawn Buckley
Okay.

William Munroe
We could see early on that this was age-specific. The Spanish influenza was across all age groups and the median age of death would have been around 30, give or take a couple of years there. But for the data out of China—and I do have a slide at the end of this, if we have time to see it—it shows that in mid-February, we knew that the majority of people who are affected by the coronavirus were in the high mortality years—70-plus. So that's why we ask, right away, for an age/sex breakout; mostly, we're interested in age, of course.

And the second question that we would have as an analyst is whether or not people are dying—with—the disease or because of the disease itself, just by itself. And so, with those two questions in mind, I was then thinking— Okay, I better go take a look at what BC was using for its data and its tracking of the variables that were subject to the state of emergency.

Going back to the state of emergency—which in British Columbia was March 18th, 2020, the day after the public health emergency was declared by Bonnie Henry—the *Emergency* [*Program*] *Act* says that within seven days, you need to produce a report. That's what we will be looking at, the very first situation report that was from March 23rd.

So that launches me off here to share screen and it's there. And let's see if it— No, does that come across to you guys? Do you see this?

Shawn Buckley
No, we can't. So we're just going to check on our end whether or not our settings are—

William Munroe
Okay, I'm going to click this here. Oh yeah, here we go. Pardon me, I was mistaken. Just a sec. Here we go. And share.

Shawn Buckley
There, we can see your screen now [Exhibit VA-2].

William Munroe
Yes.

Shawn Buckley
We're showing a chart with the heading, Population Change by Five Year Age Groups, 2016 to 2021, BC [slide 1].

William Munroe
Yes. Okay, so we're in the presentation. The reason why it says "population change" is the total number of people estimated— Okay, I won't complicate things of how this is put together.

But we see a number of lines where they disperse, and then they cross each other and disperse again. So 2016 is the green line and then the interpolation is to 2021 when the next census came out.

[00:15:00]

The lines represent the counts for the youngest age group, zero to four, all the way through 50s, 60s, all the way to the age groups in the high mortality years. I'm pointing out 86 years old. I circled that to give a context here, that this is the median age of death as reported by the situation reports. So we knew that this was age specific. These people are usually dying with a life-threatening ailment, and the coronavirus was more like an irritant at the end of life rather than lethal in and of itself.

Sorry, I interrupted you.

Shawn Buckley
Well, I actually just wanted to make sure that people understand. When you're saying that 86 years is the median age of death— You mean of people dying of COVID-19, the median age of death is 86 years of age.

William Munroe
Yeah. A median value is—just to be a little bit user-friendly, I borrowed this from the internet [slide 10]—the middle number in a sequence. What we were looking at there is some people were older, in their 90s, dying with this, and some people into their 70s.

So I'll continue. We'll be able to take a closer look. But that does answer a couple of questions right away. And so here's where to go for the data, the BC's Centre of Disease Control data set [slide 2]. Then you climb into it [slide 3], and I'm looking for the archived situation reports. These are the dates for the situation reports, starting with March 23rd, as per the seven-day requirement of the Emergency Act [slide 4].

Let's take a look at that first situation report [slide 5]. I'm not going to dive into the detail right away; I'll just show you what the report looked like. There was just three pages: this is the first page; here is the second page [slide 6]; and here's the third page [slide 7].

Now, going back to the beginning [slide 5], do we see anything? We're looking for deaths. Although it's important to look at cases, hospitalization, ICU unit admissions, I'm focusing on deaths [slide 8]. So we see here that the deaths are in brackets as per this side of the equal sign. It says there were 12 deaths. Which is a small number, but it's a large number too. If there's anything you can do to save those 12 people from dying without harming anybody else and it was doable, then you could see that a response could be very helpful.

Then this is the table [slide 9, Table 1], also on the first page, and it shows us deaths. It gives a different number, in this case it's not in parenthesis. But it says 13. So it's 12 or 13. I'm going to lean, in this study, towards the 13 and not use the 12 so much; I just use 13.

Here's the 87: the median age was 87 at the time of this report. It was based on information from January 1st to March 23rd. So we're starting to get a little bit of information.

I'm going to slide down now to a closer look at the last page because the second page doesn't say anything about death. This is the third page [slide 11], and I'm going to focus in on this chart below [slide 12, Figure 4]: It's got lines for death. It's also got COVID cases,

[00:20:00]

hospitalization, IC unit admissions, as well as the general population. Now, that's not a term I'm familiar with: we would just call it population estimates. I'm going to focus in on the population estimates and the deaths because these very tall columns for deaths— How did we get that? That's a lot of deaths, it looks like to me. So it's problematic.

Cutting away the hospitalization, ICUs, and cases [slide 14]. Cases, by the way— Quickly, the definition of cases was mal-aligned with previous definitions of cases. Usually, to be a case, you would have to be sick and not healthy. So I just mention that.

Shawn Buckley
I'll just interrupt. Are you saying that that definition changed for COVID? That you didn't have to be sick?

William Munroe
Yeah, it's my understanding that you had to be sick if you were a case.

Shawn Buckley
Okay.

William Munroe
But that went out the window with a lot of other definitions. For example, the definition of a vaccine.

There's a lot of different— There's "confirmed." People were using the word "confirmed daily." The data that they were getting was "confirmed daily." And if you look up what they

were calling confirmed, it was information they've got off the internet, from the government, whatnot. So yeah, the definitions really took a hammering. "Pandemic."

Shawn Buckley
Okay, but this is important for us to understand. So the BC Statistics Agency, before COVID-19, if they were, saying, "Okay, we're having a bad influenza season," and they were reporting someone as an influenza case, that person would actually have to be sick. They'd have to be showing symptoms.

William Munroe
Yes.

Shawn Buckley
Did they apply the same approach to COVID cases? Because some of us have heard that to be a COVID case, you could be asymptomatic but just test positive on the PCR test and be considered a COVID case.

William Munroe
Yeah, that's new. It's hard to compare previous years' results with something that includes people who are healthy. So that was different and changed. I wasn't with the provincial Government of British Columbia at that time. I'm not sure how they are handling it, except that the reason why I started the Population Projection Project is because we should be verifying the information from the provincial government. So yeah, the definitions changed, including the definition of what is a case.

Shawn Buckley
Okay. And sorry for interrupting. I'll let you carry on with your chart here, showing deaths and population.

William Munroe
Yeah, okay. Super. As it turned out, I put in 12 deaths. That's me putting that in there. This is a chart [slide 14] I made up from the data that I got out of this chart [slide 12, Figure 4]. I just replicated in Excel and took out the other variables, just focusing on these two variables—the population and the number of COVID deaths. The reason why I did that will become apparent in a moment.

I'm kind of diving into a little bit of detail and it's somewhat incongruous. It's a mystery to me as to how it is that they did this. But nonetheless, I just want to show you the next steps here.

I put in the relative percentages for the total number of people per these 10-year age groups in estimated population [blue vertical bars]. So 10 per cent, or 9.6 per cent for the people under 10 years of age, is 10 per cent of 5 million people. That's what's going on here, right? All of these are just the portion of 5 million people—

[00:25:00]

an estimated, approximately, 5 million people. It's actually 498,9-something-something. So I'm just putting in 5 million. That's what we're seeing across here. The denominator is 5 million people. The denominator for the deaths is 12. The reason why it's 12 and not 13 will become apparent.

Let's go to the next one [slide 13]. I had to draw a line across to see where these figures came out: 42 per cent of the COVID deaths for the 80-year-olds; 29 per cent for the 70-year-olds and then 90-plus. Okay, by using that, I found that there had to be— This seems incongruous, but there's three and a half deaths. That's the only way that you get these percentages, which they came up with.

So back to their stuff [slide 12, Figure 4]. When you draw a line across, it's just under 30 [per cent] and it's about 40 [per cent]. And there's three and a half deaths [slide 13]. You can't have three and a half deaths. That's why we use median as a measure. Average, you can get a fraction. But this should be four deaths or three deaths. But it doesn't work unless you have three and a half deaths. Why? I don't know why they did this. I don't know.

Nonetheless, the idea here is that three and a half deaths are being compared to—what's the number here?—to just about half a million people who are 70 years of age in British Columbia in 2020 [slide 14]. So anyways, you can see how this is incongruous. It doesn't make sense to provide a percentage. We should be using the real numbers, the whole numbers. They call them the "absolute numbers." In that way, we would be better able to see what's going on.

Now, personally, this is not really a first cut for a population analyst. We would use case—sorry, the term slips my mind just now—case fatality rate. Sorry, not case fertility, which sometimes I say. So anyway, case fatality rates. That would make sense.

To put it against the whole population of the province when, really, the outbreak was in the Lower Mainland was— I think that they were wrong to do that in their title [slide 12]. In their title, we see, right here, "Percentage distribution of COVID-19," and I jumped to, "deaths by age, compared to the general population." That's not going to do us much good. Case fatality rates is a better way to go.

Anyway, I did the absolute numbers just because they did the percentage on what they call the general population [slide 16]. And this is what it looks like. These [blue] bars represent the estimated population, again, for the 10-year age groups. And over here we see an arrow— you can't see it because three and a half deaths is too small. This is the chart that, perhaps, they should have put up because this one works off the absolute numbers. Again, it's three and a half deaths; that doesn't make sense. It should be three or four, or whatever it was. But anyways, I just wanted to show you that relative to the total population of the **province and for each of these 10-year age groups—the number of COVID deaths is very, very small.**

If I wanted to rub it in, here's a table that shows the age groups that we're interested in [slide 17]. The estimated number of people per age group. The number of deaths was zero up until

[00:30:00]

the 70-plus and the percentage of the COVID deaths to the respective population estimates shows very, very low, right?

I thought that at first, this had to be a mistake: They did that chart rushed; this one here [slide 12, Figure 4]. You can't do that again without being called on it. Somebody, surely, must have called on it.

So I went in and looked at other situation reports. I looked at a lot. I'm just giving you the next two that I looked at. One from April [slide 18]. And do they have the similar kind of chart? Yes, they do [slide 19]. The black columns are deaths. We see that the range has expanded somewhat. There's one person died in their 40s, none in their 50s, about five in their 60s. And so it's spreading out. But still, we have the majority of people dying in the high mortality years. These people were said to have had other comorbidities, in the younger age groups.

I'm going to go over to a key message that was in this April 17th situation report [slide 20]. It recognized that the admission rates were dropping and case rates were dropping. They wanted to make sure that we understood that the difference between what could have been and what has happened is because of the collective action of British Columbian citizens: "This slowdown is due to public health action, not herd immunity." That statement is incorrect, I'll explain. "And what happens next will also be due to public health action," that is also incorrect, and "This is an important message." It's incorrect, except that it's good that they put that in there because then we can tell that they think it's an important message: the slowdown is due to public health. This was not proved.

When we do look at herd immunity, particularly looking at what was happening in China in late 2019 through into the first quarter of 2020, they closed the schools at the very tail end of the natural bell-curve-shape disease distribution. So I put that in there just because it's almost becoming ridiculous.

Then I jumped to May 4th [slide 21]. Do they have similar charts? They do [slide 22]. Here's the death one, down here [slide 23]. I'm going to focus in on that. And this, I don't understand. This lacks the necessary qualification to be understandable. I worked on these numbers for a while and it's tedious and exasperating at the same time. And do they have the chart? Yes, they have a chart in there, as well [slide 24].

So we can tell that the myth is being perpetuated. We're told that there's very nice goals, looking forward [slide 25]. Everybody would be happy. And the way to do it—this is another page from that May 4th write-up—is staying informed as a key principle, being prepared, and following public health advice [slide 26]. I think that would be okay if there was open discussion and no censorship and no coercion. But given the way that this was handled, that's suspect.

Here's the last one. I just jumped to the end of 2020 [slide 27]. I went into the December **18th— they say December 12th. It's actually the 18th; when you get into the report, you'll see that, if you want to look at this again later. Sure enough, on page 9, they have the same profile for using the per cent of the small numbers of people who are dying as a way of exaggerating small numbers [slide 28].**

And just a little bit of a closer look.

[00:35:00]

And I want to put a "thank you" out to the people who I showed this to from the Students Against Mandates, S.A.M. The students were really helpful in going over this project with me. I'm just going to focus in on that chart [slide 31]. It's the same nonsense, is what I call

that, and we have 86 is the median age of death [slide 32]. Okay. I'll finish off, with the addition—focusing in on the young adults—there are no deaths below 30 at the end of 2020.

And that brings us back. I'm just going to end off with the same chart as I started with [slide 34]. I think that covers it.

What were the takeaways from the questions I had? The third question that arose was, were we being provided with reliable information to be able to participate in a constructive manner in addressing the disease?

We were being misled. And it was not just the authors of this. It was across more than just BC CDC that knew that we were being given information that was misleading. That's what I would say. So that concludes this, if there's any questions.

Shawn Buckley
Warren, I've got a couple of questions before I let the commissioners ask you questions. My understanding is we have an influenza season or a flu season every year, which coincides with low sunlight levels. Some call it a low vitamin-D season. But we have some influenza seasons where more of us die than others. Did COVID present a significant change or change at all from a bad influenza season?

William Munroe
I think the answer to that is that— The number of people who died with a median age of death at 86, it's very unlikely that none of them had comorbidities. The likelihood of all of them having comorbidities is high. I mean, that is a possibility. That makes sense. To have no comorbidities is unlikely. So COVID-19 itself can be seen as more of an irritant at the end of life rather than life threatening or lethal. Influenza, it can kill young and old. It's no comparison. I think Anthony Fauci was definitely wrong when he said it was 10 times worse than influenza. It's not. It's less.

Shawn Buckley
Right, and you're basing this on crunching the numbers as a professional population analyst. Literally, our regular influenza poses more of a danger than COVID presented to the population in general.

William Munroe
Yes.

Shawn Buckley
And the point you seem to be making—we've heard that adage, there's "lies, damn lies, and statistics"—is you're showing us that, basically, when they're putting on that chart "percentages of COVID deaths," we've got these tall bars because they're percentages. They have to add up to a 100. So they're the tallest bars there. But your evidence really is, well, the total numbers of deaths were so small that if we were just looking at them as a percentage of the population, they'd be completely meaningless. I think the word was "invisible" on your chart. That's the point you were trying to make. They were gaming us with the way they were presenting the data.

William Munroe
Yeah, definitely. And again, I wouldn't normally go down that route, comparing a small number of deaths to the estimated population per ten-year age group. That's presumptuous.

[00:40:00]

You use case fatality rate. So yeah, it was incongruous. There's a lot of incongruity in that first situation report. I know it's surprising that they continue to use that way of misrepresenting the data. Hopefully, next time around— It's not just things like this. I'm sure they'll come up with other ways.

I'm not sure, but it's possible that the CDC and the government in general will come up with numbers that are mostly designed to support their policies and directions. I didn't really want to use the general population—that's their term; it's actually estimated population—because it's so incongruous, as well. So yeah, the case fatality rates make more sense.

Shawn Buckley
Right. I think the last date you used was the end of December 2020. But my understanding is that you've been following the data, and, really, the misrepresentation has continued throughout.

William Munroe
Yeah, throughout 2020. Yes. I didn't go any further than that. What starts to climb into the data is the impact in 2021—the rollout for the so-called vaccine was well underway. It started in mid-December to be rolled out, but it really didn't get into full swing until the new year, 2021. And then, of course, that's an experiment, right? There's potential lethality there. It was a neat cut to just use 2020 for the COVID deaths.

Shawn Buckley
I'll ask the commissioners if they have any questions of you, and they do.

William Munroe
Okay, thank you.

Commissioner Drysdale
Good morning, Mr. Monroe.

William Munroe
Hello.

Commissioner Drysdale
I have a number of questions. The chart that you showed— The first chart showing the deaths. I think you said there was 12 deaths in the bar chart with the red lines on it. There

was 12 deaths, and this was in the end of March of 2020. You said there was five million people population, plus or minus, in British Columbia. My question to you is a statistical one. How statistically significant is the number of 12 compared to five million?

In other words, let me perhaps phrase that in another way. If you were studying 200,000 of an event in a population of 5 million, would you have more confidence that the data you were looking at was accurate as opposed to looking at 12 events in 5 million? Just a statistical question.

William Munroe
Yeah, okay, good. What you would want to check first is to make sure that everywhere in the province had an opportunity to be counted. The cases had an opportunity to be counted in the manner that meant that this was fully felt across the province.

The March 23rd situation report really is focusing on the Lower Mainland. It was long-term healthcare facilities. That was really where most of the numbers came from. And so statistically significant? As a sample set, statistically significant really is a term that we use to differentiate. We say, it is not statistically significantly different because stats builds in an opportunity for error because there's more of a probability—

Commissioner Drysdale
I guess you'd have to take into account things like how reliable the reporting on the 12 deaths out of 5 million were. For instance, you would have to examine the probability of error in those 12 deaths: the things like how many comorbidities were in that group; how was the testing done.

[00:45:00]

We've all heard the terms "asymptomatic" and "symptomatic" and whether or not the asymptomatic cases had to do with testing. I think what you're telling me is that you have to examine the risks within your monitoring or the reporting of the 12 deaths, as well, and then also compare it to the 5 million.

William Munroe
Yeah, for sure. Yeah, they tell us in this report that it was laboratory-confirmed. And so, I suspect what they mean there is that the deaths were laboratory-confirmed. I'm guessing, that is an autopsy, perhaps? I don't know. Also, they use what they call the gold standard for testing the RT-PCR.

Commissioner Drysdale
PCR test, yeah.

William Munroe
Yeah, the RT—reverse transcribe.

Commissioner Drysdale
Now—

William Munroe
No? Yeah, I'm not sure. Whatever they were using—

Commissioner Drysdale
I understand sir, sorry, but we're in short supply of time and my other commissioners have questions, so I'm going to have to push along on this. My apologies.

The charts that you presented here are dated March 23rd, 2020. So what that tells me is that the authorities knew—as early as March 2020—that this disease was focused in an older age group. Is that correct?

William Munroe
Yes. They had to have known it even before this. All I mean is, even before the declaration of the state of emergency.

Commissioner Drysdale
Did you happen to take a look at what the median age of death was in British Columbia at the same time? And I don't mean due to COVID. According to these charts, I think you've got the median age of death due to COVID at about 86 or 87. What was the median age of death overall in the population?

William Munroe
I don't know what it is. But what I would usually refer to is the life expectancy. Life expectancy was in the low 80s, a little bit longer for females. Males, in some parts of the province, are now into the 80s. There used to be a bigger disparity. But I would use the life expectancy as a reference. In this case, the median age of death from COVID-19 was well above.

Commissioner Drysdale
So are you saying that the median age of death, just overall in the population, and the median age of death due to COVID are in and around the same number?

William Munroe
No. I didn't look at the median age of death for the province. I just used life expectancy. Life expectancy was low 80s, 82, give or take, and the COVID deaths median age was 87.

Commissioner Drysdale
So the life expectancy in BC was lower than the median age of people dying from the disease.

William Munroe
Yes, which answers the question whether or not people were dying with other diseases or just from COVID by itself. It's obviously high mortality above life expectancy.

Commissioner Drysdale
Generally speaking, what do the officials use these statistical numbers that they collect for? That's a general question.

William Munroe
Yeah, so you would think that it would be to inform and therefore to guide policy development, application, and enforcement. These reports are used by the government to mislead people. That's what they are used for.

Commissioner Drysdale
Well, I guess I'm not speaking specifically about these reports. Just generally, I think what you're saying is that Statistics Canada or Health BC, or whoever the government agency is, collects statistics so that they can inform themselves on policy and decision, just generally speaking. And so, I ask you, is it important that that data collection and analysis

[00:50:00]

is timely with the situation that they're trying to create policies on?

William Munroe
Yes.

Commissioner Drysdale
Are you aware that Statistics Canada has not issued the final numbers for mortality rates in Canada for 2021. And this is now May 2nd, 2023?

William Munroe
Sorry, which data set was that from Stats Canada?

Commissioner Drysdale
Are you aware that Statistics Canada as of May 2nd, 2023, that's today, has not yet released their final mortality numbers for the year 2021?

William Munroe
Yeah, that's not surprising. That's normal. So 2021. Stats Canada has been changing a little bit. But with regards to population estimates, I actually did a study; it's online. I can give you the link to—

But for the first five years, those numbers are preliminary and open to change. So go back five years. Then, they go back another couple of years—pardon me, it slips my mind—goes from "preliminary" to something like, "accepted," and then "final." Finals come later. You need to get the birth certificates from the different provinces, all the information aggregated to the national level. It takes time, and there's error. In fact, when you do look at the population, including deaths—some people call it excess mortality—those are subject

to change, and you'll see them if you watch them. They do change in sometimes surprising ways. But that doesn't surprise me.

Commissioner Drysdale
With a lag of two years or five years, how could the Canadian population use those statistical numbers to understand the risks that they were under and make an informed decision on what they should do for themselves and their family?

William Munroe
At the provincial level, you can get those death certificates. Let's say, with this example, you get the death certificates, usually quarterly. You can get them monthly. But then there's more administrative error there; the data's spurious. If there's an emergency and people are having these laboratory-confirmed cases, you can get a little bit closer to the ground.

These situation reports were helpful a little bit. They showed us that the data was aggregated and stratified to the high mortality years and that the median age of the death that they confirmed in their labs was above the life expectancy. You can see that. And so you can make informed decisions in part from these. But you've got to be careful of accepting all the data because some of it does definitely misrepresent the data. Some of the charts, like in this case.

Commissioner Drysdale
Mr. Buckley, would it be possible for the Commission to send a summons for appearance to the officials of Statistics Canada, so we can hear from them directly?

Shawn Buckley
Yes, it is. So we can send a summons.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
Thank you, Mr. Monroe, for this presentation.

I have a question. You've been following data crunching and statistics for quite some time, and I'm wondering whether the way the data was represented— We can qualify it as misrepresented, depending on what perspective we have.

But how long have we been gathering data in BC where we could probably question whether the data was properly presented? Is it something that only happened during COVID or was it something that we could see before?

[00:55:00]

A trend that was emerging from data gathering and use of the statistic for all kinds of policy.

William Munroe
Yeah, are you talking about death specifically?

Commissioner Massie
I mean, you gather statistic to regulate on all kinds of issues. Health being one. But you could think of gathering data on businesses, on all kinds of other questions that could be useful to monitor in order for politician to make regulation and policy.

I mean, I've never looked at that before. In fact, I was not following these numbers at the beginning of the pandemic. I was just trying to understand what was going on. You trust, in general, that government would use these data to inform the public of what's going on, the severity of the epidemic and stuff like that. It seems that, based on what you presented there, that this was misleading, to say the least.

And so, I'm wondering whether this is a new event, or is it a trend that has been going on for quite some time within the government in BC?

William Munroe
Okay, a trend to misrepresent the data?

Commissioner Massie
Yep.

William Munroe
Here's a question that I think answers your question: Should correct methods and data accompany findings? Or is it acceptable that incorrect methods and data are accompanying unsupported numbers, not findings. Because then, they're not findings.

Because in British Columbia—this is documented since 2002, in fact, 2002 to 2010—the government statistical agency had changed their methods and data many times because they weren't getting numbers that were close enough to the population census in the postcensal years. So they would have to make changes to try to correct the errors in the models. And they didn't tell the public, so that's pretty fundamental.

There's no requirement that the government allows you to see the methods and data used to come up with the findings. There's no verification. This is all held in-house. Numbers can be used to support the policies and directions of the current government. So yeah, it's been going on, I'd say— I saw it, I was there. Yeah, it does happen. It's important to verify, let's say.

Commissioner Massie
My second question has to do with— If you look at the picture [where] we could actually look in terms of the severity or the potential danger of the pandemic in BC, you must have tried to compare that to other jurisdictions, either in Canada, in Europe, or other places.

How would you say that the numbers would compare in terms of raising a level of alarm from what you've seen in other jurisdictions? Because you could imagine that maybe this new virus that was creating disease and death was not necessarily happening at the same time all over the world.

Was BC an outlier: being low, medium, high? What would be your assessment on that?

William Munroe
Yeah, really good question. I'm glad you asked. I was thinking of adding a little bit to my presentation because there's the exogenous—outside of British Columbia is important to take into consideration.

Setting aside the misrepresentation of the data in this particular report, the actual low numbers of three and a half deaths for those two age groups and five deaths of the 80-year-olds, the government could say, "But there's this big wave coming. We see it coming out of China."

And so I looked a little bit at Alberta.

[01:00:00]

I don't think I looked at it anywhere else in Canada. I focused on BC data. I didn't use Stats Canada anymore. I just went to the European CDC reports. They had a really good way of storing their data and being able to make it accessible and downloadable. So I was using that data set to look at China, in particular, because I thought that China shouldn't be ignored; especially, since that's the place that, apparently, this disease spread started.

By looking at what was happening in China— As far as I'm concerned and the way I'd interpret the data, I think I'd do it more like two plus two is four, not five. There's no doubt that using an idealized bell curve and superimposing it over the actual case counts that herd immunity had already kicked in and already passed. If anybody's interested in this, go look at the data, and you'll see that schools are closed at the very tail end of the so-called pandemic. So it was over. It had reached its peak February 5th, according to the counts.

Now remember, the counts are, at first, more a count of how many tests there were because it's catching up to a bigger bell curve. Then it gets high and then it catches. Even though the number of tests continues to increase, the actual number of cases and deaths starts to drop. It peaked in February 5th of 2020. And they were specifically saying— I can even show you the chart because I did add it on to the end here just in case anybody was interested. Here it is. This is from Statista. "Percent of COVID-19 Deaths per Cases by Age Groups, China, **February 11th." They knew it was age specific, even the cases. And they still use the per cent, which is okay, in this case. Because it's just using it against the total number itself.**

So anyway, this was known. So when Neil Ferguson said that this was like the Spanish influenza, he couldn't have helped but know. How could he— It's astounding. The Spanish influenza: Again, the death was, median age was around 30 years old. It spread across all age groups. That's deadly. That's a deadly disease. This COVID-19 is a coronavirus. Dying of sniffles. So pardon me for getting emotional there, but I find it astounding. Anyways, it was bound to come out, right?

Commissioner Massie
Thank you very much.

Shawn Buckley
There being no further questions, first of all, I'll indicate that the slideshow is entered as Exhibit VA-2. So that'll be posted on the website and available to the public and commissioners for review.

Warren, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving your evidence today.

William Munroe
Thank you. Thank you to everybody with the NCI and people who are helping out in whatever way they can. All the best.

Shawn Buckley
Thank you.

[01:04:43]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 2: Vanessa Rocchio
Full Day 1 Timestamp: 02:29:05–02:45:55
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
Our next witness is going to be Vanessa Rocchio. So Vanessa could you give us your full name and then spell it for us and then I'll do an oath.

Vanessa Rocchio
My name is Vanessa Rocchio, V-A-N-E-S-S-A R-O-C-C-H-I-O.

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

Vanessa Rocchio
Absolutely.

Wayne Lenhardt
Thank you.

Your testimony is going to revolve around an injury that you suffered from the vaccine. So could you give us a little bit of background to begin with? What type of work do you do? Have you ever had any health problems?

Vanessa Rocchio
I was a realtor until I had this issue. I didn't have any health issues as far as heart. I had a couple of knee replacements, but that didn't have anything to do with my heart. And then in May 2021, I had the Pfizer vaccine and 12 days later, I ended up in hospital with a heart attack.

Wayne Lenhardt
Okay. Were you required to have that shot for your work or you just decided to?

Vanessa Rocchio
It wasn't mandated, but I guess I was coerced. My partner had to have it for his work, and everyone in the office was seeming to get it. You couldn't go in the office without a mask, vaccinated or not, and I mean, you were even asked to stay out of the office. So I got the vaccine, and I know I shouldn't have, but lots of us did.

Wayne Lenhardt
So that happened May 4th of 2021, you had the first— Was it the Pfizer?

Vanessa Rocchio
It was the Pfizer.

Wayne Lenhardt
So you had your first shot, and then you had difficulty on May 14th. Correct?

Vanessa Rocchio
That's right. My partner took me to the ER after suffering— I had gone to the gym the day before this incident, and I worked out with a trainer. But I hadn't been at the gym for some time, and I didn't do a heavy workout with the trainer. It was a light workout. And I just talked to her before I came here, and she said, "Vanessa, it was a light workout." After the workout, I went home. The next morning, I got up and I ached everywhere. From head to toe, tips in my fingers, everything ached. And I blamed it on muscle pain because of my workout.

That afternoon, I went to visit a friend and we were talking about the aches. She's very fit. And she said, "Vanessa, this doesn't sound like an ache from a workout. I don't know what it sounds like, but it's too serious. You need to go to the hospital." As soon as she said that, I had a centred pain in my chest. It didn't radiate, but it didn't go away.

I went home and my breathing was very shallow. And I went home and said to my partner, there's something wrong. Maybe if I hadn't been to the gym, I would think I had COVID or pneumonia. And he immediately put me in the car and we went to the ER.

They put me on a halter monitor, an ECG, and they did a blood test. I waited in the ER and within 90 minutes of that centred pain coming, everything was gone. All the aching was gone, I could breathe properly, the centred pain was done. So when this test came back, I went into the ER doc and I said, "I'm fine, right?" He said, "Actually, you're not fine at all. Your troponin levels are off the charts and that says heart attack." I thought he had mixed up charts. He told me I shouldn't go home, so I didn't go home that night. I stayed there for four days. They left me on the halter monitor. There was no change to my blood pressure or my heart rate, nothing.

On the fourth day, they sent me to Royal Jubilee Hospital for an angiogram. The angiogram showed nothing. In fact, the cardiologist said it didn't even look like it happened. I went home, but they still had one more test they wanted to do.

[00:05:00]

Oh, and I couldn't drive. And I guess that's normal for what happened to me.

So I went home. Two weeks later, they did a cardiac MRI. And between the time I had the angiogram and the cardiogram, I still thought that there must be something wrong, even though the angiogram showed nothing. Because I had to have this other big test, I was worried. It showed nothing.

And through all of this, I found out that even the ambulance drivers weren't having the COVID shots. And it was an interesting ambulance ride because the young woman that was with me in the ambulance said, "I'm not telling you this to scare you." Sorry. A 68-year-old woman who had been under her care two weeks prior had had a stroke. She was fit. She had no comorbidities prior to the stroke, and neither of the ambulance drivers were getting that. And their story, although it didn't scare me then, it made me angry.

I don't think that I would have thought that this was— Maybe I wouldn't have even thought this was because of the vaccine, because I didn't think it was from the vaccine in the beginning. But I asked the internal medicine doctor whether this could be from the vaccine. And this was early on. He looked me straight in the eye and he said, "I wouldn't disagree with you." And I said, "Will this be reported?" And he said, "It will be reported, but it will be brushed under the rug. No one wants you talking about it. They don't want me talking about it, and everyone is brainwashed." And that was early on. He's a doctor that left the country because he refused to get vaccinated.

Wayne Lenhardt
Let me stop you and just fill in a few details. Where were you living at the time?

Vanessa Rocchio
I live on Vancouver Island in Duncan, so halfway between Victoria and Nanaimo.

Wayne Lenhardt
Correct. So that's where the first attack happened so you went to a hospital in Duncan and then after that you ended up going to a hospital in Victoria.

Vanessa Rocchio
Yes, because we don't have the equipment in Duncan to do angiograms.

Wayne Lenhardt
Correct. And was it the doctor in Victoria or in Duncan that said you're not supposed to talk about this?

Vanessa Rocchio
Duncan.

Wayne Lenhardt
Okay.

Vanessa Rocchio
Sorry.

Wayne Lenhardt
Okay. I'm sorry. Go ahead. I appreciate it.

Vanessa Rocchio
So I think had that doctor not said to me that he didn't disagree my issue could be from the vaccine, I may not have gone the route I've gone with all of the crazy people. But my GP, the day I asked my GP whether this could be from the COVID vaccine, he said absolutely not.

Wayne Lenhardt
And that's in Duncan, correct?

Vanessa Rocchio
Yes. And my thought is that's why more people haven't come forward. Because they were all told that it wasn't because of the vaccine. That was their directive, don't tell anybody.

Wayne Lenhardt
So have you had any problems since that first heart attack?

Vanessa Rocchio
It took me eight months to get over it. I've never had heart issues, as I said, and I've never had blood pressure issues. I've always had low, both rates. After that heart attack, it didn't seem to matter what I was doing, and I kept a blood pressure monitor on a lot.

[00:10:00]

It would go up to 190 over 70, and it was erratic all the time. Because I worked in a high-stress job, I couldn't go to work. And when you work alone, you have to be there.

Wayne Lenhardt
So you suffered some loss of income also during that first eight months. Fair?

Vanessa Rocchio
Huge, huge, and then I went back to work. And because it was real estate, the real estate market has changed, and everyone knows that there are a lot of realtors out there. The market changed, I hadn't been around for eight months and I just, I couldn't do it anymore.

Wayne Lenhardt
During our chat before you came on, you mentioned that you had asked for an exemption at some point. Could you tell us about that?

Vanessa Rocchio
The first person I asked for an exemption was my GP, and he gave me a dissertation about the very specific things that the Health Authority would give an exemption for, and he said, "You don't meet any of that criteria." So there was nothing I could do.

Six months after my attack, the cardiologist did a follow-up report. And I thought he was listening to me; I thought he believed what I said. And at the end of that conversation I said, "I want an exemption because I'm not doing any more vaccines," and he said, "I can't do that." I had asked him, so I didn't worry about it. I was, you know, six months in.

Wayne Lenhardt
You never did get the second Pfizer jab. Am I correct?

Vanessa Rocchio
Never.

Wayne Lenhardt
Okay.

Vanessa Rocchio
So the same afternoon, the cardiologist called me back. He said, "Vanessa, I've pulled your charts. I've looked at everything, I've looked at your history, and I'm going to fill in the adverse reaction report." I was elated because I thought I was getting an exemption. So I asked him for a report, for a copy of the report. He did send it to me, but the report said nothing. It didn't blame the vaccine; it didn't say it could even be possible. What it said was that he recommended that I ask my GP. Well, we already knew what my GP said and he said no.

I sent him a registered letter when I got that report, and I don't know— I had to send him a registered letter to tell him how angry I was. But I was never given an exemption. And two weeks after I got that call from the cardiologist and got that report, I got a letter from the Health Authority—I think it was Island Health Authority—telling me that I was due for another vaccine as soon as possible. I didn't go.

Wayne Lenhardt
Okay, so I believe you said you had symptoms for eight months Did they then subside?

Vanessa Rocchio
Yes.

Wayne Lenhardt
Do you still have issues?

Vanessa Rocchio
No. I did a full protocol that was given to me I think by the CARES [Community Action and Resources Empowering Seniors] team because they did an interview with me. And I'm still on it: I still take heart things. But I go to the gym and I feel like— I know I'm better. I believe I'm better.

Wayne Lenhardt
And have you gone back to the work you were doing?

Vanessa Rocchio
No, I couldn't go back to that.

Wayne Lenhardt
I think I'm going to stop there and ask the commissioners if they have any questions.

Commissioner Drysdale
Good morning and thank you for coming today.

Can you tell me, when you got your first shot, what did the doctor or the pharmacist tell you about potential adverse reactions?

Vanessa Rocchio
They didn't tell any. It was funny. In Duncan, they had it set up in the community centre early on and I went in with my partner. I looked around and I told him I felt like I was an extra in a Margaret Atwood movie because everything was so eerie. I sat down with the nurse and she— And I know this now,

[00:15:00]

but they didn't ask everyone whether they had any allergies. But they asked me. And when she got through the allergies, she said, "Oh, you're allergic to penicillin. We're going to ask you to stay for 20 minutes after the injection because we don't know the contraindications between that allergy and this vaccine." I looked at her and I had something playing in my head saying, "Don't do it, don't do it." But I didn't listen. But I looked at her and I said, "You don't know the contraindications between anything and this vaccine. So if you don't get it in my arm now, I'm leaving," and I left. I got the vaccine, whatever it is, and left. But they did not go over any contraindications, nothing.

Commissioner Drysdale
So you don't feel like you were given the opportunity to form informed consent?

Vanessa Rocchio
No, not there.

Commissioner Drysdale
I'm going to ask you one other question, and perhaps you do not remember but— With a lot of the witnesses that we've had in the past, they talked about how the shot was supposed to be administrated and they talk about aspiration. Do you know what aspiration means?

Vanessa Rocchio
Mm-hmm.

Commissioner Drysdale
Did they aspirate the needle for you? Do you remember?

Vanessa Rocchio
I think they did, but I wouldn't swear to that.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners?

Thank you very much, Vanessa, for coming and giving your testimony today, on behalf of the National Citizens Inquiry.

[00:16:54]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 3: Philip Davidson
Full Day 1 Timestamp: 03:00:00–03:27:30
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
Welcome back everyone. Phil, I see you on my screen, so I'm assuming we're ready to go now. If you could give us your full name and then spell it, and then I'll make you swear an oath.

Philip Davidson
My name is Philip Davidson. It's P-H-I-L-I-P D-A-V-I-D-S-O-N

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

Philip Davidson
I do.

Wayne Lenhardt
Could you start with a little background on yourself, and what you've done? I see that you are a 14-year employee of the BC Public Service so if we could just set the table here, and then we'll get into what happened to you. Can you give us a background?

Philip Davidson
Sure. Yeah, as you mentioned, I worked for 14 years for the BC Public Service in a variety of policy roles for different ministries: Ministry of Education, Ministry of Attorney General, Ministry of Health, and lastly, the Ministry of Advanced Education and Skills Training. My last position was as Director of Policy and Stakeholder Relations in the Ministry of Advanced Education and Skills Training in the Student Financial Assistance Program.

Wayne Lenhardt
So what happened from 2019 on, in your role, as far as the mandates went?

Philip Davidson
I'll begin around August of 2021. Well, maybe I'll go back a little further than that. From about March of 2020, the BC Public Service, many of us who worked in office roles, began to work from home remotely. And that was the case for the majority of my colleagues. I continued to go into the office periodically. It was close to my home. But by about August of 2021, with the provincial vaccination program having been well underway for nearly a year, I guess, by that time, there was rumblings of vaccine passports coming in. I remember discussing with my colleagues, as it had become commonplace to do, in the office about which vaccinations people had received and when they were getting it and when they had got it.

I indicated to my colleagues at that time that I wouldn't be discussing my vaccination status because I was concerned about vaccine passports. They had already been announced for Quebec at that time. And I was concerned about the possibilities of those being implemented in British Columbia because it was my understanding that the vaccine didn't prevent infection or transmission of COVID-19. And so, I didn't understand the basis for which they'd be used to essentially segregate people in society.

So that was in August of 2021. On August 24th, the provincial government announced that they would be introducing the BC Vaccine Card, so our version of the vaccine passport for British Columbia, for entry into places like restaurants, gyms, and such. And that was to be implemented on September 13th. And so that was happening.

For the BC Public Service, we had been told as employees, 38,000 employees approximately at the BC Public Service, that a vaccination requirement for the employees would not be implemented. This had been messaging from the BC Public Service and frequently asked questions going back to about March of 2021. But with the provincial government implementing the BC vaccine card for the public as of September 2021, it seemed likely and even possible to me that the provincial government would do it for BC Public Service employees. And I kind of knew that this was coming too because in my role, I could be called for briefings to the BC legislature, the Minister. And I remember being in a meeting with my assistant deputy minister one afternoon in late August.

[00:5:00]

I believe they had already implemented a vaccine passport requirement for entry into the BC legislature by that time. And so, we were being told to "make sure you have your vaccine passport ready if you're called to a briefing with the Minister at any point." And so that was the state of affairs in August and September. And then I can speak to what happened at beginning of October if you'd like me to.

Wayne Lenhardt
Okay, that was September of 2021, correct?

Philip Davidson
That's right.

Wayne Lenhardt
Yes. Okay. I'm sorry, proceed.

Philip Davidson
As I mentioned, I was concerned about the disclosure of vaccination status, private medical information in the workplace. And it appears the employer was, as well, because I recall reading in our ministry's communicable disease prevention plan that a person's health status is private information. I'm quoting now, it says, "this includes staff, clients, and the public. Public service staff do not have the right to inquire if someone has been vaccinated, or whether the person has or had a communicable disease infection."

And so this plan was part of the government's response to COVID-19 for its employees in the workplace, health and safety, protecting the health and safety of employees. And in this plan, which was last updated and dated October 4, 2021, it said that BC Public Service didn't have the right to inquire if someone had been vaccinated or not. But something had changed. Because on October 5, 2021, the head of the BC Public Service, Lori Wanamaker, at the time, sent an email to all BC Public Service employees, indicating that she had, quote, "decided that BC Public Service will require all employees to provide proof they are fully vaccinated beginning November 22, 2021."

So that was a bit of surprise to a number of BC Public Service employees. I think the vast majority had become vaccinated and was likely up around 80 per cent or more, consistent with the general population vaccination levels for British Columbia. But certainly, there was at that time a number of people who worked for the BC Public Service who hadn't become vaccinated. It was also interesting in this email that Ms. Wanamaker made the following comment saying, "We also know vaccination is the safest, most effective measure to reduce transmission of the virus in our communities." And she indicated that she had met with Dr. Bonnie Henry at the end of September and decided, following that conversation, to make vaccination against COVID-19 a requirement for all BC Public Service employees.

Wayne Lenhardt
So that would include you? You were unionized at this point, were you? You weren't exempt?

Philip Davidson
No, I'll clarify. I was actually an excluded non-union member of the BC Public Service, so it was excluded management. And the policy applied to all members, both non-union and unionized as well.

Wayne Lenhardt
So I assume that you didn't comply, is that correct?

Philip Davidson
Yeah, my position was that I wasn't going to disclose my vaccination status to the employer. I didn't see, frankly, the need to, especially as I had been working remotely quite a bit, although I had been going into the office. But I was perfectly able to work remotely as the majority of my colleagues were doing. The policy was ostensibly to protect the health and

safety of employees in the workplace. Since the majority of my colleagues and many across the public service had been working remotely from home for well over a year by that time, there was a desire to bring people back to the workplace, in-person work, and this was seen as a safety measure to ensure that 100 per cent of the people going into the office can prove their vaccination status. And so, I didn't feel comfortable doing that,

[00:10:00]

and later requested to be able to continue work remotely from home, but I was denied that request.

Wayne Lenhardt
So if you could give us a bit of a timeline then. I'm assuming they started laying on deadlines where you had to do this. When did that happen and what happened? Eventually, I gather you were put on leave without pay at some point. So tell us that story.

Philip Davidson
Yeah, absolutely. So the policy came into effect on November 1st, 2021. By November 22nd, all employees had to prove their vaccination status by showing their BC Vaccine Card to their supervisor, in many cases virtually online through the computer screen. And if they didn't do so, they would be placed on leave without pay, we were told, for three months. At the end of which time your employment could be terminated.

And on November 19th, 2021, the provincial government passed an Order in Council, creating a new regulation under the *Public Service Act*, the COVID-19 Vaccination Regulation. It made proof of COVID-19 vaccination a term and condition of employment. And it deemed dismissal for noncompliance with that requirement to be dismissal for just cause: so termination for misconduct, willful misconduct. And so that came in actually on the Friday before the Monday that the requirement to prove one's vaccination status came into effect.

Wayne Lenhardt
So did requests come in then that you do this? Did you get something in writing? I assume you didn't comply. Tell us the story here.

Philip Davidson
Yeah, in my particular case, I had a very cordial relationship with my executive director, and we waited to have this conversation to the last day, essentially. And I was just clear that I wouldn't be sharing that information with the employer, and he sort of apologetically said, "Well, there's not much I can do for you. And so, you know, you'll receive a letter." This policy and the implementation of it was administered centrally through the BC Public Service Agency. So while many members of the BC Public Service work in different ministries and have supervisors and bosses that they report to, those supervisors or bosses really didn't have any individual control over things. They were following a plan that was being implemented centrally.

Wayne Lenhardt
So when were you terminated or placed on leave without pay?

Philip Davidson
I was placed on leave without pay on November 24th, I believe, and continued in that status until June of 2022, for about seven months. And then I was terminated.

Wayne Lenhardt
And that was by a letter from someone. Who sent you the letter?

Philip Davidson
The process when one is deemed to have committed misconduct in the BC public services—there's a recommendation from your supervisor for termination to the deputy minister and then the deputy minister terminates the employee.

Wayne Lenhardt
Was that a termination or just a leave without pay?

Philip Davidson
It was a termination.

Wayne Lenhardt
Okay. So what did you do after that?

Philip Davidson
Well, I might rewind a little bit to say that when this was announced in October of 2021, it caught a lot of people by surprise in the public service. And there was a lot of activity amongst people who were opposed to such a heavy-handed policy. And so there emerged a group of people who found each other online and began to discuss and to see what could be done in terms of responding to this policy. I'll also add that for the majority of the BC Public Service,

[00:15:00]

the employees are required to be members of a union, in this case, the BC General Employees' Union [BCGEU], one of the largest unions in British Columbia, not the largest. And the union really, in my estimation, did nothing to represent its members regarding the employer's mandate and sided pretty much entirely with the employer on the mandate. I wasn't a unionized employee, but a lot of these employees weren't finding any assistance from the union regarding this mandate. And so, they began to organize themselves.

An online Telegram group that was created eventually grew very quickly to 1,700 members. And so out of that, a group was born that came to be called the BCPS Employees for Freedom. And in March of 2022, I and four other colleagues incorporated a not-for-profit society for this group in order to advocate on behalf of BC government employees

and to defend their medical privacy and bodily autonomy. We undertook some legal action to seek a petition for injunction and judicial review of the Government's Order in Council and COVID-19 Vaccination Regulation. And we did have a hearing for the injunction in March and April of 2022.

Wayne Lenhardt
Okay, and that was heard, correct?

Philip Davidson
It was heard, and our petition for injunction was denied. The judge in that ruling ruled essentially that we hadn't met the test for irreparable harm, and so we weren't able to stop the termination of employees. It is interesting that the provincial government on March 10, 2022, announced that it was withdrawing the BC Vaccine Card, the vaccine passport, as a requirement for entry into public spaces like restaurants and gyms, et cetera. On April 8, 2022, is when that happened. But that the BC Public Service maintained the requirement for the vaccine passport for employment for almost a full year after that. It was just rescinded on April 3, 2023.

So terminations began in March of 2022 and to date, my understanding is that over 300 BC Public Service employees have been terminated. Also understand that a significant number of BC Public Service employees retired early to avoid termination from the mandate and that number we understand to be somewhere between 2,000 and 3,000 people. There's been a large number of vacancies with the BC Public Service over the last year and a half or so. And I know, personally, a number of people who retired early because of this mandate.

Wayne Lenhardt
And that would have negative financial consequences, would it? If you retire early, you don't get your full pension usually. Is that fair?

Philip Davidson
Absolutely.

Wayne Lenhardt
Okay. Are any of your lawsuits still continuing? Because typically an injunction is a part of a general damages application. If the injunction is not successful, usually the damage claim continues. So are there any of these claims still outstanding before the courts?

Philip Davidson
Yes. I can confirm I'm part of a group of employees that are involved in legal act regarding the mandate. Those of us who are non-union excluded employees are involved in an action as well as members of our society who are unionized members have filed section 12 failure to represent claims with the BC Labour Relations Board against the BCGEU.

When in the fall of 2021 to the winter of 2022 this grassroots group of BC Public Service employees was forming, the leaders of it at the time—I wasn't involved until later on—were seeking legal representation, and it was very difficult to find lawyers in British Columbia,

[00:20:00]

or anywhere in Canada, willing to represent employees and to take forward an injunction action. We did find a lawyer initially, that relationship didn't continue. Then I had personally sought legal representation and found a lawyer and recommended it to this group. And so we're represented to this day by Omar Sheikh of Sheikh Law, Victoria.

Wayne Lenhardt
And so those lawsuits are still pending and still proceeding, are they?

Philip Davidson
Yes, they are.

Wayne Lenhardt
I'm going to stop and ask the commissioners if they have any questions for you.

Commissioner DiGregorio
Thank you so much for coming today and sharing your testimony with us. I wanted to explore a little bit more about the injunction that you applied for, to make sure I fully understand what the circumstances were. So this was a request to the court to stop the termination of employees for not complying with the employer mandate. Is that right?

Philip Davidson
That's correct.

Commissioner DiGregorio
Okay, and so you've mentioned that that injunction was denied. Just a step back, how long did it take between the application for the injunction, for it to be heard by the court?

Philip Davidson
The application was filed in about mid-February 2022, and we had a hearing in mid-March. So it was relatively quick.

Commissioner DiGregorio
During that time, did terminations occur or was there a pause? Or they were on hold during the time that the injunction had been applied for, but had not been heard yet in the court?

Philip Davidson
I can't say specifically, but it is my understanding that terminations did commence on or around that time. I myself was warned that I would be terminated by February 24th, 2022. That didn't happen. I ended up being terminated several months later, but I am aware of other individuals who were terminated in March.

Commissioner DiGregorio
Thank you. And so the other side of it, then, is what the analysis that was done by the court was. I think I heard you say that the reason the injunction was not granted was because the court did not find irreparable harm. And that, I think, is one of the requirements under the common law in Canada to grant injunctions.

How could the court say that there was no irreparable harm? What was advanced as the basis for the harm that would underlie the application for the injunction?

Philip Davidson
Well, I wish I could get into more specific detail about the legal specifics of our case. Being a non-expert in this area, I don't want to venture too far. But my takeaway from the ruling is that by ruling that there was no irreparable harm to allow the termination to continue that the justice was suggesting that the harm was reparable. In other words that we could proceed with legal action and, through the courts, obtain some sort of award or monetary compensation for the harm caused to us. That is yet to play out, but that's my takeaway from that.

Commissioner DiGregorio
So essentially, the argument being that there is still an opportunity for the employees to have compensation say if they lose their jobs—not finding that losing your job is irreparable harm. Was there also a reason given perhaps that employees could go and find other employment, or do you know if that was a piece of the reasoning? And I'm sorry if I'm asking you details that aren't at top of mind.

Philip Davidson
No, that's fine. I don't recall specifically, but I'm sure those details could be found in the judge's reasons themselves, which are available.

Commissioner DiGregorio
Okay, and perhaps our commission will be able to access the reasons to that because I'd very much like to read them.

Was the decision on the injunction appealed?

Philip Davidson
No. It was a two-part action, so it was a petition for injunction and judicial review. We haven't yet proceeded with the second part, and we're sort of determining the next steps on that.

Commissioner DiGregorio
Okay, thank you.

Commissioner Drysdale
Good morning. In your testimony, you discussed a certain policy that I believe came out in September or October of 2021, which talked about the public service did not have the legal ability to ask questions about vaccine status.

[00:25:00]

My question to you is do you have a copy of that that you can submit to the Commission for the record?

Philip Davidson
Yes, I do. Actually, I submitted it maybe a couple of weeks ago to the Commission [exhibit number unavailable]. But I'll just specify that that was a workplace policy specific to where I worked in my office. It wasn't a Public Service Agency policy, which would override an individual worksite, but it did state the following: "A person's health status is private information. This includes staff, clients, and the public. Public Service staff do not have the right to inquire if someone has been vaccinated or whether the person has had a communicable disease infection."

When I read that, I was a bit puzzled that the very next day, the head of the Public Service could come out with a communication to all staff saying that not only did the Public Service have a right to inquire, but it was a duty and obligation and a term and condition of employment for Public Service employees to prove their COVID-19 vaccination status.

Commissioner Drysdale
Thank you.

Philip Davidson
Sorry, to add to that. I think it's important to emphasize that the Government of British Columbia legislated this. They passed an Order in Council on November 19, 2021, and created a new regulation requiring this under the *Public Service Act*. I'm not aware of any other jurisdiction in Canada that did that. And that was the basis for our petition for judicial review as to the constitutionality of such a law.

Wayne Lenhardt
We have another question. Heather, go ahead.

Commissioner DiGregorio
Sorry, one more question. Actually, it was about that Order in Council. Do you know if that is still in effect, or has it been repealed? Or has it expired?

Philip Davidson
It's my understanding that it was rescinded on April 3rd, 2023.

Commissioner DiGregorio
Thank you.

Wayne Lenhardt
Are there any final questions? No. Okay, on behalf of the National Citizens Inquiry, I want to thank you for submitting your testimony today.

Philip Davidson
Thank you.

[00:27:38]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 4: Dr. Matthew Cockle
Full Day 1 Timestamp: 03:27:44–04:50:25
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Dr. Matthew Cockle. Could you give us your full name and spell it for us and then I'll do an oath with you.

Dr. Matthew Cockle
Yes, my name is Matthew Evans Cockle, M-A-T-T-H-E-W, Evans, E-V-A-N-S, Cockle, C-O-C-K-L-E.

Wayne Lenhardt
You may have to get the microphone a little bit closer to you so that this can all be recorded.

Dr. Matthew Cockle
Better?

Wayne Lenhardt
Go ahead yes.

Dr. Matthew Cockle
Is that good?

Wayne Lenhardt
Good, okay. Dr. Matthew Cockle, do you swear that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. Matthew Cockle
I do.

Wayne Lenhardt
I gather you're a professor at the moment. Could you maybe give us a little background on what you do and your qualifications?

Dr. Matthew Cockle
I don't teach at a university. I teach kids privately. My PhD is from UBC. I'm a Renaissance and Reformation specialist, and my masters from the University of Paris and the École Pratique des attitudes in History of Religions. I've been working with the Canadian COVID Care Alliance for a year and a half, two years, with Deanna McCleod and Liam Sturgess and many others in the external communications committee.

Wayne Lenhardt
I gather you're going to talk about conflict of interest and advancing the public good. So I'm just going to perhaps let you proceed and turn you loose, and if I have anything that I think needs clarifying, I'll just pop in briefly.

Dr. Matthew Cockle
Sounds good. All right, so advancing the public good or promoting cultural barbarism. What are good schools for?

The other day, a friend and I were discussing the talk that I would give here at the National Citizens Inquiry and with her talent for powerfully concise formulations, she provided what I think is a perfect introduction to my topic. When we turned to discuss universities, she said something along these lines: when I think about our universities, I can't help thinking about their sad and harmful failure over the past three years.

Since March 2020, they have failed to provide public access to much-needed information, and they've failed to foster and host balanced debate about the decisions being taken and the policy measures being implemented in response to COVID-19. It's not like these decisions and policies were of no public significance and, therefore, somehow beneath academic discussion.

On the contrary, these decisions and policies threatened all aspects of society, economic and political, social and cultural, education and health. These decisions and policies suspended and sometimes extinguished rights: They forced mass submission to medical experimentation; they destroyed small businesses; they mandated loss of employment and disentitlement to employment insurance; they denied timely access to medical diagnosis; they denied access to medical treatment, including access to early or effective COVID treatment; they criminalized non-compliance and lawful opposition; and they denied access to effective remedies and to due process.

In relation both to COVID-19 and our national and provincial policy response to COVID, our universities could have provided public access to much-needed balanced evidence-based information. Our universities could have provided forums for balanced interdisciplinary public debate. Instead, our universities bullied, suspended, and fired faculty who questioned or criticized.

Wayne Lenhardt
Dr. Cockle, in the interest of partly our time, I think perhaps if you could maybe sort of summarize a bit rather than just reading from your script as to what your points are and that will give us an opportunity also to jump in.

Dr. Matthew Cockle
I can only read. I've done a great deal of work here to bring this together, and I absolutely can't just summarize on the fly.

[00:05:00]

It's hard. Okay. I can try.

Wayne Lenhardt
I understand. I've been an academic myself prior to going into law, but I think in this forum, I think it would work much better.

Dr. Matthew Cockle
So when we think about our universities, there are two things that spring to mind. First, we think that our universities are there to advance the public good. And second, they're there to make great strides forward by fostering specialized knowledge. We generally, as Canadians, we think of universities acting towards advancing the public welfare, towards promoting societal health and well-being. Now, few people will deny the incredible benefit that we've drawn from this, but there are harms associated with this specialization.

Wayne Lenhardt
Do you regard COVID as a scientific type of an issue or do you regard it as more of a cultural type of thing or both? What I'm trying to do is home in on your topic, advancing the public good. I'm an old analytic philosopher. What do we mean by that? How are we advancing the public good, and how have they not done that if that's the case here? And now you talk about conflicts of interest, and I'm sure there are tons of them involved in this.

Dr. Matthew Cockle
We can go right into conflicts of interest, but I'll have to follow some notes for this. So taking Dr. Shelly Deeks. She is the current chair of Canada's National Advisory Committee on Immunization [NACI] and very early on in the pandemic, she received a 3 point [sic][3.5] **million dollar grant as part of the Canadian Immunization Research Network's [CIRN] COVID-19 vaccine readiness program. The CIRN grant was issued several months before there was any randomized control data available, yet it seems to have presupposed that mRNA vaccines were the only viable answer to COVID-19. This was a precipitous conclusion aligned with the interests of global organizations involved in setting Canada's national research priorities.**

Now one such organization is GloPID-R, the Global Research Collaboration for Infectious Disease Preparedness, and in a promotional video, they refer to themselves as "GloPID-R, the global coalition of research funders." On the GloPID-R website, we read that members of our global coalition are funding organizations investing in research related to new or re-emerging infectious diseases that share the goal objectives and commitments of GloPID-R.

Now clearly, the primary investors in research related to new or re-emerging infectious diseases are likely to be pharmaceutical corporations, and indeed as one of its developmental milestones, GloPID-R created its industry stakeholder group in October 2017. In their own words, "GloPID-R members agreed on the importance to reach out to industrial pharmaceutical corporations to increase the efficiency of the global response to outbreaks." In order to achieve this objective, they discussed the best way forward and decided to set up a specific industry stakeholder group.

So this organization, GloPID-R, played a key role in coordinating the pandemic response and research efforts internationally. It coordinates research funding that advances research and development of pharmaceutical products with a major focus on vaccine development. In addition to its industry stakeholder group, the membership of GloPID-R includes both the World Health Organization, GAVI, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, alongside 30 other private organizations and public institutions among which many national research councils and the Canadian Institutes of Health Research.

I think most Canadians would find it somewhat startling that the research priorities adopted for Canada's COVID-19 response were largely set in the global COVID-19 research roadmap, developed and published in March 2020 as a collaboration between this global pharma-backed research organization that prioritized vaccine research and the WHO R&D blueprint team.

Fortunately, no one has to take my word for it. We can read the words of Charu Kaushic, the Scientific Director of the Canadian Institutes of Health Research,

[00:10:00]

Institute of Infection and Immunity [III].

She also happens to be at the same time, the chair of GloPID-R. She has written a letter published on the CIHR website entitled, Message from the Scientific Director: The CIHR response to the COVID-19 pandemic. In this letter, we read:

> Since the beginning of this pandemic, Canadian science and scientists have shown tremendous leadership nationally and internationally. In February, CIHR, Canadian III researchers and leading health experts from around the world participated in a World Health Organization [WHO]–Global Research Collaboration for Infectious Disease Preparedness [GloPID-R] joint meeting in Geneva to assess knowledge, **identify gaps and work together to accelerate priority research to stop the outbreak. Shortly thereafter, CIHR and other federal agency partners launched a Government of Canada rapid research response, and the response from the Infection and Immunity community was remarkable. This resulted in a total investment of $52.6M to support 96 research projects across the country to rapidly detect, manage and reduce the transmission of COVID-19 . . . .**
>
> **As a result of working closely with GloPID-R and the ongoing coordination from WHO, we have seen [Charu Kaushic writes for the CIHR], unprecedented levels of international cooperation between**

> **funding agencies and international researchers in the response to COVID-19.**

So in this letter, Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, refers to CIHR Canadian III researchers.

Again, reading from CIHR's own website:

> **. . . these initiatives . . . offer funding opportunities related to identified priority areas. Each of these initiatives involves collaboration between the Institutes and a wide range of partner organizations, including:**
>
> - other federal and provincial government . . . [organizations]
> - international, national and provincial funding organizations, and relevant territorial departments
> - health charities
> - non-governmental organizations [such as the WHO and]
> - industry [such as Pfizer]
>
> The purpose of these initiatives is to offer funding opportunities focusing on a specific research agenda.

The problem here is we're taking great strides to advance science without similar attention being taken to advance humane governance and to limit destructive excess.

The CIHR is deeply entrenched in a program of global public–private partnerships that allow extremely powerful private interest to play a major role in setting Canada's research agenda. The $3.5 million grant received by NACI chair, Dr. Shelly Deeks, to encourage COVID-19 vaccine readiness, fits neatly into this larger framework of a research agenda set by global interests.

Again and again and again throughout the documents that I've read in preparing this talk, one sees the assumption that by quite simply continuing full speed ahead according to the research priorities identified and funded by global coalitions of research funders, one will be making significant contributions to the public good and that one's industry in advancing these select research priorities, provided by public–private global partnership organizations, is deserving of heartfelt thanks in and of itself.

As an example of such bizarrely naive assumptions of altruism, we can read the title of an article published on the CIHR website. The article appears to be written as an introduction **to Dr. Scott Halperin, nominated principal investigator with the Canadian Immunization Research Network and Director of the Canadian Centre for Vaccinology.**

The title reads, "Heralded as one of the greatest medical breakthroughs of modern times, why are proven-effective vaccines suddenly getting such a bad rap?" The title hyphenates the word proven and effective to create a compound word and the compound word then represents the conclusion that vaccines have indeed been proven effective.

On the face of it, this sounds absurd. How have all vaccines been proven effective? But then, too, if one wanted to argue that not all vaccines are effective, the author might counter by saying, "Yes, but here we're only referring to the ones that are proven effective, hence the hyphen."

So as we read the published material on these official Government of Canada websites, we might get the impression that there's considerable effort being made to obscure matters of importance and to present information in an intentionally misleading manner. By way of illustration, another bit of tricky phrasing can be found at the end of the first paragraph on the same page to which I've just referred.

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"Dr. Scott Halperin," we read, "has dedicated his career to inspiring confidence amongst Canadians, that the most effective way to prevent the spread of infectious diseases continues to be through vaccination. By demonstrating the judicious testing that each vaccine undergoes before being introduced into publicly funded immunization programs, Dr. Halperin is combating misinformation with fact, reassuring us that the decision to vaccinate ourselves and our children is a wise one."

In these two sentences we're confronted with just a barrage of assumptions.

First, that vaccination is the most effective way to prevent the spread of infectious diseases. Second, that as this continues to be the case, it has been so for a good long time and therefore is a settled matter of scientific fact not open to dispute. Third, that each and every vaccine introduced into publicly funded immunization programs is subject to judicious testing. Fourth, that the decision to vaccinate ourselves and our children is wise. And because there is no context given, the suggestion is that it is always wise, presumably because of the judicious testing upon which we can always rely. And fifth, that anything which might shake one's assurance in the wisdom of vaccinating oneself and one's children is misinformation.

So all across the board, we see that Canadian researchers are being encouraged to simply assume that whatever work they do, so long as they're advancing the research priorities set within the established global research agenda, they're doing the right thing.

We might reflect that it's not advisable to separate the pursuit of specialized knowledge from the service of the public good. But here we see that our researchers are not doing this—at least they don't think they are. They're encouraged at every possible turn to believe that they're altruistic agents whose industry is unquestionably being directed towards the general health and well-being of Canadians. And there's a powerful and familiar idea at work here.

When we say that we want our children to go to good schools, we mean we want them to flourish, we want them eventually to be esteemed by their fellows, we want them to be valued in professions and in the roles they go on to play in their careers. And when we say good school, we tend to assume that the school in and of itself is already fulfilling such an important socially beneficial role, that the mere fact of entering the good school, you're already contributing, you're already doing good for your fellows, and this is a very common assumption.

And I think we see a very similar assumption being promoted in relation to all those participating in Canadian Institutes of Health Research initiatives on these official government website pages. Now it's a wonderful assumption to make if it's true. So long as it's true, it's wonderful to be able to make the assumption that our good schools are doing good. And this is why we say good for you, worthy endeavors. And they are. They're worthy

so long as the good school isn't actually doing anything unlawful, unethical, or contrary to the public good.

So when I read Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, I might be inclined to take her at her word when she says, "I know each one of us is trying our hardest to contribute in every way we can, whether it is being a source of authentic information to counteract all the misinformation that is out there, providing sound advice on infection prevention and control, or discussing the scientific evidence on social distancing, latest therapeutics, testing, and vaccines."

When I read her saying these words, I'm tempted to believe her. I'm tempted to believe that she believes what she's saying. And I'm tempted to believe this, that she's in earnest, even though social distancing and masking recommendations were never anywhere near constituting sound evidence-based advice on infection prevention and control, even though there is no scientific evidence that social distancing was effective, even though relatively little and poorly designed research was done into therapeutic treatments for COVID-19, particularly those like hydroxychloroquine, even though it was manifestly clear from the beginning that the mRNA COVID-19 genetic vaccines hadn't even come close to meeting reasonable testing criteria.

So why am I inclined to believe that Charu Kaushic believes what she is writing, in spite of what might strike one as its manifest absurdity? Well, I think it's entirely possible that she believes the system as a whole because it is so wonderfully powerful and productive, because the sky is the limit when it comes to all that we can accomplish that she believes the system is necessarily and assuredly good.

When Charu Kaushic writes to the collective community of the CIHR,

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when she writes to every one of you, "my heartfelt thanks," she's giving clear expression, whether she really believes it or not, to the idea that their participation in any and all CIHR projects is itself an entirely unproblematic ethical good: something to be lauded, something worthy of spontaneous yet profound respect. What we're dealing with then is a rather sophisticated "get-out-of-responsibility-free" card.

If I am a Canadian researcher engaged in top-level research for initiatives funded by the Canadian Institutes of Health Research or if I am engaged in research with one of the network organizations under the umbrella of the Canadian Immunization Research Network, then I know in my heart that the work I'm doing is good. It has to be good because the CIHR and the CIRN are public institutions of the highest calibre. They aren't predatory **corporations. They exist merely to serve the public good and advance the cutting edge of scientific research on behalf of all Canadians. Well, it feels good, but is it real?**

What I do know is that Charu Kaushic can't quite use this line of reasoning to absolve herself of responsibility. And the reason is, in her role as the Scientific Director for CIHR III, and this is from a government website, Dr. Kaushic is responsible for making investment decisions nationally and internationally and representing "CIHR and the Government of Canada at various national and international forums related to infectious diseases," and at the same time, in this very same capacity, she serves as the Chair of GloPID-R, the global consortium of funders in pandemic preparedness and emergency response research.

So it's possible that a great many well-meaning Canadian researchers are operating under the impression that the work they're doing must be good because the CIHR and CIRN are public institutions that function altruistically. It might be possible for many such well-meaning Canadian researchers to imagine that the CIHR and CIRN are so constituted that they will not and perhaps even cannot function in the manner of predatory, profit-driven corporations.

If this is the case, if it's true that many Canadian researchers possess such a view of these powerful public institutions, Charu Kaushic is very unlikely to share their candy-coated illusions because as Scientific Director within the CIHR Institute of Infection and Immunity, Kaushic is involved with the CIHR's Global Governance Research on Infectious Disease initiative.

From the CIHR's own website, the CIHR Institute of Population and Public Health and Institute of Infection and Immunity have been leading efforts to build an international network for social science research on infectious diseases that will be supported by a central coordinating hub funded by the European Commission through its Horizon 2020 work program.

The intention of the international network is for participating funders to establish the support centres, initiatives, or networks within their own jurisdictions, which will then be networked internationally through the EC-funded central coordinating hub. This international network of networks will facilitate bigger and more robust scientific inquiries that respond to the needs of global policymakers. This international network is intended to facilitate policy relevant opportunities, networking, cross-country learning, bigger science, and knowledge transition opportunities.

The point that needs to be driven home here is that, given the state of our current national research bodies, it's very unlikely that they're representing anything like what the average Canadian imagines as the public good.

Not only are our Canadian national research bodies correlating their research with the priorities set out in the WHO and GloPID-R's coordinated global research roadmap, but our public CIHR is actively contributing to global governance programs that will facilitate the transfer of its national decision-making agency as a Canadian public institution into the hands of global public–private partnership organizations.

Rather heroically, the CIHR website refers to its leading efforts to build an international network of networks. Nowhere does the CIHR mention the goal of securing bigger profits for the corporate stakeholders who stand to gain from these publicly funded webworks.

No, according to the CIHR, the international network of networks just promises bigger science. There's similarly no mention of profits on the GloPID-R site. The overriding aim of our work, they say, "is to impact global health by saving lives.

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"To coordinate the work of funders, we are active on several fronts."

But as a reminder of the mode of operations one might expect from GloPID-R's industry stakeholder group, we could take a quick peek at the United States Department of Justice website under the heading, "Justice Department announces largest health care fraud settlement in its history: Pfizer to pay $2.3 billion for fraudulent marketing." In this press

release, dated Wednesday, September 2nd, 2009, we read, "American pharmaceutical giant Pfizer Inc. and its subsidiary have agreed to pay $2.3 billion, the largest health care fraud state settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products."
The press release quotes Tony West, the Assistant Attorney General for the Civil Division, as saying that "illegal conduct and fraud by pharmaceutical companies puts the public health at risk, corrupts medical decisions by health care providers, and costs the government billions of dollars."

It quotes Mike Loucks, then acting U.S. Attorney for the District of Massachusetts, as saying, "The size and seriousness of this resolution, including the huge criminal fine [of $1.3 billion], reflect the seriousness and scope of Pfizer's crimes. Pfizer violated the law over an extensive period of time. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, [Warner-Lambert], Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated."

Now why would Canadian public institutions want to get into bed with corporations that demonstrate blatant and continued disregard of the law? Does the Canadian public believe it's worthwhile to give up the autonomous governance of our national research programs and to partner with corporations that pay out billions in healthcare fraud settlements just for the sake of bigger science?

So over the course of the pandemic, it's the declared pandemic, we've assumed that, well, at least our legacy media and our national public broadcaster have worked overtime to create the impression that the COVID-19 response in Canada has been led by independent scientists and elected representatives whose primary motivation has been to promote public welfare.

In reality, our COVID-19 response has been largely directed by individuals and corporations with ideological and financial interests independent of and in some cases contrary to public welfare. These individuals and corporations have guided pandemic policy in order to ensure outcomes in line with their own private interests with little regard to the general well-being of Canadians. And here, speaking generally, we're talking about public–private partnerships.

Public institutions are rooted in the public sphere. They tend to have laudable goals, mission statements, and mandates clearly aligned with the constant underlying purpose of serving and protecting the public good. Increasingly, however, of the past decades and most acutely during this declared pandemic, leading figures within our public institutions, like Charu Kaushic, have chosen to engage in partnerships with private sector entities. And as a result of these choices, public institutions have become to greater or lesser degree dependent upon external and private sources of funding. In doing so, they've compromised the integrity of these public institutions whose intended purpose is to promote the public welfare. Additionally, though, they've normalized, they're in the process of normalizing the public–private partnership model.

On the face of it, public–private partnerships sound good. It sounds like we're all pulling together towards a common set of goals. But when it comes to the interests of powerful corporations capable of exerting influence on a global scale, there's little evidence that their interests ever meaningfully intersect in positive, healthy, and peaceful ways with the interests of the average global citizen.

It should be an ever-present consideration for anyone advocating on behalf of the public good that it's absolutely essential that public institutions remain independent from the private sphere, particularly when one is dealing with public regulatory bodies. It's vital that the regulatory body remain independent of the private sector industries they regulate.

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But they must also remain independent of any overreaching state and federal bodies that might themselves be leveraged by private sector interests. Over the course of the declared pandemic, the most obvious and flagrant example of private sector influence upon the public regulatory bodies as well as upon public organizations more generally is the influence exerted by our pharmaceutical industry.

Pharmaceutical companies have a clear mandate to pursue financial gain. Their primary goal is to increase shareholder profit and investment. And it's not in their mandate, it's not a marketplace requirement, it's not even a marketplace expectation that they determine the nature of the public good, let alone promote or protect it.

The COVID-19 crisis presented global corporations, including pharmaceutical companies, with an unprecedented opportunity to consolidate their wealth and power. And the transfer of wealth that has taken place, a transfer from the working class to the global billionaire elite, has been measured in the trillions. According to a recent Oxfam report, the richest 1 per cent grabbed nearly two-thirds of all new wealth worth 42 trillion created since 2020, almost twice as much money as the bottom 99 per cent of the world's population. So it's worked for them. The pandemic has worked very well for them. It's gone off without a hitch.

At the same time, the COVID-19 crisis has presented the global public with an opportunity to see just how much power the corporate sector can wield. We've seen its ability to influence public organizations, including regulatory bodies. We've seen its ability to direct the emergency response, including the legislative processes of sovereign governments. And through the hold it has upon legacy media and the new social media platforms, we've seen the influence it's able to exert in shaping the understanding of and the reaction to these policies in populations around the globe.

In other words, we've observed that there are corporate power structures ready, willing, and entirely able to shape global government policies, and then to shape the global response to the policies they're promoting. Policies, ostensibly in service of the public welfare, but manifestly serving to increase the wealth, power, and finally control of these corporations over an increasingly captured public sphere.

So where does this lead?

Now I'd say that where this leads is a state of cultural barbarism as a new norm. But the word "barbarism" poses a problem just because we have two sort of definitions floating around. There's the language-based definition that refers to the Greek term barbarous. And the barbarian is someone who when they talk, it just sounds like bar, bar, bar. We don't understand what they're saying. It's a foreign tongue. But when we say barbarian, when we say barbarism, what we mean is someone who chooses domination over empathy. We mean the inclination to use violence and coercion to persuade others to do as we wish. But these two definitions, they're related. And this is really the crux of what I wanted to say here today. These two definitions of barbarism are related by the idea of specialization.

To illustrate, I'll very shortly have a look at scholastics in the Renaissance, if that's all right. So the term barbarism gets used in an interesting way by Erasmus around the end of the 1400s when he refers to the scholastic doctors of theology, the doctors of divinity in the theological schools. And he calls them barbarians because they don't speak Greek. And why is that important? Well, it's important because the New Testament, the Bible that they're interpreting, is written in Greek. And it's not written in Attic Greek. It's not written in a very high Greek for the educated. It's written in what's called Koine Greek,

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marketplace Greek: Greek that's accessible to anybody at all, anybody who can speak it. If they hear it, they understand it.

So the scholastic doctors of divinity, they're reading their Bible in the Latin translation and it's an ancient translation. So already, it's like how many of us read thousand-year-old English and just understand what we're reading? Not many of us. So it's an ancient text and then on top of this, they developed this really complicated Latin, and they bring in all kinds of new terms so nobody except for them can understand the interpretive process they're using, the interpretive method they're using. And so now, you've got a population that's cut off from the sacred text that apparently is the foundation and wellspring of their sense of what the public good is. And you've got a clique of specialists who can decide for them. And if you can control that clique of specialists, then you can shape expectations in relation to the public good. So that's one part, that's an important part of barbarism—when you have walled off domains of learning, domains of thinking that have real public significance, when you've walled it off from the public.

Now how does this contribute to sort of a cultural barbarism, where you're oppressing others, where this becomes the default mode?

Well, if every domain of learning—we take our universities—every domain has its specialists. So no matter what we're talking about, we're going to defer to the specialists: ask the experts, trust the experts. And maybe those experts will be helpful. But the specialization of all agency—the specialization of knowledge and agency in all domains of human activity—this is a signal for cultural barbarism. And the reason is that the default position now becomes, no matter what the question is, "there are experts who are dealing with it." And the question should be given to them. And no matter what the problem, it's not my responsibility because I'm not the specialist. It's someone else's responsibility.

Now the universities saw incredibly high compliance with the mandates and with very little debate, which is really shocking to a lot of us. But we can understand it because **everybody's deferring to the next specialist. And so when you create a culture like that, you basically, you've laid the foundation. When you have domains of learning and activity that are specialized and you're encouraged to trust the experts rather than coming to your own determinations, then not only are you cut off from the learning and the skill involved in that domain, but you're also cut off from the possibility of taking responsibility in that domain.**

A specialized domain is not the responsibility of the non-specialist. What happens, however, when the entire network of human activity has become specialized is that for any given thing, the grand majority of people are not responsible. Not only are they not responsible, but they cannot take responsibility and taking responsibility becomes a question of accreditation.

By creating and legitimizing and normalizing the extraordinary authority of the expert, of the specialist, the university has legitimized the adoption in the general population of a very unhealthy default position: Whatever the matter at hand, it's not my responsibility and that's not a problem. If I trust in the good schools, then I know that whatever the problem, there are experts whose responsibility it is, there are specialists looking into these things, and the specialists looking into these things are the trustworthy product of our trusted universities.

So we have this uncritical acceptance of the idea that universities are a public good and that the specialization in all areas of human inquiry that they cultivate is public good. And as a result of this accepted notion, the default position for individuals is that they're not responsible. And once you've convinced the population that they are justified precisely when they do not take responsibility for important public issues,

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then you open the door to coercive policies and abuse.

You open the door because you've created the conditions for acquiescent acceptance of anything and everything in the general population. They will accept whatever policies are handed down, no matter how oppressive because they know they've been handed down by individuals accredited within a system they trust. They believe that the system is trustworthy because it goes without saying, it represents a public good.

So I think I can wrap up here.

In relation to these reflections, you know, we can all hear the voices of our friends and our family and the legacy media. And they're going to say things like, "Oh, come on, don't you think you're exaggerating a little? How bad can it be? Are you really telling me that we can't trust our universities now? What about our medical journals? Is that next? Are you going to try and tell me that not only our universities, but our public research agencies and the world's leading medical journals are somehow corrupt? Come on, kid, give your head a shake."

And unfortunately, that's exactly where we're at, but it's above my pay grade to say so.

But we don't need me. We've got Richard Horton, he's the Editor-in-Chief of *The Lancet*, one of the world's most highly respected medical journals. And he penned an article on April 11th, 2015. It appeared in *The Lancet*, and it was entitled "Offline: What is Medicine's 5 Sigma?" And it's kind of mind-blowing. It starts like this:

> **"A lot of what is published is incorrect." I'm not allowed to say who made this remark because we were asked to observe Chatham House rules. We were also asked not to take photographs of slides. Those who worked for government agencies pleaded that their comments especially remain unquoted, since the forthcoming UK election meant they were living in "purdah" —a chilling state where severe restrictions on freedom of speech are placed on anyone on the government's payroll. Why the paranoid concern for secrecy and non-attribution? Because this symposium—on the reproducibility and reliability of biomedical research held at the Wellcome Trust in London last week—touched on one of the most sensitive issues in science today: the idea**

that something has gone fundamentally wrong with one of our greatest human creations.

Now in relation to the short series of excerpts that follow, remember that this is the Editor-in-Chief of *The Lancet* speaking about scientific literature. And as he makes no exception for *The Lancet*, we can assume that in writing this, he considers his own journal to be among the offending publications.

Wayne Lenhardt
Could I maybe stop you and just ask a couple of questions from, I think, our perspective?

As you're talking, I'm thinking to myself, you know, maybe the problem is that money is a source of all evil, okay? And universities have incentives built in the same way as corporations have incentives built in. And the incentives that are at the university, I mean, I saw this first time, is that if you're a young academic, the way to make your name and also make more money is to, number one, publish in respectable journals. And that's where you mentioned *The Lancet*, which is a very prestigious journal. So if you're able to get a paper, an academic paper published in *The Lancet*, that's a real feather in your cap and you're apt to go up from associate professor to full professor, your salary will go up, your prestige goes up, et cetera, et cetera, et cetera.

So if you have globalists behind some sort of a pandemic, it's useful for them to have academic credentials for their shot, whatever it is. So it's in their interest then to try to corrupt the system in some of the better universities. And it's not that difficult to do in the sciences, in the hard sciences: one of the ways you go up as a young professor is to attract a bunch of research grants. So all of a sudden, I've collected 20 million in research grants, but my little competitor,

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professor over here, has got 100 million. So he's going to go up faster than I will. And that leads to all kinds of abuses, some of which have been uncovered.

You know, there was a professor at Memorial University in Newfoundland that was falsifying results. It actually happened in Duke of all places where also they ended up retracting, I think, a dozen papers and firing this guy, who was actually making up his test results. But it happens everywhere. I mean, *The New York Times* had a guy 20 years ago, I recall, who had actually fabricated a news story about an eight-year-old drug addict in Atlanta. He sat in his apartment for a week, and it was pure fiction, and he passed it off as being real. These are all financial incentives. So I think as far as the university goes, it's **certainly not immune from that.**

Dr. Matthew Cockle
Richard Horton says poor methods get results.

Wayne Lenhardt
I'm sorry?

Dr. Matthew Cockle
Horton said poor methods get results: the case against science.

Wayne Lenhardt
Sure. Well, East Anglia University was one of the best universities for global warming at one point. Until there was no global warming for 19 years and they tried to hide the decline and somebody hacked their emails. So is this the problem with conflict of interest and advancing the public? But I'll stop. I'm not a witness here, but just trying to wrap your presentation.

Dr. Matthew Cockle
Alright so, okay, I think his comments are a good wrap-up for me if I just can finish that would be great.

Wayne Lenhardt
Maybe this is the good time to ask the commissioners if they have any questions so we can go off on that. Go ahead.

Commissioner Kaikkonen
Good morning. I have a number of questions, and probably not as many, or more than I can ask here. We've heard testimony, as we go across Canada, elaborating on how our institutions have failed Canadians.

And at the same time, we also recognize, or many of us recognize, that our universities have moved away from their original foundations of academic inquiry to this group-think mentality. And I'm thinking, in my own case, groupthink came in around early 2000s.

So where, in your opinion, did universities go off the rails? And this is where I'm going to ask a number of questions.

Do you think the unionization of faculty members has been a contributing factor, where it used to be tenure was a job for life, which allowed the professors to dissent or offer research that was dissenting from the public narrative? Or could it be that the funding agencies, which narrows the perspective as you alluded to, NSERC and SHHRC, where professors who apply for grant funding have to apply within the criteria offered by the federal government?

Or is it simply because the arts and social sciences and humanities have lost their way, as many of us who taught in the arts tried to warn as early as the early 2000s? Or is it because universities have climbed onto the skills-based academic programs and, by extension, given colleges that degree-granting status?

And the reason I ask this is because there's a number of parents right now who are looking at universities as an option for their children. And there are some plusses to universities in terms of academic inquiry and learning how to research and critically think and critically write. And I know it's getting harder to find them, but they still exist.

And I'm just wondering, they went off the rails, or collectively, stereotypically, we say they've gone off the rails as universities go— But at what point did they really go off the

rails that money, as Wayne has alluded to, is the root of all evil, or the love of money is actually the root of all evil? And to the point where we're going to discourage parents from sending their children to universities, when there are some positives there that we should be considering as well.

So just where did they go off the rails? At what point do you, in your opinion, do you think that they stepped out of being a university that included academic integrity,

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to where they are now?

Dr. Matthew Cockle
I think it's right that it's linked to the incentivization process and I think that the damage has been done at the university level and also at the federal and provincial funding levels. By starving universities of federal funding, you open them up to private funding and then by walling off the decision-making committees from the public, in terms of where funds are going to be allocated and for what reasons, you create this sort of culture of secrecy that allows terrible things to happen.

And so way back in the '90s when I was at SFU— Jerry Zasloff had created the Institute for the Humanities, and he created it in the first year, in the year of SFU's inception, I believe. And it was an independent body within the university that was not subject to administrative control. And what that allowed it to do was to operate as a kind of conscience for the university and thank goodness it did. And one of the things it did was that Jerry—and many others in collaboration with many others around Vancouver—organized a public forum, and it was on the persistence of the influences from fascist institutions and Nazi institutions and totalitarian institutions, the persistent influence into the modern day. And one of the panels was on SFU's involvement in Indonesia at the time. So federal funding was coming in to SFU, and SFU was sending engineers into Indonesia to train Indonesian engineers and to boost their engineering program. And at the very same time, Indonesia was in East Timor genociding the East Timorese. Now that's insane.

And while this is happening, the CBC is somehow being leveraged by the federal government, and they come out and they say that they don't think that what's happening in East Timor is newsworthy. So at this panel, there's an archbishop who's seen people slaughtered in the street in front of his church. And then there's John Stubbs, President of the University, who's trying to say, as long as we're advancing education, it's got to be good. And we're advancing engineering in Indonesia, and this is going to be good for the people of Indonesia. And therefore, it's going to be good for everybody that they have anything to do **with.**

And at one point, there are these two— They look like Indonesian military. They look absolutely terrifying. They're the most terrifying men I've ever seen. They're not sitting together. They're in different parts of the audience. And at different moments of people's testimony, they would get up and they would vociferously maintain that nothing was happening in East Timor. So then John Stubbs, President of SFU, is on their side?

And so what this illustrates is there's clearly a problem when money can be coming from the federal government, and it can be moving through a university, and it can be of such significance that the president of that university can't stop a program from happening even

when it's supporting a genocidal regime in the act of genociding another people. That's mind-boggling.

And I think that we're just further ahead into that process. And so that's why I think that the answer to a lot of this— We have people coming and saying, the problem is socialism. It's not. That's absurd. The problem is our public institutions, which are our bulwarks, they're the things that can protect us, they're the things we need to strengthen, they're being undermined by the private sphere. Of course, they are.

If we see that something is rotten to the core—whether it's the CBC or whatever it is, some public institution—the answer is not to defund it and dismantle it. The answer is to figure out what's wrong: which parties are trying to undermine it; if there are any such parties, what they stand to gain from it; and what we can do to fix it, to heal it, and to strengthen it and protect it from further corruption so that it can actually do a job for us.

Our public institutions are like guards at the gates. We've got a city. You've got seven gates. There are big guards there. And the corporate walls cannot get in. But they bribe the guards and every now and then, they make raids. And now they make more raids. But what they'd love is if they could convince the population in the city's walls to get rid of those guards completely: "The public institutions are the problem.

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"Just scrap them. The private sector will take care of you much better." Well, then you've got no guards and you've got no defence.

And the public owns the public sphere but needs to take it back. Because right now, it's in the hands of networks, coordinated networks, of corporate powers. And they pay a lot of very smart people to strategize how to best go about this process of undermining the public sphere and capturing it.

Commissioner Kaikkonen
So we are going to get a copy of your research paper as evidence, yes?

Dr. Matthew Cockle
I'm sorry. It was the wrong format.

Commissioner Kaikkonen
No, it's okay. I really like it when you speak from the cuff. It's actually very refreshing and enlightening to all of us because you're actually giving us your passion.

You mentioned the New Testament and I'm not sure which direction you were going, so I'm just going to say that "Tindale" or "Tyndale," depending on how people pronounce his name, translated the Greek to English in the New Testament, and he did so, so that every farm boy would have access to the Scriptures. He did it under threat of death. He moved from the U.K. to Europe. They killed him once and then his secretary, Matthew, took over, and they thought he had come back to life, so they dug up his ashes and re-killed him.

I'm just wondering, are we at that place in society where we don't have access to the Scriptures anymore? Are we at that place where censorship has taken such a direction and

influence in our lives that we don't have access to what was or what these people stood for in principles? Or is there still hope for this country?

Dr. Matthew Cockle
Okay. That's a really interesting question. So I don't think that there's any need to privilege one scripture or sacred text over another. I think that a lot of the time we look at some sort of—let's use Trudeau's term fringe—some fringe group whether it's the Wahhabis movement in Islam or some puritanical sect in Christianity, you can find bad people everywhere.

But if you've got a community of people who are using a sacred text and its traditions to try and create an integrated communal identity, and then within that community, you've got individuals who believe that the tradition they've inherited and the text that they're working with actually allow them to sort of own themselves. They are autonomous in their decision to adopt the structures of this tradition. So then, it allows them to become self-possessed. I think that's a very powerful thing.

And I think that what we see in the media now is a wonderfully cunning attack on faith communities of all kinds. And the reason is that whether or not you agree with the tenets or whether or not you're going to go out and buy yourself a Koran and spend a lot of time reading it, you can appreciate that if an entire community is clear on the ethical norms that they wish to live by, boy, it becomes hard to push them around when you've got a corporate agenda and you're pushing through the media and you just want it to go. And they keep getting in the way.

So you have to take measures: You've got to make sure that they're not getting together, so you better close the churches. You can leave Walmart open because the marketplace triumphs, and there's no problem with the marketplace. But you better close the churches. And maybe you close the Christian churches and maybe you leave the synagogues and mosques open so that the faith groups can fight amongst themselves instead of recognizing that what's happening is you've got to move by large corporate powers—they want to take over the public sphere. And they want to take away everything that protects people and allows them to make decisions for themselves because that population is a market and it's valuable as a market.

Commissioner Kaikkonen
And do you have any specific recommendations that will help ordinary hard-working Canadians to combat what is happening in our country?

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Dr. Matthew Cockle
Well, I think that the direction things are going is very ugly and one of the reasons is what's happened throughout the declared pandemic is people have felt that it's okay to turn their back when other people are excluded and abused.

There are somewhere between 4,000 and 4,500 nurses in BC who have either been terminated or have left the profession because of the vaccine mandate. And one might wonder, why aren't all the other nurses standing with them and standing up for them? It seems ludicrous.

And then when you think about the Hippocratic Oath to do no harm and the sort of ethical investment that we expect of our physicians and then we see that the College of Physicians and Surgeons of BC is threatening to take away the licences of any physicians who speak out against the policies, even though it's their fiduciary duty to speak out. If they think that a policy is going to do harm to one of their patients, it's their lawful duty to speak out. And how is it that they're not?

How is it that we've come to this place where, en masse, precisely those professions that we've looked to as the most enlightened or the most ethical have completely failed us. Not that individuals within those professions have failed us because I work with amazing people. That's the great thing about the pandemic is I've met amazing people, and I'm constantly startled by all that they know and I absorb as much as I can. But en masse, this sort of abandonment of our fellows, that's a really dark turn.

Commissioner Kaikkonen
Thank you very much.

Wayne Lenhardt
Dr. Massie.

Commissioner Massie
Thank you very much for your testimony.

I think one of the points you raise in terms of the specialized knowledge and the big science, which from a technology point of view calls for the major investment in facility—if you are going to do, for example, genomic science, high-level sequencing, and that kind of activity, you really need to build infrastructure that not every scientist can actually have in his own lab, but at least would have the ability to access.

So that calls for some sort of governing system that would allow, I would say, a fair access to scientists to the facility in order for them to carry on their research. Somebody has to decide that this project should have more access to the facility than the other, and that's not an easy thing actually to equilibrate in some way in terms of resource allocation and so on. It's always been a struggle, and as you mentioned, the incentive is really driving what behaviour you're going to get from people.

So one of the things I've been struggling with as a scientist over my career is that I'm old enough to have had the pretty good, strong training in humanities. But the new scientists or the younger generation don't seem to have had that opportunity to have this training in humanities that would give them a perspective on ethical principle. That's one thing.

And the other one, which I think is very important is what I call, in this branch of philosophy called epistemology: How do we generate the knowledge that we have? And how does that evolve? And when you do it carefully, you realize that the driving force to get to the truth in science is debate. So any institution that is sort of suppressing debate, how can we think that they're doing that for common good?

So what's your perspective on the so-called common good as a sort of excuse to push a given agenda in those institutions? Isn't that something that will actually affect all of the activity we're doing in university, would it be in science, natural science,

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or other branches of knowledge in university? So what is your thought on that?

Dr. Matthew Cockle
Well, I think that it would be hard to find a department that didn't have ethical standards and that didn't insist that researchers and professors within the department met those standards.

The problem is that those standards aren't being applied to the funding or to the parameters being set by funders. Of course, your question has many parts. One part, the debate part: so how is it possible that universities that are the place of debate—there's no question we associate them with the debate of ideas—how can they not have done that and how can they have so openly and blatantly stifled anybody who wanted to?

I think that they would defer, in BC, UBC would defer to Bonnie Henry, would defer to Adrian Dix, would defer to David Eby and before him, John Horgan. And if John Horgan, if the premier of a province is up there saying these people who are vaccine-hesitant, "well, it's okay to call them covidiots." Well, if the premier says it, then certainly the university doesn't have to waste any time hearing what these people have to say.

And if Bonnie Henry is up there saying, "I have very little patience for health care workers who don't want to be vaccinated," she's setting the agenda from the top down. And people feel comfortable following the lead of these very important public figures.

How it's happened? I know university professors who simply refuse to think about these things at all in spite— They're brilliant. Some of them are Oxford-educated, there's no question that they're intelligent and capable of critical thinking, but they feel that they're authorized not to look at it. I think that leading by example has done that.

The question of how can we actually make research ethical?

Well, the one way to stop it from being ethical is to allow private stakeholders to meet in closed-door meetings and determine what the agendas are. And you know, GloPID-R and the WHO R&D blueprint team, that's what they did. They created a roadmap, they published it. And then as Charu Kaushic, who is the chair of GloPID and the head of one of **our major initiatives within the CIHR, she says that most of the funding was correlated with that roadmap. And she's speaking globally. And you can watch her Cochrane Convenes' keynote speech, where she looks at— They're tracking. They have data tracking systems that not only track what the research priorities are but what research is being done and whether or not it corresponds with those research priorities. So clearly, the goal is control over as much research as possible.**

Now you made a great point, it costs money, so we need the private sector to invest. But then pharmaceutical companies have always used that excuse. We spend so much in R&D, but they spend relatively little in R&D compared to their spending in public relations and marketing. The people who spend for the R&D, that's the public institutions. So what they're doing is they're getting help from the public sector, but they're still deciding how

that public sector money is being spent. And if we look at COVID, we spent a lot of money on incredibly costly technology, but perhaps it would have cost very little to work on effective therapeutics. Imagine if we had a national program that had actually followed through

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and done this and looked at maybe inexpensive and readily available generics in combination with vitamin D and other commonly available things that we would expect to use in the treatment of respiratory disease.

I think that we could have done a great deal better with far less investment. And the only difference, the one thing we needed to do to get that better outcome, is not allow the corporate sector to call the shots.

Commissioner Massie
Thank you.

Wayne Lenhardt
Yes, Ken.

Commissioner Drysdale
I want to make sure I understand what you were testifying. CIHR is the Canadian Institute of Health Research. CIRN is?

Dr. Matthew Cockle
Canadian Immunization Research Network.

Commissioner Drysdale
You talked about a number of grants, and just running a number in my mind, it was in 10s to 50 millions of dollars you were talking about that they had set out grants to. What I've heard in the testimony over the last number of weeks and months is that, essentially, the vaccines were researched by the manufacturers, the government was given the information, whenever it was, and within weeks they had somehow authorized the vaccines.

Given that the CIHR, the Canadian Institute of Health Research, was giving out so much money, how much money did they give towards research specifically related to proving the safety and efficacy of the vaccines before they were put out to the Canadian public?

Dr. Matthew Cockle
Well, I certainly don't know the answer, the specific answer, to the amount of money spent in that direction. I do know that there was a great deal of money spent on initiatives to encourage vaccine uptake and those initiatives began well before there was any randomized clinical trial data available.

So we were giving out public money for grants to encourage vaccine uptake before we had the basis to say that they might be safe and effective. It's a very odd thing.

Commissioner Drysdale
That's almost like having your house on fire, but instead of putting your efforts to putting the fire out, you put your efforts toward telling the neighbours about it. The monies that you talked about, the bursaries or grants that you were talking about, more had to do with exactly what you said, the propagandizing, the vaccines, combating vaccine hesitancy, which I hadn't really heard of as a term before now in Canada, which is interesting.

Can you comment on how they would have anticipated that they were going to have this vaccine hesitancy when I wasn't aware of it in Canada at all before now?

Dr. Matthew Cockle
Well there has been a lot of work in the decade leading up to the WHO's declaration of a pandemic. GAVI, the Vaccine Alliance, and WHO, I believe they called the past decade the decade of the vaccine.

And there were a tremendous number of global initiatives really pushing the idea that vaccines were the answer. And you can read on the CIHR, on the Government of Canada websites, that vaccines are absolutely the best way to prevent the transmission of infectious diseases.

I'm not sure that that is settled, but it's certainly—you can read it on these Canadian websites as though it is settled.

Commissioner Drysdale
Were you surprised with regard to the change in language? We heard in testimony, I think it was in Red Deer, that the vaccines, and I think they were talking about the Pfizer one, was really ruled a biologic. But they allowed it to be tested under the name vaccine.

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And that the term vaccine that people have come to trust in Canada, like when you think of the smallpox vaccines, that this particular vaccine didn't fall within the definition, so they changed it.

Dr. Matthew Cockle
I think this goes back to this question of who decides what the ethical parameters are for progress within a society and for business as usual. And then, what recourse does the population have?

What we've seen during the pandemic is it doesn't matter how many letters you send to the premier or to the public health officer, you're very unlikely to get a reply. And we have no recourse to challenge these things.

And what we've seen with the introduction of Bill 36, which is the *Health Professions and Occupations Act,* and then fewer people know about the Emergency Act that's been passed in BC, and together with this, the ATP, the Advanced Therapeutics Pathways Program.

Legislation is being introduced in BC that is unlawful and anti-democratic. And some of the things that this legislation does is, with the *Health Professions and Occupations Act*, it allows the minister to appoint people who aren't elected, who don't have to be competent. Competence isn't part of the appointment. And these people are then allowed to change the definitions of words, establish ethical guidelines for treating physicians. They are given the power to suspend a physician's licence, prior to launching an investigation.

There's this all-out attack on individual human rights, and it's blatant and it's ongoing. And one of the strangest aspects of that *Health Professions and Occupations Act* is it would allow under this portal, this public health portal, it would allow legislation to be brought in—like copied and pasted, essentially—brought in wholesale into the legislative framework of BC's laws from other jurisdictions: Switzerland and not only from other jurisdictions but from rule-making bodies.

So that opens it to the WEF, the WHO. Well, what this means is now these— And what is the WEF? It is the world's leading public–private partnership. So it's the public sector overwhelmed, captured, and directed by the private sector. And now they are going to be able to write laws, to have their laws packaged and introduced in BC with no over— They won't pass through the legislative assembly, they may change— Like the *Health Professions and Occupations Act,* it would affect something like 133,000 health care workers in BC. But the changes that this makes, those health care workers have not been consulted.

And that *Health Professions and Occupations Act* was pushed through by David Eby when he closed the legislative assembly one week early. They had only read through something like a fifth, I believe. It was something in the vicinity of 270 pages; it was maybe the largest bill ever introduced in BC. And what David Eby is doing and what Adrian Dix is going along with— Because when you look at Adrian Dix, it looks like this is a man plagued by his conscience. I don't know if that's true, I'm not sure.

When you look at Bonnie Henry, she's cool as a cucumber. I don't know what's going on there, but she's okay with what she's doing. Adrian Dix, maybe not so much. But David Eby, he's a lawyer. He knows what he's doing. I believe that they may even be firing their legal secretaries, their legal staff, the experienced legal staff, to avoid running into obstruction when they introduce things that are absolutely not in the public interest.

Well, that bill was not written in BC. That bill is coming in

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from legal teams. These are being packaged elsewhere.

And I don't think they're being packaged in Saskatchewan. It would look like, if we look at the research funding, it's been coordinated by these global research funding coalitions. And I would assume that these bills are being created also at the global level by interested parties.

And those parties, what are they interested in? Well, they're interested in gaining control over markets. And the markets, you know—we're the market. We think that the public, that that means people like us: people that we don't want bad things to happen to; people whose lives matter; and people we want to thrive as much as possible, we want to protect if we can.

But that's not the way that they're being seen from a global perspective. It's markets. And these markets need to be exploited. It doesn't matter what they're doing with their hair or what shoes they're wearing. None of that matters. And I believe that it's unprecedented in Canada, we've got something like— There are these secret orders in council that the prime minister is able to pass. And I believe that Harper was the one who had passed the most, you know, this walling off the processes, the laws that you're passing. And maybe he passed five or seven. And Trudeau has passed over 70, I believe.

So Canadians can't— We can't find out what is happening. And we can't even get our premier to allow the members of our legislative assembly to properly read and debate the largest bill that's ever been passed, or close to it, in BC's history.

It's ludicrous. And then we think, well, you know, they're good people. They'll fix it. Well, they won't because they're the offenders here.

Commissioner Drysdale
Thank you, sir.

Wayne Lenhardt
Are there any more questions from the Commissioners?

Okay. Dr. Cockle, I want to thank you on behalf of the National Citizens Enquiry for coming and giving your testimony today. Thank you very much.

[01:23:00]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

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EVIDENCE

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Wayne Lenhardt
Good afternoon. Our next presenter is Deanna McLeod. She's been on a couple of times before as an expert. Deanna, if you could give us your full name again and spell it for us and do the oath again, please.

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

Wayne Lenhardt
And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth.

Deanna McLeod
Yes, I do.

Wayne Lenhardt
Thank you. I think I'm just going to let you launch into your presentation [Presentation exhibit number unavailable], but I gather that this time you're going to be talking about some of the Pfizer data, the six-month reports and the two-month reports, and then you're going to do some analysis for us.

Deanna McLeod
That's right.

Wayne Lenhardt
Okay, take it away.

Deanna McLeod
Thank you very much for having me today. My name is Deanna McLeod and I am the principal and founder of a medical research firm called Kaleidoscope Strategic. I've worked for about a decade in industry in many roles in medical marketing and sales. I have a background in immunology and cognitive psychology. And I founded my firm in 2000 because of what I came to perceive as undue industry influence on recommendations related to cancer therapy, and I wanted to create an opportunity for clinicians to basically make guidelines free of industry influence. And so my team and I have spent probably about 23 years now analyzing clinical data, especially relating to industry bias. And how they might, I guess, bias the information in their favour, which tends to include emphasis of benefits of a drug and minimizing safety issues.

Today what I'd like to do is I'd like to walk you through the cornerstone phase III trial used to support the use of the COVID-19 mRNA products that have been promoted by Pfizer as vaccines.

What I'd like to do is begin with the concept of Do No Harm, which is the Hippocratic Oath. It's the foundation of what we do: in the sense of medicine, meaning things that promote health, the very, very minimum needs to be that it's safe. We don't want to be doing additional harm when we're promoting a drug or recommending a drug for the general public. And that comes in direct conflict with industry's primary goal, which is to make profit. And so we're in a good place when we can balance the opportunity for innovation and profit against the— To ensure that they're also safe.

What I'm going to do today is I'm going to walk you through the phase III trial and the multiple stages of reporting that went on there. And I want to talk to you about how they manipulated the data to emphasize benefits and minimize safety issues in order to profit handsomely off of a world that was looking for a solution to the COVID-19 crisis.

So many of you may or may not be familiar with hierarchies of evidence, but in science not all science is the same. We've heard lots of people talk about how we need to follow the science. In my area, what we know is that not all science is the same: Some science, some trials are designed in a way that can prove something. And other science is meant to generate hypotheses that then go on to fuel the concept of phase III trials that then can prove things.

And so what you see on this slide set is hierarchies of evidence and the top of the hierarchy of evidence is the Level I evidence and that is a phase III randomized controlled trial, preferably placebo controlled. And the reason why that is so important is that there's all sorts of factors that can influence the outcomes in research. And by randomizing patients to one arm or the other, what you are able to do is control for baseline factors or factors that might otherwise influence the outcomes. So we're generally confident at the end of a randomized controlled trial to see if there's a difference between the two arms that that's attributed to the actual product. The reason why we're looking at the phase III trial is because that is the Level I evidence that they used to promote this particular drug.

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One of the things that I do whenever I'm doing an analysis, the first thing you look at is conflicts of interest. And a conflict of interest means that you want to be looking to make sure that the people who designed the trial didn't have other objectives or influences in mind. For instance, the most obvious conflict of interest would be a financial conflict of interest. If somebody were to gain or stand to gain a lot of money for a trial to have a

certain outcome—like for instance a pharmaceutical trial being positive, knowing that the whole world would take your drug—then you'd have high motivation to make sure that the benefits of the drug outweighed the risks. And so what I'd like to show you today is that the actual trial that was used by Pfizer was actually sponsored both by Pfizer and BioNTech, meaning that all the money and the resources that went into running that trial came from the pharmaceutical company. So right away there, we can see that if something's sponsored, it's not independent research: It's something that's been developed by the company that has a lot to gain. It stands to gain a lot from positive results.

What I also want to highlight is that the two founders of BioNTech were part of the author list and they went on to gain at least $9 billion, their company went on to profit $9 billion. So again, this is high stakes. This is probably the highest stake trial that's ever been done that I can recall. The other thing that we want to be aware of is that the lead author and the senior author, the two authors that are responsible for the research actually either had stocks or were employees of Pfizer. So again, the key roles and the founders of the trial that were responsible for designing, running, analyzing, and reporting these trials all were people who stood to gain by the actual trial. Now that doesn't actually say that it was biased, but I'm saying that it has a great potential for bias.

The other thing that we need to remember is that Pfizer has a long history of fraud. They've been convicted of fraud and they've also been convicted of manipulating the data and that's on the public record. And so when we start to analyze a trial, we basically want to be looking at the actors: who ran the trial, how much they stood to gain, and whether they have an actual record in that particular department.

The other thing I want to highlight is that on the record, *The BMJ* journal published a whistleblower report actually indicating that Ventavia, which was the clinical research organization that ran the trial, actually was fraudulently manipulating data. And there's a case in courts right now where they've been accused of that. So as it relates to previous trials, they've manipulated data. And as it relates to this particular trial, there's a court case ongoing presently looking into the falsification of data.

So this is a very, very busy slide, and the thing that I'd like you to understand when you're looking at this slide is the amount of red. So red are the people in the system related to recommendations that are made for COVID that stood to benefit from a positive outcome.

Now it's a very complicated slide, and I don't want to spend too much time working through it. But I do want you to know that generally speaking, a guideline, which is that blue bar that's in the middle, is produced based on a group of scientists—that in this case and for immunization it would be NACI [National Advisory Committee on Immunization]—and that group of independent scientists are supposed to review the published literature. If **you look to the top of the chart, you can see a rectangle that says published literature. So these trial results were published, they were presented to Health Canada, and in conjunction and under the guidance of NACI, they reviewed this particular trial and then found that the benefits of this particular drug, the COVID-19 mRNA product, were worth approving in Canada. And what that means is that they felt that it was sufficiently safe and effective and that—**

Generally speaking, the test is that it's safe and effective and that the benefits outweigh the risks. However, there has been a lot of global industry influence in various aspects of the system. And I'm just going to walk you through some of those influences: for instance, the World Health Organization, which was quarterbacking the pandemic response, is actually funded in large part by the Gates Foundation that has investments in pharmaceutical

companies; the NIAID and Anthony Fauci, who is quarterbacking the response in the U.S., the NIAID has a strong relationship with Gates as it relates to viruses and vaccines; and

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in addition, they hold a patent for the spike protein that was used in some of these mRNA products, and they are able to profit, because they have the patent, by recommendations related to this.

We also know that there has been a lot of activity on the part of our government. There is a Health and Biosciences, Economic Strategy Table, that's been at play for the last four or five years. And that group of people have recommended that we deregulate our regulations. And they actually put a new test in for the mRNA product. And the new test was that it basically didn't have to approve safety anymore. All that it had to do was prove that there was sufficient evidence to conclude that the benefits outweighed the risks, which is a very loosey-goosey type thing. What they were able to do is push those products forward with preliminary data and in a way that made the public think that they'd been proven safe when they hadn't been.

I don't want to go on too much more. But I do want to say that these same global entities are directing the public resources that have directed the research related to COVID. And they've also made partnerships with our universities. So the experts that we rely on in order to be able to provide sound guidance to us are actually people who have partnerships with these companies that are producing these products. And then the media, the last thing, is also somebody that relies very heavily on these companies for advertising dollars.

So the long and the short of it is—almost through every channel that we have and check in our system to make independent analysis, there is some sort of financial interest in these particular mRNA products being put forward. And so when we go to look at the data, which we're going to do now, what I'd really like to have you think about is all of the motivation coming in from every sector of our guideline development process that was pushing for this particular product to be sold. And therefore the stakes and making sure that the benefits outweighed the risks of this particular trial, which was the cornerstone of the whole enterprise and all of the people involved, comes down to this particular study.

So let's just walk through the study. This is a chart, and I just want to take a brief moment to talk about this. Whenever you go to look at the design of a trial, the first thing you have to ask is, why are you making this product? And when we're going to look at the clinical trial, we're going to see if the trial was designed in a way that would tell us what we need to know and what we want to accomplish.

So this particular chart looks fairly complicated. And this is based on Stats Canada data from March 2020 to February 2021. It plots the number of cases, and that's the blue line that's floating along the top of a chart; the hospitalizations are the red line; the ICU admittances, which is a little blue line; and then the deaths, which is the red [sic] [dark blue] line. And it plots it for each of the age groups. So those less than 19 years to the left, moving forward to those that are 80 years and older on the very far right. And by looking at those lines, if we just were to follow, for instance, the red line, which indicates hospitalization, what we see is that the hospitalization for most of the segments is very, very low per 100,000. So within 100,000 people, it's not very high. But then when you get to 70 and older, and even the 80 and older, what we see is you have a lot of hospitalization. Also, you have an increased amount of death per 100,000 on that side of the thing.

And one of the things that is really interesting about that is that there's been two reports that have been written: one is the CIHI report that talked about the COVID response and long-term care homes, and the second one was an Ontario COVID Commission. And both of those reports basically indicated that the reason why you have high rates of hospitalization and death in the long-term care facilities is because they've been chronically underfunded. And, of course, you have susceptible individuals in there, and they were completely under-resourced, so they weren't able to stop the spread of the disease. So these long-term care residents were trapped, and the virus was circulating extensively through there. And so one of the things that we see when we're looking at that is that probably it means that the elderly are probably most susceptible to COVID-19. And then secondly, what it tells us is that there are physical reasons because of community spread

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that these elderly people were hardest hit.

And that is not something that can be solved by an mRNA product. However, that was used as the basis for creating the perception of a need for that product that we were then told that we needed to vaccinate everybody in order to protect these people. However, that actually probably wasn't based on the in-depth analysis that had been conducted, the reason; however, that's what was put forth.

This is another thing that I'd like to look at. This is Our World in Data, and it's basically a time analysis of the different variants. On the far left, you can see that there's a red patch, and the red patch there represents the original virus. And this particular trial that we're going to be looking at was conducted during the time when the original variant was circulating. And the very initiation of the vaccinations—the vaccine campaign occurred on December 2020 during the time that the original strain was circulating. However, what you can see very clearly by the change in colour moving to the right-hand side of the screen is that that original variant has been completely replaced in Canada. The original virus has been replaced by various variants, all the way to which we now have the Omicron variant, which is probably from about the middle part of the screen to the right. And the original mRNA product was not very effective, or it was considerably less effective, on these new variants than it was on the original product.

One of the things that we would say right away is that these results, before we even look at anything, are clinically irrelevant to a large degree because the pharmaceutical companies are arguing that you need boosters because the original injections are no longer beneficial. So if we're going to follow that line of argument that we need boosters, then that would mean that those products are no longer effective. And so therefore, the phase III trial that is the cornerstone of this whole campaign would be clinically irrelevant and should be **disregarded out of hand based on that alone.**

The other thing that we need to look at when we're looking at a clinical trial and whether it's been well-designed is the type of therapy that we're looking at. I work in the area of cancer, and so we work with biologics. And biologics are basically different human products that have been used for therapeutic purposes. And so this mRNA product is what the FDA would categorize as gene therapy and so would the Health Canada. And gene therapy, according to the FDA, has very many undesirable and unpredictable outcomes, and many of them can be very delayed. And so what that would mean is that we'd want to see a trial that extensively studies these products for a long period of time. The FDA recommends for many gene therapies that they be studied for 15 years.

What we're going to see when we look at this particular trial is that these products were put on the market after two months of phase III study. When we think about that compared to the amount of time that is recommended for this, we could, again, out of hand say that this trial was conducted— That the preliminary results should not have been sufficient for this type of product. And in our area of cancer, even when we're dealing with people who are end stages of life, we would never recommend a product that's been put on the market for two months. And yet what we did is we turned around and we gave these biologics to healthy people indiscriminately without exception. And right away, that should have never been done.

What we're going to look at now just very quickly, before we even get into the actual trial, is the phase I/II trials. Basically, before you conduct a phase III trial, you have a phase I trial. In the phase I trial, basically what they did was they wanted to see if the mRNA product could produce antibodies. So that chart on the right looks fairly complicated, but the two red bars are basically the reason why they felt that they should move forward with this product as a vaccine. So they chose the 30 microgram dose. And if you look at that after one dose of the mRNA product, you basically have some antibodies that are produced, and those are those little green dots. What they did right there in that phase I trial is they compared it to the antibodies of somebody who'd actually contracted and recovered from COVID, 14 days prior. And what you can see is that the number of antibodies and the level of antibodies is actually comparable between one dose of the mRNA product and one dose of natural acquired immunity.

So right out of the gate, we knew that these mRNA products were probably about as effective as natural acquired immunity.

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And yet throughout the pandemic, one of the main messages that we received was that natural acquired immunity was insufficient. And yet Pfizer actually published this trial that demonstrated that one dose of the mRNA product was equivalent to naturally acquired immunity. They went on to give a second dose and then argued that the level of antibodies produced by a second dose at a much later time frame was better than naturally acquired immunity. And they didn't go on to actually consider whether a person would naturally be infected again and also have the same stimulated antibodies.

The other thing that we need to remember is that antibodies at the time when they actually produced this trial were not considered a valid test for immunity. So they had no basis for thinking that these particular antibodies that were being produced would go on for immunity. And, in fact, the FDA and the CDC both indicate that antibody testing is not a proper measure for immunity. So they had no basis to move forward with this particular **phase III trial.**

Let's just take a look at the actual trial design. This is something that I look at all the time, which is a schematic of how the trial was run. And it's probably too complicated for most people in this audience, but I do want to underscore a lot of things about the trial design that were concerning for myself and my team. The first one: If you look on the far left, the blue box indicates who was involved in the trial. Now, if you recall that schematic that I showed you earlier—the only people who were really at risk of severe disease were people who were in long-term care facilities where the virus was circulating. These were people at high risk. And the people who were actually studied in this particular trial were healthy individuals. So this actual product was never tested within the phase III context in the

sense of being able to prove anything in people who were actually at risk for COVID-19. So that's the first thing.

The trial was run, as we looked at previously, in the pre-Omicron area. So we have questions as to whether the data is actually clinically relevant. And the other thing that's really important to note is that the study was run in people who had never had prior COVID. And yet the majority of people, even by the point when we started rolling out these vaccines, had been exposed to COVID-19. And, so again, this study would be clinically irrelevant and should never have been used as the basis for promoting these particular vaccines. What they did again was they compared two doses of the mRNA product to placebo. But again, as we looked at before, they'd already proven that natural acquired immunity was very active.

So what they should have done is they should have compared it to naturally acquired immunity or something along those lines or designed a study that would factor that in. So when you make a comparison that you know is never going to fail, that's called "stacking the deck." And that's one of the things that they did when they actually designed this particular trial.

The other thing that they did was they only measured immunity seven days after the second dose. So that's just one point in time. So when they were making their statements about this particular vaccine, what they really should have been saying is, "seven days after your second dose, you're protected." Because that's all that this particular trial was able to actually argue.

The other thing too is that they did minimal safety testing. When I say minimal safety testing, one would expect that you would want to do preclinical or subclinical as well as clinical testing, that you'd want to have these people in a clinical setting and monitor them very carefully. And yet what we find is that they really only monitored them very carefully for about seven days after each shot, and then allowed them to report on their own if they were experiencing any adverse events. And so that would be very concerning if using a biologic in cancer, and we would have never allowed that. And yet that's how this particular trial was designed.

And finally, the last point that I really want to make about this trial is that it was stopped two months after it began or after about two months of follow-up. So we never really understood anything long-term about this particular product. This is just looking at the actual design of the trial.

One of the last things that we want to remember is that this practice of mass vaccination is only reasonable if you have a product that is actually able to stop transmission. And in the **actual primary publication of this particular trial, they indicated that one of the unanswered questions or the limitation of this particular trial is that they don't know if it stops transmission. So there was never any basis for the practice or the recommendation of mass vaccination or any of the catchy tags that they had about**

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"the vaccine is the best way to protect you and your family" because they actually had no data to support that statement.

I'm just going to talk about the last point around trial design and that was that there were major groups of people, the high-risk people, who weren't included in this particular trial.

So I'm just going to walk you through— The immunocompromised, again, not studied; those with multiple comorbidities or non-controlled chronic illnesses, classified as high-risk, not studied; pregnant women, not studied, but recommended in there; the frail elderly, they weren't included in the trial either; and the COVID-recovered weren't included in the trial. And yet all of those people were told that they needed to take this particular product.

The first results of this particular trial were published in December 2020, and the trial was touted as being 95 per cent effective: "this is an incredible success; it's an incredibly effective trial." And the safety at two months, we were told, was similar to other viral vaccines. So they immediately approved these agents using this modified test that was an industry-derived test, a change in the regulatory status in Canada.

Then they basically did something where they said, "Now that we're giving this to everybody, it's unethical to allow the people on the placebo arm of the trial to continue. So what we'll do is we'll cross them over, and we'll give them the opportunity to receive the vaccine." And so, 89 per cent of the people who should have been on the control arm, which would have allowed us to prove harm, were actually put over onto the mRNA product arm. And what that did was that it erased the ability for us to show both that it was safe long-term but also any way of showing that it was harming anybody long-term.

And so one of the reasons why pharmaceutical companies like to cross over early is because then they can promote their drug, and there would be no recourse in the sense that nobody would be able to prove that the drug is harmful, and so they do very well in the courts.

Let's take a look at efficacy. We move on, and they published results six months later, and again, promoting it as highly effective with a 91.3 per cent efficacy for stopping COVID-19 and 97 per cent efficacy for stopping severe disease. That was going to go on as, you know, "I got COVID, but at least it wasn't as bad as it could have been," and that was based on this particular trial.

So there is the data, and I want to show you right now that there's different ways of reporting data. You can report the investigational agent relative to the placebo or you can just talk about absolute benefit. And one of the things that companies like to do is they like to talk about relative benefit because it makes the numbers seem really exciting and really big. And that's what they did with this particular product: they said that it was 91 per cent effective in terms of symptomatic cases and 97 per cent effective in terms of severe cases.

But if you actually look at the absolute risk change, which is the far-right corner of this particular table, only about 4 per cent of people actually benefited from this particular vaccine, and in terms of stopping severe disease it was 0.1 per cent. The numbers, for instance, 1 versus 22 [sic] [23] are very low. And if you actually look at the number of people that were lost to follow up just before they reported these results, it was in the hundreds, and so therefore, if you have that many people lost to follow up and an event rate that is at 23, you should have said, "The data is unreliable and we can't move forward with this particular thing." But instead, what they said was, "It's highly effective, let's keep going."

Another thing that they did to make this result seem a little bit more favourable than they were, is they combined two cohorts. They reported the adult cohort at six months with the younger cohort that had less than six months. And because the efficacy of this particular

vaccine wanes, by combining and rolling in the outcomes for the younger cohort, what they were able to do is bump up the efficacy and make it seem like it was being more beneficial in adults than it was. And in the subtext of that particular article, it talks about how the vaccine efficacy was dropping from about 6 per cent every two months. So they knew that the vaccine efficacy wasn't holding, and yet they continued to promote it.

This is a quick chart from another paper,

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and it's a matched retrospective cohort paper that's really complicated again. But what this particular study did was they did that trial where they compared the vaccine to natural infection. What they actually found was that when you compare natural immunity to vaccine-induced immunity, that you get a 50 per cent lower relative reduction in the chance of catching COVID if you have natural acquired immunity compared to the vaccine; so therefore, the natural acquired immunity is substantially better than the vaccine. And yet again, this has been published for a while now and hasn't been emphasized.

And again, this particular paper talks about severe COVID-19, and it shows that you're 80 per cent less likely to get COVID-19 if you have naturally acquired immunity compared to whether you're being vaccinated at one year. In my particular field, if you get something that has a hazard ratio of 0.24, it's a home run, and everybody— Practice should have changed immediately, and yet they continue to promote these particular drugs.

Let's just talk about safety. So I would say, if we were to summarize efficacy, they made the wrong comparison in order to be able to show that their drug is better. They used a metric for conveying the benefits of that drug that emphasized the thing, and then they combined cohorts in order to emphasize the benefits of this particular drug.

Let's just consider now what they did in terms of safety in manipulating those data. So here we have what they called reactogenicity, and that just means that seven days after you receive a vaccine, they measure how you react to it, the adverse reactions. And then they basically dismiss that as just a normal course of getting a vaccine.

But one of the things that I want to highlight in looking at this is that the little orange bars above each— Well, let's just start at the beginning: With each dose, at least 60 per cent of the people who received that dose actually experienced COVID-like symptoms. These vaccines are actually inducing the same type of illness that we were trying to prevent. Now, you can't call it COVID because the definition of COVID is these symptoms plus a positive PCR test. But of course, these people wouldn't have the code for the full virus because they weren't there. But if you actually did encode for the spike protein and tested that, then you would probably say that these people have the part of the virus that causes illness.

And so, what we're doing is we're inducing COVID-like illness in the people that we are giving these doses to. But we're calling it "not being infected," that wouldn't be technically correct. And the other thing too is that 3.8 per cent at the very least, and for some other things more, at least 3.8 per cent of the people are getting so sick with this COVID-like illness that they're not able to carry about their work. And yet the people who are promoting these mRNA products basically said that these vaccines were safe.

So we're causing 60 per cent of the people who get them—and this is based on their own data—to get ill, the illness that we're trying to prevent by actually giving these products. And we're causing 3.8 per cent of them—and I can use the word "cause" because this is a

randomized controlled trial—are getting so sick that they can't carry about their daily activities. And this is only because we're looking closely for the first seven days. And they don't look carefully after that. So it could be going on much longer, but we wouldn't know because they stopped looking.

And another way to minimize your safety issues is to not test for it. So the fact that they stopped testing at seven days is probably a clue right there. And the other thing to recall is that this happens with each dose. So we're causing people to be sick with each dose. And the other thing too is that the amount of adverse effects increases with each dose. And yet we recommend boosters without any further safety studies.

So what I would probably say here is that they managed to dismiss considerable adverse reactions or safety issues by calling it reactogenicity and dismissing it. And also, by only measuring for seven days, you have much fewer safety issues if you don't look for them.

But they did have one group of people, and they did look fairly carefully. And these were people who were able to report if they had an adverse effect at some point after

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they received the shots within the first month. For those who were reporting severe adverse events and serious adverse effects, they were able to follow those people for six months. And then after that, they stopped looking. So again, not long enough for a biologic, which should be studied for 15 years—at least gene therapy.

I'm just going to talk about severe adverse events. Now a severe adverse event as defined in this particular trial is something that interferes with your daily activity, requires medical care, an ER visit, or hospitalization. So this is not something to be taken lightly. And what we find when we actually look at the study is that there were 262 people who experienced severe adverse events in the mRNA product arm, and only 150 in the placebo arm. Even though the people in the placebo arm had more COVID documented, they actually had less adverse effects, one could assume, related to illness. They had less illness or less adverse reactions than the people who actually received the mRNA product. And that was an increase, a relative increase of 75 per cent.

So when they were telling you that it was 91 per cent effective at stopping COVID, that would mean mild COVID potentially. What they weren't telling you is that there was a 75 per cent increase in the number of people who are actually getting seriously ill from these shots. And they buried that data in the supplements of the actual trial so that it was very hard to see. And they didn't talk about it when they were making their conclusions.

And the other thing, too, is that if you look at serious adverse effects—which are basically those adverse effects that require in-patient hospitalization, are life-threatening, result in death, or permanent disability—this is serious. You actually have 127 people on the product arm and 116 on the placebo arm.

Finally, I just want to look at deaths. And what we see here is that there's 15 deaths that occurred on the mRNA product arm and only 14 on the placebo arm at the point before unblinding. And then we went on to have five additional deaths after those people who received the placebo went over and took the product. So at the end of the study, at six months, in the six months report, we had 20 people who had died after receiving the mRNA product and only 14 who had died after receiving the placebo. So again, that would have been a reason to pause and for sure not promote these vaccines as life-saving. There's

nothing in this data here that would support them being beneficial in terms of preventing death.

And if you look at the types of death that occurred, what you see is that only one less COVID death occurred because of the mRNA product, but you had four additional cardiovascular deaths that occurred on the product arm. And so, what I would say, and what our team would say immediately when we looked at that, is that that is a signal for causing death or it's probably fueling cardiovascular disease. What we would have wanted to see is all of these adverse reactions categorized and analyzed. But that was missing from the report. So we really didn't know why we had those deaths, but we would have definitely saw that as a signal and basically put the brakes on this particular product.

On the point of all-cause mortality, one of the things that we feared when we saw that particular chart way back in December 2020, and the reason why our firm started doing pro bono work in this particular area, was that we feared that when this was rolled out to healthy Canadians that this would actually end up causing harm and even being fatal to younger people who weren't even at risk of COVID-19.

This particular chart is data pulled from Health Canada. It's data that goes from about February 2020 to February 2022, and it basically maps out what we would call excess death from those 0 to 44 years: so it's the younger population that was not at risk of COVID-19 from that first graph. What you see is that the moment that the pandemic was declared and we went into lockdowns, it was excess death in the younger category or the younger group. And then again, when these little squiggly lines at the bottom of the graph after the second dose of the vaccine was administered, you see another spike in excess deaths.

So what that suggests then is what we feared: that these particular mRNA products may very well be causing death. And the little blue line at the bottom is the number of COVID-19 deaths that occurred in this particular cohort. And you can see that these people weren't dying from COVID-19,

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they were dying from something altogether different that was timed very closely with delivery of that particular vaccine.

This is the end of my presentation.

One of the things that I'd really like to highlight in all of this is that this would seem, at least based on our particular analysis, that there was a high likelihood of a biased representation **and reporting—there was a lot on the line for these particular companies. And that they presented the data, although they went through the steps, they basically did not align their conclusions with the data: for instance, we weren't alerted to the fact that there was additional death; we weren't alerted to the fact that there were more serious and severe adverse effects that were proportional to the benefit of the product. And finally, I think that this is potentially what I would expect to see from manipulation on the part of a pharmaceutical company.**

However, I would say that this is gross regulatory failure on the part of our government in protecting Canadians. This drug should have never been put on the market. This trial, if scrutinized carefully, one would have seen the biased reporting. And finally, if they had been looking carefully, they would have been able to see where the real-world outcomes

are lined up and would have been able to respond and pull this particular product appropriately. That's all that I have to say today. Thank you for giving me the time.

That's it.

Wayne Lenhardt
At this point do the Commissioners have any questions? Yes, Dr. Massie.

Commissioner Massie
Well thank you very much for this presentation.

I think we've seen part of that in previous testimony. I'm not even sure if I will come back with the same question, but let me know if you already answered my question. My first question has to do with looking at the pandemic as we were trying to look at the cases and hospitalizations and death.

One of the questions I have with that is, a lot of that is based on the PCR testing, very often without symptoms depending on how you qualify the symptoms. Do we have an issue with describing the extent or the severity of the cases by the attribution to COVID, in this case, because we've seen that from previous results that it's clearly affecting more elderly population, people with comorbidities. So to what extent can we actually be convinced that this is what we are trying to address with these measures, in this case with vaccine?

Deanna McLeod
So I think you raised a really excellent point: that clinically speaking, the primary role in diagnosing somebody should always be based on their symptoms. And up until now, you use a test, for instance a PCR test, to validate the symptoms. However, what we did was we flipped things on their head with this particular pandemic, and we led with the PCR test. And we would even consider somebody to have disease if they weren't symptomatic. So that's a very unusual arrangement; it's not something that we see anywhere else.

And the other thing, too, is that if you were to rely on a test like that, what you should have done is validate that test. That test was never clinically validated, to my knowledge, and therefore, it should never have been used. And to your point, if you hadn't been using that test, then they basically would have been causing symptoms that they were trying to prevent in the people that they would see, and it would have been obvious.

But by the use of a test that they could actually change the outcomes to—by either running the test more times or lower, based on the threshold that they used—they can game the results for that particular test. And on that note as well, they didn't actually report the threshold that they were using for positivity in that trial. So that was another way that they could have been manipulating things. And, of course, if I were a pharmaceutical company and I wanted to make sure that my product looked the best, then I would make sure that I used a test that I could manipulate for sure.

Commissioner Massie
One of the questions that was confusing at the beginning is that I guess everybody was hoping that vaccination would be one way to accelerate the way out of the pandemic,

presumably by reducing transmission. And there's been the admission that this was not formally tested.

Would there have been a way to somewhat come up with a surrogate marker for transmission? And I'm thinking now that if we agree that

[00:45:00]

to some extent, the threshold of the PCR cycle is an indication of the viral load. I mean, if you have very low PCR cycle to get a positive result, you assume it's because the viral load was higher to begin with. Whereas if you have to really push it to a high level, maybe the viral load is very low. I'm thinking that if you have a very high viral load, maybe you're a good spreader because you have a lot of virus. If you have very low viral load, you're not a very good spreader. So would that not have been a way to measure that in fact you can suppress or reduce transmission following vaccination?

Deanna McLeod
For sure they could have done viral assays and assessed the level of virus in people. So I think it was feasible. However, I think that one of the things that seems to be clear to me now, after having looked at a lot of the conflicts of interest, that this was intended to go forward regardless of results. And therefore, there was a selective focus on certain results in order to push the ability to produce these products globally. Although I think that they probably could have devised a test, and in fact tests are validated all the time. I think that there was a lot of motivation not to do that so that they could continue with their narrative. That would be my thought on that one. But I'm not an expert in testings per se, but more in clinical trial analysis.

Commissioner Massie
The other thing I'd like to ask is about using the antibody titer as a surrogate marker, knowing that on the FDA side, it's clearly spelled out that this is not a reliable marker. It follows from there that other markers should or could have been used as a surrogate marker, like T cells and other markers of other immune cells. I suppose that, based on my knowledge of immunology, these kinds of assay are not that complicated to run if you have the resources to do it.

Why haven't they been deployed in this assay to really prove that the vaccine was very close to what you would expect from natural immunity, that is, it was mimicking the kind of immune response you were getting from natural immunity? Is it something that was too cumbersome or too difficult to run in a clinical trial?

Deanna McLeod
That's a really great question. I think you touched on something called a surrogate. A surrogate is something that you test right now that points to an outcome that you could get in the future. When you're running a clinical trial, it might take too long to figure out if it's going to stop hospitalization or death. So then you measure something up front in order to see, and you hope that it points to something in the distance, so for instance, hospitalization or death and that that would be lowered. So if the surrogate's lower, then that would be lower.

However, in order to use a surrogate marker in a clinical trial, you actually need to validate that surrogate, and it's called a correlative prevention when you're looking at vaccines, and that is not established. So the use of antibodies was completely out of bounds in terms of the surrogate for protection because even the *New England Journal of Medicine* recently indicated that it's not a correlative prevention, especially not now that we're in the post-Omicron era. And so, of course, that would have been good and they could have done it.

But again, I think that we need to really consider that the course of the disease is 14 days. So using clinical endpoints would have been the better thing, and you can figure out within two months or three months whether somebody's going to die from COVID. And so, the actual clinical endpoint was well within reach of this particular trial, but they didn't actually measure it.

And so my question then is why did they use a non-validated surrogate instead of something that could have been measured, which is the actual outcome? And I would again say that it's easier to game a trial and the results if you use surrogates, especially non-validated ones.

Commissioner Massie
I guess my last question has to do with the two-dose regimen that has been the standard. We've heard, I think, from some of the health public authorities that once you get the first dose, I mean, you're fairly well protected, even though it's not perfect, you have a very good protection. And this was probably used as a common message in some areas where, for some reason, the stock of vaccine were not coming as quickly as possible.

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I know in Quebec, they actually decided to space a little bit the second dose, which it seemed in retrospect was probably good in terms of boosting immune response. My question is, okay, you do a second dose and then you see an increase in antibody, it's not going to be a big surprise.

So what is the threshold that we can expect in these first or second or even third doses to establish as a baseline to match up natural immunity?

Deanna McLeod
I think you would probably have to devise studies like the Qatar study that actually compared the vaccines to natural acquired immunity. But again, as a company, if you want to promote your product, then you don't want to compare it to something that is actually effective. What you want to do is you want to compare it to something that's ineffective so that you look positive. You can't win a test whenever the candidates are well matched, right?

So as citizens, what we would want to see is compare it to the most clinically relevant outcome, which would be natural acquired immunity. You know, and I was even saying—I'm already immune. And even up until this point, if you had natural acquired immunity, nobody would expect that you would actually need a vaccine.

However, again, for this particular enterprise of vaccinating people and rolling out a vaccine in record time and proving that we are innovative and working together globally to do something together, we were part of this whole movement. That's inconvenient, I would

say. And therefore, even though I think I agree with you, it would be the best comparison, it certainly wasn't the best one to forward their agenda.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners? Yeah, Ken.

Commissioner Drysdale
Hello again. Good afternoon. I recently read an article, and I'm just wondering whether you've heard of it or can validate it or not. But I recently read an article that a group in the United States has sued the FDA in order to find out what the placebo was that Pfizer or BioNTech used in their testing.

So my first question on that is, have you heard that? And secondly, how important is it in the selection of the placebo in a test?

Deanna McLeod
Generally, a placebo would have been considered saline, so I'm curious to know what this particular group is thinking it might have been.

Commissioner Drysdale
According to the article I read, the judge ruled that they would not reveal the placebo because it was a trade secret.

Deanna McLeod
A trade secret water or sugar water, that's interesting. So yeah, maybe it was the lipid nanoparticle product without the mRNA, but I'm not familiar with it.

I do know that it did cause side effects, potentially adverse effects, so it is possible that it wasn't inert, which is what you'd hope for in a placebo. But again, I think one of the things that I find concerning is all the secrecy surrounding this. Transparency is often a good sign for honest enterprise. And when you start to see contracts that can't be revealed and things that are cloaked in language of trade secrets, I think that that would be a good sign as consumers, or potential people who would be considering these things, to not take it based on that alone. They're not willing to share the results. If they're not willing to explain to you how it's done, if you don't see the quality control studies then I would probably say that it's something that shouldn't be considered.

Commissioner Drysdale
Did I also hear you right that they never tested this for cancer effects and carcinogenic effects?

Deanna McLeod
Yeah, so that's a very good question. There's this whole phase of clinical research that should occur before you go into clinical trials. So clinical trials is the testing that you do in humans. There's phase I, II, and III, and then there's preclinical. And if we were to think about it in broad strokes, you'd want to test it in cells, and then tissues, and then systems to make sure that it's safe.

What they did was they used an adaptive clinical trial design: the FDA and Health Canada allowed them to collapse all of those things and kind of do it in tandem. And part of that was they didn't do all of what they normally do. So what they normally do is tests about reprotoxicity. That's reproduction toxicity. You want to make sure that it's not going to hurt somebody's reproduction.

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Oncotoxicity, which is the one that you're talking about, that it's not going to cause cancer. Teratogenicity, which isn't going to cause defects, or genotoxicity, which isn't going to cause genetic harm. And they failed to do all of those tests, which would have normally been done. Again, that would be another reason why it would have been unethical to even enroll people to clinical trials without those tests done, but certainly not to give it to healthy people under the guise of a vaccine.

And as it relates to oncotoxicity, that's my particular area of specialty. So whenever you're dealing with biologics, they can either turn on pathways that lead to cancer or turn them off. We're hoping that we use biologics that turn them off. That's what I've been studying for 23 years, maybe not 23, but maybe about 15. And we immediately went and looked to see if they were turning on some of the pathways that lead to cancer and published a video on our YouTube channel stating that we were concerned about this, and our video was taken down as misinformation. But that is definitely an area that we're going to be pursuing more recently because there's certain databases that now are emerging where we can actually look at some data to see how this has had an effect on cancer rates. So more to come on that area.

Commissioner Drysdale
Throughout the pandemic I kept hearing criticisms of other potential treatments like hydroxychloroquine. And what they were saying about that was there weren't any independent peer-reviewed studies.

Would you consider this study done by Pfizer to be an independent peer-reviewed study?

Deanna McLeod
Certainly not independent, I think we could check that box off. Peer-reviewed, it did pass peer review. However, I think that what we really need to remember is that the *New England Journal of Medicine*, which is where they publish this, has partnerships with pharmaceutical companies and, at least in the area of cancer, they've signed a first priority deal. I don't know what it is. But the moment that breaking news comes out that they get first shakes at it. And they've been working with pharmaceutical companies for a long time to get ground-breaking publications out the same day that the results are presented, for instance at a conference or something along those lines. And that even some of the senior editors of the journal actually are the Principal Investigators of a lot

of the mRNA trials. So there's conflicts and, of course, the sponsorship of the journals is from pharmaceutical companies. So you know they're tainted, as well.

So it is peer-reviewed for sure. But the reviewers, I would have liked to see their conflicts of interest because I don't know if it was unbiased. How about that?

Commissioner Drysdale
I also want to be clear on something that you talked about. You showed a chart, and the chart was about adverse reactions, and I believe it showed that seven to fourteen days following injection that patients would develop symptoms that very much mimicked COVID-19 itself.

Deanna McLeod
That's correct.

Commissioner Drysdale
And I note from that, and from a previous testimony, that most jurisdictions I'm aware of said you were unvaccinated for 14 days following the shot, which was a period of time that you would be demonstrating, potentially demonstrating, side effects from the shot.

And do you have any opinion as to whether or not side effects following vaccine may have been counted as COVID-19 cases in what they defined to be "unvaccinated" people.

Deanna McLeod
It's a good question. I definitely think that the term of "unvaccinated" was such that anybody that was suffering from side effects from the shot that it wouldn't be counted. Or if they did have a strong reaction, whether it was confirmed via PCR test or not, would have been categorized as unvaccinated. So for instance, if receiving the shot would have caused you to be hospitalized immediately following the shot, then you would have been hospitalized, but you would have been considered unvaccinated. In those charts that they showed in Ontario, for instance, they said, "Oh, my goodness, it's a pandemic of the unvaccinated," that very well could have been based on that definition, people who were having reactions to the shots.

Commissioner Drysdale
Right. So the potential symptoms of the shot could have been mistaken as COVID, and I wonder whether even a PCR test would have detected that. On other testimony, we heard that

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the PCR tests weren't testing necessarily for the COVID virus but bits and pieces of material that could have been attributed to dozens, if not hundreds, of different viruses.

Deanna McLeod
I'm, again, not an expert in the testing. But I can say that if they hadn't tested and they assumed that it was COVID, then that definitely would have been attributed to somebody

that's unvaccinated, even though they were vaccinated because of that pause. I think that again if we were to be thinking about it— I'm always thinking about mode of action because that's how you think when you're developing cancer therapies as you always start at that point.

But if we knew that the component of the virus that caused illness was the spike protein, how could it possibly be logical that we would ask the body to produce the very pathogen that we know to be the issue, and in copious amounts, and not expect any outcome from that. You know, it's nonsensical just from a biological point of view or mode action point of view. So I think that what they really want to do is they like this mRNA technology and they want to use it in many different areas, and they needed a way to get it promoted, and so they used the crisis as an opportunity.

But the reason why they like mRNA technology is when you're developing a drug, there's a clinical development stage that is very expensive. And so, if you can collapse the clinical trial, do this adaptive trial design, then you can get it done much more quickly, and if you can use surrogates then you get it done more quickly, so the cost of producing your drug goes down.

The other part that's expensive, especially when it comes to vaccines, is the manufacturing of the drug. So there's a lot of living systems and isolation and testing and standards. But what if you could imagine, if you had a 3D printer, an mRNA printer, in the back shop, and all you had to do is hit a button and then it could produce something? It's very cost effective to produce the mRNA shots. And so, industry wins in the sense of low cost for development, and industry wins in the sense of low manufacturing capacity. And then if you can position it as a vaccine and give it to absolutely everybody, then the sky is limited in terms of your market.

So really what this is, it's a product that's been strategically positioned by global entities to make maximum profit. And again, I would argue, at the expense of the global citizenship because they certainly didn't prove that it was safe or do rigorous enough safety testing to ensure safety before it was pushed forward on global citizens.

Commissioner Drysdale
It is my understanding of the mRNA technology, at least to be used in humans large scale, because my friend Dr. Massie will tell me that the technology has been around for a long time but not to be used in humans. So you would think that something like this—that has never been used in a mass of humans before and the effects could not be known—would have taken a much longer time to evaluate and it would have many, many different studies to evaluate different things.

Would that not be a typical expectation for some new technology platform?

Deanna McLeod
Yeah, I think you're absolutely right that when you're looking at novel technology, it's novel because you don't know very much about how it works and, therefore, safety should be your primary concern. And thoughtful, careful testing over time would be the best way to move forward, unless you're a pharmaceutical company wanting to profit off of a crisis and then expedited testing would be better because that gets it out on the market. The argument is that people needed it, they were dying of COVID-19.

However, if you harm the masses in order to try and treat a group of people, it breaks the ethical principle of minimal intervention, which is you should always look for the intervention that is least invasive or intrusive. And it also does something that we call a morbidity transference: so basically, you're transferring the morbidity or the sickness from the elderly people and you're putting it on the backs of the healthy people of the world calling it vaccination. However, that would probably be an inappropriate term because a vaccine, although some could enhance immunity—immunomodulator would be the proper term—

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there would be no basis for mass vaccination unless you can prove that it stopped transmission. And in their very first publication, they clearly stated that the study was not able to do that. So again, what I would say is that we've got capture from entities in our healthcare system. Our health authorities had other motivations or other interests at play other than our well-being in order to push these particular products.

Commissioner Drysdale
My last question is, based on your review of the testing protocols and data, in your opinion, is this a safe and effective vaccine?

Deanna McLeod
I would say that it fails the efficacy test. I would say that the trial is probably clinically irrelevant because it doesn't compare it to naturally acquired immunity and it's been done on a virus that's no longer circulating in the sense that other variants are circulating. So right away, I don't think that there's any evidence to say that it's beneficial to people who've got naturally acquired immunity, and there's no evidence.

And in terms of safety, I think that the studies prove that it's the opposite; I think it proves that it harms. And in terms of efficacy, at least based on the actual phase III trial, that I would probably say that there is negligible benefit.

Commissioner Drysdale
I have many more questions but thank you very much.

Deanna McLeod
Okay, thanks.

Wayne Lenhardt
Are there any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you for providing your testimony.

Deanna McLeod
Thank you very much.

[01:06:58]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 6: Serena Steven
Full Day 1 Timestamp: 06:42:04–07:16:15
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
So our next witness is Serena Steven. Serena, can you hear me?

Serena Steven
Yes, I can. Can you hear me?

Shawn Buckley
I can hear you. So can I start by asking you to state your full name for the record, spelling your first and last names.

Serena Steven
Serena Dawn Steven, S-E-R-E-N-A S-T-E-V-E-N.

Shawn Buckley
Serena, do you swear to tell the truth, the whole truth, and nothing but the truth?

Serena Steven
I do and may it set us free.

Shawn Buckley
Now my understanding is that you were a nurse at the time that the COVID pandemic hit us.

Serena Steven
Yes.

Shawn Buckley
And my understanding also is that you are a little apprehensive about testifying today.

Serena Steven
Yeah. I am.

Shawn Buckley
Can you share with us why?

Serena Steven
Ah, fear of retribution on different levels.

Shawn Buckley
Okay, can you be any more specific than that?

Serena Steven
Well, one of the ones that hit me kind of hard today was Bill C-36 and the implications of being somebody who works in, or formerly worked in, healthcare who speaks out against anything that is being propagated—for fines and jail time. So that's one of them. And the other one, well there's a few, is the name-calling, as we all know, from people in our daily lives but also prime ministers, et cetera, for being "unacceptable."

Shawn Buckley
Okay. Many of the people that are going to be watching your testimony are not from the province of British Columbia and will not understand what you're speaking about when you say Bill C-36. So can you just briefly explain for them what Bill C-36 is and why that's a concern?

Serena Steven
It's a big concern for many reasons. I have yet to read the whole thing, portions of it that I am aware of— So Bill C-36 has been pushed through without being fully read. It's been pushed through our provincial government, and it is changing some of the healthcare implications. I was briefly reading some of it today. It's changing quite a few things.

But as far as I'm concerned, for the purposes of this testimony, if a health care worker, presently or formerly, speaks against what is being touted by our upper-ups in healthcare throughout the province, throughout Canada, health care workers can be fined. My understanding is that can be up to $200,000 in fines and jail time or jail time. If I'm saying something that is, I think, spreading misinformation or hate speech, they could fine me, I suppose.

Shawn Buckley
You know it's interesting because we had a witness earlier today also speaking about that bill. I forget the page number but over 200 pages and that the legislative assembly was

really not given the time to read the bill and understand the bill and yet sweeping changes. So it's interesting that you brought that up as a specific concern today.

Now you were working as a nurse during the earlier parts of the pandemic, and my understanding is you saw some things that didn't fit with the official narrative. I'm curious if you can share your experience and your initial thoughts of what was going on in the hospital system at the beginning of the pandemic.

Serena Steven
Okay, so I'll just speak from my personal experience so that I don't spread any misinformation. So things that I was seeing, things that I was reading, things that I was experiencing at work were not matching up. So for example, I'm working in this healthcare system and it's quite regimented as a healthcare system ought to be for various reasons. I don't even know where, I feel a bit lost.

Shawn Buckley
We were being told that the hospitals were full and basically being overrun, and we all basically had to do our part, like don't go to the hospital because they can't handle it. What was your experience when that messaging was going on?

Serena Steven
So what I was told and what I had read from my hospital emails—when I was told by people who were upper-ups

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in the health authority that I worked for—is within the Vancouver Island Health Authority [VIHA], there were two hospitals designated for COVID patients. So if someone was going to get admitted to the hospital and tested positive for COVID, they would be shuttled off. I worked in a small rural community hospital. So they would get shuttled off to one of these two hospitals that are designated for COVID-19.

Now, I was only working from the time of declared lockdown pandemic stuff until the time I left, for approximately four months, maybe a bit more. So I only saw the early days of that. So what was happening was our hospitals were emptied. We have 21 beds in the hospital, but we had sent a lot of people home. People do heal better at home. They heal faster. They have their own comforts, their own space, better food, all that stuff. People tend to heal better at home. So people were sent home before they may have been sent home prior to the pandemic and making space in the hospitals for maybe an onslaught of people that might have been coming in.

So we were as hospital staff, as nurses, I can speak for myself, we were being paid extra money for pandemic pay, I guess dangers. Yet our workload went down. And also, we were being directed to send people home if they came to the hospital seeking help. Basically not any words from anybody else, I'm just putting this into layman's terms. But if someone was blue in the lips or having a heart attack, bring them in. But if they were just coming for some minor complaints, which a lot of people do, send them home.

What I was seeing, as somebody who was on the front lines and going outside and greeting potential patients to come into the hospital, I was told to send them home after questioning

to make sure they didn't need proper medical attention, like emergency medical attention or not. People were coming in with a lot of fear. And as a health care person, that's part of healthcare. That's mental health, part of healthcare, and we were sending them home.

Shawn Buckley
My understanding is that you were starting to get stressed out by what you were seeing and also by the messaging that you were getting. I'm just wondering if you can speak about both your stress and the messaging you were getting.

Serena Steven
So I was getting emails, which I consider indoctrination-style wording, which was saying stuff such as, "These are your only sources of truth," and then they would list the WHO and VIHA, and there was one other. So these are your only sources of truth. With health sciences background, my experience is that there's not just one source of truth, and there's lots of avenues to look into in healthcare, in anything. And then I was seeing what was happening in the hospital with it being empty.

Shawn Buckley
Serena, can I just slow you down?

Serena Steven
Yes.

Shawn Buckley
Who were you getting these emails from?

Serena Steven
My health authority. So basically it gets filtered down. So then it comes down from management.

Shawn Buckley
Okay so these are actually emails; so they're work emails.

Serena Steven
Yes.

Shawn Buckley
So they're coming to you because you're a nurse employed in the hospital, and they're basically telling you what the trusted sources of information are for COVID.

Serena Steven
Mm-hmm.

Shawn Buckley
Had you ever experienced anything like that before, where your employer was sending you a barrage of emails telling you what are verified sources and what aren't on any health issue?

Serena Steven
No. No, not like this. There are sources that you're supposed to trust, like *The British Medical Journal* or certain sciences for certain papers for published studies and whatnot.

But this type of stuff was very bizarre because when I was reading it, I could tell that the language being used—it felt indoctrination-like. I would literally look to my left and my right and see doctors and nurses, and no one was batting an eye. Now, maybe they weren't reading the same email at the same time, but it felt weird.

Shawn Buckley
And how did you react to that personally?

Serena Steven
Well, between stuff like that, between what I was experiencing at the hospital being told to send people away, yet our hospitals were empty, the setups that were happening, policies changing sometimes,

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literally, on an hourly basis. And then what I was doing, my own research, reading worldwide studies from other parts of the world and looking at worldwide data, information that wasn't available here in British Columbia; you had to go outside the province, the country really, to find what was happening.

Things weren't adding up and I guess, well I don't guess, I know I was having inner turmoil, inner arguments with where I was at with it. Because here I was doing everything I was supposed to in my profession, but everything I knew and learnt was not adding up. So I started having stress, a lot of stress to the point where I had my very first ever panic attack and another second anxiety attack a couple weeks later, which I both reported as workplace injuries because they were directly related to stuff that was happening at work around all of this.

Shawn Buckley
Okay, so had you ever had a panic attack before this?

Serena Steven
I've never experienced anything like that.

Shawn Buckley
Okay, so you basically started having work-related panic attacks because of what was happening at work.

Serena Steven
Yes.

Shawn Buckley
Now, my understanding is that you decided to get vaccinated.

Serena Steven
Yes.

Shawn Buckley
Okay. And can you tell us why?

Serena Steven
Basically, I can sum it up in a nutshell. It's a lot more than that. The coercion basically got me. It got to me even though I knew that I didn't want to. I knew that it wasn't working. I knew that people were having vaccine injuries. I don't call it a vaccine. Basically, I feel like I was inoculated. Even a specialist, who read my Holter monitor later on, acknowledged that my body does not respond well to this. He used the words, "the modified spike protein." So yeah, coercion, basically.

Shawn Buckley
Okay, and so did you just march down there and get your vaccine?

Serena Steven
No. I basically had to build myself up to it. I knew that I didn't want to do it. But then taking my hard-earned profession away from me, which was the coercive threats, would bring me fear, the fear tactics. So I would crumble a little bit and think, "Maybe I'll just get this, maybe I'll just take this inoculation and hope that I'll be okay." I'd get strong within myself again, knowing that it wasn't right. This went back and forth for quite some time, well over a month. Basically, it was like I desensitized myself by trying to drive myself several times to the health clinic to take this. So I didn't just march in and take it, no. When I went in, I went in fully aware that it was under coercion. I went in eyes wide open.

Shawn Buckley
I just want to make sure that people understand what you're sharing with us. So you literally would get in the car and start driving and then turn around and go back. And this happened a number of different days because of this inner turmoil. So you felt you had to get it. You used the word coercion and you had to keep your job. But at the same time you were so apprehensive and scared that you would turn around. Is that accurate?

Serena Steven
I would literally start shaking and crying, yeah. My body was telling me not to do it, literally, yeah.

Shawn Buckley
So when you went to get the vaccine, can you share with us where you basically give an informed consent? As a nurse, you'd understand what that is? Can you share the experience with us on the information that you were given?

Serena Steven
I wasn't given very much information. In fact, I gave the inoculating nurse, the nurse who I allowed to inoculate me, I gave her more information than she gave me. I told her why I didn't want to do it. I told her I'm just praying that I'll be one of the people that are okay.

Shawn Buckley
Okay.

Serena Steven
So she didn't tell me much, "a sore arm, you might feel some flu-like symptoms," type of information, but she didn't give me information.

Shawn Buckley
And to use your words, were you one of the people that were okay?

Serena Steven
No.

Shawn Buckley
So what happened?

Serena Steven
I'm going to try and make the story as short as possible. I know we're limited for time. Within an hour, I started having my first heart palpitations. I kind of brushed them off, thinking, "Oh, that wasn't the vaccine. That wasn't that inoculation. I'm just a bit anxious about having taken it," although I hadn't felt heart palpitations like that before.

[00:15:00]

And then that night, that evening, it was early evening, maybe late afternoon, I was sitting on the couch, and I started feeling extreme headache, very, very unwell. You know, I expect a sore arm, especially because I had the— I actually told the nurse I wouldn't take the injection unless she withdrew on the needle, which can make the arm more sore. So I did expect to have a sore arm. That's par for the course with taking a lot of intramuscular injections.

But I was having a bit of shortness of breath. Then when I was changing, I noticed the whole left side of my body, the corpse, was in a full rash. It was the side that I had been inoculated on. Through talking to someone else who I know on the phone, who's a nurse—

"Should I take some Benadryl tonight?" I took some Benadryl, and it knocked me out and then the rash went away.

But the next day I was on a hike and my heart started pounding so ferociously, I got really scared. I was up in the forest by myself. No one knew where I was. I thought, "Maybe this is it. This is one of the unlucky ones with this inoculation." I got really scared and I basically had to work my way out of the forest very slowly. I did some medical maneuvers on myself, like the Valsalva maneuver, to try and slow my heart rate and got out of the forest. My body started having, over the course of 10 days, I had several different physical reactions. And then on the 10th day, I finally brought myself to the hospital because I thought I was having a heart attack.

Shawn Buckley
And I'm just going to slow you down. My understanding is that for that 10 days, following what you're speaking about, you literally would write down passwords for your bank accounts, and the like, in case you didn't survive the night.

Serena Steven
Yeah, there's no tissues in here. Yeah, I was literally deathly scared on several occasions, and I didn't think I was going to wake up some mornings.

Shawn Buckley
Okay, so after 10 days, you end up going to the hospital. And my understanding is because when you go to the hospital, you're literally having typical heart attack symptoms.

Serena Steven
Yeah.

Shawn Buckley
And what happened at the hospital?

Serena Steven
They did an ultrasound on my heart. They did an echocardiogram. They did a lot of blood work and they sent me home with a prescription for a Holter monitor.

Shawn Buckley
Right, and what did the Holter monitor show?

Serena Steven
By the time I got my Holter monitor, it was over two weeks, maybe even three weeks, since I first took the inoculation. My heart rate had started to not be as severe as that first 10 to 12 days, although, it was still quite bad. It was showing heart rates up to almost 160 beats per minute while I was at rest, just sitting on the couch, thinking I was relaxing.

Shawn Buckley
Right, okay. So my understanding also is that this exacerbated your asthma. Can you share with us that and then how the tachycardia kind of complicated you treating your asthma?

Serena Steven
Right. So I have asthma, which is very, very mild. You know, it comes on with allergies. I maybe taken inhalers two to three times a year.

I basically had difficulty breathing, shortness of breath, and wheezy breathing every single day, almost all day long. But I wouldn't take my inhaler because one of the side effects of the inhalers is increased heart rate, which I experience when I take that inhaler the two to three times a year that I need it. I was so afraid already that I was going to have a heart attack and every time my heart pounded like crazy, I was very genuinely terrified. So I didn't take any inhalers to treat my respiratory system. And it's still not good. Yeah, it's been a year and a half.

Shawn Buckley
And you're still avoiding inhalers.

Serena Steven
Yes.

Shawn Buckley
Now something else happened that actually made it difficult for you to leave your house for a period of time. Can you share with us what happened?

Serena Steven
Yeah.

[00:20:00]

So I became incontinent of bowel. I'm a very healthy person. I've never had issues with my bowels in my life. And basically, yeah, incontinent of bowel. I wouldn't even feel anything. People, as humans, we know if you're going to pass gas; you know if something's going to happen. I wouldn't feel anything and I would be basically soiled. But it was so— And still is, it's very embarrassing to say this on a camera. It was so traumatizing for me that I started—and didn't realize I was doing it—but I was mentally blocking it out.

And then, I don't even know how long later it was, I decided I'm going to go on a walk. Fortunately, it was in the forest not far from where I live. It happened again. It kind of all came tumbling in from my subconscious back to my conscious that, "Oh, yes, this has been happening to my body. I've been putting it aside and ignoring it and pretending it wasn't happening and not saying anything." So once I acknowledged that, I got brave enough to slowly, slowly start telling people about that.

Shawn Buckley
Right, including your doctor.

Serena Steven
I didn't. No. I haven't seen my doctor since she gaslit me. But I did go back and see the specialist who read my Holter monitor. And I told him.

Shawn Buckley
I have to ask you about the gaslighting, just the way you introduced that. So can you share with us what happened?

Serena Steven
Well, I have a doctor who might fire me if she ever hears me saying this now. But she gaslit me on a couple of occasions. One time was over the phone, prior to taking the vaccination, when I tried to explain to her my concerns of taking the inoculation. She gaslit me on the phone and said, "Oh, it's just a little mRNA vaccine. I don't know what everyone's so worried about." And poo-pooed the fact that I was going to her with anxiety around this, which was the point of the doctor's appointment.

And then the second time she gaslit—well, I think she gaslit me more than twice—but another big time that she gaslit me was basically downplaying the results on my Holter monitor to me, in front of me, in her office, which surprised me because knowing full well that I'm a nurse and, in fact, worked alongside of her in the small hospital.

Basically, she said, "Well your heart rate was only up to 130 beats per minute. And really, we don't pay much attention to anyone whose heart rates are less than 35 beats per minute." Well, I know that that's not true. If someone comes in with excess heart rates, we're going to pay attention to that. And second of all, my heart rate was almost 160 beats per minute. So she just basically gaslit me, downplayed what was going on, and didn't even acknowledge that my condition was as bad as it is.

Shawn Buckley
I'll just ask you to speak about one more topic. And that is after you were injured by the vaccine, you tried to get an exemption so you wouldn't have to take a second dose. And can you share with us what happened and what steps you took?

Serena Steven
Yeah, I had to go to see my doctor. So the time that she gaslit me about my 130 beat per minute heart rate, during that appointment it came out that, yes, I do want to talk to the specialist who read my Holter monitor. So I had to push for that. She got me an appointment with him.

I got an appointment with him. And when I went in there it was about an hour-long appointment, and he was lovely and very gracious. And he agreed with me that I should not take any more of this inoculation. He, in fact, called it the "modified spike protein." He acknowledged that my body didn't respond well to it. And then he wrote a note to my doctor, which I later on got a hold of— I wanted my medical records. When I was talking to him, he was saying, "Oh, your heart rate was 150," which of course it was more than that. And then he sent the letter to my doctor saying that "Serena does not want to take any more of this.

[00:25:00]

"Her heart rate was up to 140 beats per minute." So it was a bit of a downplay, as well. So when I read this letter that he sent to her, I was kind of beside myself.

And then about a week later, I decided that this wasn't okay. So I sat down and hand-wrote a two-page letter to the specialist, typed it out and went and delivered it to his office, in person to make sure that it was there. The very next day, I got a phone call from his office saying that he would like to speak to me. He would like to have an appointment to follow up on that letter that I sent to him. So I was able to get an in-person appointment with him, which was about another week or so later, maybe even two weeks later.

I know that letter must have hit him or touched him because when I went into his office, he had all the paperwork laid out on his desk. He was, indeed, filling out all the paperwork to report my situation as a vaccine injury, and also, to start the process to request a medical exemption, which went to the medical health officer of VIHA, who then denied my medical exemptions, this is over the course of months.

So I insisted, through support from somebody in my community, to have a follow-up appointment with that medical health officer. I did. It was over the phone. He's never met me. He only had apparently read what the specialist had sent to him for the information. When I was talking to him on the phone, I asked him basically why he denied me a medical exemption when all the evidence is right there. And he said, "Oh, just a minute." He says, "Oh, I'm just reading this now. Oh, so yes, okay. Basically after this phone call, I think I will support you in pushing this medical exemption request up the chain of command." But the way he indicated that he's just reading it now, presented to me that perhaps he hadn't even read my whole medical record at the time for this. Because he admitted that he was just reading it or just seeing it at that time.

Shawn Buckley
I don't know which inference is worse: that he changed his mind now that you were calling on him or that he hadn't read it in the first place and denied your exemption.

Serena Steven
So it got sent up to the Public Health Office of British Columbia. And many, many, many months later, I think it was in February of this year, I finally got a letter from the provincial health office granting me what they call a temporary medical exemption that they can revoke at any time under specific conditions, you know, wear a mask, do this, do that.

Shawn Buckley
Okay, I know those are the questions I have for you. I'll ask if the commissioners have any questions of you.

Serena Steven
Okay, thank you.

Shawn Buckley
And there are questions.

Commissioner Drysdale
Good afternoon. Thank you for coming out and telling us your story. When you were talking about you were working in a hospital and the pandemic came and the hospitals were emptied out, and you were getting extra pay or pandemic pay, how much training did you get in the British Columbia emergency pandemic plan prior to that or during that?

Serena Steven
What training? The only education I have had on any type of pandemic training or anything like that was in nursing school, and it was touched on very, very briefly.

Commissioner Drysdale
You didn't mention how many years you have been a nurse.

Serena Steven
Yeah, not very long. I went to school late in life, so I graduated in 2016.

Commissioner Drysdale
Okay, did you get any training in the Canadian influenza pandemic plan?

Serena Steven
I didn't know there was one.

Commissioner Drysdale
We've heard testimony over the last several weeks about informed consent, and I'm curious about that. Nurses are trained in informed consent, are they not?

Serena Steven
Yep.

Commissioner Drysdale
It's legislated under the nursing regulations, isn't it?

Serena Steven
Mm-hmm. Yeah, yes, yes.

Commissioner Drysdale
We had testimony a day or two ago, I can't remember if it was in Saskatoon or in Red Deer, where, I think, it was a doctor testifying.

[00:30:00]

They said that part of informed consent on the part of the practitioner is that if they get a sense that their patient is being influenced by a third party, then they're obligated to know that they're not getting informed consent if they're influenced by a third party. Is that your understanding of that as well?

Serena Steven
No, no, no, basically for me, it's more like making sure— As a practising nurse, which I'm not allowed to call myself a nurse anymore, so I'm talking in past tense. If I'm going to be administering you a medication or a procedure or a treatment of some sort, I have to ensure that, let's say aspirin, I have to ensure that you are aware of potential major side effects of it. No nurse has time to go through every single side effect. So that's just one example. If I'm going to be doing wound care, I have to talk to you, tell you what the procedure is, what's going on, let you know this might sting. Are you okay with me doing this? That's basically the scope of my informed consent. Doctors would be very different, I imagine.

Commissioner Drysdale
Okay. Because I was really aiming at, and my follow-up question, too, after hearing your answer, was going to be, well, if you've got a patient there and you're going to give them an aspirin, and the patient says, "Well, I really don't want to take that aspirin, but the person outside in the hallway is telling me I have to take it."

Serena Steven
I would tell that patient that it's their choice.

Commissioner Drysdale
Okay. Okay. I was curious on some of the last things that you talked about. You talked about that you went to the specialist and through a process or other, as your doctor, he, in his opinion, wanted to give you an exemption, but it had to go through a third-party bureaucrat who was not your doctor.

Serena Steven
Two, two different bureaucrats.

Commissioner Drysdale
Two different bureaucrats? Doesn't that violate the sanctity relationship between a patient and a doctor when a third or fourth party is making the decision on your medical treatment?

Serena Steven
Well, there's a lot of my medical stuff that has been violated since this whole thing went down. Just like confidentiality.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
And there are no further questions. I just want to make sure that people understand what you're meaning when you're speaking about confidentiality.

It's one thing to go to your doctor and speak to your doctor about your conditions. For example, one of your conditions you found extremely embarrassing. It's another thing for other people that you don't even know and aren't even aware of getting access to your medical records to make decisions about you without even speaking to you. That's what you're referring to, right?

Serena Steven
That is one of them. But the other one is, with this whole declaring what your status is in this day and age, a new manager at my place of employment has privy and is very aware of what my inoculation status is. He or she can go in and find out if I have taken one, two, three, four, five or however many boosters people take these days. Sorry, a little bit cynical about that at this point. Yeah, they have that information.

Shawn Buckley
Okay, and well those are our questions for you, Serena. On behalf of the National Citizens Inquiry we sincerely thank you for coming and testing.

Serena Steven
Thank you very much.

[00:34:18]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 7: Dr. Christopher Shaw
Full Day 1 Timestamp: 07:32:29–08:39:45
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue on our first day of the Vancouver hearings. Our next guest is Dr. Chris Shaw. Dr. Shaw, can I ask you to state your full name for the record, spelling your first and last name.

Dr. Christopher Shaw
My name is Christopher Ariel Shaw, C-H-R-I-S-T-O-P-H-E-R, last name Shaw, S-H-A-W.

Shawn Buckley
Dr. Shaw do you swear to tell the truth. the whole truth, and nothing but the truth, so help you God?

Dr. Christopher Shaw
I do.

Shawn Buckley
Now, you have a PhD in neuroscience, and you're a full professor of ophthalmology at the Faculty of Medicine at University of British Columbia.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And you have been 35 years as a faculty member at the UBC Faculty of Medicine.

Dr. Christopher Shaw
Yes, correct.

Shawn Buckley
And in addition to being a full professor, you have a number of cross-appointments of significance, one at the Department of Pathology.

Dr. Christopher Shaw
Yes.

Shawn Buckley
One in the Program of Neuroscience.

Dr. Christopher Shaw
Correct.

Shawn Buckley
And one in the Program of Experimental Medicine.

Dr. Christopher Shaw
Also correct.

Shawn Buckley
And you've held those appointments since January of 1988.

Dr. Christopher Shaw
The one in pathology came about in 2014. But the other three have been there since 1988.

Shawn Buckley
And you're going to explain in a minute about being on unpaid leave, but you are also now co-chair of the Scientific and Medical Advisory Board of the Canadian Covid Care Alliance.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And Commissioners, I'll advise you that Dr. Shaw's CV is entered as Exhibit VA-6. It is 45 pages in length, so I didn't give you copies, but that would be available for you to review and it will also be available for the public to review.

Now, Dr. Shaw, I had mentioned that you're on unpaid leave. Do you mind sharing the story with us of what happened?

Dr. Christopher Shaw
Not at all. In the summer of 2021, Bonnie Henry put down one of her edicts, I think in August or September 2021, requiring that all people in the Coastal Health and other health regions be fully vaccinated no matter what they did. Whether they were faculty, staff, janitors, drywall layers, people delivering packages, whatever it was, you had to be fully vaccinated. And that came out from UBC. UBC took that and basically said, it was in September 2021, they said, "Okay, well, here are the new guidelines. We expect everyone to declare their vaccine status."

And we had three options. Option one: "Yes, I'm fully vaccinated." Option two: "No, I'm not fully vaccinated, but I will be." Number three: "I have no intention to get vaccinated." Number four: "I'm not telling you." I chose the "I'm not telling you" option. My chairman at the time came back, he was an interim chairman, and said, "Well, you kind of have to disclose." And I said, "Well, kind of, I don't. It's personal medical information." And a few weeks later, he wrote to me and said, "Well, you know, we're coming up on a crunch here. We have to obey Bonnie Henry and moreover, Patricia Daly, who is the Vice President of Vancouver Coastal Health. We expect you to declare and then go get vaccinated if you want to keep your job." And since I didn't, and I explained to him the reasons I would not.

I said several reasons: One, "I don't think this is a legitimate health order." Number two, "I do not see patients. I'm not a medical doctor. I'm a PhD researcher. I'm in a building that has only one clinical site at the bottom floor, only one clinical laboratory. I don't go in that way. I don't have any connection with that laboratory. There's a back door I can use. My laboratory is on the third floor. I won't see patients. And I'm not going to. So that really is no danger. And I'm ready to go along with the weekly serology test. And I can move my laboratory up to UBC. Or you, my chairman, can move my laboratory up to UBC. And of course, we can do the various things that we need to do at UBC." And again, you'll hear from Professor Pelech tomorrow what he had to do at that time, which was essentially nothing. That wasn't good enough. My chairman said—

Shawn Buckley
Can I just interrupt because I also understand that you had had COVID.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And that you developed natural immunity.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And the reason I want to bring this up is, and we don't have to do it right away, but I want you to explain that there's actually a heightened risk for somebody who has natural immunity

Dr. Christopher Shaw
Absolutely.

Shawn Buckley
getting this vaccine.

Dr. Christopher Shaw
Yes. And that's true. Now, let me come to that.

So in December, my chairman said, "Well, okay, we've reached the deadline. You have to take the shots regardless or get an exemption." But as you probably realize from some of the hearings that the exemptions were almost impossible to get. And in my case, I went through the list of possible exemptions.

[00:05:00]

I didn't qualify for any of them.

And I tried to explain to my chair that I had had COVID-19. I know that from tests from Steve Pelech's serology laboratory. And you'll hear about that tomorrow. I probably had COVID in the summer of 2020. I had very, very robust antibody levels to almost everything in his test. Some of them had faded, which allowed him to put a timeline on it and say, "Okay, this probably was around here."

I told that to my chair. He didn't care. He said, "It doesn't matter what you've had. You have to get the vaccines or we're going to put you on unpaid leave probably in December followed by termination." So December came and on December 10th, I was put on unpaid leave. He didn't care in the slightest that I might be at risk for some of the complications that have been noticed. Something called antibody dependent enhancement in which the antibodies generated by the natural immunity can be compromised by antibodies from the vaccination. So I didn't want to go that route. I told him that. I told him the reasons for that. I actually had a letter written by Lee Turner, who is an attorney out of Kelowna. He wrote a very long detailed letter to my chair that explained this in enormous detail. And I can provide to the committee that letter. My chair did not respond at all. Nothing. I don't know what he did with it, but nothing happened. On December 10th I was notified by the university, by my chairman, that I was put on unpaid leave, followed by termination at some future point.

So that's kind of where it went. And I should stress that I offered to teach on campus. I offered to move my laboratory. I offered to teach in any form they wanted. I offered to continue teaching by Zoom because we'd been teaching by Zoom at the beginning of the pandemic. And I said, "Well if that doesn't work, I can do administrative stuff. And I want to fulfill my obligation to the university and I want to keep working. I want to do some research that I think is very important."

And we just had received a very large grant from a private neuroscience group in the United States to study early phase markers for Lou Gehrig's disease. I don't know if you know about Lou Gehrig's disease, but it is an absolutely horrible neurological disorder for which there is no cure. And there are very few treatment options, which are not very effective for very long. So the need in the field of ALS research has been to come up with an

early way to detect ALS when it's first starting, so we actually have a therapeutic window in which one, in principle, could do something.

We were well into that study when I was terminated. I was not allowed into my laboratory. The consequence of that is my two technicians— I wasn't allowed to distribute the funds I had. My two technicians, I had a technician and a postdoctoral fellow, they basically had to be let go. And the money that was still in the grant for research was grabbed by somebody at UBC, either research services or my department, and used to pay off the deficits of another researcher.

Shawn Buckley
I just want to be clear here. So you actually were in the process of running a study to look into the causes of Lou Gehrig's disease for early detection, and that study, which assuming that it fail or succeed, it would add to the science for Lou Gehrig's disease. So that now is a casualty of this COVID policy.

Dr. Christopher Shaw
Absolutely. As were the technician and postdoctoral fellow. They were casualties as well because they all had to go find other employment.

Shawn Buckley
And the grant money, which would have been specifically given for the purpose of your study, has disappeared.

Dr. Christopher Shaw
Not all of it, but a considerable fraction of it, yes.

Shawn Buckley
Okay. And the reason for this was basically because of the public health authorities and then, Patricia Daly, following—

Dr. Christopher Shaw
The reason for it was my chair, at the time, did not feel he could go against Patricia Daly's order, which, of course, came from Bonnie Henry.

Shawn Buckley
You wanted me to play a video.

Dr. Christopher Shaw
Please.

Shawn Buckley
And then to comment on it.

Dr. Christopher Shaw
Oh, by the way, I shared this with my chairman, he didn't care.

Shawn Buckley
Okay, so David, can you cue the video that we had for Dr. Shaw?

[Exhibit VA-6a: a video clip was played with Dr. Patricia Daly explaining the use of vaccine passports. Below is a transcript of the audio content.]

[VIDEO] Podcaster interviewing Dr. Patricia Daly, Vice President, Public Health and Chief Medical Officer for Vancouver Coastal Health
Podcaster
We aren't allowing unvaccinated people into restaurants, but they are still allowed to visit patients in acute care. Is this true? If so, what are the risks?

Dr. Patricia Daly
Maybe I can answer this just briefly. The vaccine passport requires people to be vaccinated to do certain discretionary activities, such as go to restaurants, movies, gyms. Not because these places are high risk. We're not actually seeing COVID transmission in these settings. It's really to create incentive to improve our vaccination coverage. But we still allow people to continue with essential things,

[00:10:00]

like going to the grocery store, going to the pharmacy, going to visit relatives in acute care, going to access healthcare services. And by the way, when those people come to our acute care, they're going to be screened and they're going to be given a medical mask. And we're not seeing transmission from visitors. We've seen occasionally visitors to health care facilities have been a source of COVID, but they're actually lower risk than staff because they tend to only visit one person, have contact with their relatives, and then leave. Whereas health care workers who may have had COVID and been in the infectious stage, unknowingly might have had contact with many more people. So visitors are actually low risk to introduce virus into a facility. They're screened, they're putting on a mask, but, you know, and again, most of them are going to be vaccinated, but the vaccine passport is for non-essential opportunities, and it's really to create an incentive to get higher vaccination.

And it's really to create an incentive to get higher vaccination.

Shawn Buckley
Dr. Shaw, there will be people watching this online that are not familiar with British Columbia and who Patricia Daly is.

Dr. Christopher Shaw
Patricia Daly, at the time, was Vice President of Vancouver Coastal Health and her immediate supervisor, I suppose, would have been Bonnie Henry who is the Provincial Health Officer.

Shawn Buckley
Right, so Patricia Daly was one of the people for her region that was basically issuing this dictate

Dr. Christopher Shaw
Yes.

Shawn Buckley
that we needed vaccine passports. And for those that are watching in countries that don't understand vaccine passports, you had to have a government identification paper showing you had had two doses of an approved vaccine to access many services. And she's saying in this video when we all heard her that this really wasn't about health, it was an incentive for vaccination.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And what are your thoughts on that as a medical doctor?

Dr. Christopher Shaw
Well, I'm not a medical doctor. I should stress that I am a PhD researcher. But as a PhD researcher who is familiar with, for example, the Nuremberg Code, and I can explain why that would be true, this is a violation of the Code. Because as Dr. McLeod was saying earlier, one cannot incentivize informed consent. In other words, informed consent is freely given with no incentives, either negative or positive. And of course, at the time, we know that throughout British Columbia and elsewhere, they were incentivizing people to take the shots either with punishments, which it was in my case, or with, for example, in Downtown Eastside with Tim Hortons donuts and five bucks. In either direction, incentivizing the use of a product that has not been fully explained to people and where the dangers and/or the benefits have not been fully explained, I think, is a violation of that Code. And that was one of the things I had pointed out to my chair and again, that didn't matter.

I should mention that since then, I don't know if you want to get into that now, but I've since been— We have a new chair person, who said in principle that I can, I might come back to work. They will move my laboratory, that's all good. But now, the new Bonnie Henry directive that came out about two weeks ago probably makes that impossible. Because again, anyone who works in any health setting, and at the university, has to be fully vaccinated. So that's taken me probably out of that possibility of re-employment.

And again, I should stress that was 18 months of unemployment where I've been living off a pension. Just as a sidebar, I used to do marine search and rescue here in the province, here in Victoria. And about the same time, I was told that unless I would get fully vaccinated, I shouldn't do that either. Because we all know that people on burning boats that are full of kittens do not want to be saved by anybody who's not vaccinated. So I was put out of search and rescue at the time.

The third thing is I've been trying to seek employment ever since UBC put me on unpaid leave. And I trained— Again, I maybe haven't explained it very well in my background material, I'm a trained medic. I was an army medic, and then I was trained to EMR, emergency medical responder level, which is kind of the lowest rung of the primary care paramedic system. But you can still go around, you can be licensed, and I am licensed, you can go around and ride in ambulances and help people, but I can't do that now, either. So basically, all sources of income of things I can do have been cut off.

Shawn Buckley
Before we switch gears, and again it's just because some of the people that are watching internationally will not understand that in Canada and the Province of British Columbia in May of 2023, that actually, Bonnie Henry the Chief Public Health Officer is still mandating full vaccination for all health care workers and health care facilities.

Dr. Christopher Shaw
And a booster now. The booster was added to her most recent proclamation.

[00:15:00]

Shawn Buckley
Right, right, so two shots and a booster. I just had to add that because in some countries, the pandemic is long over and they're not facing anything like this, so they may not actually understand.

Dr. Christopher Shaw
No, they may not and, for example, I would imagine in Denmark where they're not giving COVID shots anymore, they probably don't understand why we're still playing this game. And why British Columbia of all the provinces is probably far and away the most extreme in continuing with these mandates and enforcements and coercions. I don't understand it. Let's get Bonnie in here and find out. But right now, it is a bit of a mystery why BC is almost alone in this extreme level of response.

Shawn Buckley
I didn't check, but I expect that we issued a summons to Bonnie Henry and that she has respectively declined to attend.

Dr. Christopher Shaw
I'm sure she did, yeah.

Shawn Buckley
So now you know a lot of doctors. You are working in the Faculty of Medicine. Can you tell us how doctors have been reacting throughout the COVID crisis, and where they are now because the narrative is changing.?

Dr. Christopher Shaw
Well, a few researchers at the beginning, when those orders came down from Bonnie Henry, basically contacted me and asked what I was going to do. And I said, "Well, I'm not doing it. I'm going to not disclose. And if I'm forced out, then I'm forced out."

One researcher I know about, a junior researcher, had come up from the United States. She had acquired a very, very large grant. And she was basically facing the same sort of thing. What was she going to do if she couldn't work? And she basically said, "Well, I'm going to take all my grant money, and I'm going to take all my lab stuff, and I'm going to the States. I have another offer there. I'm not going to stay and put up with this kind of stuff."

Another one actually got her lab moved. Her chair was sympathetic, moved her up to UBC, where she had another laboratory. I have a colleague in ophthalmology, I won't mention his name, who believes the same things I do, knows everything about the COVID vaccine, as well as I do, he's an MD. And he decided not to fight for whatever variety of reasons. He got the shots, and he has continued to work.

But a lot of people have approached me, other faculty, other students, a number of students, nurses, saying, "What can I do?" And a lot of them are certainly desperate as you've probably heard over the course of these commission hearings. A lot of people are desperate. They've been forced out of their jobs or coerced into taking the vaccines and running the risk, a very serious risk in my view, from my perspective from my work on COVID Care Alliance, that they can be vaccine-injured by these particular vaccines and there will be long term consequences, which I'd like to touch upon a little later.

Shawn Buckley
Actually, later or now. I mean we're on that topic because you came here with some thoughts about a bunch of things that could have been done differently and perhaps should have been done differently. And it matters not what order we go in. It's interesting you were talking about people coming to you. And I have to say I would get a lot of calls from health care practitioners from British Columbia to my law office, asking, "What do we do?" And judging the legal climate at the time I said, "Just find something else to do, but you're sure going to be needed in three or four years as a health care practitioner."

Dr. Christopher Shaw
Well, Dr. Henry very proudly put out some stats. I think it was last summer when she talked about the physicians in the province who had done the right thing, in her view, and gotten injected with these experimental vaccines. So she said, "98 per cent of surgeons are fully vaccinated now"—that was before the boosters—and whatever percentage of all the other specialties in medicine and so many of the paramedic specialties.

And for me, that actually— And we didn't really touch upon it today, at least what I've heard; Dr. McCloud has mentioned in brief, some of the adverse effects that have been occurring. And I'm sure you've probably heard from Dr. Makis, so you know that there are quite a number of things that are happening.

If Dr. Henry's estimates of how many health professionals have taken the shots are correct, I think we're looking at a lot of sick health professionals. And if that's true, I don't know where we're going to find the people who are going to do the surgeries, who are going to do the anesthesia, who are going to do the OBGYN and the child and pediatrics and all those

kinds of medical services. Because I think we're going to actually lose a lot of them to the health profession as they become sick. And I think they will become sick.

Shawn Buckley
Okay, do you want to speak about that or do you want to move on to a different topic?

Dr. Christopher Shaw
Pretty much at your call, Mr. Buckley, whatever works for you. I could address the questions that were posed to all witnesses. The first one was, what could have been done to mitigate the impact of the pandemic on citizens? So let me just put a few of those out there, if that's possible.

[00:20:00]

Shawn Buckley
Sure.

Dr. Christopher Shaw
So one of them was, a more appropriate response would have been that of Sweden. Sweden was heavily castigated for what they were doing, but basically what they decided— The chief epidemiologist of the country is a guy named Dr. Anders Tegnell. And he basically said, "Look, let's cocoon the most vulnerable. Let's make sure they are as best protected as they can be. Let's try and keep them away from sick people. If there are vaccines when they come out, let's use those on those people first and let's let everyone else live their lives."

And I think the recent data that I've seen from Sweden, and I can again provide a reference, seems to suggest they have weathered the pandemic vastly better than we have, and most of Canada has, both in terms of the number of people who were ill and/or died. And also in terms of the impact on society, whether it was education, children's health, and psychology. Whether it was in terms of almost anything across the board, they have weathered the pandemic far better because they didn't subject their population to the same source of mandates and restrictions. So that would have been one thing.

Why didn't we do that? Because we didn't have a government at any level in Canada that was being rational. Media sources were being irrational and essentially making the public panic. And I think we've all seen that. The fear mongering by media and government was out of control to the extent that a lot of people were terrified. And they were so terrified that a lot of people did go out and get the vaccines voluntarily. And for those who did not, they had the punishments or the incentivization. And so again, we heard about the nurse who just spoke earlier; we'll hear about it and more this week, I'm sure. But again, those were the instances where both fear and coercion succeeded to get those numbers as high as they were.

Shawn Buckley
And I'll just ask you to perhaps consider that if the media with the help of the government is stoking fear that that is coercion of a type.

Dr. Christopher Shaw
Absolutely, it is coercion. And the other, the more rational approach to have taken to any pandemic— And I should mention at the outset that we have known about the potential for infectious disease pandemics for a long time. Certainly since 1919, but of course in history we know there are many other pandemics that have occurred. The fact that we knew these could happen, the fact that people have predicted them, means that Bonnie Henry, who's the Public Health Officer who has been there for quite a while, should have been more prepared for the possibility of a pandemic, especially when they began to see things coming out of Wuhan. She didn't. She waited till it was full blown and then she launched into, you know, essentially, "mandates and vaccines are going to be the only way out of the pandemic," and our prime minister said the same thing.

So those kinds of things didn't have to happen in that way. You could have approached the pandemic from simple measures for infection control, hand washing, masks, if they were appropriate. And masks were not appropriate, as we know, because surgical masks do not stop the virus. The manufactured hysteria, hysteria that drove a lot of the response, was really based on—I hate to use the terms, but it's very appropriate in this case—misinformation and actual disinformation. They told the public things that were simply not true. And Bonnie Henry was one of the leaders in that.

Shawn Buckley
So can you share some examples of things that we were told that simply were not true.

Dr. Christopher Shaw
That basically herd immunity was inferior to vaccine-induced immunity, and that's not true. As we heard from Dr. McCloud, that's not correct. And it's never been correct. So that was a perfect example.

The idea that the people who were vaccinated could neither transmit nor catch the disease, that was not true. If you remember our prime minister saying at one point, "I will not allow unvaccinated people to sit on a bus or an airplane next to vaccinated people." Well, actually, that was totally irrelevant because now we know, and we knew then, actually, that the people who were vaccinated could be just as easily spreading the disease.

The level of deception, and again, coercion—those were the two hallmarks of the government and media response—was basically to instill enough fear into the population to force them to take the vaccine.

Shawn Buckley
Do you know we've had the Vice President of Pfizer being examined under oath in Europe saying that they never tested on the issue of transmissibility, which means their data set provided to Health Canada could not have shown that it prevented transmission if they're not even testing for that. Would you agree with me that that Health Canada would have had to have known then?

Dr. Christopher Shaw
Yes, I would.

Shawn Buckley
So really then you're speaking about the core messaging that was used by the government to basically totally infringe upon our lives.

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So we were forced to stay in our homes waiting for a vaccine that would get us out of this by preventing us from catching COVID and preventing us from transmitting it. And that was a core message.

Dr. Christopher Shaw
That's right.

Shawn Buckley
And the issue of natural immunity— Because by the time the vaccine came around, we had been in the pandemic for a full year, if not longer, with data that we're finding now. And that is for a disease that's highly contagious. Can you estimate of what levels of natural immunity would have been in the Canadian population by the time the vaccine came out?

Dr. Christopher Shaw
By that time? I think Dr. Pelech will address that tomorrow. But his numbers, I suggest, are probably, at that point, something like 80 per cent of the population of BC had been exposed to the virus.

Shawn Buckley
Okay, so—

Dr. Christopher Shaw
The numbers may vary a little bit, but basically by that time, most people had been exposed to COVID-19, at least the original Wuhan version, and therefore, should have had natural immunity and should have been, therefore, largely immune.

Shawn Buckley
Right, and my understanding is that the vaccine was for the original Wuhan version when it came out in early 2021.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
So I just want to be clear. Basically, if the BC numbers applied to all of Canada— So we're making that assumption, but one would wonder why that wouldn't be the case. There was 80 per cent natural immunity by the time the vaccine rolled out. Am I correct that would basically totally negate the need to vaccinate to get herd immunity anyway?

Dr. Christopher Shaw
Yes, based on the original statements by Teresa Tam and Bonnie Henry, you should have been at herd immunity already. So the need for vaccines on top of that as an emergency measure were, in my view, unjustified.

Shawn Buckley
Right. But even more importantly is, as you mentioned, that if you have natural immunity, which most of British Columbians did, that there's actually a danger then of getting vaccinated. So actually, on a cost–benefit analysis, the public health authority should have been saying, "We better test for natural immunity because there's a danger." Is that right?

Dr. Christopher Shaw
That is correct, in my view.

Shawn Buckley
Okay, and then basically, we're being locked down until enough are vaccinated so that we stopped spreading it. And that whole thing was a lie.

Dr. Christopher Shaw
And that whole thing, at the least, was misinformation. And of course, now we know that with the endless boosters— And I heard of someone today who's had five, at least it was in Quebec. But I'm sure that'll come here.

Every time you take a booster, you're giving yourself a trillion more spike protein. And the spike protein, whether it comes from the natural infection or from the vaccine, is one of the most pathological entities in the whole disease. And so, if you are giving repeated doses of spike protein through the mRNA injections, you're going to have people who are more chronically ill. And that seems to be what's emerging. And I think that was part of Dr. McLeod's presentation. I think you'll see something like that from Professor Pelech.

So you're actually not only damaging your ability to fight off COVID, as we've seen, because it was not the pandemic of the unvaccinated, certainly not in the last year. It was really the pandemic of the vaccinated who were catching COVID and going to hospitals and going to the ICU in greater numbers—to the extent that they were vastly outnumbering the people who were unvaccinated. So every time they do that, they get more of these spike proteins and the adverse effects increase. So you have now, potentially, a population of very chronically ill people who will always have damaged immune systems.

Shawn Buckley
And I'll just ask you to kind of slow it down a bit and give us an explanation. Because some people watching you might not understand that the spike protein is actually the part of the virus that causes damage in our bodies.

Dr. Christopher Shaw
Correct.

Shawn Buckley
I'm wondering if you can explain that and then after you explain that, kind of in a slower way, explain this issue of— How many do you get when you get your first shot, your second shot, your boosters? Why continuing to get more shots is a problem?

Dr. Christopher Shaw
Continuing to get more shots— And again I think as Dr. McLeod mentioned, all vaccines have to some extent, almost all have what's called secondary vaccine failure. In other words, the ability to stimulate immune response declines over time. Antibody levels, T cell levels, tend to go down, even for something as relatively effective as an mRNA vaccine. And we're not even talking about harms right now.

I remember one of my first interactions with Bonnie Henry back in 2019 when she was trying to instill a measles mandate,

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based on fairly flaky premises.

And I remember asking her about that at the time because I was writing an article on the subject of the measles mandates. And she said, "Well, listen, measles vaccines, once you've had them, they're for life." And I said, "No, actually they're not. I mean they may be for a long time, but they're not for life, neither for antibodies nor T cells." And she just said, "No, it's impossible. That can't be possibly true." So she was even then pushing an agenda. I'm sorry, I've lost the thread of the rest of your question.

Shawn Buckley
Right, well, I was basically wanting you to explain that the spike protein is the dangerous part, that it's contained in the vaccine.

Dr. Christopher Shaw
It is.

Shawn Buckley
And then why additional shots are more and more problematic. Cause you started touching on that.

Dr. Christopher Shaw
Thank you for that.

So spike protein, as we know, binds to the ACE2 receptor and it gains ingress into the cell through that method. And in the case of a natural infection, that's what it'll do.

The mRNA does the same thing. It's got the mRNA. The lipid nanoparticles allow it to get into the cell. Lipids are a very good way to get things into cells. And we've used them before in a different context because it will actually cross different membrane barriers, including blood-brain barrier. So it can be a very effective way to get stuff in the brain.

So when I first saw this, I began to get concerned that what happens if you get this into your brain? And now we know from the very few biodistribution studies that have been done that both the spike protein and the mRNA go everywhere. There's no protected zone in your body that I know of. So if you're going to get a shot, the trillions of spike proteins will find their way, that your body is manufacturing, pretty much everywhere.

The mRNA shows up even in the brain in the animal studies. And there was an animal study that came out in 2012 by a sub company out of Moderna that actually clearly showed that. And they didn't pay attention to it, and apparently the regulators didn't either. And they didn't follow up. So until recently, there have been very few biodistribution studies. And you mentioned some anatomy pathology from Germany that highlights the fact that this stuff is getting in the brain. So if you want to know what it will do in the brain, I have a lot of speculation about that, but none of it's good. And none of it's good in the sense that I think it's going to do you any benefit, it's only going to do you harm.

Shawn Buckley
Right. But before we get there, I was still just wanting people to understand that the spike protein is toxic to the body.

Dr. Christopher Shaw
Spike protein is toxic. Yes.

Shawn Buckley
Anywhere it goes, it causes damage.

Dr. Christopher Shaw
Yes, yes.

Shawn Buckley
And the vaccines basically teach your body to make spike protein.

Dr. Christopher Shaw
That's true. So the mRNA that goes into the cells serves as the platform on which it binds to ribosomes and it causes the ribosome to make a lot of spike protein, which now decorates the surface of the cell. The idea is that your immune cells will see this, recognize it, and go, "Aha, let's now deal with it by making T cells, memory cells, antibodies," and that will then control it. Problem is they wander around.

Shawn Buckley
So—

Dr. Christopher Shaw
And when you have an infection, a viral infection and/or a vaccine-induced spike protein, you're killing that cell. That's just what's happening. That cell is dying. If you do that on the brain, you're going to have a bigger problem. Then if you do it and if it goes to your liver or

your left toe, it's just going to be that much more dramatic. We don't replace a lot of neurons in the brain over the span of a lifetime.

Shawn Buckley
Okay well let's go there. So the vaccine puts mRNA in our bodies which gets our cells making these spike proteins

Dr. Christopher Shaw
Yes.

Shawn Buckley
that are released from the cells, and they bind with other cells.

Dr. Christopher Shaw
The spike proteins combine with those cells.

Shawn Buckley
Right. And now if this happens in the brain then— So a cell has a spike protein in it, a brain cell. What happens to that brain cell once the immune system recognizes it?

Dr. Christopher Shaw
The immune system once it recognizes that there is a pathogen and/or a damaged cell either a microglial or a vascular cell or a neuron— And you know much of the literature, so far, has been on vascular cells and the spike protein is causing a kind of lesion in the vascular cells, which they do. What's going to happen is your innate immune system in your brain, which is largely composed of microglial cell that are derived from other glial cells in the periphery, are now going to attack that cell. Yeah, it's just no question that's going to happen. And when they attack that cell, they are going to destroy it. When they destroy it, not only have you lost a neuron that you're not going to replace, but you've also got a release of more spike protein, which was, of course, in the neurons that you just killed.

And, of course, if the mRNA has generated a lot of that throughout the brain, you're going to have neurological lesions in those regions of the brain where it's gone. So when you look at the brain fog in people who have the disease, probably spike protein. When you look at the brain fog in people who have the shots,

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especially repeated shots, that's almost certainly spike protein that has migrated into the brain either through the mRNA or through the blood-brain barrier and is now breaking things. And the consequences of that, again, when you look at the number of people who have the shots and are experiencing neural consequences, you're going to have a problem.

Keep in mind that neurological diseases do not usually occur overnight. They are, especially when you're looking at things that I study, like Lou Gehrig's disease, Parkinson's, Alzheimer's disease, these take a long time to manifest. So you can't expect that you're going to see massive neural damage to the point where you're expressing a neurological

disease like ALS in a week. You know, it's not going to happen. But it will happen if you have enough damage to the nervous system, either the brain or the spinal cord. You will start to get those sorts of damages that will begin to resemble neurological disease.

My main concern, the thing that keeps me up at night, is what happens when that's happened to a lot of people? What do we do when we have a neurologically compromised population, whatever percentage that may be? Just think of Alzheimer's for what it is or ALS in the classical forms. When you have one of those diseases, not only is that person going to be sick for the rest of their lives—and these are progressive diseases, they get worse—but someone in the family, unless they have a lot of insurance money, someone in the family is coming out of the workforce to take care of them until they die. Now you've lost two people out of the workforce.

So this is not trivial, not to mention— So when we look at all the people that are not showing up for the ferries, all the people who are not showing up in their clinical rotations, all the people who are not showing up for police work, all the people who are actually not showing up at UBC. They are, in many cases, I suspect, damaged by the vaccines, whether these are all neural or myocarditis or the whole range of other things that we've been learning about. I think we have a chronically ill population now, if it's 80 per cent of the population, a certain fraction of that is going to have neural consequences. And I don't think we can realistically deny that that's possibly going to happen. And when it does, I think we have a huge societal problem that actually terrifies me.

Shawn Buckley
Okay, so you just said that you know 80 per cent of the population is basically sick.

Dr. Christopher Shaw
Well, if Theresa Tam's and Bonnie Henry's numbers are correct, yes, that's my opinion. They may not have expressed full dysfunction, but insofar as they've had spike protein and mRNA go into their brain, they have damaged brains.

Shawn Buckley
Right, and I just want to make sure that people understand. I mean, you're speaking about lesions in the brain. Other researchers have actually done brain slides and shown— When you say lesion, it's basically

Dr. Christopher Shaw
Dead cells.

Shawn Buckley
dead cells. So like parts of the brain that are dead.

Dr. Christopher Shaw
Parts of the brain are dead. And that's essentially what's happening in the major neurological diseases. Parts of the brain are dead. So for example, in Lou Gehrig's disease, you begin to show the symptoms of the disease, which is the lack of motor control, after you've lost about two-thirds of the motor neurons in different parts of your spinal cord.

Until then, you're compensating. The nervous system is very, very good at compensating for a long time. And then you hit a threshold. And then all of a sudden, it starts to go downhill very rapidly.

And so these diseases, once they start, it's what we call a cascading failure. And when you look at, for example, Lou Gehrig's disease, both in animal models and in the actual disease, people kind of keep at some sort of—it's a declining level of functionality. And then all of a sudden, it just drops off.

And the basis of the research I was trying to do with ALS was to find at that point when it's still kind of above the threshold for a neural function, get in there and be able to do something therapeutically useful before it totally crashes. And unfortunately, we don't know when that is. So again, when they took away the money and the research ability for that project, it took away the capacity to actually find an early phase place to begin treating ALS victims and the same would apply to Alzheimer's and Parkinson's.

We don't know where anybody is who's had the shots. The longer they've been, the more boosters they have, more neurologically compromised they are, I suspect.

Shawn Buckley
Okay, I'm wondering if I'm interpreting what you're saying correctly. Are you basically inferring, you are definitely saying, "Every time you get the shot, you could be doing more damage."

Dr. Christopher Shaw
Yes.

Shawn Buckley
Including damage to your brain.

Dr. Christopher Shaw
Yes. In so far as the stuff gets into the brain. And we know that blood-brain barrier gets more compromised as you get older. So older people have, and people with head injuries and people who've had any kind of head trauma, have leakier blood-brain barriers.

Shawn Buckley
And we also know that the lipid nanoparticles that surround the mRNA in the shots are actually specifically designed to cross the blood-brain barrier.

Dr. Christopher Shaw
Well, they're supposed to cross any cellular barrier,

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and that's why they did it. Because when they were first coming up with the mRNA concept, originally what they were going to do is they were going to have two needles. One was going to inject the actual mRNA, and the second one was going to pass a current. And that

current would do something called electroporation. It would basically make membrane holes so the stuff could slide on in, the membrane was supposed to close. And I think they realized that no one was going to tolerate two needles at once. So then I think the companies at UBC that we know about, Arcturus and Arbutus, basically started to play with— Well they've been playing with the lipid nanoparticle technology for a while. And then they realized, well this is not the way to do it. We'll just use the lipid carriers that already exist in most cell membranes, and we'll get the stuff in that way. Which from that perspective was a clever idea.

Shawn Buckley
Before we get into too much detail, because I just wanted you to [agree] these lipid nanoparticles. So the vaccine basically is designed so that we're going to get this mRNA or we know it goes into the brain amongst other places. So for any given shot on any given person, we can't say where it's going to go. You use the term biodistribution. But you seem to be implying that people may not be manifesting brain injury now, but you are worried going forward that that's going to start to manifest and become apparent. Did I understand what you were saying?

Dr. Christopher Shaw
That is correct. I'm concerned that it will become apparent in many more people than it has so far. And again, like the progressive nature of neurological diseases, such as the age-dependent ones, ALS, Parkinson's, Alzheimer's, it will become progressively worse.

Shawn Buckley
Okay, so we have a trend where a lot of people don't show up at work. We have, I believe, an increase in accidents happening. And we have person after person describing brain fog. Could all of those things be connected to brain damage caused by these COVID injections?

Dr. Christopher Shaw
I think so.

Shawn Buckley
And not only do you think so, but you're personally worried about Canada going forward because of the number of shots that people get.

Dr. Christopher Shaw
Yes, I'm worried about the consequences overall for society from the perspective that we will have, I think, an awful lot of neurologically invalided people in the course of the next few years, and I think we already have some. We just again, as you suggest, we don't know that they were all injured yet because they haven't fully expressed the disease, and again neurological diseases do not express overnight, as a rule.

Shawn Buckley
I wanted to ask you your thoughts on vaccinating children with these COVID-19 shots.

Dr. Christopher Shaw
Okay. I'm trying not to swear here. It's a poor idea. It's a poor idea for a number of perspectives. Number one is children do not routinely get sick at all or very sick with COVID-19. It has to do with the number of ACE receptors they display. And if it seems—

Shawn Buckley
Can I just slow you down. Because again people need to understand. So an ACE receptor is a type of receptor on a cell that a respiratory virus, like coronavirus, will attach to. And the reality is children actually don't develop these until they're older.

Dr. Christopher Shaw
That's correct, so the ACE2 receptor. Yeah.

Shawn Buckley
Yeah, so young children are basically, just by the way we grow, they're naturally immune without even being exposed to the disease.

Dr. Christopher Shaw
Yes, pretty much. Yeah.

Shawn Buckley
Okay. So I just wanted to make sure that the people watching you understood.

Dr. Christopher Shaw
Injecting children, strikes me again—without knowing whether or not they have the potential to get sick from the virus or get very sick from the virus—giving it to them, strikes me again as part of an agenda because there's really no need to do it. They are not likely to become severely ill. Again, you could make a case where some children may need to get some sort of vaccine under some circumstances. And if one had made the case that children are extremely vulnerable, leaving aside all the marketing and hysteria and the side effects in the general population, I think it would have been a hard case to make. But one could possibly make that case the children were as much at risk as 80-year-olds, and that's simply not true. It is definitely not true.

Shawn Buckley
Right, so they're at low risk.

Dr. Christopher Shaw
They're at low risk of getting it, they're at low risk of being severely compromised. And the only children that I know of who actually died in Canada, they had fairly serious comorbid and all other conditions that were contributing to their overall health status. Yes.

Shawn Buckley
Right, yeah, if a child's dying of other things and happens to test positive for COVID, it doesn't mean they died of COVID, is what you're saying.

Dr. Christopher Shaw
Precisely.

Shawn Buckley
Okay, when you were speaking earlier

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about the fact that the vaccine basically gets our bodies making spike protein and the spike protein is the dangerous part— I wonder what your thoughts are because they could have created mRNA that would make a non-lethal part of the virus for our immune system to recognize. What are your thoughts of them actually choosing the part of the virus that causes the damage?

Dr. Christopher Shaw
Okay, the problem with that is, you're assuming that the only part of the virus you need to detect is the spike protein. And one thing that Dr. Pelech's work will touch upon, I suspect, is the numerous antigenic sites on the spike protein that you probably should really be looking at. So if you only test the spike protein, then you are going to be, I think, misled into thinking that that's all you need to do. And all you have to do now is run your PCR to look for a spike protein product or mRNA product. And I don't think that's correct.

I think that that's a very one-sided view of how viruses infect cells. I think as Dr. Byron Bridle said the other day, Bonnie Henry's understanding of immunology and vaccinology, let alone epidemiology, seems to be fairly rudimentary. And her last document was one that would have not, at least three years ago, survived a master's thesis defence. It's simply incorrect in almost everything it says. And not believing that natural immunity exists or is as effective as vaccine-induced immunity is kind of a fundamental flaw in understanding both vaccinology and immunology, as far as I know.

Shawn Buckley
Thank you. When we were speaking earlier, pre you taking the stand, you had spoken to me **a little bit about the Eastside and kind of raised a question about that. Basically, why were people that, let's say they lived in a refugee camp or something like that, why didn't COVID basically sweep through? And you were going to use the Eastside of Vancouver.**

Dr. Christopher Shaw
As a medic, I've been in Syria and Iraq and there are a lot of refugee camps there and refugee camps that are full of hungry, sick people with lots of different diseases. Downtown Eastside has the highest level of HIV, hep C, a huge range of infectious diseases. People are poor. They're malnourished. There are high levels of drug addiction in the area. People are quite sick. There are a lot of very sick people.

So the concern—and I think it was not an unwarranted concern at the very beginning when we knew very little—is that these people with comorbid conditions were going to be especially vulnerable and therefore there was an urgent need to get them all vaccinated. And they tried to incentivize it with donuts and cheques. But most of the people in the Downtown Eastside, I suspect, were not vaccinated. And to the best of my knowledge, there was no wave of deaths in the Downtown Eastside.

From fentanyl, yes. From other drugs, yes, but not from the disease. Same happened in Northeast Syria, where I've served as a medic, because they were also concerned. They have large refugee camps, full of people, again, malnourished, living in tents. One would have expected, and they did there. The Kurdish Red Crescent Society was terrified without the vaccines that the camps would be just devastated. The people would just all die. And it didn't happen. They never got the vaccines because no one would give them to them. And so they went through the whole pandemic with no vaccines, and there was no massive loss of life in the refugee camps.

So the idea that this was going to be—which should instruct us to what happened in the population at large—the possibility that this was going to kill everybody was never, never really realistic. And on top of which, it certainly wasn't true in the population that wasn't suffering those comorbid conditions: so in other words, the general population of western countries, in particular in Canada. So it was simply that fear was never realized because it was an unrealistic fear. The idea that this was such a deadly disease that it would kill everyone it touched, it was simply not correct.

Shawn Buckley
Right. So ironically, people like Syrian refugees living in a refugee camp going forward might have better health outcomes than Canadians.

Dr. Christopher Shaw
Almost certainly. Almost certainly. And you know, one of the things that we speculate about with the Downtown Eastside and with the refugee camps, these people are often chronically ill with other respiratory diseases. And they're living in tents in the winter in Syria. It's pretty hot there in the summer, but it's pretty wet in the winter. The people there, they all have some COVID virus. And the speculation has been that the other COVID viruses,

[00:50:00]

in those cases where people are chronically ill with some kind of COVID, provide some sort of cross-protection against COVID-19. And I think that's a pretty reasonable hypothesis.

Shawn Buckley
I'm about to turn you over to the commissioners for questions. Is there some point that we didn't go across that you were wanting to share with us before I do that?

Dr. Christopher Shaw
Yes, there were a couple. I think this comes back to kind of your second— What can we do differently in the future? I think we need to ask some questions about what happened.

So for example, do you remember that officially with COVID-19 vaccines, we needed cold storage? I know UBC went around and asked all the laboratories on campus, do you have a minus 80 freezer? Because that's how you had to store it. What happened to that? That turned out not to be correct. Because they were assuming that both the mRNA construct itself, not to mention the lipids, would break apart very quickly if they weren't under cold storage. Well, that's not true. The biodistribution studies that have been done demonstrated that's not true.

What happened to influenza? In 2021, where was influenza? Did it go away? Well, apparently it did. Or were they conflating it with COVID? And I don't know the answer to that question. But clearly, influenza in the Province of British Columbia, I think it normally kills a couple thousand people a year according to the official public health officer. In 2021, I think the numbers were numbers you could count on your fingers in one hand.

Shawn Buckley
Okay, and this is an important point, I think, for people to understand, and again, for the international community. So in Canada, we have what we call a flu season every winter, which is really just a low vitamin D season because being northern hemisphere, we don't get enough sun. And so we get the influenza sweep through our population. And you're saying in British Columbia, annually, there will be several thousand deaths caused by influenza or what we just colloquially call the flu.

Dr. Christopher Shaw
Correct.

Shawn Buckley
But in 2021 or 2020,

Dr. Christopher Shaw
And 2021.

Shawn Buckley
and 2021, we have just a handful, instead of thousands. And you're saying well, obviously those were counted as COVID deaths or COVID illnesses. I've heard—

Dr. Christopher Shaw
I don't know that they were, but again you have to wonder where all those other thousands of cases went. The official explanation was, "Well, there was more masking so the virus, the influenza virus couldn't get you." Well, okay, but they could still get COVID, which doesn't make a huge amount of sense. We can talk about the size of these particles, but it doesn't matter. A surgical mask is not going to stop either of them. As an explanation, it sort of fails. There's never been an explanation from Bonnie Henry or any other public health officer where influenza went that actually made sense.

Shawn Buckley
Okay. And in fact, you know, you just talked about masks and virus in relation to particle size. I saw a funny little picture and I just want to ask if it's true. So basically, there's the caption, a person wearing a mask, "I'm going to stop a virus with a mask." And then at the bottom half, there's a chain link fence. And it says, "I'm going to keep mosquitoes out with a chain link fence."

Dr. Christopher Shaw
Pretty much, yeah.

Shawn Buckley
So the viral particles are so small that the idea that the masks that we would wear, stopping us breathing them in or out, is really just science fiction.

Dr. Christopher Shaw
It is science fiction. And not only will the masks not do it, but also they're not even fitted properly. I've seen people walk around with masks under their nose, or kind of down, down over there. And in any case, I'm sure you've seen the demonstrations where people take a lung full of smoke and then they put on the mask and they blow out, and it comes out every place. Well, that's a surgical mask.

A surgical mask is not intended to stop viruses. It is not. It's intended to stop bacteria. You want to keep your surgical field clean, and if you're doing cell culture, you want to keep the inside of your cell culture chamber clean. You don't want to put your bacteria into it, and you don't want any messy, sloppy stuff coming out of the patient or the cell culture chamber to get on you. But they're not there to stop viruses. They're just not. There are masks that will, but those are not the ones in common use.

Shawn Buckley
Right, okay, and then is there another topic you wanted to touch on before we—

Dr. Christopher Shaw
So we talked about the refugee camps, we talked about that.

Biodistribution studies, we have not done them. We have really not done very good biodistribution. There's that German study that you mentioned. There was that study by the offshoot of Moderna that actually did a pretty good job of looking at— And it's a pretty much unknown study, but they did it and they found the mRNA everywhere. The mRNA will lead to spike protein, and so you have spike protein in brain and testes and liver and kidney and all that kind of stuff.

What's the other thing? Where was the government's— Where did they invest money into looking at alternative treatments?

[00:55:00]

Ivermectin and hydroxychloroquine, which have an enormously good track record, unless you misuse them. Was there any study on that? No. None of that, that I could tell. Yeah, I

think those are primarily the key points. What else did I want to mention? No, I think we've covered it, Mr. Buckley. I think we're good.

Shawn Buckley
Yeah, well and usually the commissioners bring out some pretty interesting points also. So I'll turn it over to the commissioners if they have any questions for you. And they do have questions.

Commissioner Massie
Thank you very much Professor Shaw. I'd like to focus my question on the neuropathology issue that has not been covered in many of our previous witnesses. Based on your experience what would be the hallmark of neuropathy induced by spike?

Dr. Christopher Shaw
I'm sorry, can you re-state that?

Commissioner Massie
How would we recognize that a neuropathology is developing based on the location of spike in the brain? Do you have any idea?

Dr. Christopher Shaw
Sure. I mean, spike proteins can be labelled. We could do tracer experiments, see where it goes. You could, of course, just do histology because there are antibodies for spike proteins, so some very good ones. I mean, Steve Pelech has them as well. You could do a detailed serology study of whole body. That would take some, you know, it's doable. It would be some work, but it's doable.

You'd basically go in there and you'd section and do thin sections of any organ in question and you would look for the antibody presence, and those are seen. And I think, again, the pathology reports that Mr. Buckley is talking to suggest, and they show, spike protein in various blood vessels, they show it in organs like brain, they show it in lung and in various tissues. So we would have done a comprehensive study on that. And we didn't, and we haven't done that since.

And as far as I know, the government has not funded any study to actually look at bio-distribution. Because that would suggest that if it's someplace other than just in your **deltoid muscle, that it could be doing things you don't want it to do. So I think there's no incentive for them pushing an agenda to actually go and look at the possibility that it could be doing brain damage or kidney damage. And look how they've tried to discount myocarditis, which we know is very real.**

So again, that would be something that you would have thought a government that really wanted to know the answer so you could design more rational therapeutics— If it only goes to your lungs, what are you going to do? If it's going to your brain, what are you going to do? If it goes to other body parts, what are you going to do? And they didn't do that, they've never done that. And they don't fund research to do that as far as I can tell.

Commissioner Massie
So the concern about the people that have received the vaccine, they might actually be very worried what's going to happen down the line.

Dr. Christopher Shaw
I am very worried.

Commissioner Massie
So until we develop these analyses, it's hard to propose any remedy because we just don't know exactly what's going to happen.

Dr. Christopher Shaw
It's very much impossible. There are various things that are being proposed. You could try and find a way to dismantle spike protein wherever it is. Various botanical and other compounds have been suggested. Would they work? We don't know.

You could try and target certain areas for more protection. You could say, "Well, if we're worried about brain, maybe we need to increase our antioxidant levels, maybe we need to do various other things." We don't know.

So in the absence of that knowledge, you cannot design any specific therapeutics. You could do maybe generic ones. Let's control antioxidants. Let's do something about mitochondrial function. Those are the kinds of things you could probably do. But you know, again, with a lot of drugs, they don't get into brain. And if you have brain issues and you're trying to put a drug into brain, it's really, really hard. And you could try, I guess you could put lipid particles on it and maybe do it that way. Or you could do what's called a prodrug. But otherwise, when you have brain damage, you're trying to get something into fix that or stop the process, it's pretty hard to do. But again, you don't know.

Commissioner Massie
So one of the things with neurological diseases, as you mentioned, they take time to develop

Dr. Christopher Shaw
Yes.

Commissioner Massie
before you can actually see that.

Dr. Christopher Shaw
Yes. Decades maybe.

Commissioner Massie
Yeah. So it's going to be hard to predict exactly what would be—

Dr. Christopher Shaw
Absolutely.

Commissioner Massie
But based on other diseases that are either induced by viruses or the type of toxin in the environment, what would be a good estimate in terms of lag time for the onset of serious disease?

Dr. Christopher Shaw
I guess it depends how you define serious. If you define serious as the earlier discussion, if you have to go into an ER because of something that's happening, if you have to seek specialized medical services, if you have a life-threatening event, those would be some of the things you would see.

[01:00:00]

And I would expect you would probably see them in the course of a couple of years because in neurological diseases, again, the traditional ones that I've mentioned can take decades, but we don't really know.

But I've also heard of cases of Lou Gehrig's disease. And there was a case, one of the diseases I studied, and it's in my CV, is a disease on Guam called ALS-PDC. And that's a disease that mimics the features of Parkinson's, Lou Gehrig's, and Alzheimer's. And you would get people as young as 19 with ALS-PDC, which is very unusual. You don't really see the presentation of Alzheimer's until people in their 60s, 70s. All ALS is a little bit younger. Parkinson's is somewhere in between. So you would see that probably in the course of— If it follows the timeframe of something like ALS-PDC, you'd be seeing something in a couple of years. And I think we are here. I think the brain fog people, if they don't miraculously recover, I think they're going to go on to a more acute neurological disease state, in my view.

Commissioner Massie
So one of the things that people have been trying to develop to really reduce transmission is this so-called nasal formulation in order to get the virus or the antigen in the right place.

Dr. Christopher Shaw
And you know where it's going when you do it nasal, right.

Commissioner Massie
Yeah, but as you do that, I mean, don't you risk, also, the possibility that they can actually get to the brain through the—

Dr. Christopher Shaw
Absolutely. That's exactly what it'll do. When you put a molecule like that, that has the capacity to pass the blood-brain barrier into your nasal sinuses, it's going right into your

olfactory bulb. It goes from your olfactory bulb to your piriform cortex, now you're in the brain. So yes, you've got the particles in your brain.

Commissioner Massie
So the fact that in natural infection, people do get some sort of issue.

Dr. Christopher Shaw
Yep, it can do.

Commissioner Massie
Do you think it's because the spike protein is expressed on the surface of the virus and the spike would have some ability to cross the blood-brain barrier? Or is it something else going on?

Dr. Christopher Shaw
Okay, I think I think there are two things happening. I think number one, the lipid nanoparticle is a big piece of what gets it into your brain or into any cell.

I think the second thing is, I think the damage done by the spike protein may be doing damage to your blood-brain barrier, which of course also happens as the course of aging. But when you do it to your blood-brain barrier, you've now made it leakier: So things, larger molecules of various kinds are going to get in. Larger proteins that should never get in, are going to get in, and something like an mRNA or a spike protein would probably find it fairly easy to get in if your blood-brain barrier is compromised.

We don't know if it is, no one's looked. But it is certainly something we know that happens, and we suspect it has a large part of what causes kind of the final stages of Alzheimer's, you're just letting a lot of crap in because your blood-brain barrier is definitely compromised.

Commissioner Massie
So for kids, for example, where the blood-brain barrier is in better condition, you would hope or you would think that the likelihood that spike or the mRNA liposome would get there is lower than for older people.

Dr. Christopher Shaw
I think it's more likely that it will get there, however your blood-brain barrier is compromised, either through your age in either direction or through other head damage over your lifetime. You know, for example, one of the strongest coincident factors that's possibly involved in Alzheimer's is head damage, head trauma. In other words, if you've had a concussion before, the incidence of people with concussions with Alzheimer's disease is vastly higher than people without. So that's one of the risk factors, one of the severe risk factors.

So yes, I would assume that if you have any way that stuff is going to get into your brain, it's going to do harm. Again, children don't have the ACE2 or don't have it in the same extent. So I think they're somewhat buffered from the fact that they have a leakier blood brain

barrier. But for elderly patients who do not have a robust blood brain barrier, I think a lot of that stuff is going to go straight in there.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Thank you, Dr. Shaw. I've been looking at the movement "quiet quitting" for some time now and wondering what has happened to all the people who are not showing up for work and volunteering. So I thank you for your testimony, but I also thank you for offering a very good insight into what is happening in this country.

[01:05:00]

It's very insightful.

Dr. Christopher Shaw
Thank you.

Commissioner Kaikkonen
But my questions go differently. Does BC have privacy legislation that prevents government agencies from sharing personal health information with other publicly funded institutions, and vice versa?

Dr. Christopher Shaw
It doesn't anymore with C-36. It's not C-36, but Bill 36—the government can take your private information from your physician, and we have no idea what they're going to do with it. They can presumably share it with anyone they want to, other health ministries, other agencies, maybe corporations. I don't think under these circumstances, your private health information is private any longer.

Commissioner Kaikkonen
And did UBC at any point rewrite your employment contract?

Dr. Christopher Shaw
Have I what? Sorry I didn't hear that.

Commissioner Kaikkonen
Oh, sorry. Did UBC, the University of British Columbia, at any point rewrite your employment contract?

Dr. Christopher Shaw
No.

Commissioner Kaikkonen
And going further, if BC Health authorities already have access to your personal health records, then why does UBC as your employer, and most particularly your chair, believe they are entitled as well to your personal health records? And if you disclose to UBC, would the university then send the same personal health information to BC Health who already has it? I know it's a rhetorical question.

Dr. Christopher Shaw
Well, it's a good question. You know, I don't know what, I guess you'd have to ask them. So it's a kind of limbo. I don't know where my health information is because I don't think there's anything to stop them from disclosing it.

Commissioner Kaikkonen
And my final question is, do you know if UBC, as an institution that's publicly funded, is provided with extra funding from government for strong-arming citizens into submission?

Dr. Christopher Shaw
I don't know, but if you told me it was true, I wouldn't be surprised.

Commissioner Kaikkonen
Thank you very much, I appreciate that.

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

Dr. Christopher Shaw
Thank you and thank you for having me here today.

[01:07:40]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 8: Alan Cassels (Parts I and II)
Full Day 1 Timestamp: 08:46:34–08:48:59/08:56:35-10:00:38
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

PART I

[00:00:00]

Shawn Buckley
Now switching gears, I'd like to announce our next witness, Alan Cassels. Alan, can you please state your full name for the record, spelling your first and last name?

Alan Cassels
My name is Alan Kenneth Edward Cassels and it's spelled, A-L-A-N C-A-S-S-E-L-S.

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

Alan Cassels
I do.

Shawn Buckley
Now just to introduce you, much of your professional experience has been in studying pharmaceutical policies and reporting on medical evidence [Exhibit VA-3, CV].

Alan Cassels
That's correct.

Shawn Buckley
You have a master's in Public Administration. You have worked on over twenty separate pharmaceutical policy studies over the last twenty-eight years and have published dozens of peer-reviewed publications on many aspects of drug marketing, evidence-based medicine, and rational prescribing. Is that correct?

Alan Cassels
That's correct.

Shawn Buckley
For the last four years, you worked for the BC UBC Therapeutics Initiative, and I'm wondering if you can explain for us what that is.

Alan Cassels
So the Therapeutics Initiative [TI] is a group at UBC that's funded by the provincial government, by the Ministry of Health. It's been in existence since 1994, and I've worked for this group on contract many times in the past. I was hired on salary in 2018. They produce probably the best and highest quality drug information of any agency of its kind in Canada and does so sometimes at great cost in terms of criticism from the pharmaceutical industry. When the NDP were campaigning in 2017, the then health critic, a guy named Adrian Dix, said if the NDP took power, they would double the funding of the Therapeutics Initiative, and that's exactly what happened. And that's how they got the money to hire me.

Shawn Buckley
Right, but I want people to understand. So this is an initiative that evaluates drugs without pharmaceutical industry influence?

[00:02:25]

PART II

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry. We were starting with Alan Cassels, and we were discussing the UBC Therapeutics Initiative project, and then the power went out, and our systems went down, and we would have lost a bunch of people following us on the various platforms. We apologize for that. It was an item that was out of our control.

So we're going to pick up. Alan Cassels is still on the stand. Alan, I'll remind you that you're still under oath. Can I ask you again, because we're not sure where we cut off, if you can describe for us the UBC Therapeutics Initiative?

Alan Cassels
Yeah, so the Therapeutics Initiative was formed in 1994. It's funded by the provincial government, the Ministry of Health, through the pharmacare program. It does hard-hitting critical analyses of drug evidence and publishes that information in newsletters that's distributed to something like 9,000 doctors in British Columbia and pharmacists on a website. It does presentations and does basically pharmaceutical education for physicians and pharmacists.

Shawn Buckley
And just again, so that people fully understand. So this is an initiative that analyzes pharmaceutical drugs to determine their safety and efficacy and whether or not they should be used. And it's completely independent of the pharmaceutical industry.

Alan Cassels
Yes.

Shawn Buckley
And you have participated for four years. Which is just getting back to the fact that you are an expert in evaluating pharmaceutical interventions.

Alan Cassels
I've got a couple slides of my bio if you want me to throw it over.

Shawn Buckley
Oh, sure, sure. So yeah, let's launch into your slide presentation [Exhibit VA-3a], and then I'll just ask you questions as they arise.

Alan Cassels
Right. So are my slides up there? I can't see.

Shawn Buckley
Your slides are up.

Alan Cassels
Yeah, so the most important thing you need to know when someone's talking to you about drugs is where they get their money from. And it's very important to have a disclosure statement on any presentation. My disclosure: I'm a former employee for the Therapeutics Initiative, and in 29 years of doing this kind of work, I've never had any financial conflicts of interest with companies that manufacture pharmaceuticals or sell pharmaceuticals. Currently self-employed, and I do receive some money from the sale of books I've written.

Just to add to the brief bio: I graduated from the Royal Military College with a degree in English. I served for 12 years in the military as a Naval Lieutenant, did two peacekeeping tours. I've got a master's degree in Public Administration from the University of Victoria,

and I started doing drug policy research in 1994. I've probably been involved in more than 20 research studies in that area in Canada and BC independently, usually funded by either CIHR [Canadian Institutes of Health Research] or provincial funding bodies.

I've published quite a few pieces, including probably over 400 articles. I was a columnist for *Common Ground Magazine* for 12 years. And I've lectured to university classes in a variety of subjects in journalism, actuarial science. They had a really cool grant that I won about 15 years ago where I travelled to every single journalism school in Canada to give them a workshop on how to report on prescription drugs. And I'm sure those students have lost those lessons now.

One of the things I'm very proud of, in 2012, my Member of Parliament Denise Savoie awarded me the Queen Elizabeth II Diamond Jubilee Medal, and she cited my work as an author and a pharmaceutical policy researcher and a consumer advocate. And those are the books that I've written, including *The Cochrane Collaboration*, the last book.

Cochrane Collaboration, a very important organization, does what I would consider to be gold standard drug evaluation evidence, meta-analyses of high-quality evidence, and try to get the truth out. They've undergone a fair bit of controversy in the last few years, though the Cochrane Collaboration researchers, people like Dr. Tom Jefferson and Carl Hannigan, were people that formed part of that book, and they were the ones that were instrumental in doing the major analysis of the masks and determining that masks simply—there's no evidence that they have any effect.

I've written for *Reader's Digest*, there's just an example.

[00:05:00]

So the thing that I really focused on over the years has been kind of this gap between what the evidence says about drugs and what the marketing says. And usually there's a large gap.

And there's almost always controversy regardless of whether you're talking about a drug or a vaccine because those who create the product want as large a market as they can and those who use it want to be using it in the most appropriate way possible. And those two values conflict with each other.

Let me just say a little bit more about the Therapeutics Initiative. I told you that it critically evaluates drugs. The TI has a history of doing some really important things in British Columbia. For example, the COX-II inhibitors, drugs such as rofecoxib, also known as Vioxx, which came out in the late 1990s, was on the market a number of years. The BC Therapeutics Initiative was probably the first group in Canada to raise the alarm that there were problems with the trials. The trials were fraudulently reported. The BC government subsequently restricted the use of those drugs to a small population in BC, probably saving 500 to 1,000 lives. It's really important to get the evidence right because people's lives are at stake.

Again, I was hired as a communications director in the last four years. And I can tell you, not being able to say anything sitting at my desk while COVID was unrolling was very difficult. One thing that I really found personally quite difficult was the language that journalists and neighbours and friends would use against people that weren't vaccinated, using language that I would consider to be quite bigoted and discriminatory. And so I wrote a letter to the editor of *The Globe and Mail*, and this is part of my story because it might have been the reason why I got fired. It was 142 words long, and I'm going to read it to you,

and it goes like this. I was responding to an editorial that was entitled "Driven by Misinformation," the thrust of that being that people who were vaccine hesitant or otherwise questioning the value of COVID vaccines were ignorant and moronic.

Responding to The Globe stance, I said:

> I don't see my unvaccinated friends, neighbours, or colleagues as misguided, misinformed ignoramuses who spout conspiracy theories and propagandistic clichés. Maybe I don't get out enough.
>
> They are mostly highly educated, a class that includes university professors, engineers, researchers, doctors, librarians and even some journalists. I find that these are intelligent people with nuanced interpretations of science who spend a lot of time reading the annoying small print of research studies and asking awkward questions. I therefore find it tiresome when they are labelled as misinformed ignoramuses who don't "follow the science."

And I end this by saying:

> In the drug-safety world, there's a truism: Drug safety never leads, it always follows. It is a sentiment that might be best summed up by a line from the singer Tom Waits [who said]: "the large print giveth and the small print taketh away."

So that is the simple three paragraph letter to the editor where I was talking about how The Globe was characterizing our unvaccinated friends as being stupid ignoramuses.

This is what happened next to me. Several days later, I was called into the office of my bosses with very stern and dour looks on their faces, and they said, "You can't be out there publishing letters like this critical of government policy." To which I said, "Excuse me, but I don't know if you've read my letter. I didn't talk anything about government policy. I didn't mention Adrian Dix or Bonnie Henry or anything about vaccine mandates or any other things. I mentioned The Globe stance, their bigotry against unvaccinated people, the same kind of bigotry that we see expressed by even politicians, such as our own prime minister." And I was told specifically, "This could jeopardize our funding." And I sat back and said, "Wow, these are crazy times we live in if that's the case."

Shawn Buckley
So the way that I read your reply, is really you were replying to what in normal times we would have considered hate speech, and you were saying, "No, this isn't appropriate."

Alan Cassels
Yeah.

Shawn Buckley
And you actually are getting sanctioned for that from your employer.

Alan Cassels
Yes.

[00:10:00]

And I don't know how they could have made the leap between me criticizing *The Globe and Mail* and me criticizing government drug policy, but you know this crazy world that we live in. Anyways, three months later I was told to pack up my desk, hand in my keys, hand in my computer, and I left the building. And so I've never worked for those guys again. Unfortunate. And I was never really given a proper reason why. Because this is called fired without cause: they don't have to tell you why.

So let's get on to my talk. What does the research say? And I realize that you've got some very smart people presenting here. I'm going to stick to a very specific thing that I know a little bit about, probably more than other people. And that is the regulatory requirements when it comes to information about a pharmaceutical that's granted a licence for sale in Canada. First of all, I'll talk about Health Canada's product monograph. This is a really important document.

So what is a product monograph? In a nutshell, a product monograph is like the owner's manual for your drug. When you buy a new car and you open the glove box, you get an owner's manual; it tells you everything about it. A product monograph does the same thing about your drug: It tells you the properties, the claims, and the indications. These are essentially the conditions of use that may be required for the optimal safe and effective use of the drug. Very important. We call it a product monograph in Canada; in the U.S., they call it the approved product label. It's a very hefty document. The approved product label for the Pfizer COVID vaccines is about 83 pages long, a significant document.

The most important word, in my opinion, in a product monograph is the word "indication": Indication means, what is the drug used for? What is the approved use of that drug for treating a particular disease? So if the regulator, Health Canada or the FDA, determines there's enough evidence to approve a drug for the indication, that is the treatment of the disease, the indication becomes a labelled indication. They've essentially determined that there's enough evidence to suggest that the indication will have some help in a particular type of patient and that the drug company is able to market their drug with that information. For example, if they say this drug is used to treat toenail fungus, that's the indication, toenail fungus. They cannot go on to say, "We think this drug is good for lowering cholesterol." That's a non-approved indication. That's a really important distinction.

So the manufacturers are not allowed to market their drugs for indications for which they have not been approved in Health Canada.

I'm going to give you an example. This drug—this also happens to be a Pfizer drug—but it's now generic, made by many generic manufacturers. And this drug, by the way, was probably the world's biggest blockbuster drug ever produced. As you know, Pfizer is the world's biggest drug company. This drug made the company billions of dollars over the years. It has a very, very specific indication, and I'm going to show it to you.

It looks like this. It's a 56-page document. This is on Health Canada's website, the "Product Monograph—Atorvastatin/Lipitor." So there's the three indications. Just to be clear, it's indicated to reduce the risk of myocar — Let me translate this. It'll reduce the risk of having

a heart attack in adults, not kids, that have high blood pressure, hypertension but not clinically evident coronary heart disease, but with at least three other additional risk factors for coronary heart disease: such as you're over 55; you're male; you have abnormalities on ECG, et cetera. And it's also indicated for patients with type 2 diabetes and hypertension, without clinically evident coronary heart disease. And it's indicated to reduce the risk of myocardial infarction in patients with clinically evident coronary heart disease.

One thing you should know is that high cholesterol is not a disease. High cholesterol may be a risk factor for a disease, but thanks to the marketing genius of the pharmaceutical industry, they've taken high cholesterol and turned it into a disease in and of itself. However, that does not mean that the company's able to market this drug

[00:15:00]

beyond the indications that are in the product monograph. So you've got an 85-year-old man with high cholesterol but no history of heart disease. Should he be able to take Lipitor? How about a 70-year-old woman who has normal blood pressure, smokes, and has high cholesterol? How about a 50-year-old male bricklayer who has a stent in his heart, et cetera? A 27-year-old pregnant woman or a 32-year-old woman who has toenail fungus? Again, the answer to this, this is one of my skill-testing questions, is that none of these patients are indicated to take that drug.

I can tell you if we have a hundred people in this room over the age of fifty, probably forty of you are going to be either on a cholesterol-lowering drug or have been offered a cholesterol-lowering drug in your life to reduce your risk of a future heart attack. And if you don't have coronary heart disease and never had a previous heart attack, the drug is doing nothing for you. You're wasting your money and you will have no effect of lowering your cholesterol. If you have had a heart attack and you fit the description in the indication, you might have a risk reduction of about three per cent. That's the best that we've seen cholesterol-lowering drugs perform, which is to say that of the 100 people that get prescribed the cholesterol-lowering drug, 97 of them will have no effect. They will have wasted their money. Three per cent might have a reduction in a future heart attack.

So most important point here, companies cannot market their drug for off-label purposes—purposes for which it hasn't been studied or approved. So why don't they market their drugs for off-label? You can imagine if you're a drug company, you want as much stuff in the label as possible. You want your drug not just for adults who have coronary heart disease and high cholesterol and hypertension. You want it to be used for everyone. That's where the market is. It's for everyone. You want it to be used in pregnant women, in kids, because that's what grows the market. And the way it was described to me, an official at a **pharmaceutical company once said to me, we go to war for the label, which means that's the make or break. We get as much stuff into the label as we can because that determines how big our market can be. Because if it's not in the label, they can't market for that, but they do.**

And here's an example of, okay, I'm not picking on Pfizer, but this just happens to be Pfizer again was caught illegally off-label marketing a number of drugs: Bextra, Geodon, an anti-psychotic, an antibiotic, and several other treatments. Ended up paying the largest healthcare fraud settlement in history. This is a criminal fine of more than two billion dollars. You might say, "Well, that's a pretty big fine for a drug company," but if you realize how much they made off even the sale of one of those drugs, it would be like getting a parking ticket for you.

So let's look at the vaccine. The product monograph, and I'm just going to use the example of the Pfizer vaccine because it happens to be handy here. Again, it's an 83-page document. Strange though, the product monograph didn't hit the streets until September of 2021. I'm not sure when they started actually injecting this drug into the arms of Canadians, but I'm pretty sure it was before September 2021. Which is to say, none of the physicians, nurses, or anybody administering this vaccine had actually read the product monograph, and certainly none of the patients getting injected could have read the product monograph to know what it was indicated for.

Shawn Buckley
So can I just interrupt? So for informed consent, physicians and nurses, if they're administrating a treatment, are supposed to be able to tell the patient about risks and benefits and the like. And that's the information that would be in the product monograph.

Alan Cassels
Absolutely.

Shawn Buckley
And so basically, without that even being available, physicians and nurses administrating this vaccine—

Alan Cassels
What were they administrating, on the basis of what? I don't know. I can't answer that. But they certainly weren't doing it on the basis of the product monograph. They might have had an interim something that was provided by Health Canada, maybe. But let's look at what the actual product monograph for this vaccine says. By the way, if my slides are available, every document I'm talking about is linkable in the slides.

Shawn Buckley
I can tell you that the slides have been made an exhibit in these proceedings. So they'll be available to both the commissioners and the public.

[00:20:00]

And I believe it's [Exhibit] VA-3a, it will be your slide presentation.

Alan Cassels
Okay. So this vaccine—I don't even know how to pronounce this, this is weird. Comirnaty, something like that, is that how you pronounce it? Anyway, let's call it the Pfizer vaccine. It's "indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 [SARS- CoV-2] in individuals 6 months and older. Page five of the monograph sets out in black and white what this drug, and I'll call it a drug, is indicated for. So the primary endpoint, you have to actually go further into the product monograph to figure out what do they mean by "active immunization," what is the actual endpoint. And the primary endpoint on page 62 is defined as any symptomatic COVID-19 case confirmed by the PCR test. So you have to have

two things: You have to have a symptom, and the symptoms are listed in red, one of these symptoms—fever; new or increased cough; new or increased shortness of breath; chills, et cetera. And you have to have a positive PCR test. That's basically the case. And that is what the product is indicated for.

So my question to you is, if someone is out there saying this product is good for toenail fungus, what are you going to say? You're going to say, "Well, is it in the product monograph? Has it actually been tested to treat or prevent toenail fungus?" Well, no, it's not in the product monograph. "Does it prevent hospitalizations? Does it prevent deaths? Heart attacks, strokes, cancer? Does it prevent viral transmission?" And the answer, of course, is no. It did none of those things. The product monograph states that all it does is reduce symptomatic COVID with these kinds of symptoms and a positive PCR test.

And this is what drives me crazy because the public health people are saying things that the pharmaceutical companies are not allowed to say. They would get criminally charged for saying those things. But yet, you've got people telling me, "This vaccine is going to keep you out of hospitals; it's going to prevent deaths; it's going to prevent heart attacks, strokes, et cetera; and it's going to prevent viral transmission." And I really want to focus on the viral transmission because I think that's probably the most important part of my talk. And it's the most important part of what transpired in COVID. It has to do with transmission.

You know, I looked at the flu vaccine more than 15 years ago. And I can tell you, if the flu is any indication of what this disease became, none of the flu vaccines are approved to prevent transmission. To actually prove that your vaccine prevents transmission, you would have to have a massive trial, enroll hundreds of thousands of people and take several years. It's just not going to happen. It's way too costly. You're never going to be able to do it. So transmission is definitely a non-starter.

Here's a skill-testing question for the crowd. So how many of the six federally approved COVID-19 vaccines in Canada are indicated to prevent viral transmission? The man at the back has it right with the big goose egg. None are approved to prevent viral transmission. So, in fact, I've read through every single one of these product monographs. And it's a lot of reading. And the word transmission does not even appear in the product monograph or any of its correlates. Did they say viral conveyance or passing it on or anything like that? No, not in the product monograph. Therefore, again, I'm reiterating the point: the manufacturer is prevented by law from claiming that their vaccine prevents viral transmission to other people.

So you ask me, why are you focusing on transmission, Alan? Because I think the key marketing strategy for the vaccine, and I would call it a marketing strategy, the fear was a big thing. My first book, *Selling Sickness*, was really about the marketing of fear: It wasn't a **marketing of fear for pandemics, it was a marketing of fear of the lipids in your blood; the level of your blood pressure; the score on a test that can test whether you've got early signs of Alzheimer's and so on. Fear is a very important motivator.**

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As the marketers like to say, "You don't sell the steak, you sell the sizzle," in the sense of, if you want to drive your market as big as possible, you have to get people motivated. And one of the main ways that we motivated people to get vaccinated other than— I won't say this was evil but genuine appealing to people say, "This might actually save you from getting COVID." You might say, "Well, I don't care if I get COVID." "Well, that's fair enough. Oh, but it's going to help you protect your grandma because you will not be able to transmit

it to grandma." And it's like, "Wow, okay, that's a reason for taking it because it's going to save grandma." It's not true though. None of the vaccines have been studied to prevent transmission and none of them have been approved. So whether you were vaccinated or not made no difference to grandma.

And so we said, "Let's follow the science: where are the research studies indicating that the COVID vaccines prevent viral transmission?" They're not available. They don't exist. Again, why is this important? I think the mandates and the force pressure on the public really caused very deep rifts in our society. I refuse to get a vaccine passport just on the principle of the thing. Because allowing this kind of discrimination in facilities seemed to me just so wrong on so many levels. As I explained to some of my friends: if you lived in Victoria a hundred years ago, they would have signs in restaurants or in saloons that would say "No Indians or dogs allowed." It was perfectly allowable at the time, a discrimination of a certain class of people. And that's exactly what I saw the vaccine passport as. There's a sign of the royal Simba Club: "No Dogs or Indians" allowed.

So the vaccine passport became a very harmful thing to do. I mean sure, encourage people to get vaccinated, do that, but to say that they can no longer go in to see their parents in a hospital or to go to a movie theatre or go out. In the case of British Columbia, we couldn't go to restaurants for what was it, seven months, or something like that?

Further on, not just the science that didn't go into the product monograph, this was kind of reinforced by epidemiological studies. A number of epidemiological studies were done in the U.S. and Germany and Vietnam and Israel, and they basically found that the vaccinated people are equally able to carry the virus as well as the unvaccinated, or should I say that there was no difference whether you had been vaccinated or not. You could still be a vector for the disease. And when I argue with my fiercest critic on this, who happens to be my wife, she says "Yes, but wouldn't the people who, if the vaccine reduces your symptoms, then wouldn't you be less likely to pass it on?" And I said, "Yeah, show me the study." No, there's no studies. Sounds good in theory, but I'd like to flip that over. What if getting the vaccine is more likely that you pass it on because you can go out into the community and you have no symptoms, and you become the vector for the disease? So this is kind of my main thesis: anything that can help you, can also harm you.

And any theoretical idea such as "the vaccine might prevent some level of illness in the person, therefore it's going to prevent them from transmitting to others," that's a leap in logic that hasn't been studied. And when we have looked at it through epidemiological study, there's no difference. My summary: based on my review of the studies of the approved COVID vaccines, there are zero randomized trials that have shown any effect on viral transmission. And this is the kind of thing that I think good journalists would have asked right at the beginning: "Show us the evidence, show us the beef. Where is the research that shows that these vaccines are preventing viral transmission? Because your whole vaccine coercion apparatus—your passports and so on—is based on it preventing viral transmission."

Something really interesting, I just had to add this in the last few days or so.

[00:30:00]

This group in the U.S., they call themselves The Coalition Advocating for Adequately Labeled Medicines. They're concerned that products are on the market, but the regulator, in this case it's the FDA or Health Canada, don't actually go back and revisit the label. When you get new information, you should be rewriting the label, so people can stay up to date if

they use the product label as something to guide their behaviour. This group, CAALM, had a petition that they sent to the FDA about three months ago, I think it was the end of December—no, in January. And they asked the FDA, "Can you make these amendments to the product monographs of some of the vaccines?" They said, for example, can you "add language clarifying that phase III trials were not designed to determine and failed to provide substantial evidence of vaccine efficacy against SARS-CoV-2 transmission or death?" They're just being nice and say, "Can you just re-write the—because we know this is a true statement and that should be reflected in the label."

The response from the FDA is hilarious. This guy Peter Marks responds, and this was in the letter that he responds. He basically told this group—he kind of told them in a sense to piss off, "we're not going to change the label very much." But he did say, to that point about "Can you add something in there about the vaccine doesn't prevent viral transmission?" He says, "The vaccines are not licensed or authorized for prevention of infection with the SARS-CoV-2 virus or for the prevention of transmission of the virus, nor were the clinical trials supporting the approvals and authorizations designed to assess whether the vaccines prevent infection or transmission of the virus."

So he's essentially saying what I'm saying: there's no evidence—"We didn't actually approve these treatments to prevent transmission of the virus." And he's right. They didn't approve. But everyone else from Bonnie Henry all the way up to Joe Biden was telling you, they're making this claim that these vaccines were preventing transmission.

So another way to say this: They basically said, "Could you revise the label stating that it doesn't prevent infection?" The guy says, "We never said it. The FDA is not making that claim that the vaccine prevents transmission, but others, you know, high officials in the U.S. health establishment, politicians, media pundits, and so on. So we're off the hook here." I found that really interesting because it's kind of like— Who is doing the marketing for these vaccines? I mean, imagine making a product, and the pharmaceutical industry spends more than a third of its budget on marketing, communications and marketing. It's very important. They have to sell the drug to the physicians and the pharmacists; they have to spend a lot of time convincing people of the value of the drug.

But in this case, they just have to stand back because all the politicians, the pundits, and the public health people are going out there making claims about their products that aren't true. So they're off the hook. They're not going to face three-billion-dollar fines, and they can stand back and be perfectly innocent. I mean, it's so crass and savvy at the same time.

Just a little bit about—and I think other speakers are going to go into this in great detail—about the post-market adverse reactions and so on. This is actually in the label, and I don't think you would have seen it in the earlier versions of the label. This is now in the label that the following adverse reactions have been identified: cardiac disorders, immune system disorders, musculoskeletal conditions, et cetera. Knowing that that's in the Health Canada approved product label, could you make the statement that these treatments are effective and safe? Well, you would have to have a very interesting concept of the word safe in order to make that statement, given the list of potential serious adverse reactions.

But probably the most important study, and I hope others will be talking about this at your hearing, was this study that was published online in August 2022. They looked at the two mRNA vaccines, so the Pfizer one and the Moderna one, and they combined the results of them and looked at what was the likelihood— Now these are big trials by the way, there's 40,000 people in the Pfizer trial, and the Moderna trial is equally as big. When the trial is that big,

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you know that the risk of the condition is very small and the likelihood of any benefit from the treatment is also very small.

Anyway, they looked at these very closely and found something that we have suspected for quite a while. We suspected this when we first saw the first published trial of the Pfizer vaccine, which was spoken about earlier today, that the adverse events outnumbered the reductions in hospitalizations. For example, in the Moderna trial, they were two and a half times more likely to suffer a serious adverse event from the vaccine than being hospitalized with COVID. This is not Alan Cassels speaking; this is published data in *Vaccine*, probably the world's premier peer-reviewed journal in vaccine research. Has anyone ever seen any report in the mainstream media about this? And the Pfizer harm: serious adverse events, 10/10,000 [subjects]; hospitalizations, -2/10,000 [subjects]. So the Pfizer vaccine harm was four times higher than the reduction in hospitalizations.

Shawn Buckley
Can I just stop you there because you're making a really important point. You're basically pointing out that Pfizer and Moderna's own clinical trial data shows that the vaccine caused more hospitalizations than COVID would. But my question is, what was the age population? Could we— And then I want to move to kids because my understanding is that children have basically a zero risk of being hospitalized. And so can you kind of explain how much worse the situation is for us vaccinating children?

Alan Cassels
Yeah, I don't know exactly how many children would have been included in this trial. I think it was mostly adults, depending on your definition of child whether it's five to sixteen, or five to seventeen, so I don't know the actual answer to that. The principle here is—the only reason you would take a treatment that might have a risk is that you're at high risk of having the condition in the first place. And we know that children were at very low risk of developing any complications and serious adverse effects related to COVID. Therefore, your risk reduction changes.

So if I'm a 50-year-old guy with high cholesterol, high blood pressure, diabetes, and a bunch of other things, my risk of having a heart attack in the next ten years might be ten per cent, whereas someone who's my age but is a super-fit cyclist and doesn't have any of those things might only have a risk of three per cent. So the likelihood of any benefit from whether it's a drug or a vaccine is different. For the guy who's got a ten per cent risk, you **can reduce that: you might even reduce it down to five; you could cut it in half. Well, the guy whose risk is three per cent or two per cent to start with, he has a very low chance of benefit. And that's the same principle with children: that if you've got a low chance of being harmed by the disease in question, you have an even more infinitesimally smaller chance of having any benefit from the treatment.**

Shawn Buckley
And just my last thing, and then I'll let you carry on. What struck me with that is that the Nuremberg Code does not address just consent. But one of the provisions is that once you are aware that a treatment that you're testing is causing more harm than benefit,

then you're violating the Nuremberg Code; you have to stop immediately. So it seems odd that this product wouldn't have been withdrawn from the market.

Alan Cassels
Oh, any other product would have been torn off the market in a heartbeat. Because this is not a vaccine. It's like a whole different sacred territory. I can tell you that there are many drugs that have been taken off the market for much less harm than this, let's put it that way, okay. Though it's very difficult to get a drug taken off the market. Often what happens is that they will change the label, and they'll say, "Well don't use it in this population; don't use it in kids anymore." So they'll change the label. But actually to withdraw a product off the market, it's time-consuming. You got to be dedicated to it. And the fact that there are still public health people promoting the life-saving benefits of these vaccines in light of published research like this is, frankly, part of these crazy times we live in.

Shawn Buckley
So I have to comment, and then I'll let you go on, because you say it's really hard to take a drug off the market.

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I've spent 29 years as a lawyer where roughly half of my practice is standing up to Health Canada on behalf of manufacturers and vendors of natural health products, which are drugs and regulated as drugs. And any complaint, however minor, and that drug is off the market immediately with the full force of Health Canada.

Alan Cassels
That's because it's not a level playing field, as you know. Natural health products get treated way differently than pharmaceuticals. Because the pharmaceutical companies will say, "We have double-blind randomized controlled trial evidence that proves the effectiveness of our treatments. Plus, we have lots of money that we give to Health Canada to keep their operation running, whereas you natural health people, you can't patent your product and you're a threat to our business model."

Shawn Buckley
I think you've hit the nail on the head in so many ways. And when you say, you can't patent the product because the new drug approval process is about protecting intellectual property rights.

Alan Cassels
Yeah. I remember a Health Canada employee once saying, I said something like, "Well, what about the patients at the end of the day?" And her response was, "Well, we're not in the patient-safety business; we're in the patent-protection business." It's like, oh my God, the truth comes out.

Shawn Buckley
I know and let me tell you a funny story. I'm not supposed to give evidence, but I just, I can't resist. So I'm running a trial where Health Canada has charged a company for selling a natural health product without a drug identification number. And this was before 2004 when we had the NHP [Natural Health Products] regs, so you really couldn't. And I'll tell you that the client was found to have contravened the law, but the court acquitted the client, saying it was legally necessary or more people would have died. Because people died, and the court found as a matter of fact that Health Canada restricting this product caused deaths. And in fact, the Canadian Mental Health Association would hold a press conference every time there was a death to shame Health Canada.

But I have a Health Canada inspector on the stand; I think her name was Sheila Wheelock. And I think I'm setting her up for a trap question down the road. And one of the questions, my setup—and I just thought it was "a gimme" because I didn't understand that it's not about health at Health Canada—is I said something like, "Well, you know, as a Health Canada inspector, you're there to protect our health."

"No." Like what? And I keep trying to circle around and get her to agree, and she explained to me, quite rightly, "No, we're there to enforce the law, which is the *Food and Drugs Act* and Regulations." And I challenge anyone to find in the *Food and Drugs Act* or Regulations anything that puts an onus on Health Canada to protect health or actually even the public interest or to have good health outcomes. And would you agree with that statement?

Alan Cassels
Yes, I think the regulatory capture of our drug regulators, as I can only speak of that with some insight, has been almost complete. When I say regulatory capture, you say to Health Canada, in the drug regulatory side of things, "Who is your client?" You know, anybody in this room—if you ask Health Canada, "Who's your client?" you say "It's the population of Canada. The government pays for us to regulate products to keep Canadians safe." That's what everyone in this room would say; everyone watching this online is going to agree to that. But no, that's not the case. Their self-proclaimed purpose is to ensure that the people who are paying them, in this case the pharmaceutical industry, is getting what they want. The pharmaceutical industry is "the client," right? When you've got more than, say, 60 to 70 per cent of the regulator getting its funding from the companies that it is actually regulating—this is an ass-backward situation.

It would be like saying, let's fund an organization with the major oil companies and we'll put them in charge of Canada's climate science regime. That would be great. Or let's get all the tobacco manufacturers and let them decide which cigarettes should be sold in Canada and how they should be sold. It's absurd. There's no way in the world we'd stand for that. **But drugs is part of the crazy world.**

Anyways, just very briefly, and I'm almost finished here. So there was a very interesting briefing document. This came to light actually this week, but the briefing document, which was released under a FOI,

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acknowledged that the rationale for imposing mandates, back in August 2021, [was] kind of questionable. Why? Because there's emerging evidence that COVID-19 cases, in this case the Delta variant, this was three or four variants ago, in "fully vaccinated people may have similar viral loads than unvaccinated cases." So I'll just summarize here: The vaccine

mandates were premised on what I would consider to be a faulty and unscientific, untested, and ultimately non-approved indication for the COVID vaccines, and that was the ability to stop transmission.

The pharmaceutical manufacturers were also quite savvy not to promote their vaccine stopping transmission because they could have faced criminal fines for doing so. They just allowed the public health people to do that kind of promotion. And so the public health people took up this banner of "the vaccine will protect your grandma" language, and thus massively deceiving the public. And I believe continue to do so, especially in this province. I guess the point that I would make to all consumers is that if you're going to take any drug, any drug, read the product monograph. If you don't understand it, email me or phone; talk to your doctor, say, "Who is this drug indicated for? Am I the patient that is mentioned in this indication for this drug?"

And the other thing you should ask is, "Who is this drug contraindicated for?" Many drugs are contraindicated for use in pregnancy, for example, which is to say they should not be used in pregnant women, though this happens all the time, where either the prescriber or the consumer doesn't know that the drug is contraindicated, and they use it in an unsafe manner.

So speaking of grandma—that's my mom. Claiming that the COVID-19 vaccine stopped transmission was unscientific and ultimately damaging. And it affects many people, including a lot of the older people in our lives who were denied the ability to be seen by their family in care facilities and so on.

And I'll just leave it with a quote from Gandhi here, which is "An unjust law is itself a species of violence. Arrest for its breach is more so." And I would say that in many ways, citizens in our country who've made personal decisions that might have been different than what the public health people wanted them to make, in many ways, have been arrested either through sanctions, through discrimination, really based on an unscientific and a non-evidence-based statement of things.

Shawn Buckley
Before I turn you over to the commissioners for questions, I actually felt optimistic because here we have, you know, these COVID-19 vaccines. So this is the biggest public health issue in our lifetime, and I'm confident that the Therapeutic Initiative at UBC would be evaluating these without pharmaceutical influence. Can you comment on that?

Alan Cassels
Because I don't work there anymore, I'm not sure, but we did nothing about the vaccines. Colleagues of ours that work for similar organizations—there's a group in Spain, there's one in France—they did some pretty deep dive analyses of the COVID-19 vaccines, very reliable and very respectable. Our group didn't, and I think the last that I saw, they did an evaluation of the Pfizer drug treatment Paxlovid, which is an expensive, mostly useless drug to treat COVID. I say mostly useless, it's not completely useless, I'd make that distinction. It might have some use in some patients for some small reasons, but you always have to ask, "compared to what?" So no, the Therapeutic Initiative has not been doing vaccine-related analyses.

Shawn Buckley
And I was being facetious because I knew that they hadn't, and my understanding was they were even discouraged from doing so.

Alan Cassels
Yeah, it's a very interesting question. I can only hypothesize. Yeah, I don't really know. What bothers me at the moment is that we could do some really weapons-grade research in BC. We have linkable data sets. We have individual personal health numbers that can be linked to— So you have a PHN, that's your own personal health number: it can be linked to hospitalizations, doctor visits, drugs dispensed, vaccinations,

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and then ICD codes, codes for the type of illness you have. All this data is linkable. If we wanted to do a vaccine-harm study, we could do it overnight. We have the resources in place. I know the people that would be working on that study. If the Minister of Health said, "It's time to release the dam, we could do that research overnight." Is it being done? I don't think so. Nobody would touch it.

But we could do it. In fact, the people at the Therapeutics Initiative, the people I worked with for more than 25 years off and on, those people are the experts in doing this kind of drug analysis research. They could do it. They would have to get the call from the Minister, though.

Shawn Buckley
Right. Well, thank you. I'll ask if the commissioners have any questions of you.

Commissioner Massie
Thank you very much for this very interesting presentation. I have a question about this indication that you mentioned in the description of the Pfizer vaccine, for example. Do we find that indication would specify a certain category of age, or is it something that is usually not specified?

Alan Cassels
Age, did you say? Yes. In fact, in that monograph, it was for anyone age five and older. So it wasn't for babies. Though oftentimes it will state the age that the drug is indicated for.

Commissioner Massie
And it's my understanding, and subsequently, some sort of additional trial has been done to expand the indication.

Alan Cassels
Yes.

Commissioner Massie
And this was approved by FDA as an indication—to have it offered to smaller —

Alan Cassels
I would say, and I don't know for sure, I would say that if the vaccine is actually being administered to babies, and I don't know if it is, then that would have to be mentioned in the product monograph, that the vaccine is approved for that age.

Commissioner Massie
So what about contraindication? As you mentioned, some drugs are not recommended for pregnant women. Was that specified on this particular product?

Alan Cassels
No.

Commissioner Massie
No contraindication?

Alan Cassels
I didn't see any contraindications. I'm confusing both the Lipitor product monograph and the Vaccine monograph. The Lipitor product monograph is contraindicated for pregnant women. It says it right specifically, and it's also contraindicated in children. You don't give children cholesterol-oriented drugs. I mean, children meaning under, I think, the age of sixteen or seventeen. I don't know about the vaccine. I don't think it's mentioned. Does anyone know? No.

Commissioner Massie
So what about the use of any treatment off-label? My understanding from talking to doctors is that a large quantity of drugs are actually prescribed off-label. So why is it that the health authority had made some special policy to prevent the off-label use of some drug, based on what?

Alan Cassels
Sorry, why didn't they make—?

Commissioner Massie
In this case, I'm talking about the generic drugs, for example, that have been used in other countries freely, and sometimes encouraged by the government. In Canada, it was prohibited.

Alan Cassels
Yeah, well, it's who's calling the shots here. Let's say that you wanted to prescribe hydroxychloroquine off-label, which is approved to treat arthritis, but you're using it to try

to prevent a person from having a worse case of COVID. That would be an off-label use. Doctors can prescribe that perfectly legally; they can do that. Though the companies could not market the treatment as being a sort of COVID preventative. So, yeah, you're right, off-label prescribing happens all the time. I was hoping somebody was going to ask me about this.

Off-label prescribing happens all the time: that doesn't mean it's safe, and that doesn't mean it's wise. I mean I would prefer that my drug got tested in the kind of patient that I am, for the reasons that I'm taking that drug. If the doctor's using a drug off-label, saying to me, "Oh, you've got toenail fungus,

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so I'm going to give you a cholesterol-lowering drug," you might want to ask some questions. Because if the companies could have got the drug approved to treat toenail fungus, they would have. They go to war over the product label. They want as much stuff in there as they can get.

Sometimes—and this happened when Pfizer faced that huge fine. They were promoting things that the FDA specifically told them not to do. For example, it was about a dosage size, saying this drug is approved, say, in a three hundred and a five hundred milligram dose. Then the company is out there in the community, promoting thousand milligram doses, even though the FDA said to them specifically, you cannot; it's contraindicated to give a higher dose. Again off-label is a very complicated thing, but I think that most people— So much of prescribing is not evidence-based, the least we can do is to make sure that the treatments that we're getting is as close to the labelled use as possible. And sure, your doctor might prescribe you a drug for an off-label use. You have to ask some deep questions though—"Where did that information come from? Who's promoting it as an off-label use? And is there really any evidence of benefit?" Because if there was good evidence of benefit, it wouldn't be an off-label use. It would be on the label and the company would be marketing for that purpose.

I know I sound a little religious on this topic, but you see so many people harmed by the injudicious use of drugs for stupid reasons. It happens all the time.

Commissioner Massie
So about marketing, you demonstrated that any marketing of a drug off-label can actually be punished by law. But that requires, I guess, that somebody will find a case against that, otherwise it won't happen automatically.

Alan Cassels
Yes. That's right.

Commissioner Massie
So during the COVID vaccination campaign, it seems to me that, at least in Canada, that the company maybe have not formally advertised their product off-label, but it seems that the Health Agency or a lot of people have done it, but they're not liable for that?

Alan Cassels
They're not liable for it, which is amazing. They're not covered by the same law that the pharmaceutical company is covered by.

Commissioner Massie
Should they be?

Alan Cassels
Shawn probably knows this better than I do. But what law is there to prevent public health people from saying drugs are good for some purpose when there is no evidence that that's true? Where is the law that prevents them from basically lying to the public? I don't know if there is such a law, is there?

Shawn Buckley
Yeah, actually section 9 of the *Food and Drugs Act* would prevent any fraudulent advertising, and that's what they would use to go after a pharmaceutical company if they were to go criminally. And you know, the thing that jumped out at me, like we had this relative risk advertising by Health Canada. "The drug is 95 per cent effective," which conveyed to the public, "Oh, I've got a 95 per cent chance of not catching COVID," is what people would think. Where the absolute risk—the chance that it would do anything for you at all was less than 1 per cent.

Alan Cassels
It was 0.048 per cent.

Shawn Buckley
If I had a client ever advertising relative risk, I mean Health Canada would be all over them saying, "You know, you stop this or we're going to charge you." So it was just ironic to see Health Canada basically violating their own rules.

Alan Cassels
Talk about a double standard, huh?

Commissioner Massie
Thank you.

Commissioner Kaikkonen
I liked how you tied our journalists, our mainstream media, with public health authorities. And I'm just wondering about the bias and inaccurate and false, misleading comments that have been made. And I know there's a section in the Criminal Code that talks about publishing. If you publish harm, it is against the law. And I'm going to go a little bit further, but my notes are not very good: So he or she who publishes something that "is false and

that causes or is likely to cause injury or mischief to a public interest is guilty of an indictable offence and liable to imprisonment" and fines.

So I'm just wondering, we've sent out summonses to the politicians and I believe also to the chief medical officers: they're not here. Mainstream media: we've been going across the country and they're not here. So I'm just wondering how does that work? They've been publishing for the last three years all these false and misleading statements.

[01:00:00]

They've obviously been biased in their presentation.

What are your thoughts on how we get some accountability towards both of those industries or both of those professions because at this point, here we are in Vancouver, we've travelled across the country, all of us, making this point and yet neither are here. Even the politicians who have received summons, the chief medical officers who received summons have not come to tell us their story. What are your thoughts?

Alan Cassels
Yeah, that's probably a legal question, not a sort of drug policy question. But you know, policing misinformation to me seems like a very, very slippery kind of slope. Whose misinformation and in whose interest? What I noticed during the pandemic is those who were proclaiming, you know, pointing the finger at misinformation were the misinformers: people who hadn't actually read the product monograph, people that were making statements that were easily, factually wrong. So I don't know what remedy there is to try to ensure that, say, politicians or public health people or the media should generally conform to statements of truth. It's a really tough business. I don't know. Do you know, Shawn?

Shawn Buckley
I have no comment.

Alan Cassels
Sorry. Bad answer.

Commissioner Kaikkonen
That's a good answer. Thank you.

Shawn Buckley
So before I thank you, you had indicated, and you showed some books that you've written, and you also indicated that you had been writing for several years for *Common Ground Magazine*. And so for people watching that aren't from British Columbia, or not even from Canada, won't understand that *Common Ground Magazine* is a magazine that's published in the Lower Mainland that would allow somebody like you to have a forum, and it's been strong on environmental issues and social justice issues and health freedom. And I just wanted people to understand, when you mentioned *Common Ground Magazine*, that it's kind of a gem that would allow somebody like you to have a regular column, and we just don't find that, very rarely. And I note that the editor, Joseph Roberts, is in the house today so I wanted to do a shout-out for him.

Alan Cassels
Absolutely. I mean, *Common Ground* is a real resource and a fabulous sort of thing, Joseph's labour of love. And yeah, I had a column every month for 12 years. So I've got 150, 145 columns, and they're like mini essays. I mean, I've written about— If you went back into *Common Ground* ten years ago, you'd read all the stuff they wrote about the flu and the stupid policies that were being brought in to protect us from H1N1, the nasty, the last pandemic. You remember that one? Yeah, it was a very good gig and good, strong journalism, independent journalism, and we need more of that in this country.

Shawn Buckley
So Alan, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing with us today.

[01:04:03]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 9: Sean Taylor
Full Day 1 Timestamp: 10:00:54–10:27:38
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Sean Taylor. Sean, can you give us your full name and then spell it for me, and then I'll do an oath with you.

Sean Taylor
Roger that. Sean Taylor, S-E-A-N T-A-Y-L-O-R.

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

Sean Taylor
I do. And like Serena, I think it will set us free as well.

Wayne Lenhardt
I think I may move you through this a little more quickly because we're getting fairly late, but you were enrolled in the military services for Canada, I think somewhere in the early 2000s. Can you just give us a quick snapshot of what you did and how you proceeded through the ranks?

Sean Taylor
Sure. Listening to the excellent testimony here today, I've been thinking about what it is that I'm going say, and if it's cool with you, I'll just— I've got kind of a unique experience through this, given my background.

A bit of my resume for the last 25 years: I've been a paramedic, a firefighter, an emergency nurse for 16 years. I served 19 years in the Canadian Armed Forces, 17 of that in the

infantry, and I finished the last two years as a nursing officer to work for 12 Field Ambulance, here in Vancouver. In 2009–2010, I deployed to Afghanistan where I was second in command of a tactical psychological operations team. I signed up as a lay witness, but I am an expert. My psyops background gives me— I'm an expert in BS, and being a lifelong learner, I find the last three years, I've done subspecialties in bat and chicken shit, as well.

Before most people, I was paying attention; COVID-19 was on my right radar in December and—

Wayne Lenhardt
December of what year?

Sean Taylor
In December 2019.

Wayne Lenhardt
Okay.

Sean Taylor
We were looking at this atypical pneumonia that was over in China and all the stuff that was coming out, and my initial response was, yeah this is a nothing burger. And people that I trusted were putting out information that was quite alarming, and it made me re-evaluate and I'm like, maybe there's something to this.

And it was funny because I was working in the emergency at the time. I was completely out of sync with my co-workers. I was steeling my mind, getting ready for chaos and death, as a frontline health care worker, right? Like, this is what you play for, when everyone else was, you know, joking about their run on toilet paper and all the ridiculousness that we were experiencing, None of it made sense: the numbers didn't make sense; the way they were presenting the story didn't make sense. And within a couple weeks I was like, no, this is a nothing burger, just as everyone that I worked with was starting to become really afraid of this.

We've heard a lot of testimony today, and the fact that we're still calling things mistakes that obviously aren't mistakes, you know. We talk about truth. They lied about everything and witnessing that and the negative impact on patient care— There was one day, they were starting to ramp things up big time. I was working in Kelowna at the time, and sometimes we'd have changes in policy and procedure two, three times a day. Clinical instructors are running around; it's changed on the change. I got dragged up to triage one day. And we were talking about how if we have a pre-hospital arrest, when the people are brought in by EMS, we stop: we stop CPR, we stop respirations, we cover them with a tarp and then we move them to the COVID room while everyone dons their PPE and carry on.

Wayne Lenhardt
Let me stop you for a second. At some point here, you moved from the army into doing civilian work.

Sean Taylor
Yeah, I was a reservist.

Wayne Lenhardt
Okay. And when did that happen?

Sean Taylor
From 2002 to 2021.

Wayne Lenhardt
Okay.

[00:05:00]

Sean Taylor
So I was a reservist, but I was working as a civilian nurse during this. We started Operation LASER, which was the pandemic response for the Canadian Armed Forces. I volunteered to deploy to the long-term care facilities in Quebec and Ontario, but they didn't have any roles for me. And I said "I'm good to go if there's a mission, but right now I'm serving the community that I live in. And if you're going to have me sit in an office, like if you have a mission, I'm good to go, but I don't want to be sitting in an office counting paper clips when I could be doing something in my own community."

Wayne Lenhardt
So you were working in a civilian

Sean Taylor
In a civilian hospital.

Wayne Lenhardt
office in BC, but you still had some ties to the military.

Sean Taylor
Yes. So I'm watching these changes to policies and procedures that were completely incongruent with good patient outcomes. And I was like, why are we stopping resuscitation on patients? Because they might have a cold with a 99.97 per cent survival rating? It wasn't conducive with good patient outcomes, and I was quite vocal about it. Medical professionals have professional responsibilities to question questionable practice and to advocate for the best patient care possible.

Wayne Lenhardt
And how were you vocal about it? What were you doing?

Sean Taylor
I said, "This is insane."

Wayne Lenhardt
You said that to who?

Sean Taylor
The clinical instructors. A little ways in, I confronted one of our— He was a former chief of staff and had moved up a couple rungs, Devon Harrison, Kelowna. He was working a minor treatment one day and I approached him and I'm like, "This is crazy, what's going on. We're absolutely terrifying the public, the hospital."

This is the thing: we keep talking about this pandemic. I never saw a pandemic. I've been an emergency nurse for 16 years, right? This massive global pandemic was the best cold and flu season I'd ever seen: 2017 was a really bad year; 2015 was rough, there was an increase in pediatric mortality in 2015; 2017, yeah, we had 25 patients in the hallway, people were dying in the hallways, the ICUs were full. It was crazy. Not a single news story about it.

During the pandemic, everyone was too scared to come to the hospital. We were seeing cardiac patients that instead of coming in as soon as they had chest pain, they'd sit on their couch for three days and come in in cardiogenic shock and die.

Wayne Lenhardt
At this point, you were licensed with the College of Nurses in BC, correct?

Sean Taylor
Yes, I was.

Wayne Lenhardt
When did you first get that licence?

Sean Taylor
2015.

Wayne Lenhardt
Okay.

Sean Taylor
Most of my practice has been in Alberta. I practised all over. I did three years pediatric emerge. nursing at Calgary Children's, Alberta Children's. I've been a contract nurse all over Western Canada. I worked in Vernon, Kelowna, briefly in Penticton, and Grand Forks.

Wayne Lenhardt
And you got your training through the military, is that correct?

Sean Taylor
No. I did a component transfer after I came back from Afghanistan. I put in a component transfer to switch over to a nursing officer and it took them nine years to get the paperwork through, but I finally switched over in 2018.

Wayne Lenhardt
Okay. So what happened then, in December 2019? COVID came along— No, that's prior to COVID. But you were still doing your nursing.

Sean Taylor
Well, COVID—

Wayne Lenhardt
Sorry.

Sean Taylor
COVID was happening, they were talking about it over in China, right? And I was just saying that the incongruencies between what they were saying and what appeared reasonable was overwhelming. And I dismissed it as something not to worry about. So when we started to ramp up in Kelowna, they emptied the hospital. I've never seen the hospital so empty. Yet the narrative on the news was completely different.

I remember, I was working—

Wayne Lenhardt
When was this, when did this happen? When did they start this ramping up, you're talking about?

Sean Taylor
March of 2020.

Wayne Lenhardt
Okay. And were you asked to take this jab, at some point?

[00:10:00]

Sean Taylor
No.

Wayne Lenhardt
No, but did you see it coming?

Sean Taylor
Yes.

Wayne Lenhardt
Okay.

Sean Taylor
I made my thoughts very clear about that, that I would not be taking that.

Wayne Lenhardt
Okay. So after being fairly vocal about it, you actually terminated your employment, you quit prior to the mandate?

Sean Taylor
No. I got involved politically in 2018, and I was the PPC candidate for South Okanagan–West Kootenay. And I was fired five days after the last federal election for the things that I said during the campaign.

Wayne Lenhardt
And you were fired by?

Sean Taylor
Interior Health.

Wayne Lenhardt
Interior Health.

Sean Taylor
Yeah, and I was retired by the army.

Wayne Lenhardt
At the same time?

Sean Taylor
A little previous.

Wayne Lenhardt
Very close.

Sean Taylor
Yeah.

Wayne Lenhardt
Okay.

Sean Taylor
Can I just discuss the evolution of what—

Wayne Lenhardt
Sure.

Sean Taylor
Okay. I was down in Grand Forks, and we were doing the drive-by swabbings where people would drive up to the hospital, we'd swab them, and they go away. We're swabbing all these young healthy people and I'm like, "Why are you doing this?" And they're like, "Well, we were in Kelowna." "So?" "There's a massive outbreak in Kelowna." "Okay, I didn't hear about that." So I watched the news that night and Dr. Bonnie Henry was on the news, and there was a massive outbreak in Kelowna, hundreds of new cases. Several health care workers had gone down, and I believe her words were, "We are on the edge here."

Wayne Lenhardt
What year is this again?

Sean Taylor
That would have been 2020.

Wayne Lenhardt
2020. Okay.

Sean Taylor
On my days off, I went up to help out in Kelowna. And yeah, the hospital was very quiet. I worked in the COVID zone. I jump around a lot; I worked in all the areas of the hospital. And when I was working triage, the people were so terrified. And I've got people in triage, they're crying, they're apologizing: "I'm so sorry," "I'm just so sick," "I've been in my basement for the last three months," "I'm so sorry to be here." And it's just like, there's no COVID here. We didn't have a single patient in the hospital at that time admitted with COVID.

The amount of people that— The relapses. While they extended all the hours to the liquor stores, they cancelled all Narcotics Anonymous and Alcoholics Anonymous meetings. And people with long-term sobriety that had their support systems completely cut out from underneath them, relapsing. It was, yeah, the suicides, the OD, it was insane. And the health care workers that went down. There were actually five nurses nailed for contact tracing from the Cactus Club. They were all asymptomatic.

Throughout this thing— Like I said, coming from a psyops background, I look at things a little differently. When you see the lies— Like we all saw the videos from New York where they had the drone shots of those mass graves. Well, they've been doing that for 300 years.

It's called Potter's Field. They were just wearing costumes at the time. Everyone was done up in PPE. So the misrepresentation that we were seeing consistently in the news. And the fear. You had a witness in Red Deer, Lieutenant Colonel Redman, and he talks about, you don't use fear. That's trauma-based mind control. You don't try to scare your population. You inspire confidence, you're saying "Hey, we got this, Canada," you know. "We got some bumpy road ahead, but we're going to do fine."

One of the key indicators too was the changing of the definitions of words. In 2008–2009, just before the last fake pandemic, the WHO changed the definition of pandemic, taking out "morbidity" and "mortality" and changed it to "caseload," So anytime that you're seeing people changing definitions of words, it's a key indicator that they're lying to you. Just like they called this mRNA gene therapy a vaccine. So putting all this together, I was quite vocal at work.

When I approached a former chief of staff in the department and said,

[00:15:00]

"Why are we locked down? This is summertime in the Okanagan. We should be aiming for the highest transmission possible right now, given the elderly population within the Okanagan Valley. As contagious as this thing is, it could whip through here like a California wildfire. We should be doing this now, so we don't get completely hammered come cold and flu season." And the response I got was "You're absolutely right. I hope we start making better clinical decisions."

At that point, I realized that my shark-infested mouth was going to get me to lose my licence. So I took a job in Grand Forks and left tertiary care. The silliness soon followed us into the rural, but it was consistent. The consistent lies in the news, at work, after they rolled out the vaccines. We were seeing an incredible amount of vaccine injuries at work.

One of the co-workers, she worked in the facility that I worked with, she had a vaccine injury and was paralyzed after her first Pfizer dose. I heard about it in the community and I asked, and they denied it. It was just, from the very beginning, they lied about everything. You look at the testimonies and the punishment that people have received. You see the amount of people that are telling lies and they don't seem to be punished, but the people that are telling the truth, they're the ones that are being punished.

Moving forward, the lack of recognition, it was really incredible. We'd been fractured into these different realities where I'd be standing at the bedside, we'd be watching an acute vaccine injury: respiratory, neurological, persistent tachycardias, all these things, end stage COPD presentation with no history of asthma or COPD. We're seeing these things and doctors that I've worked with for a while now, and they're good doctors, just scratching their head like "I don't know, we're going to have to send them to Kelowna for a neuro consult." They just seemed incapable of being able to see it. It was really a remarkable thing to witness and the lack of ability to question anything. Like policies and procedures rolling out that were obviously bad for patient outcomes and just going along with it.

Wayne Lenhardt
Okay. Let's stop and ask the commissioners if they have any questions at this point. Yes, Dr. Massie.

Commissioner Massie
Thank you very much for your testimony. It seems to be a common theme, from what we've heard from the other witnesses, that there's been a lot of deception, let's put it this way. It's still quite surprising that people that are highly trained professionals in the medical system would not be able to exercise critical thinking in this particular time.

So because you've been in the system for quite some time, is this something that you have experienced only during COVID or is it something that was kind of there already, but was just revealed during the COVID period?

Sean Taylor
I think the latter. Like the doctors that we've listened to today, I find they're defective. They've gone through their education. The point of education is to educate you out of the capacity or impair your ability to be able to question authority. And those that did that, you look at the instant retaliation, anyone who spoke out against this. And the amount of the people that actually did, it's such a small number.

So I haven't nursed in two years. They fired me September 25th, 2021. I've got a disciplinary hearing coming up in July because it turns out that out of the several thousand nurses that were fired in the Province of British Columbia, I was the one guy that was fired for my mouth, and they're going out of their way to punish me for it.

[00:20:00]

I think I've been pretty consistent in a life of service. I take my oath seriously. I advocated for better patient care, and I've been punished since. Even after not working for the last two years, they still feel the need to come after me. I've had two careers blown up. I've been kicked out of the army. I served for 19 years. I've been fired from nursing. Both jobs that I love, that I was good at and to try to get us to do a better job.

The consistent theme though, is when you look at the amount of deception, I don't see "accident." Don't get me wrong. I spent a long time in the army. No one does stupid like army stupid. Healthcare is a pretty close second, but I always, throughout my career, I've always defaulted to incompetence rather than actual malice. And I don't think we can do that anymore. This whole experience has been revelatory. It's shown us what's going on. I believe we're witnessing the beginning of the collapse of allopathic medicine, and it can't happen quick enough, I think. It's an interesting time, but I think this has brought a light on it.

Commissioner Massie
Thank you.

Sean Taylor
Yeah.

Wayne Lenhardt
Are there any other questions? No. Okay. On behalf of the National Citizens—

Sean Taylor
Can I just finish with one thing?

Wayne Lenhardt
Sure.

Sean Taylor
Alright.

> A nation can survive its fools and even the ambitious, but it cannot survive treason from within. An enemy at the gates is less formidable, for he is known, and he carries his banner openly. But the traitor moves amongst those freely within the gate. His sly whispers rustling through all the alleys, heard in the very halls of government itself, for the traitor appears not a traitor. He speaks in accents familiar to his victims, and he wears their face and their arguments. He appeals to the baseness that lies deep in the hearts of all men. He rots the soul of a nation. He works secretly and unknown of the night to undermine the pillars of the city. He infects the body politic so it can no longer resist. A murderer is less to fear.

This has shone a light on where we are as a nation, and the testimony that we've heard so far today is alarming. I think we're in for a rough patch. But I'm also full of hope because they say sunshine's the best disinfectant, and things like this are so important, especially with the pass of Bill C-11. They're shutting down dialogue in this nation. They're controlling the narrative like nothing else. We're preaching to the choir here. I'm sure you've all seen Died Suddenly. You can watch that on Netflix in the States. The ability for our state to control the passage of information in this country is appalling, and we're about to experience the results of this subversion that has occurred for a long time. We're at war, we have been for a long time, but we're just figuring it out.

But I thank you. I feel honoured to be able to speak here today, and I congratulate you on the effort that you're bringing light to the situation because it is dire. But we'll make it through. We've been here before, and we'll do this again.

Wayne Lenhardt
Does this remind you of any of your experiences in the military in any way? And I don't want a lot of detail.

Sean Taylor
In Afghanistan, we were mostly intimidation, intelligence gathering, and working with electronic warfare. You look at what's happened to our military, and previous people that have testified in these hearings and what they're saying, it's alarming. The reason why I got in so much trouble, I was reported to the College and when I received the paperwork for it, it turned out it was from my own chain of command.

[00:25:00]

So a person who represented himself as a concerned member of the public actually was my captain in the military and a director of operations for the health authority that I work for.

You couldn't be further from the public than this guy, and the information that he was provided was all in military memo-style format; it was transcripts of stuff you can't even access on the internet.

So you look at what's going on and this isn't just in healthcare. We've gone through chief of defence staff after chief of defence staff. Is every general in the Canadian Armed Forces a rapist or is there a purge going on? We have to start having better discernment about what's going on in our country because it's going to take us to bad places. And from the testimony that was given today, it looks like a lot of these bad places are unavoidable at this point.

But like I said, endeavors like this NCI, they're shining a light on things, and the accretion of the people that see what's going on is gaining momentum. I've been travelling, and this is the first time I've ever actually talked about my own experience, but I've been travelling this country for the last few years, screaming this stuff at the top of my lungs and we are seeing movement. I am hopeful. So yeah, just keep up the good work and thanks again for inviting me to come down.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, we thank you for your testimony and thank you for your military service to the country as well. Thank you.

[00:26:57]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 1 Timestamp: 10:27:50–10:30:19
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
So that just about concludes our first day of hearings in Vancouver, British Columbia. It's certainly nice for the National Citizens Inquiry to be on the West Coast.

I think the last three witnesses have been very interesting, and there's a bit of a theme. We just have basically heard that we need to take action from this gentleman. Mr. Cassels, who was before, Alan Cassels, I found it very interesting when he's talking about how the issue about infection and transmission were not indications in the product monograph for the vaccine, meaning that the vaccine was not approved to prevent you from catching COVID, and it was not approved to prevent you from transmitting COVID. Yet those clearly were the two messages that were used to drive us in fear to do this. And then, we had Dr. Shaw, preceding Mr. Cassels, who was basically telling us that as a consequence of what we've done, he is anticipating some bad outcomes for us going forward.

One of the themes that we've had in our openings is that we have to stop living the lie because if we can just admit that we have a problem— It's almost like an Alcoholics Anonymous, we're like, you just can't admit you have a problem. We can't go on. In Red Deer we had retired Lieutenant Colonel Redmond who was adamant that we have to stop pretending. And the first step is we have to admit we made a mistake because if we don't admit we made a mistake, then we can't come together and mitigate the damage. Because **we basically have a broken country, we have a divided country, and we have a number of people that are severely injured and need help. They need help physically, they need help emotionally, they need help economically, and we can't help them and we can't talk and we can't come together.**

So I just want to close this first day. I'm very encouraged by the bravery of the witnesses and the willingness of people to share. And just implore you that it's time to come together and stand up and make this country great again.

[00:02:29]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

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[00:00:00]

Shawn Buckley
We'd like to welcome you back to the National Citizens Inquiry as we begin Day 2 of our hearings in Vancouver, British Columbia. Commissioners, for the record, my name is Buckley, initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to introduce what the NCI is for those that are participating who have not heard about us. We are a citizen-organized and -run group of volunteers that have decided to put together an independent inquiry to literally travel across the country. Here we are on the West Coast to inquire independently what happened in the last three years and how can we do this better but more importantly to give Canadians a voice.

One interesting thing is that as we've travelled across, we've run across witness after witness after witness who has dropped out at the very last minute because they're afraid. They're afraid of economic repercussions at work. They're afraid of social consequences from their friends and family. They're afraid of shaming online because their story does not go in line with the government narrative. We had a doctor at our last set of hearings in Red Deer who said, on the stand, "I expect there's going to be repercussions. I'm stepping out to tell the truth." Because there's actually a cost for not telling the truth. There's a cost to us—inside—for staying silent and pretending that a lie is truth.

I'm just stating this so that you understand that the witnesses that are testifying, many of them are afraid. But it's so important to them to tell their stories and it's so important for you to hear their stories. We're getting thank you, after thank you, after thank you from these witnesses because they feel relieved that they've been heard. Because we need to be heard. It's part of the human condition to have a voice. So we are thankful that you're participating. Understand that your participation is important because it gives the people testifying a voice.

I'm always asked by our organization to please, please, please go to our website, National Citizens Inquiry; sign our petition. We want that to have a large number of signatures so that it shows that the public is behind this. We also ask that you would donate, and there's

ways of donating online on our website because this is citizen-funded. We don't have a single large donor. Every set of hearings of three days costs us roughly about $35,000, and it's truly amazing that we're here. We just stay ahead of paying our bills. At our last meeting earlier this week, it's like, well, we don't have enough to finish; we really do need people to keep funding. But it's happening and it's exciting. I feel honoured and grateful to be a part of what's happening here. I'm volunteering. And it's just exciting to be a part of, really, what's become a movement.

Now I'm going to start with a little bit of comedy today, but it's real-life comedy. I am very, very pleased to announce that today is the United Nations World Press Freedom Day. And the United Nation reports, about this Freedom Day, that freedom of expression is the driver of all human rights. Now the sad part about that is that it's true. Freedom of expression is the driver of all human rights. Whenever we experience censorship, we should be trained: we should be trained to resist and to stand up and not allow it to happen. Every single citizen of Canada has a responsibility to stand against censorship of all types. It doesn't matter if the voice is a voice you support or whether it's a voice that you don't support—so the part of you that goes, "Well, I'm glad that person's being censored." No. Because censorship leads to slavery. If we don't have a voice, which is what the NCI is all about,

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we end up in tyranny. Time after time after time, history has shown us that. You are going to really appreciate our first witness this morning, who's going to have some things to say on tyranny and police states and where Canada is.

But you laughed when I said this was United Nations World Press Freedom Day because it is somewhat ironic. We could ask, for the last three years, where was the United Nations when in Canada voice after voice that went against the government narrative was being censored as misinformation and professionals like doctors and nurses were losing their credentials for speaking out? Where, literally, we had corporatism—corporatism—in our media.

We have government-funded media, the CBC. But we have mainstream media that in the private sector should be competing amongst themselves and should be competing with the government broadcaster CBC. We would think we would then have different voices. This was the most important and impactful experience of our lives as Canadians, this COVID experience. We would have expected to have different viewpoints and debate and scientific debate in our media. But we had one voice. We had one voice and that was the government voice. And we had the media actually participating in censorship. That, in my opinion, happened because of corporatism.

Just so you understand the word corporatism. That is a word to describe where the interests of corporations and the interests of governments become intertwined so that they basically start working together. So the word is corporatism. Now when that happens, when government and industry start working together—which would explain why the media spoke basically just with one voice and that was the government's voice—when that happens, there's another term for it. For those of you who are aware of the Italian dictator, Mussolini, he would correct people and say, "Don't use the word corporatism; a better word to describe that state of affairs is fascism." It's interesting because fascism is now one of the buzzwords that to censor people, you're labelled a fascist. So we label people with that term. But the term is just meant to describe the state of affairs where corporate and government interests merge, and it creates a situation where the public interest isn't served.

It's with some irony that we have World Press Freedom Day this week, when last week the Senate passed and the Governor General signed into law Bill C-11, which would allow the government for the first time to censor the internet. So we truly are in a Brave New World. I wonder if this adventure— Here we are, the National Citizens Inquiry, allowing people, allowing ordinary Canadians to take the stand, allowing expert witnesses to take the stand and give a voice to opinions that go against the government narrative. We know the trajectory is for this to become illegal, for there actually to be sanctions. I wonder if even a year from now, if in May of 2024, if it will be legal to do what we're doing today because we have a clear trajectory. And as I shared with you yesterday, we are being censored.

This is an incredible adventure. Nowhere in history has a group of citizens gotten together in any country, appointed independent commissioners, and somehow managed to march them across the land, having the world's best experts testify and having ordinary citizens share heart-wrenching stories. This should be front-page news. Every single day that we have a hearing day like today, this should be front-page news. We should have three or four camera crews in here. Instead of the two media tables we have that are empty, we should have five or six media tables. But they're not here, and they're not here for a reason. And we know what that reason is—because they're not allowed to go against the government narrative.

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I shared with you how we're being censored on social media. And even how Twitter, which is supposed to be now the one platform that is not censored, that we seem to be search censored. People have sent us screenshots where they have done a search for the NCI on Twitter and we're not coming up. Yet other people do the search and we do come up. So I would ask again—I think it's appropriate—let us celebrate World Press Freedom Day by continuing to contact Elon Musk on Twitter and asking him to take off all restrictions on the National Citizens Inquiry and to start promoting the National Citizens Inquiry. Let us all celebrate World Press Freedom Day by tweeting out anything that you do remotely related to us and tagging NCI, hashtag NCI. And use your other social media programs. We have to get it out there. This is totally reliant on you. If we can get the country watching this—and we're getting more and more and more, it's incredible—then we can come together as a country.

Because there's a real problem with the truth. There's just a fundamental problem and there's nothing we can do about it. The reality is that truth resonates. And you can't stop it. It's a problem for the government, which is why we have censorship. If we can get people watching this, watching the truth, it's going to resonate.

Now I want to segue. We had Alan Cassels on the stand yesterday, and he's an expert in **evaluating pharmaceutical drugs with the *Food and Drugs Act* and the drug approval process. I quite enjoyed him because I practise in that area or have practised in that area extensively in my legal career, and he and I had a bit of a dialogue. He made it very clear our drug laws are to protect intellectual property rights. Let that sink in. So Health Canada that manages our drug laws, they are there to protect intellectual property rights. I've lectured on that also. They're not there to protect our health. You cannot find in the *Food and Drugs Act* or regulations anything telling Health Canada that they are there to protect your health. There's not even a duty on them to act in the public interest. It is not there.**

He explained how they are largely funded by the pharmaceutical industry. So they know where their bread is buttered. They refer to the pharmaceutical industry—and I've seen it in Health Canada emails that I've had disclosed to me during files—they refer to the

pharmaceutical industry as their "client." There's an absolute conflict of interest with Health Canada approving drugs that are to be used by the Canadian public. It's literally the fox guarding the hen house and it is corporatism. So we basically have a situation where the interests of the pharmaceutical corporations and the interests of the government regulator, Health Canada, are aligned. Because the government regulator, most of their money, their salaries, comes from the pharmaceutical companies.

Health Canada is the organization that you have relied on, that you have trusted, when they told you that the COVID-19 vaccines were safe and effective. When they weren't telling you, well, actually, the approval test didn't even mention the word safe and effective. So your health and the health of your family, for those of you that chose to get the vaccine, basically depended on your trust of an organization that is not there to protect your health—that is not there in the public interest—but is there to protect intellectual property rights and has a conflict of interest with the pharmaceutical companies.

He is deceased now, but he was a champion of truth, Dr. Shiv Chopra. He was a drug approval scientist for Health Canada for 30 years. For a period of time, he ran the veterinary branch of their drug approval process. But he worked most of his career on human drug applications.

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He became a whistleblower over adding growth hormones to our dairy and into our dairy herd. He forced the Senate to call—I think it was four—drug approval scientists that worked at Health Canada to speak about conflict of interest in Health Canada. He wrote a book about this called *Corrupt to the Core*, which you can access. You can still get copies online, used copies.

But I remember one of the drug approval scientists, Dr. Margaret Hayden, gave an interview at the CBC after she was forced to testify. And it was chilling. She said after you've been a drug approval scientist at Health Canada for a period of time, you get to learn how they're going to get around your recommendation that it's not in the public interest to approve a drug—so, basically, the risks outweigh the benefits. And she says, "Well, what happens is that the management who are not doctors and who are not scientists, they will appoint an outside panel of experts." So panel of experts outside of Health Canada. "This panel of experts will then review the drug approval submission. They will recommend that the drug get approved and then the management will approve it based on these expert recommendations." And so these poor drug approval scientists in Health Canada. Can you imagine the moral distress because they're seeing that it's not in the public interest to approve a drug? Yet then, as soon as they say no, there's this pattern that they anticipate will happen: because it happens enough that she describes it as a pattern. This is the **organization that, basically, you put your trust in.**

I wanted to share with you my experience with Health Canada. It's really my road to Damascus experience. It's funny. I used to lecture and I would use that phrase, "It was my road to Damascus experience." Twenty-five years ago, I could use that phrase and everyone in the audience knew what I was talking about. But I've recently learned—because our education system has deliberately excluded our Christian history and the Christian values that support our legal system upon which our society is based—it's been deliberately excluded. This isn't about whether you believe in God or don't believe in God. Our society is based on principles that flow from the Christian experience. And if you want to undermine our society, you don't teach our history; you don't teach why we have that.

I had given an opening in Red Deer explaining how the second commandment is the foundation of our legal system. The second commandment is simply that you love your neighbour like yourself. In other words that you treat your neighbour, you treat other people, in the exact same way that you want to be treated. It's only societies based on that principle that are free. You can go and watch that opening, and I might explain it a little later. But I feel the need to explain "road to Damascus." We have these cultural references. When you hear, "Oh, that's my road to Damascus experience," or "I saw the light." That's another phrase that we hear, "Oh, yeah, I saw the light." You know it means somebody changed their mind.

But I'll share the story with you just so that you understand. So Christ had been crucified and He'd risen from the grave, and He'd been on earth interacting with people for about 40 days and He ascends to heaven. But the disciples and the Christians that were left behind, they were on fire. They were going all over the place preaching about Jesus. This posed a real problem for the religious authorities because they were rule-based. Their religious system was rule after rule after rule, starting with the Ten Commandments. And the religious authorities used it as a tool, really. It became oppressive, much like we're experiencing today.

I was out for supper last night and two different people at the table live rurally, one in British Columbia and one in Quebec. And they're both sharing with me how every animal now has to be reported. So you have to get every chicken, every chicken registered, and they're actually limiting how many animals you can have. This is to take control of our food supply and to ensure that people can't be self-sufficient. But it's just an example of how these rules are coming down on us and being oppressive.

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Well, in Jesus' day, it was the same thing; it was just downright oppressive. He became a huge threat because He's basically speaking about the rules; they called it the law, although they're religious rules. He's speaking about them in such a way that was freeing. And so the second commandment, He's saying, ignore all these rules. Well, not ignore them, but He's saying if you love God and you love your neighbour like yourself, that is all the rules. It's as simple as that. All these rules are just really specifics on how to love your neighbour. That's all it is. And that's a much more freeing way. Because if our rules are just to love our neighbour, then we end up in a free society. Because societies that are based on treating others as you would treat yourself, first of all—they're not murdering each other; they're not stealing; they're not sleeping with somebody else's spouse because they don't want their spouse sleeping with somebody else. They're treating others as they would treat themselves, and it creates a free society.

So Jesus was this upstart, and that's why they killed Him, to get rid of Him. It didn't work. They had the same problem with the disciples and new converts; they were going about saying the same thing. So they had to stamp out these Christians. One of the leaders doing this was a man named Saul. He had just participated in persecuting Christians in one place—they had stoned Stephen to death. He's now on the road to Damascus to find the Christians in Damascus and basically persecute them and put them in line. Killing people—like stoning Stephen—that sends a strong message to others. "Don't you dare convert to this." It's fear. "Don't you convert."

So he's on his way to Damascus to find and kill Christians, and he's blinded by light. There's this bright light and he's literally blinded by it. And out of the light comes a voice, "Saul, Saul, why are you persecuting me?" And he's like, "Who are you?" And He says, "Well, I'm

Jesus who you're persecuting." And now he's converted because he realizes he's on the wrong side. He has to change his mind.

Changing your mind actually is a physical thing. When you have your mind made up strongly about something, you actually have neurons wired in your brain. A belief you don't even have to think about. It's a belief: just bang, it's there. No, I believe this. There's no thought; there's no decision.

But when you change your mind on a belief, your mind actually changes: it takes physical energy; you have to rewire different neurons. So he changed his mind. That was his—it's a conversion. When you hear the phrase "road to Damascus experience," or "I've seen the light," it's referring to this story. So it's a social reference.

Now my road to Damascus experience with Health Canada involved an herbalist named Jim Strauss. In 1994, I was working at a law firm that had the federal contract in the area; it was in the interior British Columbia. An herbalist named Jim Strauss was suing Health Canada—he was importing herbs from the United States—and Health Canada hated this guy because he was selling unapproved products. But the whole natural health product industry was illegal. Back in 1984, if you walked into a health food store, 100 per cent illegal, literally, because our drug regulations didn't allow for it. So he's importing these herbs, perfectly legal for him to import. But because Health Canada hated this guy, they seized the herbs at the border and took them. Now there's a very technical legal term to describe what just happened and that's theft.

So Jim Strauss was suing Health Canada to get his herbs back. I get the file, and I'm talking to Health Canada. I'll let you know I got permission from Health Canada before I left that firm to actually talk about this. So I'm not violating solicitor–client privilege. But I mean, basically, their position was, "Can you believe how dangerous it is to have a rogue herbalist?" That was the term, basically selling treatments that people would come to rely on. Well, I'm a young pup; I'm just soaking all this in: "Yeah, this is dangerous as can be, what a rogue." I go to court and I have this case thrown out because he's in the wrong court. But he and I got along like really well.

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Actually, he took me out for lunch after I had his case thrown out of court, which speaks to his character.

I leave that firm and I start my own firm. And then he gets charged with practising medicine without a licence. And so he hired me to defend him. There's a provincial law that says only doctors can practise medicine, and it defines medicine as including treatment claims. He claimed to be able to treat heart disease. In fact, he drove around with a white van, red letters across the whole side, "We cure heart disease." And the story is, just so you know his age, he flew for the German Air Force in the Second World War. His family—he's from Austria—his family had been traditional healers for four centuries. So he was trained by his grandparents to be a traditional healer.

Now he's working for BC Hydro as an electrical engineer. He has a heart attack. He's rushed to the hospital. He's told that he has one artery completely blocked, another one, three-quarters blocked, and he has to have a double bypass or he's going to die. And he thought—he didn't like that idea. So he went home, and he developed the Strauss heart drops and he treated himself—thirty years later, never having had bypass surgery, he died in an old folks home and not of heart disease.

So then he went into the family business and he's selling these heart drops. And this is why Health Canada was so mad. Then he hires me to defend him. I'm thinking, "Well, the law says you can't make health claims unless you're a doctor, you're making health claims." If I put him on the stand—back then all the judges in Kamloops were older men—I know what would have happened. He would have been on the stand, and he would have looked at the judge: He would have peered. And then he would have pointed. He would have seen the crow's feet, the judge's ears, a sure sign of heart disease. And he would have said, in this Austrian voice, "Your Honour, you have heart disease. You need my heart drops."

So I mean, there's no way—how am I going to defend this guy? And then I reminded myself, "Well, I am a constitutional lawyer. Why don't I attack the law for being unconstitutional?" We were basically going to attack the law for violating freedom of expression. Now this law had been on the books for almost 100 years. If I'm going to convince a judge to strike down a law on freedom of expression—although freedom of expression protects lies—psychologically, I'm going to do better if I can convince the judge that there's truth here. So I go to his little herb shop and I say, "Jim, obviously we don't have any clinical trial evidence. But is there any way we can show that you're telling the truth?" And he literally gives me, I think it was three or four boxes filled of letters that people wrote to him.

I take these back to my office. We're talking thousands and thousands of letters, and they're all the same: I had heart disease. I was sick. I was dying. I took your heart drops. I got well. Now I can't enter that in court; that's pure hearsay. But I can call the authors of those letters. That's the best type of evidence, strongest type of evidence there is. So on the day of trial, I had five middle-class professional witnesses, who had all had heart disease, who had all had at least one open heart bypass surgery—one of them had had two—who had all then continued to have heart disease. And so, they needed another bypass surgery.

Here's where they differed. Some of them were too weak to survive the surgery. So they weren't candidates. They were basically sent home to die. And one way or another, they come across the Strauss heart drops, and they get well. A couple of them, they'd had so many complications from the previous surgery that just to buy another year or two, it wasn't worth it. So they declined the surgery and then they find these heart drops. The most telling thing was—is for years and years and years, none of these people had been able to work. At the day of trial, they were all working full-time. And that was my road to Damascus experience.

You see, because before, when I was working for Health Canada against this man, my belief was it was dangerous to allow people to choose to take a treatment that Health Canada hadn't approved of. That's what it boiled down to. The government hadn't approved it. But after preparing for that trial, my belief was, no—the danger was actually taking away this treatment from people. I could have given you, at that time, the names, phone numbers, and addresses of thousands of people who were only alive because of this product. It just illustrates how dangerous it is for us to give our power to the government and not be allowed to make our own choice. Because the law in Canada is you can't treat a serious health condition like heart disease with something that isn't a chemical pharmaceutical. It's basically the effect of our law. And Health Canada has been taking and taking and taking away products that we would otherwise have the right to choose to use: it violates a very fundamental freedom. So I'll leave us with that.

But most importantly, it violates the second commandment. The second commandment that I talked to you about—treat your neighbour like yourself—that is a touchstone. For you can judge laws: are they valid laws or are they not valid laws? It's not a valid law to say to your neighbour that your neighbour does not have the right to choose how they're going

to treat themselves when they're sick. Or that they don't have the right to choose to take something to prevent themselves from getting sick. That violates fundamental freedom.

[00:30:56]

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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/

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 1: Dr. Greg Passey (Parts I and II)
Full Day 2 Timestamp: 01:57:54–02:53:57/03:11:34–04:00:15
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

PART I

[00:00:00]

Shawn Buckley
I'd like to introduce our first witness. Dr. Greg Passey is here today. Dr. Passey, can we start by asking you to state your full name for the record, spelling your first and last name.

Dr. Greg Passey
Dr. Donald Gregory Passey. D-O-N-A-L-D, first name. Last name, P-A-S-S-E-Y, but I go by Greg.

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

Dr. Greg Passey
I do.

Shawn Buckley
Now I'm going to introduce some of your bona fides, but I know I can't do them justice. So if I don't, please feel free to fill in. You are a physician for 22 years in the Canadian Armed Forces. And now you've been a physician for over 42 years.

Dr. Greg Passey
Correct.

Shawn Buckley
You have practised in family medicine, emergency medicine, PTSD [post-traumatic stress disorder] and associated medical health assessment and treatment. You've also trained in nuclear, biological, and chemical warfare (NBCW) as a senior officer in the Canadian Armed Forces.

Dr. Greg Passey
Yes.

Shawn Buckley
You actually were deployed in Iraq for the first Iraq war when there was a real concern that Iraq would be using chemical and biological weapons. So you were trained, and trained quite seriously, in the proper use of PPE.

Dr. Greg Passey
The first part is not correct. I didn't deploy to Iraq, but I was trained. I had advanced training in nuclear, biological, and chemical warfare and the preparation of our troops that were going overseas at that time. And yes, I do have very good knowledge in regards to the type of equipment that's necessary to protect a person under, especially, chemical and biological warfare conditions.

Shawn Buckley
Okay. Then the next thing I want to stress is your expertise in post-traumatic stress disorder. You're actually recognized internationally as an expert. You have received an American College of Psychiatrists' Laughlin Fellowship in 1995 and the International Society for Traumatic Stress Studies' Sarah Haley Memorial Award for Clinical Excellence in PTSD in 2004. The point being, you are recognized internationally as an expert in post-traumatic stress studies.

Dr. Greg Passey
Yes.

Shawn Buckley
You're here today to share various thoughts, including on PTSD, later. But I'll just ask you if you want to start your presentation.

Dr. Greg Passey
Yes. Is it up now?

Shawn Buckley
Yeah. Your slides are on; we see a slide, The "Ascent" of Man.

Dr. Greg Passey
[Ascent of Man]
If I'd had more time, the next piece of this would have been this last gentleman huddled in a cave, wearing a mask, and having a needle stuck out of his arm.

[CV]
We've gone through my CV [Exhibit VA-1].

[Disclosure]
Disclosure. So I actually contracted COVID in March of 2020, coming out of Africa when I went through London. I had it for about eight to ten days. At that point, I started doing research in regards to the virus, potential treatment, et cetera. I received articles from all over the world, and I have maintained that. A number of my patients are continuing to forward me stuff. So I'm inundated with articles in regards to COVID, vaccinations, masks, et cetera.

I was vaccinated with the AstraZeneca vaccine. I refused to have the mRNA vaccine because it was experimental in my view. My plan had been to wait for two years to see what the safety features looked like at that time. I have not been boosted since that time.

Despite my vaccination, I got reinfected in January of 2022. On day three, I decided I didn't want to go through another week or so of being sick. I treated myself with ivermectin, in addition to zinc, quercetin, vitamin B6, vitamin C, D3, K2, and PQQ10, as well as low-dose aspirin. I was improved 90 per cent,

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within 24 hours and rapidly recovered.

It was interesting because, at the same time, there was a group in the United States that developed this Frontline COVID-19 Critical Care Alliance protocol, which basically included those types of compounds, supplements, et cetera. We were suppressed; we were censored. I was not allowed to talk about my experience. I was not allowed to talk publicly about potential treatment. The U.S., Canada, and other countries spent billions, billions of dollars rapidly developing an experimental gene-therapy treatment. Period.

Now when we had HIV and AIDS, we attempted to develop a vaccine. We never were able to because we could not develop a vaccine that was effective. The virus mutated too quickly, just like COVID does. So what did we do? We spent billions of dollars on treatment. Not on a vaccine. Treatment. And guess what, AIDS went from almost 100 per cent fatality rate to now you can live a full life. You need three different medications from two different types of categories, and you will live a full life.

I have absolutely no idea why our government and our public health people did not pursue a treatment research regime while they were attempting to do vaccines. Makes no sense, at all.

I consider myself part of the outraged, moderate majority in Canada. I also consider myself a defender of Canada. Not the Canada that we have today. The Canada that "was," where there was freedom of speech. You could share medical ideas. You took care of your neighbours. You didn't ostracize; you didn't point fingers. You didn't attempt to segregate people.

Our Canada has changed. This Canada was not the country I spent almost 43 years taking care of its citizens and 22 years of my life in the military, including overseas duties. That's not the Canada that I spent my time on. I sacrificed my time on.

[CV]
We've already covered that, don't need to do— I'm going the wrong way, that's my problem.

[Change of Definitions]
One of the things that was really interesting is that the original definition of immunization was "the act of introducing a vaccine into the body to produce immunity to a specific disease." Once COVID arrived, they changed the definition. It's no longer immunity: it's been switched to protection.

The term "vaccine" also got a makeover. The CDC's definition changed from "a product that stimulates a person's immune system to produce immunity to a specific disease," to the current, "a preparation that is used to stimulate the body's immune response against diseases." I can inject anything into your body, and it will cause an immune response. But that doesn't mean it's going to help you with a disease. So basically, in order to accommodate the RNA injections, the definitions were changed in regards to vaccines versus gene treatment.

[Topical Quote]
A member of the European Parliament, Rob Roos, I saw in an interview. He stated that he's really scared with the state of the world, the state of his country. He said that "science that can't be questioned is just propaganda." And I agree.

[00:10:00]

The propaganda or the authority narrative or the government narrative can also be called "political science." It's usually interlaced with lies. When Trudeau said, "Follow the science," when Bonnie Henry said, "We're following the science," what they didn't tell you was that they're following the political science, not the medical science. The evidence is clear; it's out there. They've been offered debates. Our experts will debate your experts. Let's do this. Let's televise it. Let's inform the public. Never happened, nor will it.

Coupled with the authority narrative is the loss or suppression of critical thinking. So I was taught in medical school and certainly in the military to be a critical thinker. I have the ability to look at two sides of every situation and come to an informed decision about what is factual. With this government public health narrative, it's been suppressed. We're not allowed to do that. I hate to say it, but our education system is not training critical thinkers. **They're being taught narratives, and they're being taught to accept whatever that narrative is.**

When I'm doing treatment with my patients, I always say to them, you know what, it's easy to judge. It's easy to judge anyone. A three-year-old can judge you. But it takes time, energy, and intelligence to understand. The authoritative narrative depends on people just judging. They don't allow you to see both sides of any issue. They present one: Trust me. It's correct. And you're supposed to accept that.

I've been in countries where if you accepted the government narrative, people died. Rwanda, 800,000 people died because of the Hutu government narrative. I don't trust any governments. I don't know any person who served in the Canadian military that trusts any

government. We've seen what absolute power can do. It will corrupt people, and they will use that power.

[Masks]
I'm going to talk briefly about masks. I'm sure it's been done. But with my background, I just want to put this to rest. So the CDC back in 2020 said that they didn't find "any evidence that surgical-type masks are effective in reducing laboratory-confirmed influenza . . . ." And that doesn't matter if it was worn by the infected person or people in the general community to reduce their susceptibility. They affirmed that "surgical masks are worn in the health-care settings not to prevent transmission of respiratory infections but rather to protect accidental contamination of patient wounds and to protect the wearer against splashes and sprays of bodily fluids." Period.

CDC furthermore specified that the SARS-CoV-2-type specimens must be processed in a Biological Safety Level 3 lab space using biological safety level 3 procedures. Very, very particular. This typically requires a Tyvek full-body suit, gloves, and a HEPA-filtered, powered air-purifying respirator. Not an N95, not a surgical mask. You will not find people wearing those in there for their primary protection.

Shawn Buckley
Before you go on, can I just clarify? So the CDC quote refers to influenza. But your opinion would be, that's equally applicable to coronavirus.

Dr. Greg Passey
Any respiratory virus.

Shawn Buckley
Right.

Dr. Greg Passey
So anything that's— So the respiratory viruses are airborne. They may be spread by droplets, but they're airborne also. So yes.

Shawn Buckley
Then your other point, in pointing out that it's a Level 3 as a biological hazard. Literally, if you are trying not to catch it, you have to be in a full bodysuit and a respirator with— So your point is, this was just meaningless, the masks.

Dr. Greg Passey
[BSL 3 PPE]
Here's a photo. If they wanted us not to catch or spread it,

[00:15:00]

that photo, that's what we needed to dress as. I was absolutely astounded that the Canadian military— You know, good on them. The Ontario government asked them to go in and help

out in the chronic care facilities, right? So we're going to send all our medics in there, and I thought, great.

Then they sent them in with surgical masks and N95. We've got full-on NBCW suits and we got gas masks. We trained to use those; it's like, wow, that would have been a great training exercise. Instead, we've put them into a hazardous area without the appropriate equipment. A number of those medics got sick. Not necessary.

I still see people, it blows me away. People are driving by themselves in their car and a mask on. That's fear. Are they afraid that the car is going to give them COVID? It's fear. It's lack of information. It's the government narrative.

[Beginning of the COVID Narrative]
I want to talk briefly about Dr. Bonnie Henry. She served with me in the military. I was her superior officer at that time. She served for, I believe, it was 10 years. She would have been trained in nuclear, biological, and chemical warfare because she was in the military through the Gulf War. So she knew about what was necessary in regards to respirators and safety equipment.

We had a procedure where it didn't matter what the patient was contaminated with. We could decontaminate them, and then we could treat them in a safe manner. We never brought the contaminated person into our medical facility. Why do you want to contaminate your facility? It made no sense.

And she's worked on other things: polio, Ebola, SARS, et cetera. So she's knowledgeable.

[Beginning of the COVID Narrative, #2]
She should have known about the designation for masks, that they aren't effective for COVID. She should have known about the Spanish flu pandemic. Back in Boston, for instance, they used to take patients out of the hospital, expose them to sunlight and fresh air or they treated them in tent facilities. They called this open-air therapy. It decreased the mortality from 40 per cent to 13 per cent, just doing that.

So despite the knowledge of the medical science, she and other public health officials in Canada recommended mask mandates and indoor lockdowns—when we know fresh air is good for you: it's unlikely to be spread in fresh air. We know exercise helps counter illness, and yet, we told people, "Don't exercise. Lock down. Isolate. You can shop in the big-box stores with all those people in there. But you're not allowed to shop in a mom-and-pop grocery store," that I've shopped in 20 years. That gets closed down.

Shawn Buckley
Or go to the gym, or other

Dr. Greg Passey
Or the gym.

Shawn Buckley
exercise activities.

Dr. Greg Passey
Absolutely.

So why did they do this? Knowing what the medical science stated, why? The government narrative. They followed the political science. Well, how did that happen?

[Be Kind]
Okay, so Bonnie Henry, in her spare time during the pandemic, writes a book, *Be Kind, Be Calm, Be Safe*. My opinion: she left out "tell the truth, be ethical, and do no harm." Page 41, quote: "I was fully aware, however, that if I were wildly offside with what the provincial health minister and government believed . . . ." Not what the science showed, but what the government believed: what the government's narrative was. ". . . it could make my position challenging, and that if I was too far off the mark, too often, the government would render me ineffective or fire me altogether," from my $340,000 a year job.

She goes on to say, "It's a fine balance to be effective in the protection of the public's health and to promote that larger goal in a way that encourages without alienating."

[00:20:00]

Alienating who? The government? Why do I care if I alienate the government if I'm protecting my patients?

"Or, as my mentor often said in reference to the challenge and delicacy of this role, 'You can make a point or you can make a difference.' What this meant in practice was that, as much as we may wish to, we didn't have to immediately take on the cause of every injustice."

So—"Let's not look at medical science if it's going to be a problem. We'll deal with that later." So this public health officer surrendered to the government's narrative.

Shawn Buckley
Can I just expand on that? Because you're making a really important point. Because people in British Columbia would have seen her on TV, time and time again, making these orders and believed that the government—the premier and the cabinet—was not dictating what was happening but that she was in control. And what you're sharing with us is, no, actually this was political. So it was smoke and mirrors: So we can blame her and say, "The premier and cabinet aren't dictating to her." But actually, what she's telling us is, "No, these were political decisions that I was following."

Why this is important is we learned the same thing for Alberta. So there, Deena Hinshaw on cross-examination, I think the lawyer—either Leighton Gray or James Kitchen—was saying, "Well, on cross-examination, basically explained, 'No, these weren't my public health orders, only in name.'" Basically, she would attend at the cabinet and be dictated. I think the point you're making— I think it's important for Canadians to appreciate that although the appearance was the government wasn't making the decisions—and we may have all been frustrated; why did you give up your power?—the reality was these were political decisions made by the government.

Dr. Greg Passey
Absolutely.

Shawn Buckley
Okay, thank you.

Dr. Greg Passey
In her words, she admits it right there.

So it's interesting, too, because in the military, as a doctor and as a specialist, I can make recommendations. But the chain of command can override me. But when they override me, I get them to sign. I'm not accepting any medical responsibility for your decision. She was aware of that. She could have done that. But she sacrificed medical evidence for the political science, in my estimation.

Shawn Buckley
And despite the cost to the populace for her doing so.

Dr. Greg Passey
Correct. What a difference it would have made, had she said, "Let's put some money into treatment because there's other countries who are doing it with actually reasonable outcomes equivalent to the vaccine." But nobody—nobody—not the federal government, the provincial government, the public health officers. Nobody except a few brave doctors would talk about treatment. Total censorship.

Shawn Buckley
What a difference it would have made if she had stood up for science and stood up for the most competent medical decisions that could be made in the science, even if she publicly lost her job over it.

Dr. Greg Passey
I think part of what we're taught in the military is integrity and responsibility and accountability, and she is a total disappointment in regard to the medical officer corps. Sorry to say that, but truth bears it out. So basically, this public health officer surrendered to the government's narrative, and the political science overshadowed and suppressed the medical science.

Not just there. But the colleges, the colleges of physicians and surgeons. Now doctors treat people with medication off-label all the time. What does that mean? That means they're using a medication— So for instance, there's certain types of antipsychotics that are used for PTSD. There's no research on it. But the college allows it to occur. So doctors will prescribe off-label.

But we weren't allowed to talk about or prescribe ivermectin. Ivermectin received a Nobel Prize. It's an antiparasitic, antiviral, anti-inflammatory medication.

[00:25:00]

And it's cheap, probably costs $20, $25 to treat somebody. And it's safer. I remember CDC and FDA, "Oh, it's veterinarian medicine, you're going to die." Why would you use the veterinarian medicine? There's ivermectin pills for people. It's safer than Tylenol or

ibuprofen. That's how safe it is. Nobody's ever died of an ivermectin overdose, ever. But people have died from Tylenol and ibuprofen. Yeah, it continues to astound me.

[Trudeau and Canadian Narrative]
I just want to talk about Trudeau and the Canadian narrative. So this is written by Andrew Chan. So Trudeau explained that misinformation is sometimes used interchangeably with "disinformation," though the former involves a "deliberate choice to spread and share falsehoods for a particular purpose, whether it's political, personal, or to create chaos."

Translated to me, disinformation, misinformation is a lie. You're lying. Let's not call it anything else. It can be hard snow, powder snow, wet snow. It's snow. Period. So misinformation, disinformation: they're talking about lies. The question is, who's lying?

[Trudeau and Canadian Narrative, #2]
April 26, 2023. Trudeau said that scientists and medical experts "understood that vaccination was going to be the way through the COVID-19 pandemic."

Which doctors? Which scientists? Because there's a lot of us that thought treatment would be the way through. But we weren't allowed to talk.

Furthermore, it goes on: "And therefore, while not forcing anyone to get vaccinated. . . ." Really? Really? Do you want to work? Do you want to go to the store? Do you want to do anything? You had to be vaccinated.

". . . I chose to make sure that all the incentives," or coercion or punishment, "and all of the protections were there to encourage Canadians to get vaccinated. And that's exactly what they did."

You can call this misinformation or disinformation: I simply call it a lie. There was no funding for treatment research, no informed consent, and extreme coercion. I've already mentioned HIV. We never developed a vaccine, but we developed successful treatment. And we were never given the chance with COVID.

There's been studies where they have compared— So the treatment of choice, it used to be Remdesivir. And now, they're talking about Paxlovid. It costs hundreds, if not thousands of dollars, right? They did a study with ivermectin. And ivermectin turned out to be more effective than either of these. Part of the reason was it hits four different protein areas, enzyme areas, on the virus. Whereas these other two very expensive, patented medications only hit one. With Paxlovid, you can get treatment. And you may have a relapse when you stop it.

[The Evolution of an Authority's Narrative]
The other thing, I'm a history buff. I used to read and watch a lot of stuff about Second World War. Joseph Goebbels: "If you repeat a lie often enough, people will believe it, and you will even come to believe it yourself." Have a look at our news agencies. Have a look at Twitter. Have a look at Facebook. Have a look at what they're doing.

Elon Musk on Friday with Bill Maher, it was pretty funny. He said, "Part of our problem is we have a woke brain virus." I thought, well, that's kind of cool. But then I thought about it. Well, what would my definition of that be? Well, woke brain virus is caused by a specific "authoritative" narrative founded on an emotional belief, usually fear, lacking substantial proof that then causes specific brain dysfunction that accepts the narrative without question. It drives censorship behaviour, which attempts to cancel, suppress, ostracize, and

vilify any voice or opposing view, even when those views are clearly supported by evidence to disprove the narrative.

[The Evolution of an Authority's Narrative, #2]
So part of our problem— A lot of beliefs are based on emotion. So part of the belief system around COVID,

[00:30:00]

the government generated and public health generated this story of great danger, which made us all afraid. So we start to believe that it's dangerous. The problem is, when a belief is based on emotions, it's very difficult, if not impossible, to change. The research is really clear on this phenomenon. A person will look for anything to reinforce their belief and will dismiss any evidence to the contrary. We're hardwired to do that.

That's why you have to train someone to be a critical thinker. A critical thinker can change their mind on something. I've changed my mind on many things. I used to think fats were bad for you. I've changed my mind on that. Sugar is bad for you. I didn't get taught that.

So basically, it came to—I choose to believe Dr. Henry and our government. This is a quote from one of my patients. "I choose to believe Dr. Henry and our government, not your so-called medical evidence." What do I do with that?

So here's some other examples of authority narrative: Once upon a time, the narrative was the Earth is flat. If you attempted to say it was round, you could be convicted of heresy and killed. The universe, the sun, the planets revolve around the Earth. Well, the scientist that actually developed that theory, it's only a theory until you can prove it, he had to retract what he knew was clear science evidence.

Shawn Buckley
Copernicus.

Dr. Greg Passey
Yes. "Change your belief or we're going to kill you. I changed my belief." Right?

Thalidomide, so here's a good one: I lived through this error. Government and the drug company said, "Thalidomide is safe for pregnant women to treat morning sickness." And lo and behold, what happened? A whole lot of babies got born without arms and legs and it got pulled from the market. Trust the pharmaceuticals? Trust the government? I don't think so.

So the other narratives: "Masks are effective." "Lockdowns are supported by science." There's no science that supports lockdowns. There's science that will support segregating people that are sick until they're better and treated. There's no science that supports locking down a healthy population. The healthy population are going to do fine. They've caught something called natural immunity.

So—"Injections are safe and effective." "Trust your government."

[Real Danger]
Let's talk about real danger versus the narrative danger.

Case fatality rate [CFR]: that's a proportion of people diagnosed with a disease who end up dying from it, expressed as a percentage. So if you caught smallpox, 30 per cent of the people would die. Thirty people out of 100 would die. Were there lockdowns with smallpox? No.

Polio, CFR for kids: 2 to 5 per cent of kids would die with polio. Fifteen to 30 per cent of adults would die of polio. I lived through that era. I remember that. Were there lockdowns? Did we close the Canadian society during polio? No. Pretty high death rates, though. Three adults out of ten are dying? Or out of a hundred, I should say. No. Three out of ten, yes.

1918-19, influenza pandemic: CFR was 2 per cent, described as a horrific pandemic, and it was. But the case fatality rate was only 2 per cent. Did they lock down? No.

Canada COVID, up to March of 2023: This is done by John Hopkins University. The case fatality rate, or risk,

[00:35:00]

was 1.1 per cent. What did we do with that? We had extreme lockdowns and suppression of Charter rights. Why? We didn't do [it] with all these other infections, epidemics within the country, far more lethal. So why?

Shawn Buckley
Well, I think you could also add that with COVID, we had learned that as far as case fatality rates, they were almost exclusively people that are very elderly. Whereas with things like smallpox and the Spanish flu, the case fatality rate would include younger people. So even less of an argument for COVID for locking down the population.

Dr. Greg Passey
Yes, actually, I'm coming to that.

Shawn Buckley
Oh, sorry.

Dr. Greg Passey
[Real Danger, #2]
So let's look at the real danger versus the narrative danger. So in Canada, as of January of **this year, there were 8,195,791 people, 19 and under. How many people died over the last three years in this age group that we had to lock them all down? We had 72 people aged 19 and under die in three years with COVID. That averages out to 24 young people dying per year. The odds of you dying as a young person is 0.00003 per cent, right? Or odds are one person out of about 113,000 people would die with COVID. Do you know how many people, young kids, die of accidents every year? Far exceeds this.**

Where is the real danger? It wasn't with the kids. It wasn't with the young adults. It was people over 80. There's a little over 1,760,000 people, age 80 and above. And there was over 20,000 deaths in three years, which means one death for every 86 people. Well, okay, that's a risk. That's a real risk. That's a real danger. So we need to do something with that population. But it worked out about a 1.14 per cent chance of dying.

The other thing that no doctor can explain to me that follows the government narrative— If you're vaccinated, why would you worry about anyone that's unvaccinated? When I got polio vaccine as a young kid, I didn't worry about my neighbour that had polio. I had a vaccine. I'm immune. That's what vaccines do. So why was the government and public health narrative, why was it that vaccinated people should worry about the unvaccinated if the vaccine's effective? Oh. Maybe it's not effective. Maybe they knew it wasn't effective and they didn't tell us that. That would make sense then.

So the other thing I was very concerned about, and I actually wrote my college, is they were pushing to get everyone vaccinated. They want a 100 per cent vaccination, okay? This is still an experimental vaccine. Well, it's not a vaccine; it's an inoculation. It's still experimental. If everyone's vaccinated, you have no control group. You then cannot determine what are the side effects, short-term and long-term, if you don't have a control group.

Not only that. The other thing that blows me away— Doctors were discouraged and, at times, outright told not to report the side effects. I got a family member, I got a spouse of a patient, and I got a patient that had a stroke after getting the Pfizer vaccine. All three of them after the vaccine. How many of those were reported by their doctor? None. Why? Well, I said, "Ask your doctor to report it."

[00:40:00]

"I asked my doctor, but he said it had nothing to do with the vaccine."

Well, how would he know that? It's still in the safety range, right? We're still looking at safety. You record everything as possible side effect. That's what happens when we actually go through drug regulations and we do all the safety stuff, everything. Let's say you took Ativan. You got a cold after Ativan: that's a potential side effect. It gets listed. But not with COVID vaccines. Discouraged.

Shawn Buckley
Before you move on, I just want to emphasize your last point, so can you put that slide back up, David. Can you go back to the slide you just had up?

Dr. Greg Passey
Which one?

Shawn Buckley
[Real Danger, #2]
The one about the no control group because you've made a point that I don't think any other witness has yet made. You say here, public health organizations and governments knew it was not—meaning—knew it wasn't effective. And they wanted 100 per cent vaccinated, so no control group. I think people watching your testimony might not understand what you're saying. I just want to make sure that I understand, and so that it's emphasized.

Because we'd heard evidence actually yesterday from a doctor that by the time the vaccines came out in British Columbia, there was roughly about 80 per cent natural immunity already. So COVID had marched through us. And you don't need anywhere near a 100

percent vaccination rate. Let's say there's zero human herd immunity: to have herd immunity, the percentage is much lower.

And so you couldn't get your head around, why are they pushing for a 100 per cent? Because they were: they were pushing for every man, woman, and child. But if they know it doesn't work, and they get 100 per cent of us vaccinated, then we can't blame the bad results—any side effects—on the vaccine. Because we have no control group to say, "See, it really is the vaccine." And that's an important point.

I didn't want us to jump over that without people understanding what you're saying.

Dr. Greg Passey
Yes. It's very important that you do have— Here's all the people that took the drug. Here's similar people, similar health, similar age: they didn't take the drug. Oh, all these people are having heart attacks, double the heart attack of these guys. Well, heart attack's probably a side effect of that drug, right? So without a control group, we have no idea. Trudeau and Bonnie Henry and the other public, they were pushing for 100 per cent. That's unethical. It's unethical.

Shawn Buckley
The other interesting thing is we've had other witnesses tell us— So Pfizer, and most of the shots in Canada have been Pfizer shots, actually took away their control group after a short period of time and vaccinated them. Which, again, robs us of the ability to determine whether side effects are created by the vaccine. So we really are flying blind so to speak.

Dr. Greg Passey
Yes. Yes. It's interesting, too, so there's good data out of the States. The life insurance companies, they've seen a huge increase in unexplained deaths. So taking into account COVID, okay, take that off the table. Anywhere from 20 to 40 per cent increase in unexplained deaths. And when did it start? January 2021. When did we really roll out the vaccinations? January 2021. So that data is being looked at now with what's going on there. Someone said, "Oh, it's because of the lockdowns." No. No, I don't think so. We need to look at that data. There's a smoking gun in there.

[Real Danger, #3]
Just quick, and I'm going to move on. Real danger versus narrative. So we got this narrative right now, carbon dioxide is a pollutant and we've got to get rid of it. It's not a pollutant. Plants need it, okay? It's a narrative pollution.

Carbon monoxide, that's a real pollutant and that's real dangerous. I got a carbon monoxide warning device in my house. I've travelled in Africa and I've travelled around this country. The real danger, not the narrative, the real danger: Herbicides. Pesticides. Plastics. I've seen a river in Africa you could almost walk across, it was so choked full of plastics. Industrial waste. Everyone in this room has got microplastics in their body now.

[00:45:00]

I'm not going to die from carbon dioxide. I may die from the microparticles and the other types of pollution.

We need to look in a different direction. Sorry, that's off topic, but it just bugs me.

[Use of fear]
So how do you get these narratives to go? You utilize fear: fear of punishment, sexual abuse, physical abuse, psychological abuse. They use fear. They use danger. You do the same thing with populations. Fear, punishment. I got bullied as a kid. I still remember the three guys' names, but I outgrew them and that stopped. But I remember the fear, and I remember my friends being afraid to be around me because they didn't want to be punished like I was. So the narrative: the bully uses the fear narrative to affect the people around. The government does the same thing: it uses fear, the fear narrative.

Anti-vaxxers. What's that about? Why are you afraid of that? You got vaccinated; why are you afraid? Because the government says you need to be afraid.

[Use of fear, #2]
I want to talk about this because this fear narrative— They use fear, punishment, dehumanization. They make them a threat.

Mao Zedong basically identified a large subpopulation in China as being enemies of the revolution. And he killed the most people in all of history. Everyone talks about Hitler. Hitler was in the minor leagues compared to this guy. I'm going to get in trouble for this, having said that.

Number two, Stalin: Enemy of the proletariat revolution, enemy of the state. There's the gulags. He killed anywhere from three million plus Ukrainians in the early 1930s by starvation. He continued to kill. He wiped out the officer corps. Killed them all. Didn't trust them.

And then, we get into Hitler, and he identified Jews, Communists, the infirm, even war veterans that were crippled: "We don't want them around. They're taking up space. They're taking up food. They spread disease. They take away jobs."

They demonize: the states, the government, demonizes.

[Use of fear, #3]
Pol Pot, in Cambodia: I would have been killed. I don't have calluses on my hand. Well, I'm an intellectual: "You're a danger to the proletariat. You're not a farmer. You're gone."

Rwanda: The Hutu government demonized the Tutsis, and most of that genocide occurred with machetes. Brutal, brutal.

Yugoslavia: Interesting, it was the Serbs versus the Croats versus the Muslims. And they all blamed the other, demonized and didn't think twice about killing them.

[Canada]
Why did I go there? Because I want to talk about our prime minister.

He basically told a Quebec audience that people that do not get vaccinated against COVID-19 are often racist and misogynist extremists. This is the head of our country. There we go—well, they must be dangerous then, so we should be afraid of them. People of Quebec are not the problem. But he questioned whether the rest of Canada needs to "tolerate the unvaccinated." Well, in Stalin's Soviet Union, "We didn't tolerate people. We got rid of them."

I don't like that language. It's dangerous language. It's scary language.

Shawn Buckley
You see a parallel to what's happened historically that you're sharing with us.

Dr. Greg Passey
Absolutely. Absolutely. He's using the same language, different terms, same process. The authoritative narrative. And he goes on to say, "We all know people who are deciding whether or not they are willing to get vaccinated and we'll do our very best to try to convince them." "They don't believe in science, progress, and are very often misogynist and racist." Well, that's a lie. "It's a very small group of people, but that doesn't shy away from the fact that they take up some space."

[00:50:00]

Jews took up space in Germany, and the Nazis got rid of them.

We take up space. "This leads us, as a leader and as a country, to make a choice. Do we tolerate these people?" What? If you don't tolerate them, then what? Are you going to send them someplace? Are you going to kill them?

This language is dangerous. It's scary. You all should be afraid in this country right now because of what our leader is talking about. The language he's using, he's dividing people based on a political narrative, not based on real danger. The unvaccinated were never a danger to vaccinated people if the vaccine was safe and effective, as he was saying.

[Psychiatric Impact]
Let's talk about the psychiatric impact of all this. So for the individual adult. People that had anxiety disorders; people that had depression, depressive disorders; people that had fear of germs—all of those got worse. The sense of fear because there was not effective treatment for the virus, and it was difficult to continue being treated for their mental health issues.

I was able to switch over so I could do pretty much everything by phone or by video. But a lot of people didn't have that option. The social isolation, the lockdowns. Solitary confinement has been declared by our Supreme Court as being cruel and unusual punishment.

There were tens of thousands of single people that basically, because of the lockdown, ended up in solitary confinement: Stuck in their basement suite. Stuck in their apartment. **No ability to talk with people, face to face. It increased fear. There was anger, loss of jobs, loss of finances, forced to shop in big-box stores. All of these things, these are all costs.**

It's bad enough for the adults. What about our kids? So especially the very young, they have to listen and see to learn. In order to develop appropriate social cues, be able to understand communication, you need to be able to see an individual's eyes, face, and their body language. So now you isolate the kids from other kids. Now they're not getting that ability to interact, learn, develop appropriate communication and social skill sets. That's all been taken away. Throw them in masks, even when they do go to school. Again, you're probably losing up to 40 per cent of the communication that's occurring.

Communication is not just by language. I seldom listen. When I say listen, I seldom believe what a person says, let me put it that way. I believe what they do and how they behave. So you can say to me, I like you. But if you're throwing rocks at me and stuff, it's like, you don't like me. So you need the ability to see and watch. And this was taken away from the kids.

We know that nervous parents, anxious parents, they can pass that on to their kids. And so, I'm expecting an upswing in mental health disorders in adults but also in children. And it'll be anxiety issues; it'll be behavioural issues; it'll be mood disorder issues. There'll be drug problems. The drug usage, alcohol usage shot way up because of the lockdowns or during the lockdowns.

You have to think about all these things. What is the cost? Did anyone do a cost–risk benefit analysis on lockdowns?

[00:55:00]

Kids didn't need to be locked down. You already saw what their risk was of dying. There was no need to lock the kids down. And the thing was, "Well, if you don't get vaccinated, you could pass it on to my grandmother." Well, first off, I'm not going to visit your grandmother if I'm sick. And secondly, if she's vaccinated, why are you worried about me?

The narrative, it's a lie. It's been a lie. They fed us this thing. We believed it because of fear. There's still people that believe it because of the fear. They use this narrative, and they use it to ostracize. They use it to segregate, to generate fear, anger against other people.

[Fire Alarm]

That's just my college saying they want to talk to me now.

[00:56:01]

[A false fire alarm went off interrupting witness testimony. There is a separate two-minute commentary with Shawn Buckley making some observations about the interruption.
Moderator comments, Full Day 2 Timestamp: 03:09:34–03:11:33
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html]

PART II

[00:00:00]

Shawn Buckley
I would like to get back to our witness, and I do apologize, Dr. Passey, for the interruption. But I think you were near the end of your presentation. I'd like to invite you to continue and then allow the commissioners to ask you questions.

Dr. Greg Passey
Yes.

[Psychiatric Impact]
The other psychiatric impact, particularly on the medical staff, was the lack of trust. Again, even within my medical community there's ostracization, and the College came after people. Not based on necessarily any incompetence, but again based on the narrative. The College bought right into the narrative.

[Vaccine Evolution]
I'm just going to touch briefly on a couple more things and I'll stop. I just wanted to talk about the vaccine evolution. So Pfizer's actually really a three-party R&D alliance. There's Fosun, Pfizer, and BioNTech. One of the three is the Chinese Communist Party. Fosun is a huge Chinese conglomerate that owns a large number of global companies. Its chairman, Guo Guangchang, is a very high-ranking member of the CCP.

[Virus Evolution]
I was asked, and I wasn't sure if I wanted to talk about this, but I'm going to. I was asked about the virus evolution. So the narrative has been that the virus was a natural mutation into an animal population. I was receiving information back early in 2000, March, April, May, where there was certainly a different narrative. There was a high probability that the virus resulted from a gain-of-function research that was funded in Wuhan. And this was partly funded by the U.S.

Now the question is— If it was actually developed in the lab, was it accidentally released or was it an intentional release? I can't answer that question, but I'm going to give you some food for thought in the next couple of slides.

Shawn Buckley
[Vaccine Evolution]
Can I just have you back up to the previous slide to that one? Because you glossed over something that I don't think we're aware of. So you're saying that three parties got together to jointly participate in the development of mRNA vaccine technology, and that is Fosun Pharmaceuticals, Pfizer, and BioNTech. Because we hear about Pfizer and BioNTech, but we don't hear about Fosun Pharmaceuticals. But you're telling us Fosun Pharmaceuticals is basically an arm, or owned by, the Chinese Communist Party.

Dr. Greg Passey
This is information from Sasha Latypova. So yes, that's basically what's being stated.

Shawn Buckley
Did he [sic] [she] relate when this agreement between these three parties was entered into?

Dr. Greg Passey
I don't have that. Unfortunately, I didn't copy out the whole article.

Shawn Buckley
Okay, thank you. I'm sorry to interrupt. But it's just that I'm not sure that that sunk in with people. That Pfizer and BioNTech were participating with a company controlled, or potentially controlled, by the Chinese Communist Party and that the contract is excluding

the use of the mRNA vaccine in China. Your slide also says that. So it's curious that a company that is potentially connected with the Chinese Communist Party is participating in developing a vaccine that would not be used in China.

Dr. Greg Passey
Yes.

Shawn Buckley
That's what you're reporting. But this is based on somebody else's presentation.

Dr. Greg Passey
Correct.

Shawn Buckley
Do you have any thoughts about whether or not this is reliable information?

Dr. Greg Passey
I believe it to be reliable, but it needs to be checked.

Shawn Buckley
Okay, thank you.

Dr. Greg Passey
So, just going back. Virus—was it accidentally released? Was it intentional?

[Unrestricted Warfare]
That's to be determined. I'm not sure a) if we will be able to determine that. And b) even if we were, would it be released?

So I just wanted to talk briefly, *Unrestricted Warfare: China's Master Plan to Destroy America.*

[00:05:00]

This was co-authored by a major general in 1999. It's required reading at West Point in the U.S. West Point is the army facility that trains all the army officers. Basically, it's the People's Liberation Army manual for asymmetrical warfare. Asymmetrical warfare is not limited to things like bombs and bullets and nuclear weapons.

They talk about it not being an overnight victory, that it should be very slow, such that the enemy's knowledge—they don't even have knowledge, that the enemy is being attacked.

The strategy set forth in the book: You wage war on an adversary with methods so covert at first and seemingly so benign that the party being attacked does not realize it's being attacked. In the age of the internet, what seems like free flow of information is also an open-door policy for one country to insert its propaganda into the thinking and belief

systems of its enemies. So a country can do that: could be China; could be Russia. Could be a number of things: could be Facebook; could be Twitter; could be the Canadian government doing such things to the population.

[Asymmetrical Warfare]
I think about asymmetrical warfare: That can take the form of taking over financial institutions, taking over mining and critical mineral facilities. It can be taking over the broadcasting system, the news system. So that could be done by a big company. It could be done by a government, like Canada has done with our news industry. So there's many ways that you can insert propaganda or a narrative and cause harm.

It's sort of interesting because when I think about the Canadian population— I'm a Lord of the Rings fan. And the hobbits in the Lord of the Rings, there's all this turmoil and fighting going all around. And the hobbits are absolutely— They have no idea, nor do they care. I feel a good percentage of our population is like that. They haven't gone anywhere; they haven't really done anything in the big world. They're not aware of what's going on around them.

There's constant threats. There's constant threats from companies, from countries. It's always around us. So again, it can occur from outside. For instance, the World Health Organization, they want to take over and determine all sorts of health initiatives in regard to pandemics. So they'll tell us—they'll tell our government—they'll tell our population—if we have to lock down. That's not good. It's not good to have an external organization. Or Bill Gates, computer genius: What does he know about medicine? Why is he one of the top people with the World Health Organization? Why is he driving the vaccine initiatives? Why is that? And he's so big. They're so big; they can influence all aspects of our community and our society. I see this all the time: Big Pharma, news agencies, federal government, provincial government. It's scary stuff.

I wanted to talk about just a couple more things and I'm going to stop. General Eisenhower, President Eisenhower back in the '50s, he warned us about the military–industrial complex and that this could threaten democracy. It could threaten our country, all countries. What he failed to discuss was— What happens when the military–industrial complex forms a bond with the government? So now the threat is not the industrial–military complex, now the threat is the government and the military complex.

[00:10:00]

So that's something to be aware of. In Russia, you can't even talk against the "special action." You can't call it a war. If you call it a war, you can go to jail.

The last thing I wanted to talk about is the illusion. I always thought that Canada was the greatest democracy in the world. I thought we were way better than the Americans and the Australians and the British. I always thought that. What I've come to realize is it's all an illusion. We don't have democracy here: what we have is a dictatorship.

You all get to vote. The closest thing to democracy in Canada are the city or the municipal elections because a councillor can still go rogue and it's not a big deal. We vote for our MLAs and our MPs. It's the illusion of a vote. We get to put people in, let's say, Parliament. They don't get to vote freely. They don't represent me. They represent the party, and they are dictated in how they vote by the head of the party.

Unless we as citizens change this, we will be stuck in this dictatorship. We'll be stuck in the political narratives, and it's only going to get worse from here. It's only going to get worse. So until such time as it's illegal for any individual to coerce or force a person as to how they vote, until that happens, including in Parliament, we will not be a free and democratic country. That has to change.

I'll end my presentation there.

Shawn Buckley
So before I turn you over to the commissioners, I just wanted to suggest one thing. You were speaking about President Eisenhower and his farewell address where he warned about the strength of the military–industrial complex. Then you took it a step further and said, "Well, but what happens then when that military–industrial complex forms a bond with their government?" I'm wondering if you would be of the opinion that perhaps we should also be concerned about the military–industrial complex forming a bond with non-government agencies or foreign governments.

Dr. Greg Passey
Yes, absolutely. I could spend a lot of time on this. Basically, there are two very large corporations that we don't actually know all the shareholders. One is BlackRock and the other is Vanguard. I'm not going to go into it here but research them. Vanguard and BlackRock. You'll see that they have their fingers in pretty much every news agency, pretty much every other publicly owned company in the world. I didn't know about this. It's absolutely scary. They can dictate; they can change the market. They can do all sorts of things. Part of the problem is a lot of our politicians, they're not independent.

Shawn Buckley
I'm just going to slow you down because I need to open it up for commissioner questions, due to time.

Dr. Greg Passey
Yes.

Shawn Buckley
Are there any questions? And there are.

Commissioner Massie
Thank you very much, Dr Passey. I have a few more scientific questions or medical questions.

I'm curious as to the rationale that you use in your analysis to get vaccinated with the antiviral vaccine, knowing that you had been infected before. So my question is probably twofold. First, is it that you were confused with the messaging that natural immunity was not good enough? Or is it because you had suffered a severe COVID infection and you thought that given that, it would be wise to boost your immune system? And the second part of my question: why did you specifically and knowingly refuse the mRNA vaccine?

Dr. Greg Passey
Good questions. Thank you. Here's my experience.

When I grew up, I got the tetanus vaccine,

[00:15:00]

and I got the polio vaccine. All those other communicable diseases back then, there were not vaccinations for. I got measles. I got mumps. I got red measles or rubella. I got chicken pox. I got rheumatic fever. I got mononucleosis. My mom was a nurse. She brought everything home. Thank you very much, mom.

But it created for me a very strong natural immunity. And so, when I got COVID— To be honest with you, I had H1N1 coming out of Egypt in 2010. That's the closest I ever thought I've ever been to dying. That was brutal. COVID wasn't that bad in comparison.

So I knew I had natural immunity, but I have a company in Africa. We're trying to help African veterans and their families and child soldiers, et cetera. So I needed to be able to travel. The only reason I got vaccinated is because I needed to be able to travel back and forth to Africa at that time. I chose AstraZeneca because it was based on the more known and old-style vaccination production.

The messenger RNA. I looked at a lot of research in regards to animals and stuff, and there's been a lot of problems. So no, I wasn't going to get mRNA shots. That was my rationale for it.

Commissioner Massie
What we've learned from many other witnesses is that—would it be from the vaccine or the infection—one part of the virus that seems to be very involved in many pathologies is the spike protein. So at the time you got the vaccine, were you already aware of the potential toxicity associated with spike or was that something that was not well known?

Dr. Greg Passey
I'm trying to think back. Here's my rationale on this. We're injecting a product into the body that causes our cells to produce a toxin that can have pathological effects on pretty much every organ system. So my concern was, yeah, you may develop antibodies against that spike protein, but it's still circulating. You're not going to clean it up all at once. And in the meantime, you can get damage from that. And there's subsequent— I didn't know it at the time. But that was my concern. It's like, I'm going to produce something that potentially could make me sick regardless of if I develop antibodies. And I didn't want to take the chance.

The other thing I didn't reveal, but I'm a cancer survivor. I had serious cancer in 2020 and major surgery, and I survived that. My other concern was what effect will that vaccine or that inoculation have on my immune system? Subsequently, I've read and seen studies that indicate it potentially can block one of the enzymes that protects you against cancer. So I'm actually quite happy that I did not get the Pfizer vaccine.

Commissioner Massie
I have another question about the number that we heard officially from the John Hopkins analysis of the case fatality rate. Based on subsequent analysis of these attribution of death to COVID, do we still think that the case fatality rate that is officially reported is as important as it is, even in older people? Or is it, part of that, maybe, that's partially COVID, but the other part could be attributed to other reasons?

Dr. Greg Passey
Yes, excellent question also. Part of the problem is that the PCR test that we've used to attempt to diagnose and identify people that have the COVID virus was never developed, nor meant to do diagnoses.

[00:20:00]

I don't think I need to get into all of that piece today. Part of the problem, though, was individuals, especially if they were admitted to hospital for anything, they were tested. If they were positive then they're identified as COVID patients.

Now a person that is a terminal cancer patient and is likely to die in the next month, testing them and saying, "Oh, they've got COVID; they've died from COVID." Well, that's not appropriate. I think we weren't strict enough when we were looking. And again, because it goes against the narrative. Ideally, the medical community would have been very, very strict in regards to diagnosing somebody with COVID versus dying from COVID. They're two very, very different things, right? I don't think, anywhere in the world, we did a good job of actually being able to specify that.

Part of the reason was, there was suppression of any attempts to do that. It did not follow the public health and government narrative. So it looked better. In the States, the hospitals were monetized. If they diagnosed somebody with COVID, they got extra money. Then if they got the person with COVID into the ICU, they got extra money. If they intubated them, they got extra money. So out of the States, I don't think you can believe anything. We weren't like that here in Canada. But it's a problem. Did they die with or die from?

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning, Dr. Passey. You mentioned, along with other witnesses as well, the damage **to our children from the education perspective. More and more provinces of late are increasing the amount of mental health services that are going into the school and the amount of funding that is going into curriculum, specifically. It's sold under the guise, no health without mental health.**

There's things like coping strategies, which sounds all well and good, and how to identify our early warning signs of mental health within your peer groups. These programs are going into Grades 7 and 8, and the rollout is going to be earlier grades as well. And I'm just wondering, because we spent so much money focusing on the mental health of children, I'm wondering when it will be turned around—that we look at the mental health of the people who were perpetrators in damaging our children—where we can get to that point, where the millions of dollars are spent looking at what actions they took that damaged.

As one witness said, earlier, "Sixty years before our children will be able to get past what they have done." If we add to that the learning deficits these children have now had to endure, they will never catch up from the last three years.

How do we turn it around and say, "The mental health of the perpetrators, all the way down to the lesser magistrates, school boards as well, should be examined and looked at"? Given your background, I think you might be able to answer that question.

Dr. Greg Passey
If I had a lot of money. Truth. Truth. This forum is part of it. I'll get to the question in a second here. My concern is the belief systems are so ingrained. We can produce all of this evidence, all of this truth. And there's going to be a percentage of the population, probably including the perpetrators, that aren't going to buy it. It's like my patient says, "I trust Bonnie Henry and the government. I don't trust your medical science." How do I break through that? I think it's partly— We need to look at the studies.

I didn't talk about PTSD in kids. I mean, this has been very traumatic, very traumatic, right? You're ripped away from your friends. Your mom and dad are scared out of their skulls. I mean, there's a bunch of things going on there. It's a matter of bringing forward the truth. But there was a trial, once upon a time, the Nuremberg trial. Part of what came out of that is the necessity for informed consent and that governments and other agencies

[00:25:00]

are not allowed to experiment or use experimental drugs or treatment on us without our consent.

I believe laws have been broken. And so the way we address the perpetrators, the people that put together these narratives, is we need to go after them legally. I'm not sure I trust our judicial system a hundred per cent. A lot of the judges are political appointees, and a lot of them already have their belief system in place. So again, how do we deal with that?

We have to continue to show the truth. We have to continue to look at all the outcomes, all the side effects. The learning disorders. The maturation, I didn't talk about. Part of kids, they have to learn how to modulate and control their emotional state, especially important in teenagers. That's one of their primary goals. This took that away. You need to be able to have bad times, tolerate it, and then recover from it. We just had bad times. We're still trying to recover from it.

So I think the short answer: truth and legal action. I've been involved in class-action lawsuits against the RCMP. There's another one coming, a couple more coming against them. Also with the Canadian Forces. Civilians need to come forward; we need to document all of that. We need to sue. Part of the problem is the government has signed this immunity: No liability for the drug companies, right, unless there's fraud. And then, it's not there anymore.

Did you know Pfizer had to pay $2.6 billion in 2006 because they suppressed negative research outcomes, and they fraudulently marketed their product? And they just, this year, I think it's another $1.5 or $2 billion. And we trust this company?

Shawn Buckley
Dr. Passey, I'll just ask you to stay focused on the questions, just because we have some other guests that need to testify.

Dr. Greg Passey
Sorry, I'm famous for that. So basically, legal action, civil and criminal.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good morning, Dr. Passey. I have a number of questions that span across a bunch of different areas. So bear with me, please.

Dr. Greg Passey
No problem.

Commissioner Drysdale
In one of your slides, you talked about PPE, personal protective equipment, and you showed pictures of what kind of personal protective equipment would normally be expected to prevent the spread or reduce the spread.

We've heard from other witnesses that part of the use of that personal protective equipment is also the disposal of it. And since the public were using these masks that they would wear for eight hours a day or more, I personally saw, and I'm sure everyone in Canada saw, these things blowing in the wind. They're in garbage cans. Kids were taking them off their faces like this.

Can you comment on how that lack of training or procedure in disposing of these biologically contaminated items may have affected the spread of this COVID-19?

Dr. Greg Passey
Well, the virus, for the most part, spreads because it's airborne and not because it's sitting on a surface. Although it can reside on a surface—I think the latest thing I saw—for two days. But you're not going to get it from the surface unless you touch that and then you start touching around your face, your mouth, and stuff. So I think it was a very poor job in regards to how do you handle masks, how do you dispose masks.

For people that use cloth masks, they should have been washed every day. Anyone using a N95 or a surgical mask, they should have been disposed of every day. In theory, it's a biohazard, right? I see them all around my neighborhood and it's like, what are people doing? So it is a problem, but it's also a problem from pollution perspective.

[00:30:00]

We haven't talked at all about the microparticles that get deposited in your lungs when you're breathing through these things all day. So I think the problem was, we shouldn't have gone that route to begin with, period. If you're sick, you're coughing, you're sneezing, wear a mask, yeah, fair enough. I'm good with that.

Commissioner Drysdale
I don't quite remember what your words were—about a different kind of warfare where the opposing side isn't even aware that they're under attack.

Dr. Greg Passey
Yes.

Commissioner Drysdale
But even if they're not aware they're under attack, would you agree with me that the goal of the opposing side would be to reduce your capabilities? If you're doing this against an army, it would be to reduce the capability of the opposing army, would it not?

Dr. Greg Passey
Yes.

Commissioner Drysdale
Were you aware that we had testimony from a Catherine Christian who said that as the result of the mandates that we imposed upon our military that we lost between 3,000 and 4,000 members out of a 17,000 force?

Dr. Greg Passey
I was not aware of the percentage. I am aware that there are a lot of veterans, individuals that left the force. I'm talking high level, like Canadian Special Ops Regiment, JTF2, that people left because of the mandate. And then, let's throw in side effects from the vaccines. Some of these people had severe side effects, and they were no longer able to remain within the military. Ideally, if I was going to attack the U.S. or us, I'd want to come up with a biological agent that knocked out the military.

Commissioner Drysdale
But a biological agent. Would it not be as effective to use a psyop against these people, where they would voluntarily reduce their effective army by 3,000 to 4,000 people out of a total of 17,000? Wouldn't that be more safe for you, for the perpetrator?

Dr. Greg Passey
Way less likely to be detected. Absolutely.

Commissioner Drysdale
You know, listening to your testimony, I learned a lot of things that I didn't know before. One particular one was that Bonnie Henry was in the military at one time.

Dr. Greg Passey
Yes.

Commissioner Drysdale
And you were in the military for over 40 years, were you not?

Dr. Greg Passey
Twenty-two years.

Commissioner Drysdale
Forty-two years.

Dr. Greg Passey
Twenty-two.

Commissioner Drysdale
Twenty-two years, sorry. What happens when the military or army, the people who are out there protecting Canada, our soldiers— If they're out and they're facing an army, and they turn around and leave the field? Is that a legal act? Is that an act that's justifiable because they were scared?

Dr. Greg Passey
In a war zone?

Commissioner Drysdale
Sure.

Dr. Greg Passey
If you leave the battlefield, you will be arrested at the very least. Potentially, you could be shot.

Commissioner Drysdale
So Bonnie Henry wrote a book. Her responsibility, at least in the minds of Canadians, was to protect Canadians' health and lead them through this. And she wrote in her book that she effectively left the field because she was afraid of opposing the premier and the political part of her party. Is that correct?

Dr. Greg Passey
That's my interpretation of what she's written, yes.

Commissioner Drysdale
I have another question. It pains me to ask this question, it really does.
Some of the most dedicated and brave people in this country, our police, our judiciary. We've heard testimony of our medical people. Our judicial system, we had testimony from a retired judge. It seemed that when they were facing a challenge, they were facing the enemy—where in judges' case, they were supposed to stand between the people and the government; in the police state, they were supposed to protect the people; in the medical system, they were supposed to treat you, despite whether or not you had a vax. All of these groups, all of these protective groups in our country, seem to have left the field of battle. Can you comment on that. What you think happened there?

Dr. Greg Passey
Well, first off, we haven't all left. Again, the narrative.

[00:35:00]

Tell a lie big enough, long enough, people believe it. Lack of integrity, I don't understand it. You know, a Hippocratic Oath to serve and protect, to defend my country. What happened to honour and integrity? Where did cowardice come from? Why does this narrative eliminate or attempt to eliminate the critical thinkers?

They used to talk about the thin blue line or the thin green line. It's not a line anymore; it's little pieces of people trying to stand up. A lot of people are afraid. I've got colleagues, I can't believe, they're so afraid. They won't say a thing; they won't go— I can show them the evidence. "Oh, well, that's, no, no, no" I don't know how to explain it. They're so brainwashed. The narrative at this point has won. We are the only thing that stands between the narrative and complete disaster. Truth, integrity, honour.

Commissioner Drysdale
You talked about a quote by our Prime Minister with regard to there was no forcing of people to take the vaccines. Can you comment on the case of the Alberta woman who was waiting for a lung transplant and was denied a life-saving lung transplant because she had not been vaccinated? Would you consider that forcing someone to get the vaccine?

Dr. Greg Passey
Your choice is you can die or you can have the vaccine, and maybe we will do the procedure for you. You might as well hold a gun to the person's head. There's no evidence to support that position. They'll tell you there is. They'll tell you there is. I'm absolutely abhorred by **that. Not only that, but the fact that the judiciary system upheld that. That is wrong. That's why I say, I don't trust government; I don't trust public health. I don't trust my colleagues, anymore. I certainly don't trust my College, and I don't trust our judiciary system. It's not about justice. I don't know where justice went. It's about little legal technicalities. This is just wrong. I know right and wrong. You all should know right and wrong. This is wrong in this country.**

Commissioner Drysdale
Although you didn't speak about informed consent, I believe you did talk about the way the government was recording case fatality rates. It's my understanding that case fatality rates

are actually the ratio of people the government reported or knew were infected versus the number of them that they reported or knew died.

I'm wondering how that would inform the public about their risk of COVID, considering that if, for instance, they only reported two people with COVID and one died, that would be a 50 per cent case fatality rate. As opposed to there were three infections and one person died, out of 5 million or 20, 38 million. So is that number useful to an ordinary Canadian like myself to understand what my risk to COVID was?

Dr. Greg Passey
That's why on that particular slide, I looked at people over 80, the percentage. But one out of 86 would die. That's important to know, rather than— You can play with percentages, right? All the COVID numbers, they doubled this week. Well, they went from one to two. Okay, double. Big deal.

That's why I also put the kids, the young under 19. One out of, I think it was 186,000 died. Okay, I'm willing to take that risk, right? I'm in a risk category here now. I'm getting there: one out of 86, I'd want to do something about that; I don't particularly like those odds. But one out of 80-some-thousand?

[00:40:00]

My grandson's not vaccinated, and he won't be. Not against COVID.

Commissioner Drysdale
One other number that I was curious that you didn't include in your numbers, and I don't know what the number is, and I'm asking if you do. I think you talked about 80-year-olds, and their chance was one in 86 or something like that. Do you know what an 80-year-old and above's chance of just dying from any cause, any year is?

Dr. Greg Passey
No, I didn't look that up. But I can tell you the difference between the expected life span versus being shortened by COVID is not really statistically significant. So what that means is most of the people that were dying of COVID were going to die anyway.

Commissioner Drysdale
They were beyond the expected life expectancy in Canada?

Dr. Greg Passey
Yeah, yeah. Or they're right at that. That doesn't negate— I mean, they're humans. They deserve to live, and it's usually the frail, comorbid, et cetera, are most at risk. Same with the kids. Healthy kids don't typically die of COVID, but diabetes, cancer, immune compromise, et cetera. Yes, they do.

Commissioner Drysdale
I have one last question. It's something that I puzzled about for years, even beyond this pandemic. I think in your testimony, you talked about how the Canada you believe in

and/or wanted to live in was one of educated people, of justice, of logical thinkers, et cetera.

You also mentioned, I believe, that you are a student of history, and I am as well. And I can think of another people that were considered the most advanced, most accepting people in the world in the 1930s and what happened to them in Europe and Germany. I'm wondering if you can comment on any parallels or concerns that you see between what happened to these two groups of people who were considered to believe in justice, to be educated, to be scientific. Do you have any comments on any parallels you see there, sir?

Dr. Greg Passey
Well, that's part of why I quoted our Prime Minister. He's using the same process that allowed the Nazis, the Stalinists, the Chinese to basically segregate a subpopulation. And to villainize them, to dehumanize them.

It only took about 33 per cent of the population in Germany to cause that narrative to become reality and for people to be killed. The Liberals were elected with 32 per cent of the population. They're running this very strong narrative, and he's using language that vilifies, ostracizes, dehumanizes. "They take up space." "Should we really tolerate them?" That's not too far from some of the speeches I heard Hitler. And now I'm going to get crap because I've compared my prime minister with Hitler. What I'm comparing is the process, and his words, although slightly different, are very similar.

Commissioner Drysdale
Do you have any comment about how our hate speech laws protected us from those words?

Dr. Greg Passey
Our hate speech laws didn't protect us at all from his words, at all. I believe in free speech. I believe as long as you're not attempting to hurt me, you can say what you want, and I'll counter it not by censoring you but by giving you—here's the truth. The truth is what's important. It's not hate laws. It's not censorship. Truth. Truth. Hate laws don't apply to politicians, apparently, at least not prime ministers.

Commissioner Drysdale
I have many other questions, but I feel a hook coming up behind my chair.

[00:45:00]

Thank you, sir, and thank you for your service to our country.

Dr. Greg Passey
Thank you.

Shawn Buckley
Dr. Passey. Oh, I'm sorry there are further questions.

Commissioner DiGregorio
Thank you so much. My commissioners have asked many of my questions already, but there's still one thing I'm hoping you can help me understand a little bit better. So you spoke quite a bit today about part of the problem being the way that Canadians are thinking: how their beliefs are formed on emotions; how that can be very difficult to change, particularly when you're trying to seek the truth; and that people may discard it if it disagrees with their beliefs. You said that the only way to really defeat that is to encourage critical thinking in people. And I'm just wondering if you have any comments on how we can encourage, support, and develop more critical thinking in Canada within the population.

Dr. Greg Passey
So two things.

First off, until we get the government to change the narrative, it may be impossible to change the beliefs. So this government that's in power now and our political system will not change the narrative. There's no reason for them to. They've basically proven who they are. Period.

Critical thinking has to be developed in elementary school, reinforced up through high school, and then again in university. Censoring speakers on a university campus is absolutely the opposite of what you need. Let the person speak. You don't like what they're saying, don't go. Or go, and then counter them. But you have to start in elementary school. I know teachers. Critical thinking is not being taught. Narratives are. They're being taught stuff. Why are they being taught that? That's things they can learn later.

Critical thinking: Here's a problem. These people say this; those people say that. Argue on that side, and once you finish that, go and argue on the other side. Or have debates within the school system. You're not allowed to debate: Oh, you're this; you're that. Oh, you're discriminating.

Shawn Buckley
And Dr. Passey, I'll ask you to stay focused to the question again.

Dr. Greg Passey
But that's it, right? You're not allowed to have the critical thinking because you're ostracized, you're called names, you're discriminated against.

Commissioner DiGregorio
Thank you.

Dr. Greg Passey
Thank you.

Shawn Buckley
I think that those are the questions. Dr. Passey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying. You've brought up some points that no other witnesses have brought up, and you've served this Inquiry well. We thank you.

Dr. Greg Passey
Thank you.

[00:49:02]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 2: Kim Hunter
Full Day 2 Timestamp: 04:01:40–04:21:20
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
Good morning. My name is Stephen Price. I am a lawyer, locally, and a volunteer to try and assist in this process today. We have a witness. The lady is Ms. Hunter, Kim Hunter.

Kim Hunter
Correct, yes.

Stephen Price
Excuse me?

Kim Hunter
Yes.

Stephen Price
Okay. Ms. Hunter, you're here to provide, I guess, an outline of your background and why you think this is important to testify today?

Kim Hunter
Yes. That's right.

Stephen Price
Okay. We'll try to keep it short, obviously, but you're here to testify and to tell the truth as you understand it.

Kim Hunter
Yes.

Stephen Price
Okay. What is your background, ma'am?

Kim Hunter
I'm an early childhood teacher. I taught in the classroom for over 20 years.

Stephen Price
Okay.

Kim Hunter
I now teach teachers and mentor, and I've had practicum students in my class for the last 15 years prior to my stepping out of the classroom.

Stephen Price
Maybe a sensitive question, but how long have you been doing that, ma'am? How long have you been doing that?

Kim Hunter
I've been teaching children, I did— Do you mean teaching teachers or teaching children?

Stephen Price
Both.

Kim Hunter
I've been working in early childhood since 1998, so that's 25 years.

Stephen Price
Okay. And what brings you to see the Commission today? What's your understanding of your input?

Kim Hunter
My input is to look at mask use on children and the implications of that.

Stephen Price
Okay. Can you explain why it's important to you and what your observations were?

Kim Hunter
Absolutely. When I was a child, I had a personal problem with masks. I couldn't even wear a Halloween mask without passing out. So when masking became something that I noticed in Canada, I became concerned about it because I thought, "Well, am I really at risk of getting this disease? Is there any validity to this?" And I started looking at the research, and the research all said masks did not work to prevent the spread of viruses. And as there was a change in the direction, we saw people starting to wear masks and eventually I could see the mandates were going to come into place. I started to get very concerned and speak out on it. And I was ostracized in my community for that. But I started to look at the broader context of mask use, specifically as it was oriented to children.

Stephen Price
Okay. In terms of the ostracization, how was that affecting to you? What happened to you that you could tell us about?

Kim Hunter
Oh, I was thrown out of my grocery store. I live in a small island community. And on the first day of the mask mandates in the Province of British Columbia, I didn't know that the mandates had taken effect in our region. I had heard they were going to be implemented in parts of British Columbia that I didn't live in. And I just went into the grocery store, and I was surrounded by employees and asked to get a note from my doctor. Took me a week to get to see my doctor. I did get a note.

I had written letters to the paper that were published. And it was pretty interesting to see how the local media dealt with that. So, for example, they printed only letters in response to mine that opposed my perspective. And over time, I came to find out that many people had written letters that were actually supporting my position. And some of those people were medical nurses and doctors and scientists.

Stephen Price
[Inaudible: 00:03:46] in regards to children.

Kim Hunter
Well, I'd like to bring in my testimony. Can I move to my slides at this point? [Presentation exhibit number unavailable.]

Stephen Price
Yes.

Kim Hunter
So there's just three basic points I'm going to make. The human rights protections that are in place to protect children from mandates is the first thing that I'll cover. And then I'll look at the impacts of children being obliged to wear masks, and also the impacts on children when people in their environment are wearing masks.

Stephen Price
Carry on.

Kim Hunter
So children's human rights are covered under the United Nations Convention on the Rights of the Child [CRC]. These are all things that are in this convention: The best interest of the child is a primary consideration; the right to survival and development; the right to express their views on matters that affect them; and the right of all children to enjoy all of the rights of the CRC without discrimination.

So the UN Declaration on the Rights of the Child

[00:05:00]

endorses in its preamble to the CRC— This is a quote, it says, "The child, by reason of his physical and mental immaturity, needs special safeguards and care."

For me that was really significant because I knew that as a child, I myself would not have been able to wear a mask. And for me, that's an indication that I'm not going to be the only person like that.

So it's our duty to abide by the strict legal obligations to protect children from harm. The WHO and UNICEF supposedly advocate the do-no-harm principle with regard to mask use for children by prioritizing the best interest, health, and well-being of the child. The health and well-being are really significant with long-term mask use in either way: either the child using the masks or there being masked people in their environment.

There are liability implications for decision makers. Making mandates for children must be supported by durable evidence that mandates do not impair children's physical, psychological, and psychosocial well-being. That has not been proven for mask use or other mandates.

The impacts on the young child being made to wear a mask, many of them are very similar to what adults would say we experience. There's strong evidence of the relationship between mask use wearing and difficulty breathing; hypoxia, which is low oxygen levels; high levels of carbon dioxide; increased heart rate and humidity; high systolic blood pressure, which is typical in activities that are anxiety-raising, such as speaking in front of this Commission, but also in terms of cardio exercise. That's particularly important for children because children have to move. In order for their brain and their physiology to develop, they have to be able to move, to run, to play, to move. So additional issues include high bacterial, viral, and fungal infections such as pneumonia.

These are some examples. This is in my classroom. The children lining up to climb up onto a stool and jump off. The children running. They just wanted to run all the time. Pulling a toboggan up the hill would be much harder with mask on.

Clinical symptoms of mask wearing include headaches, fatigue, shortness of breath, skin conditions, psychological effects, cognitive difficulties, and dizziness. High levels of CO_2 reduce blood pH, which may lead to long-term disorders such as cancer, diabetes, dental issues and neurological disorders. [Exhibit VA-14]

A person wearing a mask isn't supposed to touch it. A previous speaker spoke on that. The mask is then considered to be contaminated and it's supposed to be thrown away. Children cannot be expected to control themselves in this regard. It's unreasonable, especially young children.

So what happens to the child's development when the child is largely exposed to people who are wearing masks? And again, our last speaker spoke on this a little. He alluded to it. But the significance of bonding and attachment is diminished or not possible if the adults are nursing or bottle feeding a child, for instance. And this starts at infancy. It is the eye contact, the voice recognition—and that's especially for the mother—but also for other people, the father and other family members. Their voices are heard in utero, but when they're heard in real life, they make this connection. And this is really the foundation of social and emotional growth and both active and passive communication.

Mother nature, it's very clever. The best way—distance—for a child to be able to take in the facial expressions is in breastfeeding. And bottle feeding, if it's being done in the arms of a person, will provide that same experience.

So young children learn through imitation, and they need to see people's facial expressions to learn the nuances of human communication.

[00:10:00]

This is pivotal. I don't think we can really just brush over this. If you watch children play, you will see that their play is dictated by what they see and experience in their environment.

When people wear masks, communication cues are quashed and learning by osmosis is not possible. The mouth can't be seen. The sound is muffled, making learning language more difficult. I'm sure as adults we can also experience this. I mean, I've certainly had to ask people and—sort of embarrassed from time to time—I've had to say, "Can you please speak louder? I'm not understanding you." But I have a grasp of the language. Infants and toddlers are trying to grasp a language. When that process is blocked—and especially with something like masks—we're actively inhibiting that possibility. The neural pathways are formed for language very early in life. This is why people who have not learned a second language often have an accent. It's very hard to get rid of an accent later in life. But for a child, they have to develop their own language, their own mother tongue, and that's inhibited when they don't see the face of the people around them.

Unfortunately, this is kind of scary, but studies are showing a 20-point drop in the IQ of toddlers who were born in the first three months of the lockdowns in 2020. That's huge. **That's a substantial drop. And I think a lot of it is because of the mandates—and probably most pointedly, the mask mandates—when we're looking at toddlers.**

It is my position that masks should be voluntary and that ideally children aren't exposed to people wearing face masks. And a mask should never, in my opinion, be put on a child. That's the end of my testimony, and I'd be happy to take questions.

Stephen Price
Are there any questions from the Commissioners?

Commissioner Drysdale
Ms. Hunter, thank you for coming by this morning. Can you tell me, have you ever testified in front of a Commission like this before?

Kim Hunter
I've never even heard of another Commission like this before. I have been in court before.

Commissioner Drysdale
Do you feel nervous and uncomfortable sitting in front of us for the first time?

Kim Hunter
I feel a little edgy, especially because we're running late.

Commissioner Drysdale
Then why did you come and put yourself through this? Why would you sit before Canada, because this is being carried in social media across the country? Why would you come and put yourself through this uncomfortable and nerve-wracking situation?

Kim Hunter
For children. I haven't really heard a lot of people presenting on children. I'm not talking about it at the National Citizens Inquiry, but in general. I heard our public health officer—in fact, there's a fabulous clip that I could show you that the tech crew has, that's a two-minute clip of basic times when Bonnie Henry said masks don't work. They're all logged by date. And then there is a clip of her saying the opposite. And in fact, she actually said that she "never said that masks don't work. Masks do work." And they don't. There is no evidence that masks work for this brand of viruses.

Commissioner Drysdale
Did you listen to the testimony of the previous witness, who was before us?

Kim Hunter
Yes.

Commissioner Drysdale
How did it make you feel when he read the passage in her book where she said that well, she didn't really stand up and that she did what her political bosses told her to do, as my paraphrase?

Kim Hunter
That's probably true. That's probably exactly what she's doing. She's not standing up and she's definitely following orders from someone.

Commissioner Drysdale
What would your message be to all of those people out there—those teachers, those doctors, those lawyers—who are too nervous, who are thinking I would like to testify at the NCI, but they have not. What would be your message to them?

Kim Hunter
We need to testify. We have a committee called the Truth and Reconciliation for the horrible things that happened to Indigenous Peoples in this land. And I feel like this is the truth component of the horrors

[00:15:00]

that happened to the Canadian population because of COVID mandates. What we're going to need coming forward is reconciliation.

Commissioner Drysdale
Thank you very much.

Commissioner Massie
Thank you very much for your testimony. I'd like to turn it around and maybe put a challenging statement. Masks do work: they do harm people. And it seems to me that we have not really take that into consideration. I've often heard people say that "children are flexible, they will adapt to anything," and so on and so forth. In my own experience, the one thing that really connects people, and turns them on or off, is a smile. How can you see people smile under a mask? What kind of impact could that have on the overall being of a children that is put in an environment where they have to be connected in order to learn from each other and from the teacher? What do you think the impact of not seeing a smile, day in and day out, could have as an impact?

Kim Hunter
I think this is a question, again, it goes back to the broader context of learning communication. Smiling is one thing—and it's probably the best part of being an early childhood teacher—the fun of being with children and watching them, see them grow and develop. Facial expression also teaches children about when things aren't good and that's important for them to know too. It's important for them to know when somebody's sad and how to work with that, when somebody's afraid and how to calm them.

But there is a specific thing called mirror neurons, and it's to do with the mirroring that they see in their environment. And I think all of us are subject to this in one way or another, but young children are particularly so. And so you'll see a baby who is pre-verbal: they might be babbling, but if you go and smile at them, they're going to smile back. Sometimes you'll see an adult cry and they're crying for joy, but the child will cry. And they don't understand that distinction: It's just an imitative force in them as they learn what that is, what communication is. And so then it has to be explained, "Oh no, mommy's crying because she's so happy that—" whatever the story is. But you know, this is how we learn communication. So I think not being exposed to full opportunities to receive communication at a very early age is extraordinarily detrimental.

Commissioner Massie
My second question is, how is it possible that people—a lot of people working in education—would ignore that by thinking that magically depriving children from this very important aspect of communication would probably be okay?

Kim Hunter
You know at the beginning of the pandemic when I looked up the mask research, everything said that they didn't work. And that changed. Like they took the old studies down—the studies that were tried and true—and they replaced them with studies that said that they worked. So I think probably by the time average teachers looked into mask use in classrooms or tried to find data, it would have been reflecting something that was put there, in my opinion, by the government narrative, in a direct or indirect way. Because it doesn't— There's no explanation for why there could be 30 years or more of mask research that exemplified that masks do not work for the spread of viruses and then have all of that research thrown away and replaced.

Commissioner Massie
Thank you very much.

Stephen Price
Thank you, ma'am. Thank you for taking the time to come and testify and provide your views to this Inquiry.

Kim Hunter
Thank you.

[00:20:13]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Commentary: Shawn Buckley
Full Day 2 Timestamp: 03:09:34–03:11:33
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry in Vancouver. For those of you who are online, I'll explain what just happened. I'll begin by reminding you that in our proceedings here yesterday, while we were in the middle of a witness, we had a power outage and we had to stop our proceedings. Today we were in the middle of a witness this morning, and we had a fire alarm. There was no fire. Somebody in a different part of the building pulled the fire alarm, and we had to stand down and wait for the fire department to attend to reset the alarm.

Now something very interesting happened that I noticed when the fire alarm went off. There's likely over 200 people in this room. In normal times if we're grouped together in a room in a large building and a fire alarm goes off, we quietly and efficiently leave the building to ensure that we're not caught in a fire.

But that didn't happen here. The alarm went off, and I don't think a single person left the building, except later when we learned that we would have to wait for some period of time for the fire department to arrive. So some people left just because it was really loud in here.

That speaks to a change in psychology. It speaks to the fact that the people in this room actually didn't trust the fire alarm and interpreted this as a deliberate interruption. **Because these are live proceedings and this is a historical event, I just wanted that to be catalogued for the record, what happened in this room as we were disrupted.**

[00:02:00]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 3: Caroline Hennig
Full Day 2 Timestamp: 04:21:45–04:40:05
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
So good morning. Good morning, Commission. I'm Marion Randall. I'm local council and will be assisting the next witness who is virtual. I can see her name on the screen, but not her picture yet. There we go.

Ms. Hennig, can you see and hear me? Okay. So could you please state— I can't hear you. Are you muted?

Caroline Hennig
I shouldn't be.

Marion Randall
There we go. Okay. Thank you. So can you state your name for the record and spell your first and last name, please?

Caroline Hennig
Okay, my name is Caroline Hennig, C-A-R-O-L-I-N-E, and Hennig is H-E-double N-I-G.

Marion Randall
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Caroline Hennig
So help me God, yes, I do.

Marion Randall
Thank you. So just to give some background to you. You moved from British Columbia—or I think British Columbia, but at least Canada—in 2007 to Costa Rica. You have five children. The testimony that you want to give to the Inquiry concerns sort of a back-and-forth thing and because your father and your other family, not your children, are here resident in British Columbia. Is that sort of correct summary of where you're going to start?

Caroline Hennig
Yes, I've got some children going to university in Vancouver, and my husband and I live here, but my husband works around Canada. But I'm usually here on my own.

Marion Randall
In Costa Rica?

Caroline Hennig
In Costa Rica.

Marion Randall
And that's where you're testifying from today, you're giving your story.

Caroline Hennig
That's right.

Marion Randall
So you can give us your presentation as to what happened with your father and particularly how the mandates impacted your care for him and the care he got.

Caroline Hennig
Okay, so quick background. We moved here in 2007, so we were well established. In 2016, my mom was ill with cancer and she died. That was the year I actually moved back to Vancouver to support my father. I was straddling two countries because we still had our home here. But we started the girls in school in North Vancouver and basically got my father back on his feet. And things went along really well. I just nipped back and forth to keep an eye on the house. We didn't have it rented.

And then in 2020, the beginning of the pandemic, my father was diagnosed with prostate cancer, and it had metastasized. So we began the whole medical treatment, a lot of doctors' appointments, and laboratory tests, and to-ing and fro-ing. And I basically moved in with him. He had a little studio flat just above his garage. And that was in 2020, let me just think, yeah, the beginning of the COVID, so that was January 2020. And I just stuck close to him, got him through his tests, got his pain under control and nipped back and forth to Costa Rica. And then I had to go back for Christmas to Costa Rica, and my dad didn't want to come; it was too much travelling. And then we had family here, and there was a lot of work to do in the house because it had basically been abandoned.

Marion Randall
If you could just slow down a little bit. I know I've told you there's time constraints, but you were moving back and forth.

Caroline Hennig
Sure.

Marion Randall
Thank you.

Caroline Hennig
Okay, so basically, by the time 2021 came along, I was now back in Costa Rica. My father was managing well. My mother had been gone for a number of years. The pain was under control. He had established a relationship with various doctors, and I was able to stay a little bit longer in Costa Rica and get things sorted out. Then my daughter, I found out my daughter was expecting a baby and she was living in Abu Dhabi. So I went to Abu Dhabi in, it was June 2021. She had a difficult birth. But my father and I stayed in very close contact. We were always writing, always phoning, always Zooming funnily enough, which is why I've got this set up.

And I didn't hear from him for a few days, maybe for a week. And I just thought he was giving me a bit of space because this new baby and my daughter was in quite a bit of pain. And then I got a call from him. And all he said was, "I'm really not well." And I knew what that meant. He was very stoic and he wasn't dramatic. So I knew that something really bad was happening. I had to go through a lot of rigamarole—understandably, this is not a criticism, but to get back to Canada and not have to go directly into quarantine. I was allowed to go directly to my father under compassionate grounds, which is what I did. And I arrived at my father's house, on Bowen Island, I should add, on July the 22nd, 2021.

Now I do have some photographs. There's only eight of them. They kind of speak a thousand words. I think my words will be inadequate. I don't know if the panel would like me— I've got them all set up.

Marion Randall
If you know how to set them out and can get them on the screen somehow.

[00:05:00]

I have no idea.

Caroline Hennig
Yeah, let's try it. I'm going to try it. So I'm going to share my screen and I've got to put my reading glasses on. And I've got it. There we go. Now I don't know if you can see anything. You should be able to see my father.

Marion Randall
Yes, we can. Yes.

Caroline Hennig
Okay, perfect. So this is just to let you know, just a terrible state he was in. This is after I've been there for almost a week and I have changed his bed. I've bathed him, but he's dying. And actually, this weekend that this picture was taken, the district nurse who my father actually arranged— There's a lot of protocol to get a district nurse to do a home visit. But she called out Squamish, a funeral home in Squamish, to alert them to an expected death that weekend. That's how ill he was.

But I persevered. It was around-the-clock nursing. I didn't leave his side and I gradually managed to get food into him because he'd been living on ice chips. And as you can see, he's got pain au chocolat and mango. Suddenly his appetite just started picking up. And he was clean. And you can see he's looking better already, but he's still bedridden.

And then here, he starts to do exercises in bed. He's determined to live. I really want to emphasize that. I'm still nursing him. I'm still at home and the district nurse is still making a visit, I think three times a week at this point.

Now he's out of bed. He cannot walk, but he's able to crawl and he's taking an interest in all the things that he loves. He's actually making his way there to his computer. He was a professor of computer science and psychology. He was a professor emeritus at Calgary University at this stage. So off he goes.

And then suddenly he's asking for his, what I call a Zimmerman. I think it's called a walker. He's just doing a daily constitutional up and down his driveway. So he's really making progress. And I've only been here maybe about two or three weeks.

And then the next picture, he's not able to drive and you can tell he's still very ill. The bruise on his face is actually where he had a terrible, terrible cut there. We weren't able to suture it because it was found too late. But he's healing and I drive him into town. We do some shopping and he visits his hospital, Lionsgate, to get blood tests done and all that sort of thing.

And then I think only maybe a week later, he's driving me, maybe 10 days. And he's still very thin, but he's completely, he's rallying in a really amazing way. And I have to tell you that, when I arrived, when I said the nurse called for an expected death, he was having terminal agitation. He was having visitors that no one else could see. He was having strange things like, they call it terminal lucidity. He was almost completely deaf. And he used, well, he didn't use a hearing aid, he used a modern-day version of it, ear trumpet. But his hearing came back. So he really was on death's doorstep, literally. So off we go. He drives me in.

And then in the middle of all of this—this enormous change for the better in his health—Trudeau announced his election for that September. So that's 2021, I think. And it was clear by Trudeau's rhetoric that he was going to make the unvaccinated a wedge issue for his campaigning. And that's exactly what he did. And I mean, all this talk about not being able to take an airplane, not being able to take the train. I mean, I was living on Bowen Island with my father. That's public transport. Suddenly I don't even know if we're going to be able to get off to see the doctor on the ferry. Never mind the fact that he kept changing the date. It ended up being November the 28th, 2021, that travel for the unvaccinated was cut off.

So once I got that date firmly pinned down, I had to pack up my father's house. I got some help from a wonderful woman called Sam on Bowen Island. And we managed to get my dad's entire house packed up. I mean, he had so much stuff. And we found him a retirement

home, not a care home. He was fit and ambulatory, as you can see in this picture. And he moved in on November the 15th. The house is now up for sale. It's empty.

And this is the state I left my father in. He was ambulatory, happy, and looking forward to life. But the truth is over the next four months, between then and when he employed MAID [Medical Assistance in Dying] to, I call it suicide. He used MAID to die. Basically, the isolation that Trudeau's vaccine mandates imposed on him extinguished all of his happiness and will to live. Which is why it's important for me to show you that he really wanted to live until the isolation got to him.

[00:10:00]

And then there's just the last picture is actually my dad's obituary.

So I'm just going to exit the screen.

Marion Randall
And then can you describe for us what you think happened, or you know happened, in the nursing home in the four months when you couldn't come back to visit.

Caroline Hennig
Well, basically there was no one anymore to take him shopping. He never once went out for dinner. If he went shopping, he got his own little scooter and managed to get there, to Whole Foods in West Van because Hollyburn retirement home was near to the Whole Foods. He seemed cheerful enough when I was talking to him. And actually, we talked about him coming down because he wasn't vaccinated either and couldn't come down with me. There just wasn't time to get that put in place. But he had asked if he could come and live with me. We had talked about it when I was living with him. And I was, "absolutely wonderful, daddy, come on down." And he even bought a really marvelous scooter—mobility scooter—that's Israeli made. It's really fantastic because it's so clever you can take it apart and take it on as carry-on. So he bought that. It cost a bomb. So he was really planning to come down.

What happened between— That was about at the end of February. I don't know what happened in that month, but I didn't get any signs. I mean he was sad and he still couldn't say my mother's name without crying. So there was grief still that he was dealing with. But he wanted to live and he wanted to come down to Costa Rica. But I don't know what changed. I think it was the isolation. I think it was the hopelessness because I kept saying, "Daddy just hold on. I know these mandates, I know the vaccine mandates are going to be lifted, just hold on."

And of course, it was at the end of June that year, they lifted it. But he gave up. I think I got an email from him on the Friday telling me that he had called MAID to come in and they were going to perform this—I call it mercy killing or euthanasia—on Tuesday. What was really difficult for me was that I couldn't call him. It was so psychological. I was so scared that if I said, if I called him, then my words were going to be clumsy. And I felt like I was in the position where I was trying to talk somebody off the ledge. I really regret that. But we did email each other because I'm more careful with my words when I write.

I did everything. I mean my daughter works for quite a world-renowned physicist at MIT, and she talked to him. And he said, "Get your dad's CV down here right away." He didn't

know that my father was thinking of MAID. But he said, "We'd love to have him." He was Cambridge educated, he was a mathematician, computer scientist. He was smart. And this physicist at MIT said, "We'd love to have him on board," on this project that my daughter's involved in. And I told my dad. And I think this is quite telling because his reply to my email, which said, "Daddy, we've got this wonderful opportunity with MIT, this wonderful professor, it would be such a great thing for you." He said, "You know sweetheart, in happier times I would jump at this opportunity." And that just told me all I needed to know. I couldn't— You can't support someone adequately from a great distance. Not like I could when I was with him. We used to go for walks.

Marion Randall
Ms. Hennig, if I could ask a question. You have brothers who lived here in Vancouver, and you did tell me in our discussion—and perhaps you could tell this Inquiry—about sort of a division between the vaxxed and the unvaxxed in your family. And why your brothers were unable to help him, although they were here in Vancouver?

Caroline Hennig
Yes, my brothers were very pro, especially my youngest. And that had some conflict with it—not so much my middle brother. But I don't really understand why. Maybe it's that little ditty that says, you know, "Your daughter is your daughter for all of your life. Your son is your son until he gets a new wife." And the fact of the matter was, I was just closer to my dad than my brothers and that's not to criticize my brothers. It's just the way it was. They weren't able to provide the emotional support that my dad needed.

My dad's nickname for me was Meg because Margaret was the daughter of St. Thomas More. And she's famous for apparently climbing up the trestle of London Bridge to bring her father's head down after Henry VIII executed him. I mean, a small detail, but my father and I were very, very close. I adored him. We were very philosophically in line and politically in line, and that just made it easier for me.

Marion Randall
And I think we're nearing the end, Ms. Hennig. But you had one final comment I know you told me you wanted to make regarding our efforts to remember an informed consent, you talked to me about. That you felt that we had learned nothing from our past.

Caroline Hennig
Yeah.

[00:15:00]

I think it's to Trudeau's enormous discredit that he failed to grasp the moral and ethical concepts encapsulated in the Nuremberg Code, the primary one being informed consent. And he completely failed to grasp that many people who declined the mRNA vaccines were, in fact, standing up at great personal cost for the human rights legacy that's not just simply laid out in the Nuremberg Code but was paid for with the blood of medical experiment victims of the Jewish Holocaust. I think that for the Liberal government to have betrayed—and it betrayed, that's the word I want to use—this ethical concept of informed consent by its coercion of Canadians to submit to a novel mRNA injection with all its unknown risks, I

think it betrayed not just the concept itself of informed consent but the Jewish people themselves who paid for it with their lives.

And I don't say that lightly. I think it was horrifying how casually informed consent was dismissed. And in my mind, it was a betrayal of such magnitude that I don't believe that those who are guilty of committing that betrayal have any moral authority to speak on anti-Semitism with any genuine legitimacy. I mean, the truth is the Liberal government failed at the very first opportunity to show solidarity, true solidarity with the Jewish people. January the 27th is the International Day of Holocaust Remembrance, and Trudeau had all the right words and platitudes. But actions speak louder. And I really feel that— I think the Jewish victims of the Holocaust that we pay homage to, they were failed. I think the government failed to align themselves, particularly with those victims of medical experimentation that was conducted by Nazi physicians. Because it's a huge legacy that we owe, that we're indebted to these people.

Marion Randall
So Ms. Hennig. Thank you for your testimony. Is there anything else you wish to say? Because if it's not, I'll put it over to the commissioners to ask you some questions, if they have any.

Caroline Hennig
There's one thing I will just finish on, and that is that I think Trudeau allowed, his government allowed, the sacred act of exercising one's humanity, whether it be devotedly caring for, showing compassion, or even just simply showing, you know, giving moral responsibility towards a loved one— I think to have reduced such humanity down to a government-issued privilege, to me, it just reveals a single most defining aspect of Trudeau's character and the government's undiluted moral weakness. I'll finish on that.

Marion Randall
Thank you. Thank you, Ms. Hennig. I'm told by the powers that be, there's a hard start for a witness at one, and I have to stop you. But thank you for your testimony.

Caroline Hennig
Don't you worry.

Marion Randall
Thank you very much, and that's from Costa Rica, so thank you.

Caroline Hennig
That's lovely. Thank you very much.

[00:18:20]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 4: Edward Dowd
Full Day 2 Timestamp: 05:22:43–06:18:15
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we commence day two of three days of hearings in Vancouver, British Columbia. I'm pleased to announce our next witness, Mr. Edward Dowd. Ed, can you hear us?

Edward Dowd
Yes, can you hear me?

Shawn Buckley
Yes, we can hear you fine. Edward, I'm going to ask, first, if you can state your full name for the record, spelling your first and last name.

Edward Dowd
Edward Pierce Dowd. Edward, E-D-W-A-R-D, Dowd, D-O-W-D.

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

Edward Dowd
I swear.

Shawn Buckley
So by way of introduction, because a lot of people participating in the testimony will not know your background, so I'm going to introduce you, and if I get it wrong, feel free to correct me at the end. But my understanding is you've worked on Wall Street most of your

career. For 10 years, you managed a $14 billion growth equity portfolio at BlackRock. You are currently a founding partner of Phinance Technologies, which is a global macro alternative investment firm. Did I get most of that right?

Edward Dowd
You did.

Shawn Buckley
I appreciate you've worked at other firms. Now the interesting thing about Phinance Technologies is although you guys are an investment firm, you have what's called the Humanity Projects where you guys have undertaken to look into, basically, investigate total damage caused by the global COVID vaccine programs, both the human impacts, be they injuries, disabilities, or deaths, or the economic impacts. And you've also written a book called "*Cause Unknown": The Epidemic of Sudden Deaths in 2001 and 2002* [sic] [*"Cause Unknown": The Epidemic of Sudden Deaths in 2021 and 2022*]. Is that correct?

Edward Dowd
That is correct.

Shawn Buckley
So my understanding is that you are going to speak about some of the things involved with the Humanity Projects, and I'm going to ask you to just launch into wherever you want. But before you do that, I was curious if you could just share with us how you became interested in participating in those projects.

Edward Dowd
I was early on a skeptic of the vaccine. Personally, I didn't take it because my background on Wall Street afforded me some insights and just my discernment of being skeptical of most things. And I knew three things about the vaccine that made me skeptical.

One was Operation Warp Speed. That sounded like a disaster. I know how manufacturing processes actually work. When you go from a small tiny lab to scaling up to billions of doses, mistakes and errors will happen. That was my first concern.

Second concern was it was a novel technology that had never been tested on humans. And there had been animal trials, and they didn't end up working out so well.

I also knew that it takes, from my experience on Wall Street, seven to ten years for proper safety vetting of a vaccine before it's put into the arms of humans.

And one of the fourth things I knew was that Moderna, one of the winners in this awarding of the vaccine, had never had a public product that produced revenues. This was a speculative company that was focused on mRNA technology. I knew that the CEO, personally, it's my humble opinion, was a pathological liar.

So with those four facts, I said to myself, I would wait and see what happens with the vaccine. And then I was obviously very surprised in the early days of the launch when I saw the propaganda and the misinformation that they were spouting here on Maui, there in

early days before it was authorized under EUA, but the radio address saying it was approved by the FDA.

So there was just all sorts of warning signs for me. Then when the mandates came, I became very activated in protests on Maui. I certainly am a believer in medical autonomy, freedom, and I was not going to take the jab under any circumstances. I also, by this point in the summer of 2021, had multiple anecdotes from friend groups about injuries and people that they knew that had died mysteriously. So my statistical background would suggest that if it was truly safe and effective, I shouldn't be hearing any anecdotal stories, but I was.

So through my mandate protests, I met Dr. Malone, and I told him I would investigate the insurance company results and funeral home results to see if my thesis that the vaccine was causing damage was correct. And as time has rolled on, we've collected a body of evidence that I believe is overwhelming,

[00:05:00]

that something is going on in the populations of the globe, especially the Western nations. And if it's not the vaccine, what is it? And why aren't we talking about it? Because the numbers right now are horrific.

But that's why I got interested in this. I hooked up with Carlos Alegria and Yuri Nunes, my partners, in June of 2022. We tackled and started the Humanity Projects. We also have day jobs, which is raising capital for a hedge fund. We put that on hold because the Humanity Projects was so important. We needed to get the data out there. We also made a decision, ethically, not to be tied to any money so anybody could say we're doing this for any other reason, other than that it's a concern of ours. So the work we've done has all been pro bono and we've not received money or funds from anybody. This is done for free.

Shawn Buckley
And what have your investigations uncovered? What we're hoping you can share with us today—you've already made some comments to suggest that there's evidence that this is a disaster. And I'm just wondering if you can share with us the data you relied on and what your findings have been.

Edward Dowd
There's a lot of data on our website at phinancetechnologies.com, spelled with a Ph instead of an F. Just to give you an idea of the amount of data we looked at, we looked at excess mortality in all of Europe, the U.K., Germany, Ireland, as well. We looked at Australia and the U.S. We have not done Canada because there's data issues with Canada; they're not releasing the mortality numbers that we need to make any sense of it.

So we've done excess mortality. We've examined disabilities in the U.S. using the U.S. Bureau of Labor Statistics. We've also examined some peer-reviewed papers on the Pfizer mRNA and Moderna mRNA clinical trials, and we've been able to come up with interesting conclusions. We think we have what's called the "analyst mosaic" that points to the vaccine.

But to keep it simple, there's two things in my mind, and I'm going to focus on the U.S. because that's where we have the best data so far. There's two things in my mind that are

the smoking gun. I'm going to make a statement, and the statement is this: In the U.S. in '21 and '22 and continues in 2023, it's been detrimental to your health to be employed.

Now what do I mean by that? Well, the employed of the U.S., generally speaking, have much healthier health profiles by the mere fact that they are showing up to work and performing tasks. And traditionally, their health profile: you know, they tend to be young, working-age people between the ages of 18 and 64. And then they're in the labour pool, which in the U.S. is about 100, 110 million people. They tend to have the best health. So something happened in '21 and '22. And I'm going to talk about two data sets that point to the fact that something shifted, and that shift was, in my humble opinion, vaccines and mandates.

So I'd like to start with the first piece of evidence, which comes from the Society of Actuaries. These are not our numbers. This is a society, an industry group for the insurance companies, and they do surveys. And one of the surveys they do is for group life insurance policies. That's not the chart. It's the first chart. The other one with the heat map. It's the other, yeah, that's it. So let's just leave that up while I talk.

So the Society of Actuaries—

Shawn Buckley
Just hang on, Mr. Dowd.

David, we can't see the chart you have up. I'm sorry? Right, but that doesn't help the commissioners.

So Edward, our AV guy is saying the people on line can see your chart, but the people here, including the commissioners, cannot see your chart, which is going to make your presentation a little difficult. Okay, so we're going to get them printed off for the commissioners.

I'm just wondering if, while we wait for that to happen, you were talking that, traditionally, the working population in the United States is healthier. My understanding is what you were trying to communicate is, look, the people that are actually showing up for work every day tend to be a healthier subset of the population than people that are unemployed.

Edward Dowd
Correct. Let me provide some data for that that's in my book.

[00:10:00]

The Society of Actuaries issues what's called group life policies. The policies are basically a benefit to employees of Fortune 500 and mid-sized level companies. And when you onboard to one of these companies, you get offered a healthcare plan and you pick a PPO [Preferred Provider Organization] or an HMO [Health Management Organization], and you sign that. Then you're also offered a group life disability and death benefit, which, if you're employed at the time—you have to be employed to get this, to get paid a claim on death or disability—usually for death, you get one to two times your base salary.

And this is a great business for insurance companies. In 2016, they did a study to prove what they already knew: this subset, known as group life policy holders, dies at one-third the rate of the general U.S. population in any given year. Makes perfect sense—their age,

their ability to go to work. And so they're not retired yet. And this study was done in 2016. It's in my book; it's QR coded.

So the industry knew this is a good business. That's why they make a lot of money on it because they know how to predict the death rates. They're very stable. And this is an easy, profitable business for them. Well, it went off the rails in 2021. And the chart that I show there, you'll see, in 2021. For all of 2021—

Shawn Buckley
And if we can just hold off. We're just waiting for those to be printed.

Edward Dowd
We don't need the chart. I'm going to keep talking. We don't need it. This is simple stuff here.

For 2021, the group life policyholders—80 per cent of the revenue surveyed of the whole U.S. industry—experienced 40 per cent excess mortality between the ages of 25 and 64. Forty per cent. Just to give some perspective: 10 per cent, as stated by the CEO of One America, Scott Davison, for this working age cohort is a once in a 200-year flood and a three standard deviation event. Which in my world on Wall Street, it only happens 0.03 per cent of the time—it's way out of the range of normal. Forty per cent is incalculable. It's off the charts. This group experienced 40 per cent excess mortality.

What you need to know, also, is the general U.S. population experienced in 2021, 32 per cent excess mortality.

So something happened in 2021 to flip the traditional relationship between these healthy people and the general U.S. population; it became inverted. The health of those elite amongst us in the U.S. working at these companies were dying more than the general U.S. population.

It gets even worse when you look at— And when the chart becomes available, you'll see this. The age group 25 through 44, we call millennials, their excess mortality pre-mandates was running around 30 per cent. And then, in a very quick temporal time period, the rate of change went up to 84 per cent. August, September, October, it went up to 84 per cent. That was what we call an event—the rapid rise, the increase was so startling.

What was the event? Well, you don't have to think too long and hard to surmise. Maybe it was the vaccine. But then the job mandates forced what I would call vaccine-hesitant millennials into taking the jab or losing their job. That's why we had such a sudden slope increase in that death rate. So there was an event: the event was mandates.

Shawn Buckley
So can I just slow you down because I just want to make sure that the people watching your testimony understand. So this subset of the U.S. population that is the working age 16 to 64, I think, 18 to 64, are traditionally the healthiest subset of the population and they would traditionally, at least, according to 2016 data, die at one-third of the rate of the non-working population. But as soon as the vaccine mandate is imposed, they start dying at much higher numbers than the general population. And this is group life data. So it's big companies that would have imposed a vaccine mandate. It seems the variable you're

suggesting is this subset of the U.S. population that's traditionally the most healthy is also now the most vaccinated.

Edward Dowd
Correct.

[00:15:00]

And let me also say that you said that this group dies at one-third the rate of those not in the workforce. That's not true. It's the whole population. So it includes workers and other non-group life policies. So you have to understand, these folks have access to the best healthcare and tend to be the most highly educated in the U.S.—Fortune 500 and mid-sized companies. So that's why their health profile is so good versus the whole U.S. population.

Shawn Buckley
And just so you aware, the commissioners now have copies of your two charts.

Edward Dowd
Yeah, so I was talking about the event, and it's a heat map and these are claims [Table 5.7]. These are not dollars. A hundred is normal, what is expected. Anything above a hundred is excess. So you can see in the third quarter of 2021, again, they were running around 27 to 30 per cent excess mortality. I'm focusing on the age groups, 25 to 44: there happen to be two boxes here. One group rose to 79 per cent excess mortality, the other group 100 per cent: call it 84 per cent. We also verified this with CDC numbers in the general U.S. population. But these are the Society of Actuaries numbers. These are not our numbers; these are claims. And this is an event. And the event, I believe, were forced vaccine mandates at larger companies and mid-sized companies.

And the naysayers, the argument, the pushback that I get are the three following: there were a lot of suicides due to lockdowns; there were drug overdoses; and there were missed cancer-screening appointments. Let's go through each one of those quickly.

You can't convince me that the most elite amongst us in the U.S. with the best jobs decided to all commit suicide in a very short period of time in the third quarter of 2021.

You can't convince me that this group of people had fentanyl and heroin habits where they overdosed because, again, I want to remind people to get this claim, you need to be employed. So people who have opioid and heroin drug addictions tend not to stay employed very long.

And then, third, the missed cancer-screening appointment all clustering in the same three-month period, makes no sense. And traditionally, cancer-screening appointments really only happen if you present to the doctor with some sort of underlying condition. I've never in my life—I'm 56—had a pre-cancer-screening appointment, and that's not something you do when you're in your 20s, 30s and 40s. So that argument doesn't hold water, and for all three to simultaneously occur in such a rapid period makes no sense to me.

So I've been saying and pounding the table, this is the smoking gun, at least in the U.S. On our website, we have reams of other data that suggests that this is occurring in all major Western countries where there was a mix shift in 2020 for mostly old people who died of

COVID due to comorbidities to a mix shift to younger people dying of COVID. And this Society of Actuaries data points to that.

So that's number one, that's excess deaths. Let's look at a second data set, the U.S. Bureau of Labor Statistics [BLS]. And I don't know if you need to print that out as well to hand to the commissioners.

Shawn Buckley
We do have that.

Edward Dowd
Okay. Great. I'm going to speak to this data. So focus on the disability rate increases in the third line up. What I want to point out is prior to COVID vaccines in February of 2021, disability as measured by this U.S. Bureau of Labor Statistics—which, if you don't know what that department does, they give us the employment numbers in the U.S. every month. This is monthly data as determined by a telephone survey of about 60,000 individuals. So this is statistically imputed by the Bureau as a survey done every month. And it's self-identification of you having a disability; it's not tied to a doctor's claim or note or a social security application. This is someone self-identifying as disabled. And this number was running around 29 to 30 million for the prior four years, with up-down, up-down, up-down.

Then starting in February of '21, and with this data, we have runs to November of '22. It took off and by September of 2022, we had an additional 3.2 million disabled or an increase of 10 per cent in the U.S.

[00:20:00]

The rate of change was so fast, we calculated a four standard deviation event, meaning it's a trend change; something had happened. It was well above normal.

So again, this happened not in 2020, but in 2021, in 2022 with the introduction of the vaccines. The thing we want to note is we were able to break down the data because the data set allows you to do this. You can look at the employed disability rate change, and the employed disability rate change between February of '21 and November of '22 was 31 per cent increase in their disabilities. The general U.S. population had a disability increase of only 9 per cent.

Interestingly enough, there's something called "Not in Labor Force," which are people that are currently in transition. They're willing to work and able to work, and they're seeking **other employment. This group, we suspect, were those who were fired for not taking the vaccine during the mandates and/or quit because they refused to take the vaccine. Their disability rate only went up 4 per cent.**

And, again, this is another smoking gun—different database. Something happened to the employed in our country where not only are they dying more excessively, they're getting disabled more quickly than the general U.S. population, which generally speaking, does not happen. This again is a healthier group. The other thing that should be noted is of the 3.2 million in disabled that were added beginning in February of '21, 1.7 million were in the employed group.

So this is for me evidence that something has gone on in the U.S., and the employed of our nation have had worse health outcomes beginning in '21, '22, and continues in '23. I testified in front of Senator Ron Johnson in December. I gave exactly the same data to him that I'm talking about to you today, and I said, "This is not supposed to happen: If I'm wrong, let's pretend I'm wrong and it's not the vaccine, what is it? And why aren't we talking about it?"

And additionally, I believe we have a national security issue in the U.S. that something's going on with the employed of our country. I'm 150 per cent convinced it's the vaccine. I'm willing to be wrong, but no one's offered me a better explanation as to what's occurring to the employed of our country. I suspect, if we had the numbers in Canada, we could probably show the same thing, if there was data that we could analyze. Unfortunately, there's not.

Shawn Buckley
Right, I understand the Canadian data is quite poor, and we're hearing many witnesses tell us about that.

So just going back. So you're using, then, two different data sets and you're sharing now with us the BLS data. They're both showing such deviations that you actually wouldn't normally expect to see this in your entire lifetime what you're seeing.

Edward Dowd
Correct.

Shawn Buckley
My understanding is that it basically correlates, if you put it on a chart—which I know that your group has done—the disabilities in the working population ages 16 to 64 basically tracks, almost perfectly, the vaccine uptake.

Edward Dowd
Correct. I just wanted to keep things simple for this Inquiry. I could talk for hours about all the data that we put on our website, and it would take a long time. But you're correct: There is correlation. It's a .9 correlation, which in my world, is almost a perfect fit. You'll hear from people saying correlation is not causation. Fair enough, but we have other parts of our analyses, that we get at the correlation from different sources.

We looked at the mRNA clinical trials. They had a severe adverse event rate that was of the same order of magnitude that we're seeing in the U.S. population. We showed those numbers. What we proved in looking at the mRNA trials is the safety signals, even by their very narrow standard of what a severe adverse event was, was enough for them to halt the trials and stop, and to claim that the safety signal had been breached. They ignored it and they rolled it out anyway.

Eventually, what will come to light is that they knew this was going to do this. Or at least if they didn't know, they're the dumbest people on the planet because simple math, you can model this out, and it closely resembles what we're seeing in the US. It's a problem. We just have what we call the "analyst mosaic"

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that suggests that there's so much evidence from different angles of this that the correlation versus causation argument doesn't hold water. Because you look at one thing, sure, but then you have multiple different ways of looking at this, and we think we've proved it.

The newest data we found was on injuries. Injuries were harder to calculate until we found the BLS data provides absence data in the U.S. and work-time loss data. It's only annual. And we were able to get the number of what we believe is 26.6 million people injured, meaning that they're chronically ill. They're missing a lot of work.

We got that number from the adverse event incidents from the Pfizer clinical trial. That's the number we came up with, and it's expressing itself in lost work time and absence, which went off the rails in 2022, well after the COVID pandemic, with the variance of the COVID-19 virus getting less virulent. Omicron is a cold at this point.

What we saw is there was a rise in 2020 of work-time loss. That's understandable, a lot of confusion; a lot of things going on, lockdowns. Then it went up again in '21. Then in 2022, it went off the rails: it's 13 standard deviations above normal 20-year history of lost work time. Regardless of whether I'm right on the vaccine, something has definitely occurred in the U.S. where our workforce is not showing up as much, and they're losing lots of time. We have a chronically sick workforce. Obviously, I blame the vaccines because it started happening in '21 and '22. But what my concern is that there's long-term damage and immune systems may have been compromised.

We can just look at this at a whole host of different areas. There was definitely, across the globe, a mix shift from old to young in '21 and '22 from 2020. Carlos, Yuri, and I, my two partners, we're of the opinion that it is the vaccine. We're incorporating it into our economic analysis, and we believe the matter is done. We're just waiting for the regulators and the scientists to catch up because that's what we do on Wall Street. We don't wait for authority figures to tell us what to do. We have to be ahead of the curve and the news flow. So we've proven it out, as far as we're concerned, and we're acting as if this is reality, which I believe it is, and we're making business decisions based on this reality.

Shawn Buckley
Right. And I just want to make sure that the people watching your testimony today are following. So my understanding is when you're talking about injuries, not severe, but the mild to moderate, where people are still working, you guys looked at the Pfizer clinical data. My understanding is also you looked at the CDC V-safe data, which would be people **self-reporting disabilities and that you guys basically concluded, you made some assumptions, that there was about an 18 per cent mild to moderate disability caused by the vaccine?**

Edward Dowd
Correct. Then we imputed that to the general U.S. population and that's how we come up with the number.

Shawn Buckley
Right.

Edward Dowd
And then that's being expressed in loss. So that's a theory: okay, how would it express itself? When we found the BLS work-time loss data, that was the missing piece. So you marry the two together. The BLS data is just data showing work-time lost is exploding. The Pfizer clinical trials, as reported by their own severe adverse events, mild to moderate: that's where we got the 18 per cent right out of their trial. And it makes sense. It makes total sense. And anecdotally, in the U.S., everyone is talking about people constantly getting ill and missing work, coming down with whatever it is.

Shawn Buckley
Right. Yeah, I know that's interesting. And again, just so that people understand what you're saying: we've got these two data sets showing a disability rate and then what you're saying is, "Well, people are disabled; they're going to be going off work, they're going to be calling in sick." And the Bureau of Labor Statistics data basically bears that out. I think you said the increase is a 13 standard deviation from the norm, which is just profound.

Edward Dowd
Yeah, that's what we call on Wall Street, a "black swan event." The 40 per cent excess mortality in the group life policy holders in 2021 is what we call a "black swan event."

[00:30:00]

So in two different databases, we have black swan events.

Now the question is, if it's not the vaccines, what is it? Well, what I find very interesting is no one wants to talk about it: the mainstream media, the global health authorities, and our governments. I would suggest the numbers we're seeing now in terms of excess deaths since the vaccine's been rolled out, this disability data, and now the injured data—if I was a health official, I would declare a pandemic right now. There's something going on mysterious with our population, essentially across the globe, but obviously, it's expressed from my U.S. data.

So the mere fact that there's silence on what's going on is, in my humble opinion, a cover up of what is the true cause, which I believe is the vaccine.

Shawn Buckley
I had another question. When I was reviewing the Humanity Project data, I noticed that for severe outcomes, disabilities, that you guys broke down a difference in sex. And I wrote down the figures. So after May of 2021, for the 16 to 64 age group in the labour force, the change in disability rates for women was 36.4 per cent and for men was 15 per cent. And I'm not where I want to go yet. But I found that interesting.

One of the things that happened earlier at this Inquiry is, first of all, as we started exploding on social media, we were told by our social media team that slightly over 70 per cent of the people following the Inquiry are women aged roughly 30 to 55. And I was trying to think, "Well, why is that? Is it mothers concerned about their kids?" And then we had a witness, and I forget the person's name, but he's connected with the group that is analyzing the Pfizer data, the same group that Naomi Wolf was part of. And he was sharing with us that the injury profile, it's the women aged 30 to 55, it's roughly over 70 per cent.

So it seems that our viewership is correlating with what we're being told is the demographics of vaccine injury. And that might be another consideration. I wonder if you guys have looked into that as another potential correlation. In the BLS data, does it break it down with people taking sick days: How many are men? How many are women?

Edward Dowd
Well, so I think we did. What I can say about the disabilities, we've known for a while that women, according to the disability data and rates—the difference between employed men and employed women—women are getting more adversely impacted than men for whatever reason. Then Dr. Naomi Wolf, her team is analyzing the clinical trial data, and that's the same thing she's seeing: seventy per cent of the adverse events were occurring for women.

Isn't it curious that what was happening in the clinical trials in Pfizer are also occurring out in the real-world population? Again, this is another piece: two different datasets, BLS and Dr. Naomi Wolf's team's work on what's going on with the adverse events in the trials.

Again, we're looking at this from so many different angles, it just begs the question: why are we not looking at the vaccines from a regulatory standpoint and a global health authority standpoint? I think I know the answer to that. This is the greatest cover-up I've ever seen in my financial career.

You're correct. Your audience mimicking the disabilities might suggest that people who are not feeling well are watching this Inquiry or people who know people aren't feeling well are watching this Inquiry. I've made a comment on Twitter and on other podcasts that I would love to see the feminists join us in coming after this question. Because if I'm a feminist, I would ask myself, "Why are women being more adversely impacted in the BLS data?" I would want to find out. We'd love the feminists to join our fight in finding out what's going on.

Obviously, I'm 150 per cent convinced it's the vaccine. But women are definitely taking the brunt of it and that's what the numbers are saying.

Shawn Buckley
Now the data you've given us is based on actuarial data and the CDC v-safe and the BLS data that's been available. Are you seeing in data, are we kind of out of the woods? Or are we able to say from the data, is the disability rate continuing to be high? Is the death rate continuing to be high?

Edward Dowd
So in the group life actuary,

[00:35:00]

I've got early looks at the numbers, so I'll tell you what I'm being told. The actual report won't come out until later this year to talk about what happened in '22 and what's going on in '23.

What I do know is that for millennials—I choose this group because these people should not die because by the very nature of their age—the excess mortality is still running around

23 per cent for millennials, and that's still way too high. That was the run rate going around into the second quarter of 2022. So we seem to be stabilizing at 23 per cent excess mortality, and that's bad. That's very bad. And the reason why I say that's bad is because a booster uptake is way down. So there may be some medium-term effects lingering.

The other thing that has me concerned, there's good news and bad news. On the U.S. disability data, the overall disability number is off from the highs, but it's still near the highs. And when we break it down by women, women went through a new high last month in terms of disabilities. So the rate of change has slowed, but the trend isn't broken, and it's not going back to normal. So that's alarming.

And this work-time loss data that we found, really, I've got to be honest, threw me for a personal loop when we put out that report about four weeks ago because the brunt of the acceleration came in 2022. So I'm concerned that even though some people are not disabled or dead, they are compromised, and these buckets that we've identified—injured, disabled, and dead—are not static. And my worry is that the injured can move into those two pockets.

And again, this is a devastating impact on the economy of the U.S. and the globe because it's a productivity decline that we're going to see. So those who are showing up to work when they aren't sick but are chronically ill are probably working at 50 to 75 per cent capacity. The workers who are healthy have to make up for their absence, have to do extra work for the absences of those who are chronically sick. And then as more and more people get disabled, then the economy has to divert resources to taking care of them.

So the trends, while off the highs from the initial mandates, are not improving. And that has me alarmed.

Shawn Buckley
Right. And as you say, the vaccine intake in the United States has dropped. So I just want to recap some of the things you said, just to make sure that those participating and watching your evidence understand. So the workplace loss data, the BLS data, is not showing a slowdown. And I think you said for females, it actually just recently peaked. It hit a new high.

Edward Dowd
Correct.

Shawn Buckley
And what you're saying is, "Well, okay, these are minor injuries. These people are still working, but they're taking sick time off work, but they might move to the more severely disabled group, and people in the more severely disabled group could end up in the death group." So they're not static categories, and the fact that the numbers are still historically off the charts suggests that we're going to be continuing to have difficulties going forward.

Edward Dowd
Correct. And again, I want to really emphasize this point. These numbers are so off the charts statistically that if there wasn't an establishment cover-up, they would be screaming

from the rooftops about these events, these statistical anomalies. They're so off the charts that we should be hearing everybody raising alarm bells, and the mere fact we're not—

I watch what people do, not what they say. And this data that I've presented today, they see the data. Everyone sees this data: this is not hard to get at. So the mere fact that this is silence, deafening silence from the CDC, the NIH, the politicians, and the media is all I need to know that this is a cover-up in process. Lately, we've seen from some of the people who were involved in the lockdowns and the policies start to backtrack and pull 180s and claim they never said they forced anybody to do anything.

So we're in the early days of this becoming, I think, a general public awareness. And inquiries like yours are a great benefit to wake up people because I'm just mortified that the agencies that were developed to protect us from profiteering from corporations seem to have been, over the decades,

[00:40:00]

bought and compromised, in my humble opinion.

Shawn Buckley
I can tell you that you're not alone. There's many witnesses that have attended in this Inquiry that would not say it that softly.

I'm going to turn you over to questions for the commissioners shortly, but you've talked about economic costs and I know that you guys have looked into figures for the U.S. economy. Basically, you've quantified how much injuries are costing in the U.S. economy and disabilities and death. Can you just briefly share that with us and then I'll open you up to the commissioners' questions?

Edward Dowd
Sure. I'll go through the human cost. We've calculated 300,000 excess deaths, we believe, due to the vaccine in '21 and '22. We think that number is probably conservative. We estimate 1.36 million disabilities due to the vaccine. We think that's conservative. And then 26.6 million injured, we believe that's conservative for about 28 to 29 million in total. So 10 per cent of the U.S. population but 30 per cent of the employed workforce if all those people are employed, which probably are not, but it's still devastating to the employed of the country.

The numbers we calculated for the economic costs were from the National Accounts, **salaries and wages. So we took the average salary and imputed the following numbers: Deaths amounted to 5.2 billion in damages in '22. Obviously, we use '21 and '22. The disabled, cumulative disabled, we estimate at 52 billion. And the injured through lost wages and work time and productivity—which we can't calculate, we just calculate what the actual salaries were—is about 89 billion for a sum total close to approximately 150 billion.**

That's what we can measure. What we can't measure is lost productivity, which has a multiplier effect on wealth in the economy. So that number could be anywhere from 2 to 10 times the number we just gave you.

Shawn Buckley
Right. Okay, thanks for sharing that limitation. I'll ask the commissioners if they have any questions and they do.

Commissioner Massie
Thank you very much, Mr. Dowd, for this presentation. I have a couple of questions.

My first question has to do with—your analysis is really thorough and really well done and I know you have a lot of expertise to do that. But I'm just thinking, there must be a lot of people with your knowledge and expertise in the States and the world, so why is it that we don't see much of it from other people?

Edward Dowd
Well, this took a lot of time and effort to put together. So it's myself, Carlos Alegri, who's a PhD physicist in physics and finance, and Yuri Nunes, who's a PhD in physics. We then got some volunteers to this effort, two data scientists. We have a new physicist that just joined and we have two editors. This took a long time to put together in a coherent fashion and we've done it for free.

So I think our agencies see this data, and these people are paid to look at data. They refuse to put it out.

Why are other professionals not doing it? Well, they are. We referenced a peer-reviewed paper that got our mRNA analysis. That's done by some scientists. So we've cobbled together the work of others in our own work to come up with our analysis.

So it's just that we're investors and so we're creating a thesis in a mosaic. So we've done what we call the hard work of presenting the case to everyone. And in each country, I suspect the U.K. excess data, the Euro excess data, these individual countries see this. And you're starting to see signs of capitulation.

Denmark, which had some of the worst excess mortality in Europe, they had worse excess mortality, year on year. So 2022 was above '21, '21 was above '20, and each age category had the same profile. Denmark, finally, just kind of stopped offering the vaccines to under age 50. You're seeing this starting to happen. Switzerland has now done the same thing. They've totally banned the vaccine. The U.K., I think, has stopped offering boosters for those under 50. So they see it; they're doing it. But they're not telling the reason why.

Commissioner Massie
My other question is— Now I understand that this could be a lot of effort to assemble that and what we're living through right now is kind of a unique event.

[00:45:00]

Should we think, moving forward, to establish some sort of metric that government or other institutions could look on a more real-time to really look at early signs that something that is occurring, should actually be addressed?

Edward Dowd
Well, according to a lot of the frontline doctors—again, I'm not a doctor, don't pretend to be one—we have systems in place. We have VAERS databases. These systems were created, and the safety signals, according to many of the frontline doctors, started flaring in January and February of 2021. And if you remember the swine flu in the U.S., we had 25 deaths in the U.S. and they pulled the vaccine. So whatever happened went off the rails from a regulatory standpoint. And again, I wasn't in the room, but what should have happened in the early days of this vaccine—that system was broken.

So I can't tell you why. To be honest, I've said this to many, many people before on many different interviews, my mere existence here baffles me. I should not be doing this work. This work should have been done by the regulatory bodies. And the fact that I had to come along after the damage was done—because at this point, the damage is so obvious, it's in what we call the metadata, and we're seeing these black swan events. This should have been stopped at the get-go. But is this something that could have been prevented? Well, if we had proper regulatory authorities that weren't captured by what we believe are financial interests, this would have ended before it started.

So there's something wrong with the system, in my mind, that something's happened to a lot of regulatory agencies across the globe where they've been captured by financial interests.

Commissioner Massie
My last question has to do with the population you've analyzed in the States and in other countries in Europe where you could access some of the basic data from which you could complete the analysis. When I look at the overall casualties, if you want, from the pandemic, would it be from the COVID or the other measures, it seems that the States has been doing much worse than many of other countries.

Do you see in your analysis a reflection of that in terms of having more casualties, more of death and injuries? It's a little strange, for example, that you see that in a working age population that, in theory, should be healthier than the other category of population.

First of all, do you see the difference between the States and the other countries? Do you think there is something underlying in the States in terms of the general health of the population that makes these data or these events even more important or higher than what you would see in other countries?

Edward Dowd
Well, you know, the U.S. population has been, for years, criticized for the weight problem we have here. When you travel abroad, people snicker at the size of some of the Americans. And I would say that there could have been a situation where we do have from a total population standpoint, a weight problem. And there's studies that have come out that have suggested that obesity and COVID and the COVID vaccines and the spike protein were not good for us. So it could have been the general ill health of the U.S.

I also think there's some policies, some early treatment policies that weren't allowed in the U.S. There was Remdesivir, and whatever we did as a nation resulted in more death and destruction than a lot of the other countries, although the signals of excess mortality occurring in the young in '21 and '22 are readily apparent in all the other countries.

So there's a whole host of things going on. But the vaccine, we believe, is the biggest single contributor to death, at least amongst the employed younger age populations, which should not happen. It just shouldn't happen.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Good afternoon. Thank you for coming today. My first question has to do with data. You've spoken about the number of various data sources you've pulled together to analyze to come to your conclusions and corroborate your results.

[00:50:00]

You've also mentioned a few times during your presentation that Canada's data is poor. I'm just wondering if you can comment on what deficiencies you see in the Canadian public data and what we might need to have on this side of the border to enable this type of analysis.

Edward Dowd
Well, you know, we haven't looked at Canada in a while. We tried. There was a Wall Street professional in Canada doing the work. The problem we found is just the severe lag time of the data. So when we want to compare it to other countries, it creates noise because, for whatever reason, your country doesn't seem to be able to get death certificates and enter them into a system to basically do what any—

I mean, bottom line is this: a job of a First World country is to keep records. And if you can't count the dead, you're not a First World country, in my humble opinion. And I'm not saying that Canada isn't. The government's acting as if it's not. And the government, I suspect, could release these numbers as quickly as everyone else, but they've chosen not to because Canada, in my humble opinion, is not a Third World nation. It's a First World nation. And so, the mere fact that this data is not updated, there's no excuse is my humble opinion. I can't fathom why there would be a problem unless they want there to be a problem.

Commissioner DiGregorio
Thank you. And my second question revolves around the insurance companies. I think you mentioned that one of your big sources of information was from the Society of Actuaries who do the research to help insurance companies predict, basically, I think, how much to sell their policies for to run their business. If there's been such a major event occur in their industry, why aren't they standing up and screaming about it?

Edward Dowd
Yes, very curious. The good news is that's starting to change. One of my early partners in this research, Josh Sterling, former sell-side equity analyst on Wall Street for Sanford Bernstein, for seven years, he was No. 1 Institutional Investor ranked. What he did is he sold research to the big investment houses that manage money. So he knows the insurance industry. He's created the Coalition to Save Lives [sic] [Insurance

Collaboration to Save Lives]. They are now looking at everything under the sun, including the vaccine.

And it's a slow process. Unfortunately, there's a lot of cognitive dissonance in the insurance industry. A lot of the CEOs mandated their workforce to get jabbed. And early days when they saw this excess mortality, their decision was to blame COVID. But as COVID has waned, it's becoming increasingly clear that this excess mortality is not getting more normal. A couple of quarters ago, they were projecting that excess mortality would trend back towards normal. It's not. So they're going to take on a lot of losses.

With the group life policies, it was an easy fix; they just raised prices. But with their whole life policies, which is a different accounting method, they're going to start taking on losses the longer this excess mortality stays elevated. So it's imperative that this industry wake up. It's happening slowly. I have whistleblowers who are beside themselves talking about how, still, people don't make the connections and/or are scared to utter those words. There's still a lot of fear in speaking against consensus.

So the good news is the worm is turning. The bad news is they should have woken up a year ago. And I'm very frustrated they haven't.

Commissioner DiGregorio
Thank you.

Shawn Buckley
Mr. Dowd, those are all the questions that the commissioners have. On behalf of the National Citizens Inquiry, I sincerely thank you for attending today. Your contribution has been quite valuable and thought-provoking.

Edward Dowd
Thank you so much and I'm very honoured to be part of this and thank you for taking up the mantle of figuring out what's going on. I have my conclusions and I think you do as well, but as time rolls on, the evidence becomes more overwhelming, in my humble opinion.

Shawn Buckley
Yeah, I hope you're following us. I think you'll find some of the witnesses and even just the ordinary people— I know that you've produced in your book ordinary stories and it's just compelling. We're having people drop out at the last minute. It's a trend because they're still afraid in Canada of economic consequences at work and they're still afraid of social shaming by family and friends. So it's just quite interesting that here we are in May of 2023 and that Canadians are still afraid to share their stories and just speak freely.

Edward Dowd
I understand. Censorship has killed, in my humble opinion. And self-censorship is something that everyone has to think of internally. But the more that we all speak out, the more brave we've become, the quicker this ends. So if you're hesitant or scared of repercussions, just remember, if this is allowed to continue, then we won't have much of a society in five to ten years.

Shawn Buckley
Well said. Thank you very much, Mr. Dowd.

Edward Dowd
Take care.

[00:55:34]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 5: Aurora Bisson-Montpetit
Full Day 2 Timestamp: 06:18:33–06:50:10
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
For the record, Marion Randall, I'm a local counsel assisting this witness. The witness here is Aurora Bisson-Montpetit, and I would ask you, Ms. Bisson-Montpetit, to state your name and spell it for the record, please.

Aurora Bisson-Montpetit
Yes, Aurora, first name A-U-R-O-R-A, last name B-I-S-S-O-N-hyphen-M-O-N-T-P-E-T-I-T

Marion Randall
And do you promise in the presentation that you give today, that you're going to tell the whole truth and nothing but the truth?

Aurora Bisson-Montpetit
Yes, I do.

Marion Randall
All right, if we can first go over a little bit about your qualifications. I'll just run through them, and you can then correct me if I'm wrong.

Aurora Bisson-Montpetit
Yeah. Just before we start, I just want to ask if I can just take a minute to settle myself? This is a lot for me to come here today.

Marion Randall
Okay, well if I do the speaking for the time being, you can settle yourself.

Aurora Bisson-Montpetit
It'll just take me a minute. So just aside from coming here as a nurse to share my experience, I'm also a somatic therapist, and I've spent years studying the nervous system and what trauma does to the nervous system, and so for me, while I'm certain about coming here to speak up, and I hope this inspires others to speak up as you were just talking about. Public speaking creates a flight impulse in me, so it just takes a couple of minutes to settle so that I can be more present and give the best recollection of my experience that I can and contribute to what we're doing here today. So thank you, yeah, if you want to continue while I just take a moment.

Marion Randall
Okay, thank you. In your first part of your career, you trained as a registered nurse and you worked as a registered nurse for a number of years. You had extra training in your work as a nurse and worked as a nurse in cardiology. You worked at St. Paul's in both medical and surgical cardiology. Am I correct in saying you're quite familiar with heart conditions?

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then subsequent to that, and I think this will be the biggest part of your presentation, you worked as an 8-1-1 nurse, and you could explain in your testimony what that is, an emergency line.

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then that led you to some research which ultimately led you to a board meeting with the PHSA [Provincial Health Services Authority] in BC. I'll let you give your presentation starting with when you began at 8-1-1.

Aurora Bisson-Montpetit
Sure. So for anyone who's not familiar with 8-1-1, it's a service we have here in British Columbia where anybody can call in and ask for health advice. The line I worked on was the nurse's line. This has been a long-standing service for British Columbians, and they expanded it during COVID. So I worked there from about November 2020 until June 2021, and people are able to call in to get health education information. They can also go through essentially an assessment triage process and say, "These are my symptoms or somebody with me having these symptoms. Should I make a follow-up? Should I go to the clinic today? Should I call an ambulance?" So that's a large part of what I did there.

During this date, what you might notice is I was there during what we'll call the vaccine rollout. That's not really what they are, but I'll use that for ease of wording. So I was there during the rollout. And it's hard to describe how unsettling it was: the amount and nature of calls we started getting of adverse reactions. It would be just one call after another after another. And I started noticing a lot of patterns: a lot of cardiac issues; a lot of neurological

issues; autoimmune underlying conditions that were flaring up. And one of the things that really struck me was that there were a lot of people who described themselves as otherwise healthy, or previously healthy.

Marion Randall
Would you get that information because of the kinds of questions that you ask at 8-1-1? What sort of questions do you ask of people that call in?

Aurora Bisson-Montpetit
Yeah, so initially when people call in, I do a very quick assessment to see if there's anything life-threatening going on. If there is, then we quickly transfer it to 9-1-1. Once I'm beyond that initial assessment, we go a bit further into their health history, ask if they have any other underlying conditions: What are their symptoms? When did they start? Things like that.

Marion Randall
Did you keep a written record of those things, or is there some sort of record kept when you get these calls?

Aurora Bisson-Montpetit
There is. It's typed in the computer. Yeah, so it's an electronic record.

[00:05:00]

Marion Randall
Did you notice a pattern of some kind when you were— Did you review your previous calls? Can you explain?

Aurora Bisson-Montpetit
Not that I had a written record myself. But in my mind, I was noticing certain patterns coming up. I mean, that's a big part of nursing that I did, was all these little sorts of precursors to bigger issues that come up, where you're noticing these little things and it's like, huh, okay, I'm seeing this again and again and again.

Marion Randall
And can you give a specific example of the sort of things you heard? I think you may have some information about a teenager, you said?

Aurora Bisson-Montpetit
Yeah, I could give a couple of examples. One of them was a young gentleman in his late teens, and he was having symptoms of a heart attack. He was otherwise previously healthy. And you know, as we've all heard, there are a lot of cardiac issues with the injections. So my recommendation was for him to call 9-1-1 and get checked out at the hospital. Unfortunately, I don't get to hear the follow-up of what happens with people, but I just give my advice over the phone.

Marion Randall
So would you specifically ask these individuals that called with symptoms that concerned you whether they had been vaccinated? Did you ask for the information about the batch number, for example?

Aurora Bisson-Montpetit
I did ask if they had been vaccinated. In something like an emergency like that, I wouldn't ask for the batch number. But for any of the people who did have other symptoms that weren't needing to be addressed urgently, after a short period of time— What I'll say is that before we got into asking about the batch number, I started noticing these patterns and I was very concerned. I approached my manager to bring up my concerns and I was like, "What's going on here? The volume and the nature of the adverse reaction calls we're getting is not what's being reported to the public."

Because I was watching the BCCDC dashboards and it was a vast difference. And this was just 8-1-1; this isn't the people who were having reactions, say, in the vaccine clinics, with their family doctors, at the hospitals, right? We were just one sector. So I was really concerned, and I brought it up.

Unfortunately, my concerns were dismissed. So I carried on with the calls, noticing these patterns. I asked other nurses that I was working with, "Is anybody else noticing this? I'm recommending a lot more people go to emerge. or call 9-1-1, a lot of neurological issues." And there were other nurses who acknowledged the same. After that happened, it wasn't too long after, they had us start tracking. And we would go into a different database.

So this all exists: 8-1-1 is within HealthLink BC, which is under Provincial Health Services Authority. They have this database of information we were collecting, where every time someone called in, we were collecting—there's no patient identifying information, so it's not a privacy breach—the manufacturer of the injection, the lot number, the date they received the injection, when the symptoms started, what the symptoms were, and what level of care they needed. So there is a huge database of information that I'm hoping someone will be able to access because it's at HealthLink BC.

Marion Randall
And can you explain the relationship between you as a nurse or other medical professionals and what the PHSA is for us, please?

Aurora Bisson-Montpetit
Sure. PHSA or Provincial Health Services Authority is one of the main health authorities within British Columbia. They run a number of province-wide services. HealthLink BC is one of them, and 8-1-1 is part of HealthLink BC. BC Women and Children's Hospital is another part of that. BC Children's Hospital is where I was working at the time, I was fired due to the injection mandates. They run the cancer agencies, things like that. It's province-wide services.

Marion Randall
I was going to ask you how long were you with the 8-1-1 line? You said you started in November of 2020?

Aurora Bisson-Montpetit
I was there from November 2020 to about June 2021.

Marion Randall
And why did you leave?

Aurora Bisson-Montpetit
I left for personal reasons, just scheduling with my children.

Marion Randall
Okay, and when you got dismissed by your manager with your concerns, what did you do? Did you do research at that time?

Aurora Bisson-Montpetit
I did. I started looking into— BCCDC has an immunization guide, so I started looking into that, specifically Part 5 is the adverse event following immunization. It's maybe a 40-page document, something like that.

[00:10:00]

They have outlined previously, from all other vaccines, some of the common side effects, the reporting criteria. And then there's a specific form for health care practitioners to fill out whenever they suspect that there might be an adverse reaction.

So I think it's really important to note that it doesn't have to be diagnosed and that it was definitively caused by the vaccine. The whole point of having this system in place and these forms is to say this person got vaccinated: there's nothing else to very definitively say this was related to something else, so let's start collecting this and saying, maybe, this was the vaccine. It goes into the database, and that's how we're able to get the early warning signals, noticing these patterns.

Marion Randall
Did you fill out any adverse reports? Or did you have any discussion with your manager about doing so?

Aurora Bisson-Montpetit
It's very disturbing, so it's hard for me to talk about. I asked about it. I asked one of my shift leaders. I asked my nurse educator why we weren't filling these out, and I asked if I was able to because I know the importance of them. And I was explicitly told that no, I was not allowed to fill these out.

Marion Randall
Now then you were at Children's Hospital, and you mentioned that because you didn't reveal your vaccination status, you were fired. But you continued your research, as I understand it, and we will have marked for the Commission as an exhibit this report you're

going to talk about [Exhibit VA-11a]. It's not going to be something we're going to refer to; she's going to give us an outline of it, but you can have a copy of it.

Can you tell us about the research you did and how that ultimately led you to the PHSA regular board meetings and to submitting questions to the PHSA?

Aurora Bisson-Montpetit
Sure. So as I was seeing what was happening in my experience working at 8-1-1, obviously it was very disturbing and unsettling. I started looking into who is making these decisions. Obviously, we saw Bonnie Henry's face everywhere, but I was like, who's allowing this? Who's taking part in this? And what I was able to trace back, by looking at this, is that the Provincial Health Services Authority is also Bonnie Henry's employer. It is the province that decides who the PHO [Provincial Health Officer] is, but her employment contract is with Provincial Health Services Authority, and there is a copy of her employment contract in what will be submitted as part of my evidence.

As an employee, she is subject to all their policies as far as employee conduct goes. So that was one part. I saw that they are her employer, as well as that the BCCDC operates under the Provincial Health Services Authority. So all of the guidance they are giving, all of the information they are giving out, all the signs that are posted everywhere, all of that is the BCCDC, so again, it goes back to Provincial Health Services Authority.

So after I was fired, I started doing a lot of research. Obviously, I had a lot more time on my hands. I spent months at the library doing hours of research, collecting resources, scientific papers, many from the expert witnesses you guys have already heard and will hear from. And I began to put together what I labelled an investigation summary of how the Provincial Health Services Authority has handled COVID management in this province. It took me many months to write. I think it's about a 15-page document; there is a little over 50 resources that back up everything that I'm saying in this document [Exhibit VA-11b].

Marion Randall
You managed to find out who the members of the PHSA Board were. Did you provide them with copies of this investigation summary?

Aurora Bisson-Montpetit
I did. Going back to a little before the investigation summary, November 2021, I submitted my first question. They regularly have open board meetings, I think about four or five times a year, and this is back well before COVID. They're supposed to be open, but they said, you **know, due to COVID, nobody's allowed to come in, email in your questions. So in November 2021, I submitted my first questions. They have a live web recording, so it is broadcast, anybody can view it, and they publish it on their website. From this one, they answered some of my questions, but not really and not fully for sure. I continued pursuing that. I did have a bunch of back-and-forth conversations through email with the board office.**

[00:15:00]

And then one of their directors of patient and quality care, I had about a half an hour conversation with her, provided her with a bunch of information and resources. I was meant to have a meeting with, I don't know if I'm allowed to say people's names, but the President and CEO, and he cancelled that and sent a non-answer answer to my questions.

Marion Randall
So I think that ultimately your frustration with the non-answers that you've been getting led you to go to a board meeting in November of 2022?

Aurora Bisson-Montpetit
Yes.

Marion Randall
And this is something where you've created a video that we also can provide to the Commission [Exhibit VA-11]. We're not going to play it here because it's quite lengthy. Can you explain what happened?

Aurora Bisson-Montpetit
Sure. Going to November 2022, I emailed every member of the executive and the Board of Directors of PHSA with the investigation summary, and about a week later was their next board meeting. I chose to go in person. Allegedly they are still open board meetings, but nobody's been able to go during COVID. I entered the meeting room where some of the Board and executives were, some were there via Zoom. I sat down and—

Marion Randall
At the table, did you not, at the table with the board members?

Aurora Bisson-Montpetit
Yes. I sat down at the table with the board members. The video that you guys will see is just under 10 minutes. What you don't see before this is me off-screen and I believe it was maybe an administrative assistant attempting to get me to leave.

Marion Randall
And when you were in that meeting, Ms. Bisson-Montpetit, I believe that you asked the question of all the board members sitting all at a table whether they had received your document. They indicated by their silence—because you said, "Is there anyone who has not received the document?"—that they had.

You said, did you not—and I don't want to cross-examine you—but you did say, "I take it then that all of you received my investigation summary?"

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then, did you touch on any points from your investigation summary—this is kind of a yes or no because we are getting close to our time—about the concerns you had about the vaccines?

Aurora Bisson-Montpetit
Yes, I did touch on a number of points that were in my investigation summary. Some of the statistics that we've just heard about, like the all-cause mortality and the decreased live birth rate, things like that. One of the things I started with was just asking a very simple logical question: "You guys asked sick nurses who were COVID-positive to continue working in the healthcare system while you banned healthy non-vaccinated nurses. Where's the logic in that?"

Marion Randall
At the time I think you were unemployed because of having had to leave your job. And I believe you made a comment, if you perhaps want to repeat it for the commissioners, as to what you were doing in order to survive at that time. You were a registered nurse.

Aurora Bisson-Montpetit
Yeah, not something I would ever think I would have to say as a registered nurse, but I've had to go on welfare, go to the food bank.

Marion Randall
And then at the end of the day, was there any response to your questions "Have any of you looked at this? Do you have concerns about it, about the vaccine?" What was the response of anyone or everyone on the Board?

Aurora Bisson-Montpetit
The only person who responded to my question was the President and CEO, as he was sitting next to me. And I asked him, "Has this information been looked into, to 100 per cent certainty that you can say I'm making stuff up?" And he said "Yes, we are absolutely confident in what the Province is doing."

Marion Randall
And one other thing, we still have time for you to repeat what you did say, I believe, to the Board regarding either you were crazy or they were crazy.

Aurora Bisson-Montpetit
Well, I said, "You know, if I'm just making all this up, then I'm just one crazy person, right?" But if they're continuing to ignore all these safety signals that I've sent them, they're continuing to contribute to the harm and the murder of people in this province. And I truly believe that's what's happening because they have the power to make the changes that will stop what's happening. And they're not.

Marion Randall
Is there anything further you want to say before the commissioners are invited to ask you questions? Or would you just like to take some questions?

[00:20:00]

Aurora Bisson-Montpetit
I just want to say thank you for conducting this Inquiry and allowing me the opportunity to come and share my experience. It means a lot to have people standing up and speaking the truth.

Marion Randall
So if there are any questions from the Commissioners? Please.

Commissioner Massie
Thank you very much. I'm very sorry for all of the hurt you've been through. I hope your life is going a little better now.

So you were there sitting with these people and you were really confronting them on the situation. Lots of silence. What was your read on their non-verbal communication? Were they completely mystified by what you were trying to say, or were they somewhat aware that maybe there was something wrong going on?

Aurora Bisson-Montpetit
The sense I got from the people in the room was complete disconnect. There was no recognition, no horror on their faces. Some of the statistics I shared would horrify most people. So to see just like a non-expression, like someone dusting a muffin off their shirt, it was just—

I wasn't surprised given how much I had tried to raise my concerns over the previous year. I wasn't shocked that I didn't really get a response, but it's very disheartening when you have this group of people who is in charge of so much, not being like, "Well what are you talking about?" There wasn't a single question from anybody: "What are you talking about? What do you mean? Can you tell me more about that? I don't understand." There was none of that.

Commissioner Massie
So there was no attempt to really explain to you that you're being misled in your analysis?

Aurora Bisson-Montpetit
No. None. Nothing.

Commissioner Massie
I'm a little curious about what happened before you sat down to this table. It seems that you were tolerated, not welcome? So how did you end it up at this table? It's very curious.

Aurora Bisson-Montpetit
I knew when their board meetings were; they published the dates of their board meetings. I felt very called to go there. As I said, it's not comfortable for me to do public speaking, but I felt in my heart and in my soul that it was something that I had to do. So I did what I could to overcome my challenges. And if I wasn't able to get in, then I wasn't. But I was like, I have

to at least try. And I was able to sit down, and everyone was looking at me. They're like, "Who is this? What is she doing here?" I could see the puzzled look on their faces. And yeah, it was interesting to notice them try to get me to leave a few times.

Commissioner Massie
My last question would be, what gives you that strength to do that? Do you have support from friends or family to help you going through that?

Aurora Bisson-Montpetit
Yes, I do. I have immense support, which I'm so grateful for. One of my dear friends, who brought me here today, has helped me to stay calm and grounded, and I have a lot of support in my life that's helping me through this.

Commissioner Massie
Thank you very much.

Aurora Bisson-Montpetit
Thank you.

Commissioner DiGregorio
Thank you so much for coming down today and sharing your testimony. We've heard from nurses in other provinces who lost their jobs due to the injection mandates in those provinces. But we've also heard that those mandates have been rescinded or dropped, and I'm just wondering if there is still a mandate for injections for nurses in the Province of British Columbia?

Aurora Bisson-Montpetit
Yes, there is.

Commissioner DiGregorio
And is it just for two, or is it also requiring a booster?

Aurora Bisson-Montpetit
To be honest, I haven't even looked back into seeing if it's required for a booster. I don't believe it is. But, yeah, it's still for the two. I submitted another question and attempted to go to their last open board meeting in February, and they had security guards waiting for me. And a note that said for security purposes only these people are allowed in, on the receptionist desk. So again, the censoring and the silence when people are trying to speak up and get answers.

Commissioner DiGregorio
Thank you.

Aurora Bisson-Montpetit
Thank you.

Commissioner Drysdale
Good afternoon. With regard to the PHSA Board, and I'm not asking for names, but do you know anything about the specific qualifications

[00:25:00]

of those people that sit on the Board? Were they practising doctors? Were they bureaucrats? Any idea?

Aurora Bisson-Montpetit
Some of them were practising; some of them were retired. They weren't all doctors. Some of them are lawyers, accountants, things like that, so dealing with various aspects of a large corporation obviously. But yeah, some of them are retired and some of them were active. The President and CEO was a registered nurse.

Commissioner Drysdale
We've heard testimony from some of the other locations we've been at, from nurses like yourself, who raised questions and perhaps, at least in my opinion, raised questions in a more mild way than you did. And they were disciplined by their nursing associations. Have you had any retribution from the nursing association?

Aurora Bisson-Montpetit
I actually chose to not renew my nursing licence last March, so as of right now I'm not even a registered nurse anymore. It doesn't align with me to be in this healthcare system, even if they took back the injection mandate. I suppose technically they could, but I haven't received any communication from the nursing college.

Commissioner Drysdale
How long, including your study time, did it take you to become a nurse?

Aurora Bisson-Montpetit
Years, several years. I initially went to nursing school in New York for about four years and then upgraded here. I'm from here and I moved back and did more nursing. And I've done a lot of other studies. As I mentioned, I'm now a somatic therapist, so I spent about three years learning about the nervous system.

So when we see what's happened to the collective and how everyone's nervous system has essentially been hijacked— From my perspective, I can see what has happened a lot in terms of how people are responding from their go-to fight, flight, or freeze, rather than responding to what's actually happening. And I feel that it's been intentional to put people into such a state of fear that they would react this way.

Commissioner Drysdale
Certainly, with dedication to becoming a nurse and practising for a long time, that must have been an extremely difficult decision for you to quit nursing. Can you tell us a little bit about how you came to that?

Aurora Bisson-Montpetit
Yeah, that was a really, really difficult decision. I remember even as a child, I wanted to be a nurse. I've always loved helping people and supporting people and taking care of them. It's something that comes really naturally to me, and I find it fulfilling. I really enjoyed the challenge of how much I got to learn as a nurse and always learning something new and getting to connect with people. So it was a huge blow when I was fired. I was in disbelief for quite a while that it was actually happening, especially knowing that our healthcare system is already short-staffed. I was like, how are they even going to function with less nurses and other health care practitioners? So yeah, I went through quite a process mentally over the last couple of years and had to sort of surrender to what is true for me. And what that is, working in the system as it is, as a nurse, no longer aligns with me.

Commissioner Drysdale
I may have missed that point in your testimony, but I recall that you quit your job at 8-1-1 for personal reasons, but I didn't pick up on where you started working, and where and why you were terminated from the next nursing job.

Aurora Bisson-Montpetit
Right. I quit working at 8-1-1 in June of 2021 and then July 2021, I started at BC Children's Hospital in adolescent inpatient mental health. We heard from the earlier testimony the impact that we've seen on our kids. Maybe one thing I will share— And that is where I was fired from for not giving my personal private medical information, which my manager violated and accessed my personal health records without my consent. But before I was fired, there was a site-wide town hall at Children's and some of the leadership were talking about how even up to that date, so it was maybe October, the rate of self-harm visits to the emergency room was already triple that of the previous years.

[00:30:00]

Commissioner Drysdale
So you were terminated from that job for not revealing your vaccine status under their mandate policy?

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
And did you also say earlier that they were letting go or suspending nurses who were not vaccinated, and then at the same time asking nurses who were ill with COVID to keep working?

Aurora Bisson-Montpetit
Yes. I was fired in November. After that—I don't know if it was December or January—they had less nurses in the workplace and they were asking nurses with active COVID infections to continue in the workplace. I confirmed this with old colleagues, and they were like, "Yes, so-and-so has COVID and they're at work."

Commissioner Drysdale
Are you familiar with the infection prevention protocols as a nurse?

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
With regard to the disposal of bio-contaminated PPE, were they following appropriate disposal and handling methodologies where you were?

Aurora Bisson-Montpetit
I don't think I would like to comment on that very much.

Commissioner Drysdale
That is a comment.

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
Thank you very much.

Aurora Bisson-Montpetit
Thank you.

Marion Randall
Are those all the questions? No further questions. Thank you so much for your presentation to this inquiry.

Aurora Bisson-Montpetit
Thank you.

[00:31:35]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 6: Dr. Charles Hoffe
Full Day 2 Timestamp: 06:59:17–08:01:05
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
Good afternoon. My name, again, is Stephen Price. I'm a local lawyer who is a volunteer to assist. We have as a witness this afternoon, Dr. Charles Hoffe. Dr. Hoffe is a medical doctor practising in the Province of British Columbia who has had serious impact on himself due to COVID.

Dr. Hoffe, you're appearing today, do you promise to tell the truth and explain what your story is to us?

Dr. Charles Hoffe
I swear to tell the truth, the whole truth, and nothing but the truth, so help me God.

Stephen Price
There's a bible somewhere. Don't worry about it. Dr Hoffe, could you please give us a quick outline of your education and qualifications, please.

Dr. Charles Hoffe
Yes. I'm a family practitioner and trained emergency room physician. I did my medical training in South Africa. I have worked in South Africa, in the United Kingdom and in Canada as a family doctor and as a rural emergency room physician. I've been in Canada since 1990 and in British Columbia since 1993.

Stephen Price
I gather when COVID started, you were working in Lytton?

Dr. Charles Hoffe
Yes.

Stephen Price
What were your duties or occupation there?

Dr. Charles Hoffe
I was the town's only resident doctor. I have been the town's only resident doctor since 2004. So I'm a hardcore rural GP and emergency room doctor, and so I did more emergency room shifts than anyone else. I did have other doctors that would come and assist me to give me a break, but I was very dedicated to the protection and the healthcare of our community.

Stephen Price
I understand you're no longer working as an emergency room doctor.

Dr. Charles Hoffe
That is correct.

Stephen Price
What happened?

Dr. Charles Hoffe
Let me go back to the beginning and weave that into the story because I think my testimony of what happened to me and my patients in this pandemic reveals a great deal of what has gone so seriously wrong.

Stephen Price
It is your testimony, sir. Please proceed.

Dr. Charles Hoffe
People need to know that there has never been any successful vaccine made against coronaviruses. And so when the first dangerous coronavirus appeared in 2002—which came out of Wuhan in China, which was called the SARS virus—following that, scientists tried to make a gene-based vaccine against it because all previous conventional vaccines against coronaviruses had failed to either be safe or effective. So they tested this on laboratory animals: ferrets and mink and other animals that are very susceptible to coronaviruses. And so they developed a gene-based vaccine, which they tested on these laboratory animals. And when they took blood from these laboratory animals that had been vaccinated, they found they had antibodies to the coronavirus. And they realized that they had discovered a brilliant, new, cheap and effective way of making vaccines.

However, several months later, when they challenged these laboratory animals with the infectious organism that they had been vaccinated against, they found that these laboratory animals became extremely sick and many of them died. So this new type of vaccine turned

out to be a complete failure. In fact, what they had created was not a vaccine but an anti-vaccine because instead of protecting those animals against this new virus, it actually made them more vulnerable than if they had not been vaccinated. And the reason why I'm telling you that is that I'm going to show you what has happened to Canada, and exactly the same thing has happened here.

So when I heard that they were again using gene-based vaccines against SARS-CoV-2—the second SARS virus—I was not filled with hope or confidence because I knew that the previous efforts had been a disastrous failure. And when I heard that with the new vaccines, they weren't even doing animal trials, I was even more concerned. When I realized that they were rolling this out with no long-term safety data— The shots had only been tested on a select group of relatively healthy adults: no children, no pregnant people, no frail elderly, no First Nations people, a lot of demographic groups that had literally not been tested on at all. And it was warp speed technology, which is a disaster for any vaccine and, particularly, for a brand-new technology

[00:05:00]

that had no history of safety or effectiveness. So two and a half months into the vaxx rollout, when 12 countries in Europe had already shut down the AstraZeneca vaccine because of life-threatening blood clots—and Canada was continuing to barrel on with it because Trudeau said, even though it wasn't safe for the people of Europe, it was fine for Canadians—I thought that this was a significant safety signal that we could not afford to ignore.

And so I sent an email to a group of medical colleagues—doctors, nurses, and pharmacists—in the Lytton-Lillooet area of southern British Columbia saying, "We have reached a turning point in this vaccine rollout. There is a serious safety signal in Europe, and for any health care practitioner to administer these shots without informing the people of the risk of harm, there is a serious liability issue for those people because there is no informed consent." I sent this as a private email to 18 colleagues. One of those people sent this to the regional health authorities. And three days later, I was in a meeting with my superiors there who told me that I was guilty of causing vaccine hesitancy and that that private email was being sent to the College of Physicians and Surgeons as a complaint because I was putting people at risk by creating vaccine hesitancy: I was told that I was not allowed to say anything negative about these vaccines in the course of my work as an emergency room doctor. And I was told that if I had any questions about them, the questions were not to be directed to my colleagues but to the medical health officer in charge of the vaccine rollout for our area. So I accepted my reprimand.

I then began to see very serious neurological problems arising in my own patients. I had **been these people's family doctor for 29 years. I knew them very well. And when I saw new disease processes initiated in these people that I had no explanation with—that all started anywhere up to 72 hours after their shot in every case—I sent a letter to this medical health officer that I had been told to direct my questions. And I asked them, "What disease process was being initiated by this gene-based therapy and how, as these people's doctor, should I be treating it?" And I asked, "whether it was ethical to continue this vaccine rollout in the light of the evidence of harm?" And the silence was deafening. That letter was sent as a complaint to the College of Physicians and Surgeons.**

So I then drafted a letter to Dr Bonnie Henry, where I essentially set out the number of people that been vaccinated and the number of people from that group that had neurological problems, and I gave an exact breakdown of the risk of neurological harm. And

it might interest you to notice that the CAERS data, which is the Canadian Adverse Event Reporting System, records neurological injuries as the top category of injury, and that is exactly what I was seeing. I was also seeing lung and heart problems and skin problems and other issues. But neurological problems was number one.

So I sent a letter to Dr Bonnie Henry where I asked many of the same questions. And because I was warned that she doesn't reply to letters, I was told that I had better make it an open letter because it was just going to go straight into the shredder if it just went to her. So it went as an open letter and attracted international attention because at that point, the Moderna vaccine had not been incriminated for causing neurological harm and all of my initial problems that I was seeing were all from Moderna.

So the matter was referred to a vaccine safety specialist, and I was offered a telephone meeting with this top vaccine safety specialist appointed by Dr. Bonnie Henry. And I asked this vaccine safety specialist all the same questions, "What disease process has been initiated in my patients to cause all these problems?" And she assured me that these were not from the vaccine: that these were all coincidences or if they weren't coincidences, were from poor injection technique. In other words, the needle was incorrectly positioned in the deltoid muscle. And I said, "But these symptoms are all over the rest of their body. It cannot be from a misplaced needle. That is logically and scientifically and medically absurd."

[00:10:00]

But she assured me that these were not from the shot; these shots did not cause neurological problems. So I said, "Well, there is a crisis because my patients didn't have these problems before. Please, would you assist me to investigate what is causing this?" And she said, no, she could not. The only thing she could do was to send me the link for the vaccine injury reporting form—that they should be reported. And I said "Well, I've already got the vaccine injury reporting form. I want this investigated." So she said that she could not assist me with that. So I said, "Okay, if I submit vaccine injury reporting forms, will those trigger an investigation?" She said, "No, they will simply become statistics." So I realized that at the highest level, there was a denial of these safety signals—that they did not want to know about safety signals. Because this made absolutely no medical sense. Every doctor's highest priority should be the safety of their own patients. So I realized that I was essentially going to be on my own trying to figure this out.

About five weeks after I'd received my gag order that I was not allowed to say anything negative about these shots in the course of my work, a vaccine-injured patient came into the emergency room. It was a Saturday evening. I was on call for the emergency room. The nurse phoned me at home and explained that this patient had come in and what their symptoms were. And I said to her, "I know that patient very well. She had COVID; she and **her whole family had COVID five weeks ago, and it was a very minor illness for all of them." And now she is far more sick from the vaccine than she'd been from COVID. "Please, will you tell her she doesn't need her second shot. She has natural immunity, and the evidence for that is that when she got COVID, it was very mild. That means she has natural immunity. Please tell her she doesn't need her second shot." And I explained to that nurse the evidence from Duke University in Singapore that was done in the first year of this pandemic. That was very important research, and I'm going to go through it quickly now because everyone needs to know.**

When this new virus appeared, no one knew how long natural immunity would last. And the health authorities tell us it's a couple of months. Well, these researchers realized that when you've got a brand-new virus, you can't know how long natural immunity is going to

last because it's a new virus. So the best shot at finding out would be to look for natural immunity to the first SARS virus that came out in 2002 because that was 17 years before and would tell us how long natural immunity to a SARS virus would last. And so in Singapore, where there was a lot of that first SARS virus in the Far East, they recruited people who had recovered from that first SARS virus and asked them if they could take blood from them to see if they were still immune. And they found that they were still immune 17 years later. It was not antibody immunity; it was T cell immunity. So looking for antibodies is the tip of an iceberg; this is T cell immunity.

And then they tested members of the general population there to see— So if these people that had this first SARS virus were still immune to it 17 years later, what about the rest of the population that never had it? And they found that 50 per cent of them—this was near the beginning of this pandemic—had natural immunity to it from the other coronaviruses that circulate every flu season: it was cross-immunity. And then they tested those people who had natural immunity to the first SARS virus to see if they were immune to COVID and they found that the natural immunity covered COVID. And so the relevance of that—the two viruses, the first SARS virus and the second SARS virus, were 20 per cent different genetically. And so the importance of this is that if your natural immunity is good enough to defend you against a variant that is 20 per cent different, it will protect you against every variant of SARS-CoV-2 because even Omicron—which has 30 mutations making it different—is only 3 per cent different.

I explained this all to this nurse and I said, "On the basis of this, please will you tell this patient that she doesn't need her second shot?" And the nurse told me that she was not allowed to tell anyone that they didn't need a shot. So I said, "Okay, I'll tell the patient."

[00:15:00]

On the basis of that, I was fired from the emergency room. On the basis of that conversation—to say that somebody who was vaccine-injured and had proven natural immunity didn't need a COVID injection—I was fired. After 31 years as an emergency room physician with not one single patient complaint against me in those 31 years, I was fired for saying that somebody who had natural immunity didn't need to be vaccinated against a disease to which they were already immune. Fortunately, I still have my medical licence, even though I lost a significant part, at least 50 per cent of my income, and I couldn't work as an emergency room doctor anymore. I still had my private practice. So I continued on. But I realized that I needed to try and find out how to help my patients.

So when I discovered from the biodistribution studies that Pfizer had hidden—that we knew that these vaccines go around your entire body, they do not just stay in your arm. Pfizer's biodistribution studies on the lipid nanoparticles show that they literally take those **messenger RNA strands into every part of your body: they go into your brain and your lungs and your heart and your liver and your reproductive organs and your bone marrow, and everywhere. Which is, by the way, why these COVID shots have caused a greater array of side effects than any other medical treatment in history because this toxic spike protein ends up in literally every part of your body without exception. It has broken all records for the most unbelievable variety of disease processes that it causes.**

So when I discovered that this vaccine doesn't just stay in your arm—it goes everywhere, into your brain and everywhere—I realized that because most of the absorption from your vascular system occurs in capillary networks, that's where most of the spikes are going to be. Those spikes are going to be manufactured in your body in the cells that surround your blood vessels and mostly the capillaries because that's where the blood slows right down

and that's where absorption happens in our bodies. Knowing that those spike proteins are now going to make the surface of your cells rough and spiky—because that's what the spike protein is. It is the cells that make up the viral capsule of a COVID virus: that's what gives the coronavirus its characteristic shape—these little spikes that stick out all around. And so I realized that the lining of your blood vessels in your capillaries is now going to be rough and spiky. And so I thought, well, as sure as smoking causes cancer, these spikes in the vascular endothelium are going to trigger clots. But most of the clots are going to be in the tiniest vessels where you may not even know they're there.

So I realized that the only way to discover whether or not this clotting was occurring was to do a blood test called a D-dimer test, which is frequently done in the emergency room on any patients that a doctor thinks may have a blood clot somewhere in their body. So as my patients would come in for their appointment, for whatever it was, I would ask them if they'd had their COVID shot and how was it going? Because I was trying to figure out how many people were being harmed by this. And so I was asking everyone that came in, "Have you had your shot? And if so, how did it go?" And I was trying to find people who would be willing to have this D-dimer test before their COVID shot and then one week later: so that I had a baseline; so that I had a control on every patient. And when I had literally got the first eight people's blood work back, and five out of the eight had a positive D-dimer, I could not keep silent.

And I had an interview coming up with Laura-Lynn Tyler Thompson, and she asked me what I want to talk about. And I said, "I want to tell you what's happening to my patients." And I told her that at that point—it was only eight people's results I'd got back—that 62 per cent had evidence of clotting from these vaccines. And these were not vaccine-injured people: These were people who thought their shot did no harm. These were people who thought this shot was keeping them safe, and five out of eight had positive D-dimers. That interview took off like wildfire around the world.

[00:20:00]

It's now been subtitled into many languages that I do not recognize. But it created—it sort of blew the lid off this rare clotting thing.

So, tragically, shortly over a week later, our town and my medical practice and the lab where all these tests were done was burned to the ground in the Lytton fire. So that was the end of my research: I was in my office seeing patients and I literally just folded my laptop, I grabbed my D-dimer research, grabbed a few other things, and we ran out of the building and everything burned to the ground. Including the emergency room where I'd worked for all these decades.

So of course, the College of Physicians and Surgeons claims that my statement that this causes microclotting is misinformation. And I should just tell you that in total, I only ended up with 15 people, of which eight out of the 15 had positive D-dimers, which makes 53 per cent. In other words, more than half of people that I tested with a D-dimer one week after their shot— And there's no point in doing it months later, the D-dimer has gone back to normal. I did it, maximum of eight days was the cutoff, and more than half had the clotting.

And my concern with the clotting is that this is permanent damage. A clotted vessel never goes back to normal. It is permanently damaged, and the damage will accumulate with every shot. And the worst part was that these people had no idea that they had been damaged. So of course, the College claims that this is misinformation.

So I don't know if these slides are working. Can you see a slide on your screens?

David (Audio/Visual)
Which slide are you wanting presented?

Dr. Charles Hoffe
The third slide. It says, "Expression of spike protein detected in capillaries." Can you see that?

Stephen Price
Yes.

Dr. Charles Hoffe
Okay. As people have been dying after their vaccines, many pathologists have said they don't know why they died. And that was simply because they had no way of identifying these spike proteins. Spike proteins are not supposed to be in our bodies; they are not a human protein. So pathologists had no way of identifying them when they took tissue samples from people. They had no way of knowing if the spikes were even there.

[Expression of the spike protein detected in capillaries]
So a brilliant pathologist from Germany called Professor Arne Burkhardt figured out how to stain for a spike protein. And in this slide, if you can see it: the dark brown that you can see are spike proteins. So the slide on the left: you can see that is a small vessel where the lining is completely impregnated with spike proteins. And the slide on the right: you can see those parts of that vessel where the lining is smooth, where there are no spike proteins; that's what it's supposed to look like. And you can see wherever there are spikes—it is rough. And so it is absolutely inevitable that these clots will form.

Do you remember that we were told that the way out of this pandemic was to get everyone vaccinated? That was what was going to keep us safe. But what I want to show you next was that literally what has happened to Canada is exactly what happened to those laboratory animals that were tested with the vaccine against the very first SARS virus, where it literally— That so-called vaccine ended up working as an anti-vaccine and made them more vulnerable to the disease than if they had not been vaccinated. So what we now have is a pandemic of the vaccinated.

Is that slide working? What have you got on your slide? Is it good?

[The COVID "vaccine" is an Anti-Vaccine]
We literally have the pandemic of the vaccinated. So I'm going to show you the evidence that this so-called vaccine is actually an anti-vaccine and that it has increased people's risk: It increases your chance of getting COVID; it increases your chance of spreading COVID; and it damages your immune system to such a degree that you have a higher risk of hospitalization and death. And of course, the narrative that the public health keep telling us—that even though they now admit it doesn't stop you getting COVID, it doesn't stop you spreading COVID—they say,

[00:25:00]

"It'll keep you out of hospital, at least you won't die." And I'm going to show you the evidence for why that is absolutely false.

[Cleveland clinic study]
So this is a very important study that came out a few months ago from Cleveland, Ohio. This was a study done on health care workers: 51,000 health care workers that had had various numbers of COVID injections. And if you can see, there are five lines there. The bottom of the graph is the passage of time and they followed these people for three months to see who was getting COVID, and of course, the people that are getting COVID are the people who are spreading COVID. So the black line at the bottom is the people that were unvaccinated, zero doses of the vaccine: they were getting less COVID than anyone else. The next line up, the red line, is those that had had one dose of the vaccine. The green line, two doses. The blue line, three doses. And the top line, the brown one, were the people that had had the bivalent booster, the one that's supposed to keep you the safest: they were getting COVID more than anyone else. There was an absolute direct linear correlation that the more shots you got, the more likely you would get COVID, and the more likely you would spread COVID.

[NSW Australia Hospital ICU Admissions and ICU Admissions]
So what about severe injury and death? This is from New South Wales, Australia, looking at hospitals. This is two bar graphs. The one on the left is a bar graph with four bars showing, again, the number of vaccine doses. The graph on the left: those columns are people in hospital. The graph on the right is people in ICU. So just for the sake of time and simplicity, let's look at the one of ICU: the graph on the right. You can see the people that had zero doses—in other words, the unvaccinated—they were absolutely none of them in ICU. Zero. And literally, of the people that had one shot, very few in ICU. And literally, the more shots they had, the more likely they would end up in ICU. It was an exact linear relationship. The more accumulated damage to your immune system from these boosters, the more harm that you would have from this disease. This was functioning as an anti-vaccine, making you even more vulnerable.

[Canada's Pandemic Curve to March 2023]
So what about Canada? So this is a graph from the Government of Canada that actually goes up to mid-March of this year. By mid-March, there had been 97 million doses of COVID vaccines administered to the population of Canada. We had 86 per cent of the population double-vaxed, and 56 per cent vaxxed and boosted. These are not COVID cases, these are hospitalizations: The yellow part of that graph are people in hospital with COVID; the pink or the plum-coloured part at the bottom is ICU. I've marked on there where the vaccine rollout began in mid-December 2020. And I've marked on there exactly one year later when—because of all of the fear propaganda—they had persuaded over 80 per cent of the population to have at least two shots. You can see what happened to the number of people **in hospital with COVID once we had most people double-vaxxed. And you can see it's never gone back down to what it was before.**

Previously, before there were any vaccines at all, in between the waves we'd have almost nobody in hospital with COVID. It never goes back to that. This means that COVID is here to stay. We will never achieve herd immunity because of the damage done to people's immune systems from these shots, and this graph is the proof of it. You can see that literally, it's now endemic. This is not a pandemic; this is endemic because we will never— So many people have had their immune systems so damaged. And we know it's not just COVID. People that have had these shots are constantly sick with almost everything because it goes to every part of their body.

[COVID Deaths in South Africa]
So let's compare Canada, which is a largely vaccinated country, to South Africa, which was where I did my medical training and where I was born. In South Africa, 70 per cent of the population refused these vaccines: 70 per cent unvaccinated. I've marked on that, 31st of March 2022,

[00:30:00]

the pandemic essentially ended in Africa over a year ago—they had achieved herd immunity. Now, this is not COVID cases; this is COVID deaths. You can see that COVID deaths basically flatlined a year ago and has never gone back up. It continues.

[COVID deaths in Africa]
The next one is the whole of Africa. If you take the whole of Africa, that is almost the same as South Africa: This is a largely unvaccinated people. They're done with COVID; they're back to normal because they didn't take the shots.

This has been a public health disaster, like never before. And so I hope that this has been helpful just in terms of showing, tragically, what has happened to this country due to the rollout of what has turned out to be an anti-vaccine.

I'm open to questions if anybody has any.

Stephen Price
I did have one question. What happened in terms of the complaints to the College? If you don't mind me asking.

Dr. Charles Hoffe
No, not at all. I think I seem to hold the record for the most complaints that have all come from the doctors in the Interior Health and various others. Not a single patient complaint. The patient complaints are all from public health doctors who feel that I have put people at risk by creating vaccine hesitancy. I have a disciplinary hearing that is scheduled, that will be a ten-day trial. It was supposed to have occurred in February, but it was adjourned and a new date hasn't been set. It will probably be in November or December of this year. The fact that they have planned a ten-day trial I think is wonderful because I'm hopefully going to be able to show them a lot of very good scientific evidence and maybe help them to understand this. The evidence is overwhelming.

They have said, for example: that it is misinformation to say that these shots cause **neurological injuries; that it is misinformation to say that these shots have killed a lot of people; that it is misinformation to say that they affect fertility. And the evidence from all around the world is enormous. And part of the tragedy with fertility is that, as I mentioned, the delivery system to get this spike protein into every part of your body was designed to, literally, take it to your reproductive organs as well. And we know that these spikes cause clotting and bleeding and gene editing. And they're highly toxic and highly inflammatory.**

And so the evidence that so many women have menstrual irregularities after these shots; that the live birth rate in every highly vaccinated country has significantly declined since the vaccine rollout; that midwives and doctors have seen unprecedented numbers of miscarriages and stillbirths is huge evidence that this has affected fertility. But they've said that that is misinformation that this affects fertility. And Pfizer's own biodistribution study

showed that the ovaries were one of the top four organs where the spike proteins ended up. So the fact that they have wanted to give this to our children for whom COVID poses almost no risk. You know that there has not been one single healthy child under the age of 16 in Canada that has died of COVID. Not one. And yet they have been determined to vaccinate our children with this thing where so much of it ends up in the ovaries. To me, that is very sinister because it makes no logical or scientific sense. These children are not at risk from COVID. This is very sinister.

Stephen Price
Thank you, doctor. Do the Commission members have any questions?

Commissioner Massie
Well, thank you very much, Dr Hoffe, for this very enlightening presentation. Can you comment a little bit about the types or nature of neurological damage or injuries you've seen in your patients? And how does that compare to what is seen in other places in the world? Is it a similar pattern, or do you find differences?

Dr. Charles Hoffe
Yeah, I think the commonest neurological problems

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that people hear about are, firstly, the strokes. And strokes are also a vascular injury where you block a vessel or rupture a vessel and get bleeding in your brain. But of the neurological injuries—I only have two patients that had strokes after their shot. The commonest neurological symptom in my patients is actually pain—chronic pain. So for some people it's headaches; for some people it's pain in other parts of their body, in strange parts. I have one person who says the bottom of her feet has been incredibly painful since her COVID shot. But as I said, this was designed to literally go everywhere. I have three people in my practice where both hands are extremely weak: they cannot open a jar anymore. One of them had to change the door handles in her house from a round doorknob because even using both hands, she couldn't open her doors anymore, her hands were both so weak. And so for it to cause symmetrical weakness both sides, that means that this has affected your spinal cord. If it was your brain, it wouldn't be symmetrical. So these are spinal cord injuries in three of my patients. In some, it's light sensitivity. I had a 38-year-old lady who developed five cranial nerve neuropathies. The cranial nerves are nerves that control your face and your head that come directly out of your brain, not out of your spinal cord.

As I mentioned, when I had asked this vaccine safety specialist if she would assist me to find a neurologist that would investigate these people, and she told me she could not. And I said, "But I have phoned three tertiary hospitals to try and find a neurologist that I can send"—and at that point I had six neurologically injured people—I said, "These six people need to be investigated urgently." And she said she couldn't help me. And I said, "But I have phoned Royal Inland Hospital in Kamloops; I phoned St. Paul's; I phoned Vancouver General, where I speak to the neurologists. They all say, 'Sorry, we can't help you.'" And the key thing was, as soon as they heard this was from the vaccine, they go dead quiet on the phone and they said, "I'm sorry, this is not my field." And so I said to her, "What am I supposed to do?" And she said, "Don't tell them it's from the vaccine." Can you believe it? This is the top vaccine safety specialist in BC. And they had no interest in investigating what

disease process was caused. No interest at all. Their only interest was to get me to shut up. And I won't.

Commissioner Massie
And my other question has to do with the— You mentioned initially in your research that when similar types of vaccine were tested with SARS-CoV-1, and maybe there's been some also with MERS [Middle East Respiratory Syndrome], that there's been issues with injuries when the animal were challenged with the virus. In your practice, have you noticed that the injuries were following in patients that had previous COVID infection and then were vaxxed? Or is it unrelated?

Dr. Charles Hoffe
No, they are related. For example, that patient that I told the nurse to tell her she didn't need her second shot—she got way more sick from the shot than she did from COVID. And the reason why the two work together, it's the same poison in both: the poison is the spike protein; that is the toxin. I mean, the lipid nanocapsules are very toxic on their own. And the fact that they want to use those lipid nanocapsules as a delivery system for all these other mRNA-based vaccines that they've got coming—that is a very toxic delivery system because those lipid nanocapsules on their own cause a lot of pathology.

But what happens when a person has had COVID, they get exposed to some of those spike proteins. Then they get the vaccine and they get a whole ton more, which means they're getting more of the same poison. And that's why people who have had COVID who get vaccinated have worse vaccine injuries. They're getting more of the same poison. So the fact that they forced people who knew they had natural immunity—and the way you know you've got natural immunity is you get COVID and it's mild, your body had natural immunity.

There was very good research done by Dr. Steven Pelech, and others were involved in it, here in BC and here in Canada that showed one year into this pandemic, that 90 per cent of the population had natural immunity,

[00:40:00]

to some degree, of COVID-19. Before there was any vaccine rollout at all, we knew that 90 per cent had natural immunity. In other words, for 90 per cent of the population, this was not a risk and yet they forced these people to be vaccinated. And now their immune systems are seriously damaged. And you've seen what that graph looked like of Canada's desperate situation now, where we have a pandemic of the vaccinated because all of these people who had natural immunity have had their natural immunity ruined.

Commissioner Massie
Was there an indication of these types of pathologies in the animals that were actually tested previously? Was there a hint that you could anticipate—that with the new vaccine when we would rollout the vaccine in human population?

Dr. Charles Hoffe
No. What they saw in those early laboratory animals was simply what's called antigenic enhancement or pathogenic priming where basically your body gets primed against this

thing, so when you then get exposed to it, it overreacts. And they went into a massive inflammatory state called a cytokine storm that basically either killed them or made them very sick. And so, that's slightly different from the spike proteins in the brain.

For example, the patients that I have that had ringing in the ears, dizziness— So these would be symptoms of spike proteins in your brain if you got this shot: headache, unusual tiredness, nausea, dizziness, light hypersensitivity, sound hypersensitivity, all of those would be evidence of spike proteins in your brain. And of course, now that some pathologists know how to stain for spike protein, we know it goes into the brain. It goes everywhere because they've got autopsy samples literally from almost every part of the body showing that these spikes go there. So this is very ominous that they chose a delivery system that took these spikes into literally every part of your body. You don't need that for a vaccine. For a vaccine, it should stay in your arm and that's where the antibodies should be produced. It doesn't need to get into your brain or into your heart or your lungs.

Commissioner Massie
I'm curious about your D-dimer that you've been doing to get a sense of what would be the frequency of these type of damages, even when people don't show any symptoms following the vaccination. I haven't seemed to be able to pursue these kind of D-dimer studies, but are you aware of other labs, either in Canada or across the world, that have tested or followed up on this D-dimer analysis?

Dr. Charles Hoffe
Yes, after I exposed what I had found with my patients, many other doctors around the world started doing the same thing, and particularly in emergency rooms. Where people would go into emergency rooms with vaccine injuries, they would then do D-dimers and find massively high D-dimer levels on vaccine-injured people. I was doing it on non-vaccine injured people; I was doing this on people who thought their shot did no harm. Because I was trying to find out— I was looking for hidden damage because that's what the capillary clots would be. They're hidden damage which will accumulate. It's permanent damage, but it will accumulate. Because we knew, very early on, we knew Trudeau had ordered enough shots, six for every Canadian—now apparently, it's nine—but they clearly were planning to give us a lot. And so I was trying to find out whether the damage was cumulative and of course, blood clotting damage is cumulative.

Commissioner Massie
So this could trigger different types of pathologies, depending on what capillaries would be affected and what organs?

Dr. Charles Hoffe
Yes.

Commissioner Massie
So it means that when you try to monitor the side effects, you will find different descriptions because it really depends on where it lands, right?

Dr. Charles Hoffe
Correct, yeah. So for example, I had one of my patients—he was a patient who had rheumatoid arthritis—who would walk three kilometres to my office every Wednesday for an injection that he would get for his arthritis, and that was part of his routine. Once a week, he'd walk three kilometres there and three kilometres home, and as soon as he had his first COVID shot, he literally could go a few hundred metres and he was done. He literally said he couldn't even do a quarter of a mile, and so I strongly suspect he got all the microclots in his lungs. And lung and brain and heart doesn't regenerate. Once you get clotted scar tissue in those organs,

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it is permanent damage, and it will accumulate with every shot.

I should mention to you just the other thing that I think is a really important thing. This vaccine safety specialist that told me the only thing she was willing to advise me was that I needed to submit vaccine injury reports. So the first six that I sent in— Literally the public health were putting out notices to our community saying that my allegations that anyone had vaccine injuries were false and that there was no evidence of harm. And one month after my letter to Dr Bonnie Henry, the College of Physicians put out a notification to all doctors, warning doctors that anyone that contradicted the public health narrative would be investigated and, if necessary, disciplined. This was their response to me revealing the evidence of harm—was to tell doctors that they were not allowed to reveal evidence of harm. You were not allowed to contradict the safe and effective narrative, otherwise you would be investigated and disciplined.

And so when people wonder why those people have believed what the media have told us, it's because doctors have been warned that they're not allowed to question the narrative. They're not allowed. They're too afraid. They have to feed their family. They don't want to lose their medical licence. They don't want to end up like me: under investigation. And so, this has helped push the narrative that "well, doctors seem to be all on board because they don't say anything." Well, they've been warned not to say anything.

So I ultimately submitted 14 vaccine injury reporting forms, and out of those, every single one was denied by public health. Every single one. They would send a report back to me saying these are not vaccine injuries, these are all coincidences, and this person needs their next shot. And they would phone up the patient and tell them that this is not from your shot, you need to get your next shot. So I discovered that it was impossible to report the vaccine injuries because they literally get censored by public health so that they can carry on telling everyone that the side effects are incredibly rare.

Commissioner Massie
Maybe one last question. You said that the investigation has been—well, the trial has been postponed. We can only speculate of the reason for that, but in your assessment, given that it's going to be months down the line, do you think that this will allow you to build a stronger case and the outcome will be more favourable?

Dr. Charles Hoffe
I don't think so because unfortunately they're not following the science. It is clearly apparent. The fact that they completely ignore all the safety signals means that they're not

interested in evidence. And you have to say, "Well, why does Health Canada completely ignore the safety signals?" You only have to look at, for example, the VAERS or the open VAERS in the United States. Because as I mentioned, the Canadian vaccine injury reporting system is a joke: you can't even report, I mean, it's a joke. But if you look at the American, the VAERS and the open VAERS, the vast number—I think it's now over 33,000 people dead. And by the way, 50 per cent of those would have died within 48 hours of their shot, 33,000 dead. I think it's about 65,000 people permanently disabled. If any other medical treatment had ever done that, there would have been an absolute— The media would have been all over it; public health would have been all over. It would have been shut down. Yet there's literally crickets. They look the other way.

And if you want to know why they look the other way? Well the FDA gets 50 per cent of its funding from the pharmaceutical industry. Health Canada, over 80 per cent of the funding for Health Canada comes from the pharmaceutical industry. So guess whose tune they're dancing to? This is a massive conflict of interest. No wonder they will conceal the evidence of harm. The pharmaceutical industry has done that for years. Pfizer holds the record for the biggest fine for scientific fraud and covering up evidence of harm in history: $2.3 billion. The pharmaceutical industry, as a whole, has paid, I think I'm correct in saying, $30 billion since the year 2000 for scientific fraud in court settlements and fines for scientific fraud.

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They are the most dishonest industry on earth. And yet Health Canada gets most of their funding from them. So if you want to know why does Health Canada ignore all the safety signals? Well, just follow the money. Guess who's paying them?

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good afternoon. Thank you for your testimony. I'm just wondering if you can provide some insight into why the people of South Africa, 70 per cent of them, decided not to get the vax?

Dr. Charles Hoffe
People in Africa have known that their governments have been dishonest for many generations. In Africa, people don't trust the governments, I don't think in any African countries. They know that the government— The people go into politics for power and wealth, not because they want to be public servants and protecting the people. And so when the government tells them something, they, I think, have a bit more critical thinking and don't just accept it at face value. I think perhaps that's the reason.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good afternoon. There's a couple of terms that we've been using—and we hear it in a lot of the testimony—and there's VAERS, which is a reporting system in the United States. As I

understand it, the government reporting system in Canada is called CAEFISS [Canadian Adverse Events Following Immunization Surveillance System]. And then you talked about a system called CAERS [Canadian Adverse Event Reporting System]. Now CAERS is not the same as the government reporting system, is it?

Dr. Charles Hoffe
No. It's one where patients can report their vaccine injuries. Because there are a lot of doctors that are very reluctant to report vaccine injuries because they don't want to be seen as an anti-vaxxer. My understanding is—and I would need to validate this—that CAERS is where patients can literally report their injuries.

Commissioner Drysdale
So CAERS is then a non-governmental system of reporting, and CAEFISS—the system that you tried to report to, where your reports were unvalidated, if you will, or said that they weren't true—that was the government reporting system that Health Canada told us was a strong reporting system to monitor the vaccine. Is that correct?

Dr. Charles Hoffe
Yeah. They kept quoting that that was the evidence that this was so safe. Because they'd given out so many doses with so few reported injuries.

Commissioner Drysdale
I have another curiosity about that. It's my understanding—or I grew up understanding—that when I came to your office and told you something about my medical condition that it was sacred: it was between the doctor and the patient. Is that correct?

Dr. Charles Hoffe
Yes, that is correct.

Commissioner Drysdale
Then how did the people from the CAEFISS system, or the government reporting system, review your patients' files and then talk to the patient outside of your relationship and tell them that they need to go get their vaccine? Isn't that a violation of that sanctity between patient and doctor?

Dr. Charles Hoffe
Well, on the forms, one had to put the patient's contact details. So in other words, a telephone number, and the idea was so that public health could look into it and deal with it appropriately. But their way of dealing with it was literally to just deny that it was from the vaccine.

Commissioner Drysdale
So are you telling us that public health has access to, and reviews, personal medical information of patients?

Dr. Charles Hoffe
Yeah, they wouldn't have access to that person's family doctor's medical records. But I would imagine that if you went into an emergency room or if you had some in-hospital treatment that they would probably have access to that. That goes into a database of what happens in government hospitals that I would expect that they would have access to.

Commissioner Drysdale
I wonder if patients are aware of that—that they don't have that

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sacred secrecy between the doctor and the emergency room and themselves, where they may or may not in the doctor's office.

Dr. Charles Hoffe
Yeah, so normally, public health wouldn't be able to access their family doctor's medical records. I still had paper files and I had paper charts in my office. I was mistrustful of electronic medical records. I couldn't understand why the government was paying doctors to change to electronic medical records. I didn't know how that was going to improve patient care or be in the patient's best interests. And so when all of my patients' records went up in smoke, a lot of my patients came to me and said they were very glad that their medical records went up in smoke because there were things in their past that they would like to leave in the past.

Commissioner Drysdale
In the charts that you showed that were showing the infection rates, and you showed the graph, and I think it started late in 2020 and it proceeded through to 2023. Now in my understanding from previous testimony that COVID-19 reportedly showed up in the world in the late part of 2019, was in Canada, the first reported cases, I think, January 2020. And then the government declared a pandemic in March of 2020.

Now it would seem to me—and I'm asking this question of you—that there was no vaccines in 2020, at least until December 15th or 18th, and the population most at risk had not been exposed to COVID-19 until 2020. I would have expected that there would have been a very quick rising peak in 2020 with no protection, no therapeutics, nothing else. But it seems from your graphs that there was no peak in 2020, and then the peak came out in in 2021 following the vaccines. Can you comment on that a little bit?

Dr. Charles Hoffe
Yeah, well, early on in this pandemic, we knew that the average age in Canada of people who were dying with COVID was 83. And that in the very first part of this pandemic, I think in BC, at least, about 80 per cent of all the people that were dying were in long-term care facilities or the old age homes. So the fact that they were shutting down schools when most of the people who were dying were already beyond normal life expectancy showed the absurdity of the mandates.

But I guess what I was just trying to show in that graph about— That we're much worse off since the vaccines were rolled out, that things were much better before there were any

vaccines at all. And in fact, if you can see the graph again, the tallest peak in that graph was the first Omicron wave. Now Omicron was only one-third as dangerous as the original Wuhan strain. One-third. And yet, in Canada, we had more people in hospital with Omicron than ever before, once most people were vaccinated, even though it was much less dangerous. If you compare it to the graph in South Africa, for example, you'll see that their last wave, that shortest one, was Omicron because they had herd immunity. Omicron wasn't an issue and that was at the end of it. Canada had lost its immunity; South Africa retained it.

Commissioner Drysdale
You know, I tend to ask this question all the time, or perhaps too much, but it's something that really bothers me or that I'm curious about. And that is, and I understand this, you said that doctors were warned not to say anything. And by and large they didn't—those last words are mine. We've heard this about our police; we've heard this about our ministers; we've heard this about our judiciary. We've heard this about almost every aspect of society which was supposed to protect us from something like this. Although I can't ask this—I would ask the crowd, how many sitting here have been threatened or warned not to say anything, but they still have? And so, my question to you is, how is it that a people, some of the groups that we've talked about, who we give such an elevated position in our society—

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lawyers, doctors, judges—we hold them in reverence, we always have. And yet it only took a warning for them to be silent. Can you comment a little bit about that?

Dr. Charles Hoffe
I think this entire pandemic has been a moral integrity test: for doctors, for our politicians, for the police, for lawmakers, for judges, right across the board. It has been a moral integrity test. There are some people who will do what they're told, no matter what. And there are some people who will do what is right, no matter what. And that is the difference. That is the moral integrity test: Will you do what is right, no matter what risk it is to you? Or will you put yourself first and do whatever it takes to protect you, even if it puts other people at harm? And we've seen it. This has been a great revealer of moral integrity. And unfortunately, we've seen it in the law courts, we've seen it with the politicians, we've seen it in the media: of those people who will do what is right, no matter what, compared to those who will just do what they're told, no matter what. I think it comes down to that.

Commissioner Drysdale
I wonder if that's why we didn't see a lot of doctors, and lawyers, and police officers in Ottawa, but we saw truckers there.

Dr. Charles Hoffe
Yes, yes, yes.

Commissioner Drysdale
Thank you, sir.

Dr. Charles Hoffe
You're very welcome.

Stephen Price
No further questions. Thank you very much, doctor, for your attendance and evidence.

Dr. Charles Hoffe
You are most welcome.

Shawn Buckley
David, can you mic me? Thank you. So before we take a break, I just wanted to clarify.

When Dr. Hoffe is referring to CAERS, that is C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System, and he's absolutely correct. You don't need to be a doctor. You can go there and apply yourself. So it's a non-governmental initiative to be documenting adverse reactions, and it's very easy to access, and it's very easy to fill in the form. So I just wanted everyone to understand that when Dr. Hoffe was referring to CAERS, it's spelled C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System.

[01:03:13]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 7: Jeff Sandes
Full Day 2 Timestamp: 08:19:22–09:05:55
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
Marion Randall, again, for the record, a local lawyer assisting your next witness, who is Jeff Sandes. Can I have you, Mr. Sandes, to please state your name and spell both your first and your last name, please?

Jeff Sandes
Jeff Sandes, J-E-F-F S-A-N-D-E-S.

Marion Randall
And do you promise to tell the truth, the whole truth, and nothing but the truth, when you give your presentation here?

Jeff Sandes
Yes.

Marion Randall
So I'll just go through quickly who you are, a little bit, and you can add to it if I've made a mistake. You originally studied journalism about 35 years ago when you were still young. Then you subsequently worked in journalism as a reporter for United Press for three years and then freelanced in a community newspaper for about five years in Surrey. Then you did leave journalism for a bit for other work that you undertook. And presently, you do work in trucking, but you're also a freelance journalist for *The Epoch Times*, is that correct? Have I summarized that correctly?

Jeff Sandes
Yes, you have.

Marion Randall
Okay, so I think what you were going to address us here today with was, sort of, the changes in journalism. So if I could begin with, perhaps you could tell a little bit about when you were trained as a journalist 35 years ago and how that differs from colleagues in journalism that you've met now, what they're training was like.

Jeff Sandes
Okay, there's a lot to discuss, I suppose, that has changed. But back then, the industry seemed to attract people that, I guess, wanted to get into writing. They felt there was a noble call to it. There's people who are just kind of looking for a career that might, I don't know— They were still looking for something to do full time. And the program I was a part of, I thought, trained us all incredibly well. It was at Langara College, the province, BC. The graduates were all over British Columbia, community newspapers, dailies, all kinds of media.

Marion Randall
Would the word objective come anywhere into your training?

Jeff Sandes
Yeah, we were trained to take any issue, any story we were dispatched, and to consider as many different viewpoints that might come into this particular situation. So if you're covering city council or you're covering a press conference for somebody closing down a business in the city, even athletes, there's more than one position, typically, on whatever the story is that you're dispatched to.

And back then, we usually had a little more freedom to determine what actually might be the story that we would end up writing about. You'd go out into the field; you would gather your interviews, do your research, and you have mostly all day to kind of follow your story. And nowadays, we're mostly behind a computer, writing on something on the other side of the country, trying to find somebody to get as far as quotes go, maybe a little bit of data. But for the most part, we don't have the same effort into building a story like we once used to.

Marion Randall
Okay, so if I could, about 2010, I think, you began to notice a change in the way media was produced—and you're sort of getting into that area now—and it was in terms of the covering of the issues: one-sided or more-sided, and a reason why it wasn't multifaceted anymore.

Jeff Sandes
Oh, okay, sorry. Yeah, I'd say a dozen years or so ago, that's when I started to recognize the way stories were covered, they were produced, the way we were starting to take them in. We were losing some of the quality that I felt I was trained to do as a journalist. Of course, I wasn't in the industry anymore at that time, but I always scrutinized it.

What became a lot more evident was— It's almost as if there was going to be sides being chosen. There was less balance as far as bringing in other viewpoints. And that's sort of the approach that journalists seem to be moving toward. Once, I think, Donald Trump became a

politician, it became clear that every media outlet virtually decided to pick a side on whatever issue, and they just went off the rails.

Now, I will say though, even if I point my finger at a media outlet or a reporter and say that they're not doing their job professionally, they would still point their finger back at me,

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or at the outlets I work for, and say the same thing. So everybody, I think, still believes they're doing a professional job, but I would argue that we've kind of lost some of that structure.

Marion Randall
So is part of what you would say, is that people who are in journalism now are more motivated by ideology than they are about reporting on the incidents that are important to Canadians?

Jeff Sandes
I would argue that. In talking to some of the people I went to school with, and a couple of other long-time people in journalism before this testimony, the younger people that are coming into the industry seem to be coming in more with kind of political and social ambition as opposed to professional obligation. And we don't have a network to develop them, to mentor them. The system, one of these journalists told me, has been corrupted now. So you find maybe the market that you want to report in and you're kind of given a little more free reign to do that on one side of an issue.

Marion Randall
So can you also comment—you were observing the media and from your inside knowledge of the profession—about the influence of advertisers in terms of journalism?

Jeff Sandes
Right. One of the people I did study with, she was just telling me, before she left, her publisher told her to pull a story because it framed their biggest advertiser in a negative light. And that was the threat that was given to the newspaper. Another fellow I know, more locally, he was given the same directive to change a story based on their newspaper's biggest advertiser.

It is a reality when you have a low budget and if you're a community newspaper, in particular, you depend on whatever resources you can get as far as advertising goes. And so if your biggest customer is going to say, "We're pulling our ads," then it's partly going to influence, perhaps, the way it's covered. Of course, we have corporations and government initiatives to try and also, I guess, help journalism, but when you're getting money from the government, you seem to be also influenced.

One fellow I talked to in the Kootenays, Sean Arthur Joyce, who's been freelancing for years, decades, had his first stories not published because he feels the newspaper was getting money from the National Journalism Initiative [Local Journalism Initiative]. Forget what it was exactly called, but basically, it allowed underserved journalism communities to hire somebody for a year and allow them to sort of develop and work in the community and

learn the ropes. But now, if he had something critical or seemingly critical about the government, those stories weren't getting published.

Marion Randall
Now you mentioned advertising resources. Have there been other— From your inside knowledge of the profession and what you've noticed with your colleagues now and your previous colleagues, in terms of staff, for example, copy editors, if you can talk about that. And fact-checking.

Jeff Sandes
Yeah, so a lot of newsrooms are going to be operating on sort of a thinner staff. You have the reporter, which most of us end up seeing on TV or reading from their byline. But behind the scenes, you'll have others that are involved in laying out the product on the website or the newspaper, producing it for TV or radio. In a lot of cases, you're going to cut corners, or they have had to save money by having fewer copy editors and some of those production staff. Therefore, if you have a story that would have been considered maybe investigative journalism where you have a lot of research, a lot of data, a lot of interviews, it's a lot more cumbersome to vet and fact-check those stories. It takes a lot of time as opposed to, maybe, taking three other stories and getting those out on the internet or ready for primetime viewing. And so with that being one of the restrictions, it does have an impact on how fast a story could go or whether it's even approved because of how in-depth it may need to be.

And I'll say one other thing, too, that comes into play with this. While I'm being critical of journalism overall today compared to in the past,

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a challenge that a lot of reporters will have in today's real time is based on the media outlet you represent. There are people in government, in police, in business that won't talk to you. And even if you're trying to give balance, which is what your editor or your copy editor may be looking for, if you don't get a reply or response and you're ghosted, then the rest of your story may look like it's biased or imbalanced. And that's part of the reason why we'll have these accusations that we have. Yeah, like I say, biased outlets, biased reporters.

Marion Randall
Now, I wonder if you can just comment a bit on censorship, and especially in respect to the COVID era, you wanted to tell the Commission about that. About what happened in COVID and government regulation, censorship.

Jeff Sandes
That's a little more difficult one for me to comment on with accuracy. I mean, when Dr. Hoffe was here, he talked about a lot of deaths and injuries that have not been reported, and it reminded me— I think there was a child that likely died from eating tainted baby food and they immediately covered it in our media in North America. Largely, they shut the plants down; they ended up recalling all the product. And we have somebody, or a population, that may be damaged: We need to cover it. We need to let everybody know, and so, we did that with the baby food. Then we have another population that is being damaged and being injured, and yet we're not covering that.

The censorship—we know now, since Elon Musk bought Twitter—at least extended into social media. There is the Trusted News Initiative, started in 2019, of a lot of different media outlets and social media companies that look to try and, I'll say, censor information on fair elections and eventually on COVID and vaccines. And so when you have a conglomerate of different media outlets that are working to make sure a particular talking point is produced, then you're limiting the professionalism we're supposed to do. And you know, with the Ukraine war, search engines—I think all of them or most of them—decided to suppress information that might have something to do from a Russian perspective. And so, this is another example of how we're getting limits on what we can intake as news consumers.

Marion Randall
Now do you have any information about whether journalists are dictated, in any way, as to words they can use, like say, let's take "protest" versus "riot."

Jeff Sandes
Yeah. So we have— In Canada, it's called the CP Style; in America, it's called the AP Stylebook. And essentially, there's some conformity that all media outlets in the country are supposed to adhere to for certain things. And the example I would usually give would be when there was a military coup in Burma, they renamed the country Myanmar. Well, what do we call it? Is it Burma? Is it Myanmar? And the stylebooks would determine that for us.

So the way that those usually go, they move more in one direction than another. So an example back when I was studying journalism or first in it, if it was the abortion debate, and you are on one side or the other, you would be pro-choice or pro-life. Today, if we are to write on that, you would be pro-abortion rights or anti-abortion rights. And so the language is manipulated so that it's as if you have somebody that's in favour and somebody that's against. And then of course you throw the "rights" in there. We're skewing the way that it could be a balanced approach, in my opinion.

So during the unrest that happened following the George Floyd death, one of the things that changed was rather than, at least in America, being able to call the unrest a "riot," it was supposed to be called a "protest." There was a change at around the same time, I believe, where you couldn't refer to somebody as "a mistress," but rather as "a companion." Anyways, those are some of the examples of how we have guidelines on how we're supposed to follow, as a country,

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in all media outlets, and they come up with their own standards for that.

Marion Randall
Can you tell us a little bit about— I think that communities are increasingly served by news agencies or people that work for the news that don't even live in their community. It's more and more centralized, is that the case?

Jeff Sandes
Well, in rural BC at least, and it's probably throughout the country, you used to have a staff. You would have your editor and you would have your reporters. You would have your advertising workers. You would have people that would work on all of the public comments, so obituaries and weddings and other announcements. But now what's occurring is, in order to save money, you have a skeleton reporting staff and you'll have an editor that will be serving two or three different newspapers in communities that he may not even live in. And that's a reality in order to try and budget to still have a viable newspaper in a community that depends on it.

Marion Randall
And then, we saw with the Trucker Convoy, that there was only limited media coverage and did you have a comment about that?

Jeff Sandes
So this goes back into kind of picking sides that I was saying. As news consumers, I would argue, we've been part of that problem because if we believed mask mandates and vaccines save lives, there's these media outlets that will tell us that. And if we believed it was about control and oppression, these ones will tell us that. And whatever one we wanted to migrate to, we would go to. And they're going to keep feeding us, or I would say, the industry feels we have to keep supplying that red meat to our demographic.

And in the Trucker's Convoy, this was an example of people affected by the mandates that felt they had no other choice. They organized this. It left from British Columbia. We covered it with *The Epoch Times* from the beginning and through the entire journey. And even as it was gaining tens of thousands of people at the different stops and gaining more notoriety and notice, there were still outlets that were pretending it didn't exist. And that would be an example of a news story, especially in Canada, that should be covered or it used to be covered by everybody.

I remember one day listening to—I won't say the name—but I would always listen to a certain radio station for my Canadian news on satellite at 4 a.m. And a few hours earlier, there was a terror attack in Spain where Canadians died. And that should be the lead story in every outlet that we have, every newspaper, every radio broadcast, everywhere. Yet this particular host spent the opening segment talking about Donald Trump. This is the type of thing that, I'm arguing, is probably generating more attention, more clicks, more opportunity to keep your base that's coming to you for news happy. And this is a sliding scale of what constitutes news nowadays in how we approach that.

Marion Randall
So would you characterize news today as lacking balance compared to decades ago?

Jeff Sandes
Yeah, 100 per cent. What we were supposed to do is—take the Trucker's Convoy as an example—report what's happened. And there's people that are going to support it; people that don't. And then there may be other things that are going on, such as potentially traffic jams or environmental impacts or who knows; there's all kinds of things we could probably think about. And then the objective would be to bring all of that into a story and allow the consumer to decide what they think about it. They're informed, and whether they support

it, don't, or are indifferent, that would be what our job was supposed to be. But instead, what we end up having is creating an environment where we either put these people on a pedestal or taint them as a dredge to society and that's not for us to do. We're supposed to be reporting it.

Marion Randall
Okay, is there anything further that you have to tell us or can I open it up for the commissioners for questions?

[00:20:00]

Jeff Sandes
Well, the one other thing that I just wanted to mention is I'll read something or I will notice something when I'm doing research that sometimes gets me interested. And I'm not sure exactly where it's going, but I have a suspicion that we may be moving into an era in Canada where our governments are looking to control our speech.

So we all know what "fake news" is—but what it's being rebranded as now by our governments is "misinformation," "disinformation," and "hate speech." And these are very broad definitions based on what they once used to mean. And so we've already seen our government starting to move into legislation that will restrict what people might say about the Holocaust or gender identity. And recently, I saw two clips where our Prime Minister was condemning people who believe in flat earth theory. And my sense is the potential for further legislation and the opportunity of Bill C-11 to allow more regulation on what we can say could be on the horizon. And if they determine that something that's misinformation or disinformation comes from your media outlet, your podcast, then maybe they're going to move into restricting that or censoring it.

So that's something I would argue all journalists should be paying attention to because we used to advocate that— The saying was, "I hate what you're saying, but I'll die for your right to say it." And that was something that was what we all embraced in journalism. But today: "I hate what you say, and I don't want you influencing anybody else with what your opinion is." And we're doing that in media too, largely. So that's something, I think, we should pay attention to.

Marion Randall
Thank you. Any questions from the commissioners?

Commissioner Massie
Thank you very much for your testimony. I was wondering, I think, because of the technology, journalism is going through a very probably serious, rapid evolution, if you want. And is the problem due to the fact that now, with the new technology, that there is a strong competition from what I would consider citizen journalism as compared to the big companies or organization that would have the resources to forecast their news previously? And now it can be done by just a small team of people that are well organized and disseminate or share a message that people want to listen to, that resonate with people. So that's a kind of challenge that makes it very difficult for professional journalism to find their niche. Because very often, the citizen journalism don't necessarily have all of

the means or the costs associated with big diffusion, but sometimes they manage to make a living out of it.

Is that a new model, the transition that we're going into?

Jeff Sandes
Well, the rise of the internet certainly has given entrepreneurs the opportunity to create their own media landscape, and a lot of them are one-person functions. I'm not sure that there's too many that are there to compete. Certainly, the traditional approach to journalism when we used to watch news at 6 p.m., it's about retaining your viewers.

One of the people I went to school with—he has created his own little mini-empire by himself—he used to do TV. And if he had a great story that was in everybody's interest, but if he couldn't get an image, like a mugshot or something like that, then it's irrelevant to TV. And the citizen journalist has, I think, a lot of ambition like you say, and they may be motivated by something pure and noble. But there's a lot that will also be looking to support themselves.

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And so, if they're going to get an audience that's going to be all anti-Trudeau or pro-Trudeau, then they might focus only on stuff that would kind of broadcast that.

The bigger thing that could impact this might be artificial intelligence, which could allow people to create content that you can't tell is phony or not. And if you want to lie or create something that is going to truly mislead, but you can't tell, that could be coming as well.

I just wish we had some of the opportunities to do it in the old way, where we would be dispatched to the story in the field, we'd have all day to produce it and put it together. But that doesn't really exist anymore. You don't get paid very much in this industry. If you file a couple of stories a day, then you can make a good living, but otherwise, you are going to have to cut corners here and there a little bit.

And I will emphasize again that our media outlets will all say we have journalism integrity. We have high standards. I'm not sure that's necessarily true, but they'll say it, and a lot of times, they'll believe it. I mean, there is one here in BC that on their website, they talk about their social activism as being part of what their mission is, and they have really high journalism integrity. I don't think you can merge the two with that. You should just have journalism integrity. Tell the truth; report the facts as best you can.

Commissioner Massie
The other issue also is—you need to make a living. And if these large institutions become more and more dependent on government subsidies, how is it possible that they can actually raise questions about what the government is doing? Isn't that some sort of conflict of interest built into the way it's operating?

Jeff Sandes
Right. So everybody will say that doesn't influence us. But, like I said, the fellow in the Kootenays who I was talking to, he'd been submitting copy for 20, 30 years, and until he submitted something that did not make the government approach to COVID look good. All

of a sudden, he wasn't getting his story published. And that was an outlet that was receiving money from the government to pay for somebody to report for them for a year, and his suspicion was the two were tied. The editor might dispute that, I never talked to them. But when you look at the advertisers trying to say "Hey, I don't want this story out there because it makes me look bad," and if you put it out there, that's the end of our advertising. If the government's not going to give you your money either, maybe you're going to be influenced as well.

Commissioner Massie
Thank you.

Marion Randall
Yes, please.

Commissioner DiGregorio
Good afternoon. Thank you so much for coming down and sharing with us today. You spoke a little bit about something I'd never heard of before today, the CP Guide, which I think you described as guidelines for media outlets in terms of which words to use. And I'm just wondering if you can help me understand a little bit more about this, like who is creating these guidelines and how our media outlets [inaudible: 00:28:34]?

Jeff Sandes
Right. So, CP stands for Canadian Press and it goes just beyond a choice of words. There's things with grammar. It covers a lot of different areas. I haven't read it for many years. I used to buy the book, every edition, back early in my career. But what they're doing is trying to make sure that you as a consumer, if you read this newspaper today and then you watch this news program tomorrow and then you catch a podcast or something on the internet the next day, all on the same issue, there's uniformity so you won't be confused. And that's why I mentioned Burma and Myanmar. If you'd never heard of Myanmar before and that's what they're reporting, you may be confused. And that's why they're trying to make sure that we have some method to make our consumers have less confusion when they're daily, or multiple times in a day, looking to access the story.

Commissioner DiGregorio
And who is producing? Is there a particular organization that produces these guidelines?

Jeff Sandes
Well, it would be people in the Canadian press. I've never met any of them; I was never introduced to anybody, but that was just the guideline that we were always given and they still are there today.

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So there might be a committee or a panel, but I can't speak to that.

Commissioner DiGregorio
Okay, and so it's something that, as part of journalism training, you would become made aware of and would adopt as part of your learning.

Jeff Sandes
Yes. Well, you're supposed to be.

Commissioner DiGregorio
Right. My second question relates to— I really would like your comments on, there's been some recent instances, particularly in Alberta, of politicians who are simply refusing to answer questions of journalists based on the particular media outlet that they report for. I'm just wondering what your thoughts are on that.

Jeff Sandes
It's happened to me here as well, in BC. It's the reality now. Depending on who you work for determines whether or not you'll get a comment often. And they all have gatekeepers to sort of protect the layer before you get that comment or that data. This is why I mentioned, you may have the initiative to do a balanced story on something that you need political comment on, but because of who you work for, they're expecting you to give them a hit piece or make them look bad, so why should they even bother? And like I say, I've experienced that dozens of times: so virtually every story has reached out to such and such and did not receive a comment. We see that in every story, virtually, that you would read, probably.

Commissioner DiGregorio
Thank you.

Jeff Sandes
And by the way, I'll say I don't like that that happens. But if it's a product of how we've failed as media outlets, then in a way I can't really blame people for being cautious on who they talk to.

Commissioner DiGregorio
Thank you.

Marion Randall
I think there's another question there.

Commissioner Kaikkonen
Have you seen an increase in editors censoring opinion letters from people who write contrary to the government narrative?

Jeff Sandes
I wouldn't say that I have. The one fellow I told you about who had his copy rejected, the one thing he mentioned is, that newspaper has a vibrant letters-to-the-editor page and all points of view are always published. So while his stories were not produced, they still showed some balance by allowing the public or the community to say things.

In my experience, they've got to balance a whole lot in making a decision, whether to approve me to do a story that I pitch. But a lot of what he has to decide is—how much copy is Jeff going to supply here? How much research and fact-checking and vetting are we going to have to do? Because he's got limited resources, and it's a tough one to make those decisions.

Commissioner Kaikkonen
And in terms of Ontario—I'll try to sit back a bit, I don't know what's going on, I'm getting the bounce back.

In Ontario, the MPs sent out a card, and I'm going to say probably around 2018, that talked about the fundamental freedoms in the *Charter of Rights and Freedoms*. And they had section 2(b), they listed freedom of thought, belief, opinions and expression. And they dropped the part that said, "including freedom of the press and other media of communications." So I'm just wondering, if the MPs are not aware of that latter part of section 2(b), if that might be why they were so willing to push through the federal censorship law that will affect the industry going forward.

Jeff Sandes
Are you talking about Bill C-11?

Commissioner Kaikkonen
I am.

Jeff Sandes
I'm going to say no. One, I think we've seen in Canada, our Charter doesn't really hold up. I mean, in British Columbia, the churches that went to the BC Supreme Court, they agreed that their constitutional rights were violated, but they were going to let those fines stand. When the provinces went to the Supreme Court of Canada arguing against the carbon tax, again, agreed that this was a violation of the constitution, but climate change is so important that we have to let this stand. I don't think we have people that value that constitution here in our country. And if our media maybe put more effort into illustrating parts like what you brought up there

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and let everybody know that this was happening, then we might have greater pushback against our government. But right now, you can kind of do what you want in your position of authority, and there's not really any repercussions to it. And our job as media was really to hold government to account. I'm not sure we do that anymore, collectively anyways.

Commissioner Kaikkonen
And then my last question is about—you mentioned skeleton staff and resources of community and daily newspapers to be able to put out their message. Now we know they all get subsidized, and I believe the last figure I heard was 500 million, but it doesn't actually include the number of advertisements that were put in as well. And then when you add situations where you have the government, who has unlimited resources—and I'm going to give you an example—to send out news releases, is it easier for journalists to just accept the news release and print it verbatim?

And I'm going to give you the example, and I believe it is—I hope this is right—Ludwig versus the RCMP. The RCMP had, in that case, unlimited resources to continuously send out news releases against the Ludwig family. And regardless of what side we sit on, the newspapers were picking up those releases from the RCMP side and not necessarily getting the story from the Ludwig family. That was back early 2000s, maybe. I'm just wondering how that has changed, or has it changed? Or has it just become worse that the federal government can, with their unlimited resources, continue to spin stories in their favour? And how does that work in the newspaper industry?

Jeff Sandes
I don't recall the circumstance that you just described. But I can tell when a press release has maybe had a few words changed and has been published, and that does happen a lot. You know, there's less people, I think, that get into journalism with actual journalism training. If you're limited on how much time you have and you're given a press release, "Can you rewrite this so we can put it out?" it's easy to just— I'll change this word, that word, and that word, and away we go. That's completely lazy, but it does happen.

The resources, if the government has them— They're not breaking the law, I guess they might as well keep doing it. And if the media companies are going to put out, verbatim, what they're wanting you to say, then it's in their advantage to keep putting those out and sending them out.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
You know, we often hear that the press is a fourth level of government to protect the public. In other words, how can the public make decisions about what their leaders are doing if they're not being informed? And we tolerate the press in order to be informed about what **the government's doing. I think what I've heard you say in your testimony is that they aren't necessarily reporting for the sake of the people's education anymore: that they're reporting to get advertising; they're reporting to get funding from the government; they're reporting for everything else almost, seems to me, from your testimony, rather than informing the people. Can you comment on that?**

Jeff Sandes
Yeah, I was also saying that the demographic that comes to your outlet, they have an expectation that you're going to keep telling them what they want to hear. That's our fault, today. And as social media has become a part of all of our lives, I imagine virtually all of us will surround ourselves on social media and our mainstream media with voices that are

going to reinforce what we already believe or what we want to believe. And so this is the tricky part.

I'm not in a newsroom, so I don't know the behind the scenes of how you make decisions. But in talking to people I went to school with and hearing that these are real-life decisions a publisher or an editor has to make in order to still get revenue, it never was something that we were willing to accept 30 years ago: "Well, fire me then! I'm publishing this! If we lose our advertiser, so what?" It matters today.

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I know with the outlet I'm with, there was an opinion piece on central bank digital currencies. It was published in America. But if you subscribe, you had access to it here. And the expert who was putting it together, he endorsed them. And the comments section were, "How can *The Epoch Times* have this guy write a story? I'm cancelling my subscription." This was pretty much the entire thing. I mean, I put some examples down here, too, but there was a headline after a Donald Trump speech and it said, in *The New York Times*, "Unity." Anyways, they ended up changing it in order to make sure that the newsroom and the people that wanted something bad about him said. So they would change that from the internal pressure.

We have an audience that will come to our outlets—and they're expecting to get more information on the Trucker's Convoy, on vaccines saving lives, or the harm they're doing, what Trudeau said here or there or everywhere. And when we don't give it to them, I think that is where— We used to always see the same stories as important, and then we'd cover them with a little different sort of angle, perhaps. But now, our audience makes those decisions for us largely, I think. And I'm trying to say that in the old days, we were there to merge the different viewpoints and that was what we, as a public, expected. But it's not like that much anymore.

Commissioner Drysdale
The public always had an expectation to hear or see what they wanted to see, and that's a human condition. But the media—and I'm not just talking about the press media or I'm not talking about *The Epoch Times* necessarily—has changed. And one of the things you kept saying, or you kept referring to, is "save money, save money, save money." They don't have the reporters anymore, save money.

And for perhaps an organization like *The Epoch Times*, it is different than an organization like CBC or CTV or Fox News. You know, these are the richest corporations that I can think of. They can afford to pay 800-million-dollar settlements. CBC reported incredible bonuses **to their upper management, and yet I believe what your testimony is, is that they just keep paring down the resources available to the reporters, taking out editorial staff, taking out all kinds of staff, not going out to a scene to get the story anymore, and yet they're paying these enormous bonuses. How can these two things be?**

Jeff Sandes
Yeah, I can't speak to some of the bigger corporations. I can say *The Epoch Times* has grown in readership and subscription rates during my time there. I'm not saying it's because I'm there. But there's people that have found the stories that they were interested in. The Trucker's Convoy is a great example because it got such little attention across the

traditional Canadian landscape in our media that we had stuff in there that people were looking to read, as an example.

The CBC is unique because they get a lot of government funding in order to exist, and a lot of that will go into the news portion of them. Other networks I can't speak to, although one news director I did talk to did talk about the collapse in the newsroom here in Vancouver once mandates became a reality.

Marion Randall
Mr. Sandes, I'm just thinking, to try to stay focused. I think you're responding to a comment. In the interest of time, perhaps, I'm not sure where you're going with all this.

Jeff Sandes
Okay, I've gone off the track there. Sorry, where should I get back on track? I am in the media.

Marion Randall
I think the commissioner made a comment and have you finished responding to it? I'm just saying, I'm not sure where we got with all this; I just know that the clock's ticking. I can see it. So did I interrupt? Did you get an answer to what you were sort of looking at?

Commissioner Drysdale
No, but that's fine.

Marion Randall
Yeah, I think we got off track because your question really, sir, was, are they influenced by the money?

[00:45:00]

And you're not really able to answer that, is that correct, Mr. Sandes?

Jeff Sandes
Oh, no. Okay, my apologies. Definitely, the money is a big issue. I can't speak though with CBC getting big bonuses. I know that the government does fund CBC; they've done it for years.

Marion Randall
So with respect, I think what you're saying, yes, money influences, but you can't speak to specific situations. Would that be accurate?

Jeff Sandes
Mostly, yeah.

Marion Randall
Okay, thank you. So are there any more questions?

Commissioner Drysdale
Just one last one.

Marion Randall
Thank you.

Commissioner Drysdale
I can't remember who it was this morning, it may have been Mr. Buckley who talked about corporatization. I've often referred to that as monopoly; some people refer to fascism.

What is the effect that so many of our media companies, not just newspapers, but media companies are conglomerates and they're owned by, you know— There's very little diversity of ownership in the media. And what effect do you think that's had on people?

Jeff Sandes
I would argue that it has had an effect. But in order to be viable, you buy everybody up that can't afford it and then you try to figure out how to make it work. I would probably say I can't really comment on that.

Marion Randall
Is this, perhaps, beyond what you can comment on?

Commissioner Drysdale
Yeah, that's a valid answer. Thank you.

Marion Randall
That's valid. Thank you.

So are there any further questions? Thank you. So thank you very much for your presentation, Mr. Sandes.

[00:46:32]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 8: James Jones
Full Day 2 Timestamp: 09:06:20–09:18:35
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
We have with us now Mr. James Jones.

James Jones
Yes, sir.

Stephen Price
Mr. Jones, you're going to be giving some testimony today about personal effects. Will you tell us the truth, the whole truth, and nothing about the truth?

James Jones
Yes, sir.

Stephen Price
Mr. Jones, I understand that you're here today because of the impact effectively on your family and, more particularly, on your wife of the mandates. Is that correct?

James Jones
Yes, sir.

Stephen Price
Can you give me a bit of a history about yourself and your family life as it was?

James Jones
Yeah, I live on Vancouver Island in Victoria; I came there about 13 years ago or so. I met my wife probably seven years ago. We started hanging out. We were friends at first and kind of got to know one another, and over the course of our relationship, it led to a marriage. So we were married probably about four or four and a half years ago. She was a BC Transit worker. She'd been so ever since I'd known her. Before, she worked for BC Transit in Victoria for about 13 years. So yeah, I met her as a transit worker through another transit worker who was a mutual friend. That's how we developed our relationship.

Stephen Price
You're using the past tense when you refer to your wife.

James Jones
Yes, sir. She passed away. She was mandated to take the COVID shot. We were looking at potentially having a child. I was 40 and she was 38. So it was kind of towards the later time of what we would really have to make that decision. It was something we talked about for a couple of years, and she was open to the concept, but she was more the holdout in it. I thought she would make a beautiful mother, just like she was a beautiful wife to me.

She was mandated to take the shot. She was concerned perhaps about— Because there wasn't a lot of information about it concerning how it might affect a pregnancy; or how it might affect to take it and then to get pregnant, soon after having taken it, and that kind of thing; or how it might affect the term of the pregnancy. We knew another woman who was pregnant who took the shot, and she had a miscarriage relatively shortly after. And there was a gentleman who she worked with who also took it because they were mandated. From what she told me, that gentleman had a serious heart issue having to do with, what they believed, was related to the shot.

So at that point, she was really against it. She was really hesitant to do so. And she felt that there wasn't enough information concerning it. Treating it like a one-size-fits-all solution was something she wasn't supportive of. So she endeavored to try to achieve informed consent through her workplace because from what I understand, BC Transit was not provincially mandated to enforce the vaccine mandates. They privately chose to engage in the mandates themselves for their employees.

And so through the course of it all, through trying to search for solutions and answers to all of this— My wife was a bus driver, and at the time, I had left a job. I actually took a night shift job so that I would be able to listen to various different scientists and people who were experts who were discussing this: listen to both sides of the argument kind of thing as much as possible, the kind of pro-vaccine side and the people who also maybe had seen some of the early safety signals concerning it. Because I was trying to either put her at ease and try to find, like to think that this might be something that would be safe to do, or to say, yeah, this is definitely something we shouldn't move ahead with.

So over the course of about six or seven months from when they actually gave the mandate to the point in time when they put the workers off who would not take the shot, it was basically our entire life. Our entire life was trying to research this thing to try to understand whether it would be safe for her to take in her position and also researching what sort of form of exemption a person could look to get concerning the COVID vaccine as well. That was the other thing she attempted to do through her work, she attempted to apply for an exemption to the mandate itself.

Stephen Price
Was she receiving support from her employer, the supervisors, and the other workers in terms of her desire not to have the shot and to investigate it?

James Jones
No, if I may just offer a little bit of information, I think that gives context to it. So my wife was the only person in Victoria, like on the Island, through BC Transit— When new hires come in, there's a bunch of courses that a new BC Transit worker has to go through,

[00:05:00]

and one of them is the anti-bullying and anti-harassment training. And my wife was actually the teacher of that course, so she was the only person certified through BC Transit. Because it's important that the transit workers aren't bullying each other and there's not that kind of environment in the workplace and that they're supportive of one another.

But my wife actually received the opposite treatment. She was essentially bullied and coerced and intimidated. She left a 40-page log of the experience she had. And in my opinion, upon reading all of that, which was only available to me posthumously, I didn't know she was writing it—the treatment she received was abhorrent. As opposed to trying to understand her position or provide informed consent or a framework for that to exist, she was instead bullied and coerced from all angles, from colleagues she'd had for years and people within her union and this kind of thing. It's my opinion and upon reading this paperwork that is essentially the experience she had.

November 31st, it was her last day of work. And eleven days later, she took her own life. I was working night shift, so I was asleep. She had told me she was going out before I went to sleep; she had a few things to take care of. I woke up that night, maybe 8 pm or something. I hadn't gone to sleep till late, till two or three or four. I woke up after a couple hours of sleep just to see if she was back and go to the bathroom. She wasn't back. I sent her a text and I just went back to sleep. And in many ways, that's the greatest regret I have in my life because when I woke up later, it was much later, like one or two in the morning. So I went around the house, and I looked for her. I noticed she hadn't even received my text. Normally on the phone, you can see when it pings to their phone and when a person receives your text. She still hadn't even received it, which means she hadn't even looked at her phone. So I tried to look everywhere for her. I couldn't find her.

I messaged her brother to try to see if maybe she'd spoken to them or if they knew where she might be. They live in Gatineau, Quebec. It's three hours later there, so it would have been maybe six or seven a.m. They would have been just getting up. They actually were just **as worried about her as I was, so they did a welfare check and the police came by. I let them come in and search the apartment just to show she wasn't there. I didn't know what was going on, and they asked if she had a vehicle and I said, "Yes, I believe it's down in the parkade." So we went down to the parkade.**

She was in her vehicle, and she was just lying there in the back seat. I just couldn't understand it. I really couldn't wrap my mind around it on any level. I started trying to shake the vehicle to try to rouse her, to try to get her up. She didn't move or anything. The police asked me if there was a spare set of keys, to run upstairs and grab the keys. I told them to smash the windows in the vehicle, smash out the window and get in there because I'd done emergency response for years before that. And I knew if there was something going on with her that she needed help and she needed it immediately. So they smashed the

back passenger window, and they were unable to get the door open. So I had them smash the front window, and they smashed that too, and then they were able to get into the vehicle. I was a few feet away at the time, but I saw her lying there. They reached for her, I guess they must have grabbed her, she was either cold or something because they told me she's gone. And in that moment, I lost my mind. I don't even know if I've recovered to this day or if I ever will, to tell you the honest truth. I'm sorry.

Stephen Price
Thank you, sir. Very hard for you obviously. Were you able to get any help from BC Transit or from her employers as to recover from this?

James Jones
No, I mean, it's been difficult for me. Even her union obstructed her, in my opinion. They obstructed her from being able to redress the grievance or whatever. They actually backed the employer when it came to the mandates. So in that sense, she didn't have her union to rely on. She didn't have the employer. She wasn't provided with informed consent. There was no framework for them to provide informed consent. To me, it's not a credible position that anyone within BC Transit—

[00:10:00]

I'm sure they're great bus drivers and there are people there that can maintain those buses and they do so confidently. I mean, we can see that because the buses are on the road. And there are people, obviously, who can plan routes and work together, and plan the hours and the scheduling and these things. But the idea that someone within BC Transit would also have the degree of medical training and understanding in vaccinology and biology, that they would be able to provide her with informed consent, is not a credible position to me. So I've always, to this day, I wonder, I want to know who in that corporation signed off on those mandates and what their training was, what education level they had.

And I would also like to know the people through the union who supported it. Same thing, what would be their education level because there was no framework established for informed consent. It was a loose framework where they engaged in bullying and coercion. They believed that the vaccine was important.

At that point in time, it was still being said by people in the medical establishment and in the government that the COVID vaccine was our way out of the pandemic. And they were portraying it as if you got the vaccine, you would not be able to get COVID and you would therefore not be able to spread COVID. So my wife died while that was still the sort of **prevalent media perspective and news perspective, the prevalent government and medical establishment perspective. My wife also died a couple of weeks before the Trucker Convoy took place. So it was probably the darkest time in Canada in many ways and definitely, the darkest time in my life.**

Stephen Price
Thank you, sir.

James Jones
Thank you.

Stephen Price
I don't know if the commissioners have any questions for you.

Commissioner Kaikkonen
I'm truly sorry for your loss, and I'm sure my fellow commissioners feel the same way.

James Jones
Thank you.

Commissioner Kaikkonen
Can you just tell me what your wife's name was?

James Jones
Her name was Sandra. Her birth name was Sandra Veldhousen, and her married name was Sandra Jones.

Commissioner Kaikkonen
Thank you very much.

James Jones
Thank you.

Stephen Price
No further questions. Thank you for taking the time to be here. Obviously, a very emotional impact on you, sir. My condolences.

James Jones
Thank you for taking the time to hear me. I appreciate that and thank you for your kind words about my wife. I really respect all of you and thank you for all the good work you're doing here. Thank you.

[00:12:17]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 9: Lisa Bernard
Full Day 2 Timestamp: 09:19:25–09:40:00
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Lisa Bernard
Sorry, I'm a little bit affected by that.

Stephen Price
I think we all are.

Stephen Price
Lisa Bernard, is that correct?

Lisa Bernard
That's correct.

Stephen Price
How do you spell your last name, ma'am?

Lisa Bernard
B-E-R-N-A-R-D.

Stephen Price
Okay, and ma'am you're here to tell us about how this COVID matter has affected you. You're prepared to tell the truth and promise to tell the truth?

Lisa Bernard
I do.

Stephen Price
Okay. My understanding is that you were trained as a nurse?

Lisa Bernard
Yes. I was a registered nurse for 31 years with my specialty as a certified nurse who is in wound, ostomy, and incontinence. And I worked in four different health authorities within BC during my career.

Stephen Price
Okay. You're not doing that now.

Lisa Bernard
No, I'm not.

Stephen Price
What are you doing now?

Lisa Bernard
Well, just to give you a little bit of background that brought me to what I'm doing now. I did have an injection. I started to have a lot of physical problems where I had pain in my arm, where they said that that would be gone in a couple of days, and it never did. It went on for months and months and months. I lost range of motion in my shoulder. I lost my fine motor skills in my hands.

With my specialty, I need my fine motor skills. Because I do a lot of wound care, a lot of ostomy care, which is very small, finicky work. I have, what's to the best of my ability to describe, "trigger finger" in both of my middle fingers, on both of my hands. And after hearing what Dr. Hoffe had to say today, I got more information than I have gotten all along, especially from my own GP.

I find it very difficult to put on my bra. I can't wear sports bras because I get tangled up in them with my arms. I have trouble reaching. When I try to open up boxes, I have no strength in my hands. I took a lot of pride that I had very strong hands. My dad always said you should have the hands of a masseuse because you have a lot of strength in them, and now I don't.

When I got this injection— And it was new, and I had asked my co-workers and I had asked my manager about this new technology: I was basically dismissed. I had one co-worker who was, like, all for it. She even stuck her arm out, slapped her arm, and said, "Give me more." I had the other one that said, "Well, what can we do about it?" I had friends that were in the health care profession that had their stories of people who died of COVID. So when you're looking for anecdotal information at that time, what I was hearing is two of their friends had died from COVID.

So when all the information was going around, which was really a lack of information. And what I was seeing on TV wasn't really what my reality was in the hospital, where you were seeing people dying in the hallways.

People in the hallways are unfortunately the norm. So they've normalized the abnormal. Over my 31 years of nursing, I have seen the gradual progression of overflowing of hospitals. We basically have the staffing levels from the 1970s or the 1980s, and we're dealing with giving care to people who have 15 to 20 comorbidities—at least the clientele I work with—and the population is quite huge.

So when we had the lockdowns, and to go like a ghost town, I was quite amazed from what I was seeing on TV and what my reality was—it was a ghost town. This wasn't computing; it wasn't making sense for me. We were giving care to people over the phone—over Zoom. Which for me, my patients, I need to have hands on.

I found that when we did open up—and we had a flood of people coming that had to be seen—I was having patients repeatedly say to me, "Please do whatever you can." Because I take care of people in acute as well as outpatient in my former job. And they would say, "Do whatever you need to do for me to keep me from being admitted to the hospital because when I leave the hospital, I'm worse than when I arrived." Now this isn't just one patient telling me this. In a day, I see at least 10 to 12 people inpatient, and for outpatient, I see anywhere from 4 to 10 people.

[00:05:00]

So when you repeatedly hear this over and over and over, it takes a toll. I'm a very feeling person. I feel people's pain. I've always wanted to help people. When people are telling me this repeatedly— We now have a huge flood of patients after the lockdown that we had. I don't know where they went. Because the need is always there. I don't know where these people went to, but as soon as they were able to come back, it was more than double.

So when I'm having the demand of my patients and I'm doing the best that I can to my ability—I'm the only full-time person in my department—there is a lot of demand on that. During COVID, I was told nothing could be done for our frontline nurses, for giving them the supplies that they needed to do wound care because it was COVID. Nobody is doing anything; everything is on hold. But that wasn't true. Because in the fall of 2021, I was informed—because I am the full-time person—even though I have this outrageous clientele that I have to see, I am now going to be the full-time person that is going to be learning the electronic documentation system and will be training everyone in my department.

So during this time, I actually sent an email to my manager saying, "I'm having moral distress in maintaining my standards of nursing practice. I need help." And I was told that I need to prioritize. I have to say to you, with the background that I've had where I've been with provincial programs—I've developed wound programs—I know how to prioritize after 31 years in positions of leadership. So for me to be gaslit like that, being told that I **have to learn how to prioritize—**

You tell me who I decide to see: Do I see a diabetic that has a stage four pressure wound to bone that could die from their infection? Or do I see a fresh ileostomy patient that has to now learn how to manage their fecal material on their abdomen in a pouch? I can't make that decision. So I would miss breaks; I would stay late. And I had to be pre-approved to do overtime.

The paperwork that was involved in that—I just said, "I'm done with that." I'm frazzled because I'm going through physical changes from my injection. The demands to my job. I can't get help. So I have had the maximum banked sick time because I rarely ever take sick

time. I now got from my doctor a leave to be on, as it turned out, to be with PTSD from all the demands of my job.

While I was on leave, on a weekly basis I was harassed by my—it's called my disability manager—because I was on stress leave. And you can appreciate that I had about eight months' worth of sick time. And they did not want to pay that out. They wanted me to go on long-term disability. And I didn't want to go on long-term disability because I wanted to see what was happening to me.

I suffered from fatigue—extreme fatigue. I had my doctor do blood work. There was nothing that could be seen. I actually had to say to my husband, as everything was crashing down on me, I said, "I am not getting the second injection. So we have to figure out very quickly what we are going to do."

I had a young daughter who was still going to college. I had a mortgage, but I wasn't willing to sacrifice any more of my health. So my husband, incredibly supportive, he said, "Okay, what do we need to do?" So we sold our place. We moved to a community up North Island where we could afford to live.

And I said, "I have to leave my profession"—because while I was on stress leave with PTSD, my manager sent me a notice because of Bonnie Henry saying it was mandated now that health care workers had to have two injections—if I wasn't willing to have my second injection. Now remember, I'm trying to heal myself. I'm not even returning back to work yet. And she felt it necessary to call me and to let me know Bonnie Henry's mandate.

Sorry, I'm a little bit nervous.

I was getting, as I said, weekly harassment. It felt like harassment to me because, in the way when I spoke with the counsellor, she said, "You are being gaslit." She said, "You're trying to heal and every time they contact you, it sets you back in your healing,

[00:10:00]

and you're having a lot of anxiety."

So what I had to do was, I had to speak to my doctor, and he had to write a prescription—a notice—to let them know to not call me anymore. Not to contact them anymore. He would give them updates monthly as to how I was doing and how I was proceeding.

Oh, and I have to tell you, my manager thought it was wonderful to send me— "Also they had this new drug, the Janssen one, and you could just take that." And I couldn't talk to anybody at work to let them know that I was going through all these physical symptoms. I couldn't speak to anyone. I felt isolated, alone, abandoned.

I tried to speak to my physician about what was going on with my hands. And to this day I'm still waiting for a referral to a plastic surgeon. His silence spoke more to me than anything he said to me. He was very supportive of me being taken care of with my PTSD. But anything of my physical symptoms, if I said— This all happened after my shot because my health before this, I have nothing wrong with me. I am on no medications.

So what this has taught me is to never doubt myself. I didn't want the shot. I felt coerced. I felt overwhelmed. I was exhausted with my job. I didn't think I had any options. Everything

was rushed. Everything was pressured. And I have to say if there could be a silver lining with what happened to me, is to never doubt myself again, and I never will.

Stephen Price
As part of your medical training and expertise, you would have been cognizant in terms of reporting, observing symptoms. So you were able to observe and comment on the symptoms that you were suffering yourself. And accurately describe them to your doctor and to your staff.

Lisa Bernard
Yeah. I mean, I've lived in this body for 54 years. I know it pretty well. When I was on stress leave, just to let you know as well, if I'm still a registered nurse anymore—I'm not. And the reason was I had monthly withdrawals for payments to go towards my registration, but they had my work email. And when I was off on leave, they didn't send a letter in the mail saying, "Are you going to renew?" You can appreciate that when you're trying to heal yourself, you're not thinking about that I have to fill in paperwork and pay a registration fee.

I can't call myself a registered nurse anymore. I can be reprimanded by my College if I call myself a registered nurse. I have a degree that says in nursing; I have the training, the skills as a nurse. But I cannot call myself a nurse or a registered nurse or I will be fined. And I find that very interesting that if you don't register your car, is it still called a car?

Stephen Price
The first shot that you had, the one shot you did have, was that fully voluntary, fully informed? Or did you feel coerced into it?

Lisa Bernard
No, it was feeling pressured. Colleagues: "Did you get your shot yet? Did you get your shot yet?" My manager: "Did you get your shot?" I find that interesting, the language of shot, jab, injection—they're all violent words. But no, it wasn't free. It wasn't from free will. It was feeling that I didn't have an option at that time.

Stephen Price
And you stopped after the first?

Lisa Bernard
Oh, yes. And it did take me about two years to forgive myself for taking that shot.

Stephen Price
What are you doing now?

Lisa Bernard
So now that I've moved up North Island, I am now a farmer. I am a part-time cashier. I am a student in herbology. Because I don't trust the healthcare that I come from. I know there

are other ways to heal people. I know there are better ways to heal people: herbology has been around for 5,000 years. Allopathic medicine that I come from has only been around over 100 years.

I am a part-time cashier—so what I made, over $100,000 that I grossed—I grossed last year $9,000 as a part-time cashier. I have made a lot of sacrifices, but they are good in the way that I'm about health now. And I'm helping others in other ways.

[00:15:00]

I am growing good nutritional food.

And I do want to let you know that I filed a grievance immediately when I was fired. I did send my manager a notice of liability by registered mail. I cannot do anything legally because I have to exhaust all of my union options. I am in a holding pattern. I last heard from my union on December 13th of 2022 that it should be going to the next step, which is arbitration. I have not heard anything since. I have sent emails, and I have not heard back any response. So therefore, I have no option for lost wages. I have worked for 31 years for severance. I get a week for every two years that I've worked. That's all gone. And I've just learned to make do. I live in an incredibly supportive, awake community. And I couldn't ask for a better group of people around me.

Stephen Price
Thank you. Is there anything else you wish to add for the Committee?

Lisa Bernard
No, I just find it very interesting in my 31 years of having vaccinations or immunizations, this is the first time I've ever seen people being basically bribed with a Krispy Kreme donut. Being guilty to protect grandmother. If that didn't work, then being coerced that you're going to lose your job. Then having a digital ID that you can only be part of society if you show that digital ID to get into restaurants, to get into gyms.

I went from a hero for that first year of not having a vaccination and taking care of people to an absolute zero. I just want to say that this is not like any other vaccine. In my opinion, it's not a vaccine. It is genetic modification. I find it very interesting that we spend more time looking at the GMO foods that we eat, but not so much about what we get injected into us.

Stephen Price
Thank you. Do you have questions?

Commissioner Massie
Thank you very much for your very touching story. I'm sorry for all the things you've been through. I'm wondering, I see that you've almost started a new life. You were obliged to start anew. And you're moving into farming and probably your healthy food and all these things. I'm wondering, is it something that was in you before you were confronted with this crisis? Or is it the crisis that really made you change your way of living?

Lisa Bernard
Thank you for that question. I think it's a little bit of both. I think back after I finished my basic training as a nurse, I was always interested in herbology. But you get busy with getting married, mortgage, children, that sort of thing.

It was trying to remember what my dreams were. Trying to redefine who I am. And I came to the conclusion that I don't have to keep reinventing the same reality that I've lived for 31 years. That there is more to me. I took a leap of faith. I went into the unknown. I don't come from farmers—not even close. And I learn. And I make mistakes.

But I have to say there is something grounding and healing with working with the earth and knowing that I'm making the best nutritional food, which is the best medicine for my body. And that is how I'm trying to heal, and I share that with anybody who needs help from me. Without hesitation, I help them.

Commissioner Massie
I'm wondering—your former colleagues or people that you used to work with, who knew you before—did your new way of living influence them to maybe think about what the system is doing to their health? And maybe think about a different way of living their life? And coming to terms with more healthy habits and the food and exercise? And go away from the running around all the time and being very stressed?

Lisa Bernard
Yes. I've heard from four of my friends now that have said they are looking to retire; they're done with the rat race. And they're not in nursing. They're from many different walks of life. They do come up to see what I'm doing. And they do see, like, you know—I don't quite know. But I have the heart and the enthusiasm, and I've been reading tons because that's what I do.

I have to also tell you that, with what I left behind, we weren't making people better. And I saw that before COVID happened. Being in health care is like being in an abusive relationship: You're told that it's your fault. You're told you're not doing enough. You're not making it work. And it's very one-sided.

And you have to make a decision whether you want to continue in that toxicity and having forever customers—and that's what they are, they're forever customers that keep coming back. And I have to honestly say, when I started nursing back in 1991—very different from what it is now. I don't even recognize it.

Commissioner Massie
Thank you very much.

Lisa Bernard
Thank you.

Stephen Price
Any other questions? No further questions. Thank you very much for your time and your submissions, ma'am.

[00:20:56]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 10: Dr. Steven Pelech
Full Day 2 Timestamp: 09:40:48–11:15:45
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
So it's Marion Randall, again, appearing to assist this witness. The witness that we have before you is Dr. Steven Pelech. Doctor, could you please state your name and spell it for the record? And, well, that first please.

Dr. Steven Pelech
Yes, I'm Dr. Steven Pelech. My last name is spelled P-E-L-E-C-H.

Marion Randall
And do you swear to tell the truth, the whole truth, or promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Steven Pelech
Yes, I will.

Marion Randall
Thank you. So Dr. Pelech, first we just could go over your qualifications a bit [Exhibit VA-7b]. I know you have a presentation for the Board, but you've been an expert witness in our courts six times already and are probably very familiar with that process. This is a bit less formal. You are Dr. Steven Pelech, but I understand that's from your PhD in biochemistry?

Dr. Steven Pelech
That's correct.

Marion Randall
And after that you did a doctorate, a fellow doctorate, in three different labs. Can you just describe what that was?

Dr. Steven Pelech
That's called a postdoctoral fellowship.

Marion Randall
Postdoctoral, thank you. And what were those labs?

Dr. Steven Pelech
In the lab that I had gotten my PhD, I stayed on for an extra four months. And then I went to Scotland, and I worked in the lab of Dr. Philip Cohen, who actually became Sir Philip Cohen, for probably the best funded lab in the United Kingdom, and actually Europe, for the kind of research I was interested in. And then I went and spent three years at the University of Washington in Seattle working with Dr. Edwin Krebs, who got the Nobel Prize for the discovery of protein kinases, which I've been working on ever since.

Marion Randall
And you also have a research background at least in immunology and virology. Is that correct?

Dr. Steven Pelech
Yes. I'm a native of British Columbia, and I got my PhD at UBC, and I'm a professor at UBC. But when I was first hired back, I worked in an immunology institute. It's the Biomedical Research Centre where I was based for six years as a principal investigator.

Marion Randall
And you have published articles in the area of immunology and virology as well?

Dr. Steven Pelech
That's correct. Several different journals. I've published about 250-plus scientific papers in my career.

Marion Randall
And I understand that presently you're on the faculty of the Medical Department, that's probably not right.

Dr. Steven Pelech
It's the Department of Medicine in the Division of Neurology, where I've been on faculty for 35 years.

Marion Randall
And you do teaching in the medical school as well?

Dr. Steven Pelech
I have taught medical students both in lectures, earlier in my career, and then for a while problem-based learning with medical students. But most of my activity is actually teaching graduate students for PhDs and master's degrees.

Marion Randall
Then I understand also that you have two biotech companies. Can you describe for us what those are that you're operating?

Dr. Steven Pelech
Yes, I was the founder of Kinetek Pharmaceuticals and was the President and CEO for six years. And then I stepped aside. And a year later I started Kinexus Bioinformatics Corporation, which has been in operation for 22 years now. And in that company, we conduct research, we've been working for about 2,000 industrial and academic and hospital laboratories in 35 countries around the world.

Marion Randall
And then I understand, you mentioned the word "cytokines," you're an expert in that field. Can you explain what that is, please?

Dr. Steven Pelech
Yes, sure. Cytokines are proteins usually that are produced by cells that are involved in cell-to-cell communication. And in particular, cytokines are involved in the activation of immune cells. And so when we have receptors on target cells for those cytokines—"cyto" means basically cell, and "kine" means to move—so these basically cause these cells to respond in a way that's going to aid the immune system or other cell types.

Marion Randall
And then I understand, you haven't mentioned this, but I know from speaking with you, another area that you've talked about is cell signaling. I think that may come up. If you can explain what that is, please?

Dr. Steven Pelech
Yeah, so cell signaling is once a hormone or some sort of a toxin or a virus binds to the surface of a cell, it initiates a series of changes inside that cell so that the cell can respond in a way that protects the cell and also protects the body—the colony of cells that we call our human body.

Marion Randall
And just in terms of what you're doing these days, you're also a Senator at the University of British Columbia?

Dr. Steven Pelech
Yes, I'm on the Senate for the last three years at the University of British Columbia, Representative for the Faculty of Graduate and Postdoctoral Studies,

[00:05:00]

and I've been reappointed to Senate for another three years.

Marion Randall
And I did mention earlier that you had been an expert in our courts and in the country. I'm not sure if it's just British Columbia, but you were qualified as an expert in certain areas?

Dr. Steven Pelech
That's correct.

Marion Randall
Can you just go over what those were that you were actually received as a qualified expert?

Dr. Steven Pelech
I've been asked to speak on subjects that relate to immunology, virology, vaccinology, and that's what I'll be talking about today. And I've been involved in about pretty close to at least 18 court cases, not only in Canada but also in Ireland and South Africa.

Marion Randall
Thank you. So perhaps this is the time if I've adequately covered your qualifications that you could enter into your presentation that you prepared for today.

Dr. Steven Pelech
Yes. And again I hope—it's going to be a little lengthy, I apologize—I'm a scientist and I am asked to talk about these subjects. But I'm going to make you a little bit more acquainted about viruses. And also, about how these vaccines actually work and the dangers of these vaccines that I've come to learn both from my own research and also very extensive analysis of literature [Exhibit VA-7a].

I'm also involved with the Canadian Covid Care Alliance. I'm one of the founders and the Vice President and a Co-Chair of the Scientific and Medical Advisory Committee. And so much of what I also know has been informed by my interactions with other members on that committee, which is about 36 scientists from across Canada [Exhibit VA-7].

Marion Randall
So we've got your first slide up. Perhaps you could begin.

Dr. Steven Pelech

[Conflict of Interest Disclosure]

So as a requirement, any professor that's presenting work at UBC, we have to give a conflict of interest disclosure. So I'll remind you that I am a major shareholder of Kinexus Bioinformatics Corporation, which I'll present a little bit of that work to a large clinical study that we've undertaken, that I'll talk about. And I have to emphasize that the views that I'm going to express are my own views. They may not be necessarily carried by those at the University of British Columbia or Kinexus or the Canadian Covid Care Alliance. Although I have to admit, I think most of the people at the Canadian Covid Care Alliance agree with what I have to say.

[The COVID-19 Pandemic in Canada, Daily Cases and Daily Deaths]

So I want to bring you back to look at the situation with the COVID-19 pandemic, and I have two figures here. The upper figure is showing the incidence of COVID-19 as recorded, based on usually what we call PCR tests. And then the bottom is the deaths that have been attributed, or at least, with COVID-19. Now I have to emphasize that these are deaths "with" COVID-19, but not necessarily "from" COVID-19. I think the data that we have to date is indicating about half of the deaths with COVID-19 were not due necessarily to COVID-19 but the comorbidities that these people had. The average person who's died from COVID-19 has four comorbidities.

So the point of this slide is to really pay attention to wave one. You'll notice that there's almost no incidence recorded. BC had the lowest rates of testing with the PCR test for COVID-19 in all the provinces in Canada. But you can see there's definitely a very large death peak that's associated with this period of time. And what I will be presenting to you is that, in fact, that peak that looks like a low incidence peak at the beginning of the pandemic, is actually when most of the infections with COVID-19, with the agent of that SARS-CoV-2 virus, actually transpired.

[The COVID-19 Pandemic in Canada, % Deaths/Cases]

So if we look at the pandemic in terms of the total number of deaths over the last few years in the pandemic, initially, we can see that for the number of recorded cases, and this is now Canada-wide, it's about 2.7 per cent of the recorded cases appear to be lethal cases. You have to understand that the total number of people who were infected was actually a magnitude greater than that. So the actual death rate from COVID-19 in the general population in the first year was less than 0.3 per cent. Quite different from the values that we were hearing earlier, and I'll show you a little bit later in that. But since then, you can see that the rate, based on the number of testing,

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has improved for COVID-19, but the rate has actually been going down—until recently, when you calculate for the last four months, the rate of deaths per cases is actually going up. There's far fewer cases, but if you have COVID, it seems to be coming back to what we saw before.

Now, the vaccines were introduced into Canada in December of 2020, after a real crash period, Operation Warp Speed, where, basically, from knowing the structure of the virus that causes this disease, we had within nine months a vaccine that was being given to the general public—and that was based on data from clinical studies that, at that point, only had transpired for about two months. And we call these phase III clinical studies. But in reality, they weren't really phase III clinical studies: they were what we call phase I clinical studies. If you have a drug and you're testing it, the first thing you do is give it to healthy

people. And then in the second phase, you adjust the dose of the drug. And in the third phase, now you're giving it to people who actually need that drug: they're at high risk, they have a disease. And in this case, we're talking about a vaccine as opposed to a drug. But actually, this vaccine is a bit more like a drug than any other vaccine that we've ever had before.

So this phase III studies with the vaccine, in fact, were probably more like the situation where less than about 15 per cent of the people that were tested were actually over age 70 years of age—and they are at the highest risk and those with comorbidities are at the highest risk of dying from this virus. And they, in fact, were very underrepresented in the clinical trials.

[COVID-19 Morbidity and Mortality in Canada]
So this is a chart that basically shows the rates of hospitalizations, ICU admissions, and deaths by age. What's really apparent from this is that the risks of death for our children was actually extremely low, likewise for hospitalizations. So to put that for those that can't see the chart, typically maybe during the entire pandemic in Canada, we were looking at a death rate that was about in the order of 10 per million for children in Canada. Now for elderly and the adults, the rates go up more dramatically. So up to 6 per cent of those that are actually over 80 years of age died from it. So it's a virus that actually has been targeting really the sick and the elderly. Our children were never at risk, and this was quite apparent very early on in the pandemic itself.

[The COVID-19 Pathogen – SARS-CoV-2]
Well, the actual agent, of course, is this virus. We all know it fairly well, but I'm going to introduce you to it a little bit more. The SARS-CoV-2 virus: It's very small. A micron is a millionth of a metre, and this is about 150 microns in size, and to put that in perspective, the influenza virus is about the same size. And it's a respiratory virus like the influenza virus, and you acquire it and many of your symptoms are very similar as if you have been infected with influenza. Except influenza tends to be a little bit more deadly in children, where, in fact, the SARS-CoV-2 virus is less deadly in children. Slightly.

Now the thing is the way you acquire this virus is that you breathe it in the air: it's an aerosol virus. And what happens is it gets into your airways and then your upper lungs, and then the virus will spread. This is the same way that influenza does. And what we know from decades of research with influenza, masks are ineffective in preventing the infection and transmission of this virus. It's simple as that. And there have been numerous studies that show this. This was the guidelines from Health Canada even 20 years ago about the ineffectiveness of masks,

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including N95s for influenza. And since then, that's been borne out by additional studies. The most recent of which I've given a reference here is a Cochrane study, which is considered kind of like the "Humble Bible" when it comes to advice on how to handle treatments and disease treatments.

[The SARS-CoV-2 Virus Structure]
So this virus. We knew that there was something going around in China, in Wuhan, in even November, and probably earlier, of 2019. And the virus was isolated, and it turns out to be what we call a coronavirus. As I showed in the previous picture, you can see in an electron micrograph, it has little spikes sticking out of it. It's actually more spherical, the spikes sticking out in all these different directions. But looking down on it, it kind of looks like a

crown-like appearance, and that's why they're called coronaviruses, the crown virus. These are very common viruses. The common cold is caused in part by this family of viruses. There's other viruses, too, that can cause colds. But it's very infectious, the cold coronaviruses. But they do not make you seriously sick that you need to go to the hospital, and you recover.

Now this particular coronavirus, SARS-CoV-2, it actually has a single genome that is made up of nucleic acids; we call this an RNA. This is a single-stranded RNA genome: so within that, genetic material has all the proteins that are required to remake that virus after it gets inside a cell. And the virus itself is a relatively simple structure. It has 29 proteins: These proteins are largely not actually in the virus, but they're produced after the virus gets inside cells to allow the reproduction of the virus. But the key proteins that are on the surface of the virus is the famous spike protein that really sticks out and two other proteins, a membrane and an envelope protein. And within it, there is other proteins we call nucleocapsid proteins that stick to the genetic material, the RNA, that's inside the virus. That little package, which is small, that can easily penetrate through masks, is actually all you need to get infected and have the virus allow itself to replicate.

Now in the genome, which I'm showing in the bottom of the structure, there's actually separate genes within that large piece of RNA that encodes up to 29 different proteins. And so I've just described four of those 29 proteins.

Now what's interesting is the structure of this virus is actually 97 per cent identical to a bat coronavirus. But what you may not be aware of, this SARS-CoV-2 virus does not infect bats: it's evolved from a bat virus, but it's lost its ability to actually infect bats. There may have been additional mutations since the original Wuhan strain, but it doesn't infect rats either—many of the rats that we would have normally used to do safety testing of the vaccines. So it's very similar to, as we heard earlier, about 80 per cent identical to the SARS-CoV-1. And SARS-CoV-2 has sequences that are, again, 97 per cent identical in its structure to the bat virus.

But it has features that are not in the bat virus—including the incorporation of a cleavage site that allows it to be more infectious, that does not occur in the MERS or the SARS-CoV-1, the original 20-year-ago virus. And it has additional sequences that are in the genetic structure of this that basically tells someone who's informed in molecular biology, that does genetic engineering, that it's actually a virus that—it's not possible naturally for it to have these sites, that are key sites put in to allow genetic engineers to do work on the virus.

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So this virus is most likely, and I think most scientists now would agree, that this is actually a genetically engineered virus that was released from a lab, which appears to be the Wuhan lab.

[The SARS-CoV-2 Spike Protein Structure]
The key protein that's in that virus—the spike protein that sticks out—it's very well mapped out, its structure. It actually has, at the back end of the protein, a patch that allows it to stick to membranes on the surface of cells: this does not float away from cells. Normally, the intact structure is that it's anchored through what's called the CT—sorry, near the C-terminus, that transmembrane domain, TM, and it sticks out. And the part that's the top, the beginning, we call the RBD—just near what we call the N-terminus, the front of this. This receptor binding domain, RBD, allows the protein to interact with a natural protein found in your body called ACE2, angiotensin-converting enzyme 2. So basically, the

more ACE2 you have, the easier it is for the virus to attach to your cells and get in. And I think that's all I need to say about that right now.

[SARS-CoV-2 Mutation and Variants of Concern]
So what has become clear is that from gene sequencing studies—looking and sequencing the genome of this virus repeatedly in people who've been infected—is that there's over 27,000 mutant forms of this virus that have actually been sequenced. Over 27,000 different forms. But the forms that we call "variants of concern," have a mutation structure that gives them a special advantage to out-compete all of the other variants that exist and those include from the original Wuhan strain, these Alpha, Beta, and Gamma, and Delta, and we've gotten now to Omicron. And it turns out that there's a whole proliferation of these Omicron variants.

Now this arises because in the replication of the virus, the protein—the enzyme that allows the duplication of the RNA—is error-prone, and it introduces mutations as it actually works. And what's interesting is that if we look at the Omicron variants that we have today, they are just as different from the original Wuhan strain as the bat coronavirus that we think the Wuhan strain came from. But it's still 97 per cent identical. So when you are making antibodies against this protein, 97 per cent of that immune system is just as effective. And I'll come back to that.

[SARS-CoV-2 Variants of Concern, June 1, 2021 – September 10, 2022]
So these variants of concern, they replace each other every few months with new variants. This very colourful chart is data from the BC Centre for Disease Control that tracks these different variants of concern that have emerged. The Wuhan strain isn't even shown on this slide, but it might be at the beginning here. What we can see, for example, with the emergence of the Omicron variants is that in November of 2021, the dominant strain in British Columbia was the Delta strain of this virus. And within a month, it was the Omicron strain. And so, you can have one of these strains displace another strain, a variant, within a month's period. This will turn out to be relevant as I'll come back.

[SARS-CoV-2 Variants of Concern, June 1, 2022 – January 7, 2023]
But what you'll notice in these colours—as you're getting new variants replacing the other variants that are dominant in our population—as you start coming to now more recently, we have a proliferation of different variants. A whole list of over 30 different variants that are all present in our community now. There is no real domination of any one variant. And the reason for that is that the virus has evolved to a point where it's about as infectious as it can be: any change in that will make it less infectious. And it's also more benign. In order for a virus to spread, it's necessary for it to be very infectious and not to hurt the host: so the host does not get sick, and so they will go out into the community

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and spread that virus much easier. And so those variants are the ones that dominate.

[The Innate and Adaptive Immune Systems]
Okay, I want to express just how— And I'm sure you would agree with me that these immune systems, though, are very effective, evolved over millions of years for us to cope in an environment that's completely non-sterile, with parasites in our drinking water and bacteria and viruses and fungi all around us. And so this is a very sophisticated system. This is your defence system against infectious diseases and parasites, and it evolves from hemopoietic stem cells that have the capacity to differentiate into all these different cell types. And while this is a very complicated slide, the main point of me presenting this to

you is to introduce you to the cells that are outlined in the blue area: the monocytes, natural killer cells, dendritic cells, macrophages, basophils, eosinophils, mast cells, and neutrophils. These are all part of your innate immune system, primarily.

Your innate immune system is very strong in young children, and it continues to work as we are adults. But in children, they do not have what we call an adaptive immune system. They haven't been around long enough to become educated to what kind of viruses and bacteria are out there. So they have a very, very active innate immune system. However, as we get infected, we start to have cells produced—T cells and B cells—that specifically recognize these foreign invaders. And the first time that you're infected, your innate immune system is providing you with your best protection. But eventually, after you've recovered and you've educated these B cells and T cells, they can then protect you from future infections. And in particular, the B cells produce antibodies. And those B cells, when the threat is gone, those will differentiate into what we call plasma cells and memory cells: this is your immune memory; this will protect you in the future. We know people that, for example, had the 1918 pandemic influenza—tested even 80 years later—still had these cells in their body that would produce antibodies against the original 1918 influenza flu. So this is really where, eventually, as we get older and our immune systems are working well, we will be able to have a very fast response to the infection by an agent we've seen before, in this case a virus.

[B-cells Produce Antibodies]
So as I said, these produce what we call antibodies. Antibodies are proteins: they are one of the most abundant proteins that you find in blood, in fact. They're composed of two chains that are what we call "heavy chains" and two "light chains." And the important thing to understand from this is that you have one side of it here—the larger end—is what we call the Fab portion: this is what's going to recognize a structure that's going to be in a virus or a bacteria or some sort of foreign protein. And the back end is what we call the Fc portion. Both portions turn out to be very, very important in antibodies. And I'll come back to that in just a moment.

[Natural Immunity with Adaptive Immune System]
However, when you do get infected, and in the case of a respiratory virus, it's going to come in through your upper airways and your upper lungs. And in those zones, the immune cells you have, the B cells, they will secrete a kind of an antibody that we call IgA or IgM antibodies. These are short-lived, maybe about five, six days, and then they have to be replaced by more antibodies. But they're very, very effective. They're secreted into those airway spaces, and they provide very strong protection. And as you'll see, what they do is they bind to the target proteins that are on those viruses. And the back end, that Fc portion, then becomes recognized by cells of your innate immune system, and they recognize it easier and they take it out. So the antibodies are assisting the innate immune system to work even more effectively.

The problem is that the other type of antibodies that you get from an injection in your arm are what we call the IgG class antibodies. These are very good antibodies. They last about 21 days, but they're very low concentrations in the upper lungs and the airway spaces.

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So as a consequence, you don't have a very good response against an infection with the vaccine-induced antibodies because of the nature of the kind of antibodies that are made. They do make some IgA and IgM antibodies, too, from these vaccines, but the predominant one is IgG. And so we know that when you have that production and you get these memory

B cells and plasma cells, the immunity that you have in terms of your antibody levels will remain elevated. And we knew this from SARS-CoV-1, that even people three years later still had antibodies in their blood against the virus. And I can tell you today that this is true also for SARS-CoV-2. That the antibody levels have remained elevated in the blood of people. And the reason for that is when you're getting constantly re-exposed to the virus, it's naturally boosting your immune system. You don't require a vaccine if you've already recovered from an infection because you're naturally going to get exposed to the virus again. It's endemic in the environment, and as a consequence, you have protection.

[Kinexus SARS-CoV-2 Antibodies]
Now I'm going to provide some information on a clinical study that was undertaken at Kinexus. It's a three-year study. We were able to do this because we had unique technology at Kinexus that allowed us to remake any proteins of interest artificially in pieces on membranes. So in mid-January of 2020, the structure of the SARS-CoV-2 virus was actually published. The Chinese government released it. With that information, we could remake all 29 proteins in the virus artificially, in pieces on membranes. And Dr. Winkler has been really instrumental in allowing us to do that at Kinexus and has been involved in a lot of the testing. So I want to acknowledge the incredible amount of hard work he's done in this at Kinexus.

Over three years, we've looked at about 4,500 people for the levels of SARS-CoV-2 antibodies, looking not just at the spike and the nucleocapsid proteins, which is what other research labs have done, but we've actually looked at all of the proteins as potential markers for portions that are very immunogenic—that would provide a strong immune response in the body. Half of the people in our study are female, the other half are male, approximately. And then, we've looked at everything from six-month-old babies through to 90-year-olds in our study. And about 1,500 of them actually have had COVID-19. We know that confirmed from PCR studies.

[ID of Most Immunogenic; Regions with mutations highlighted in yellow]
To give you a sense of how we honed in on the most immunogenic parts of the SARS-CoV-2 virus, here you can see a membrane, and you see a series of a lot of spots. And each spot corresponds to a different portion of the SARS-CoV-2 virus's proteins. In this case, we're only showing the spike protein in the upper portion; the middle portion is the nucleocapsid protein, and the bottom portion, in this case, is the membrane protein. This is three of the 29 proteins that we looked at. We looked at them all.

And you can already see in this particular figure, if you have antibodies against one of those portions, it appears as a strong spot. And this is an overlay from nine different people: their patterns overlay to get a good sense of the overall regions that are the most immunogenic. And you'll notice that I've coloured them, also, on this in yellow. Those are the zones where **the mutations occurred in the Omicron virus. And with a few exceptions, almost all the regions where the mutations occurred in the virus are not the regions where people tend to make antibodies.**

So your immune response is largely intact against Omicron because it's 97 percent identical to the original Wuhan strain and where the mutations occur it is not, in the regions where you actually have the mutations. And that's very important to understand because again and again, we hear that "the Omicron strain is very different and so, that's why we have more infections with the Omicron because our immune system, including the vaccine-induced immunity we have,

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doesn't work against Omicron." And that's actually incorrect.

[ID of Most Immunogenic]
Now this is, again, a very dense slide, but you'll notice on the right side of the slide that there's what appears to be dot patterns. And basically, every column is a different person. This is a small subset of people that we looked at. So every column is a different person. But every row is a different part of the virus that we looked at. And you'll notice that there's certain regions, like this one here, that's a very strong black line across. All these people we tested—whether they were control, uninfected, which included people from 2018; non-symptomatic individuals that never knew that they had antibodies; through to those that were symptomatic but we didn't have PCR tests, to PCR-confirmed—shown here. You can see that there's some increases that we see in some of these spots. But even people that are non-symptomatic and to a certain extent even in 2018, they already had antibodies in their body that recognized the SARS-CoV-2 virus itself. And they would provide protection against this virus if you were infected.

[SARS-CoV-2 Antibody Pattern]
Now when we tested all these different people— And this is showing a test where we had around 110 different markers that we selected out of the 6,000 that we originally started with. And each membrane here on the one side, on the left, each membrane is a different person. And you can see that the pattern, apart from the control spot that we have here, is different in every person: everybody has a unique immune response to the same virus. On the right side here is the same person tested 10 months later: so the pattern that they have is exactly the same, almost a year later. But from one person to another person, it differs the pattern that you will have.

[SARS-CoV-2 Antibodies, with 41 markers]
And we then went on with that test and narrowed it down to about 41 markers. And here we can see a person who has not been infected. And here we can see five other people as examples of where they've been infected, but the patterns are different. And what's striking is, this D1, D2, D3, D4 spots correspond to the nucleocapsid spot. So our test is based on these peptides that are making parts of the virus. And what happens is that we have concentrations that are at least 100 times higher than what you could get with a recombinant protein—let's say the nucleocapsid protein—put in the tests that are commonly used to do research in this area: so we have a higher level of sensitivity. And because we're tracking more proteins, not just the nucleocapsid and the spike protein, we can actually get better confirmation for specificity because we're looking at other proteins as markers.

And this is just showing you the layout on the bottom here. But the key point is where the nucleocapsid protein is: about half the people that we test that have had SARS-CoV-2 do not make antibodies very well against the nucleocapsid protein. So if you have a test and you're trying to see—are we getting antibodies against a vaccine? The vaccine is delivering the spike protein only, none of the other 28 proteins. So antibodies that you detect against the spike protein could be due to the vaccine or it could be due to natural immunity. But anything that you see with the nucleocapsid protein can only be from actual natural immunity. But we can see in our tests, half the people that have COVID-19 don't make antibodies against the nucleocapsid protein.

So in our country, our health officials have been advised, based on detection of nucleocapsid protein antibodies. Which means that we may be underestimating very early

on the degree of natural immunity in our populations: One, because the tests they're using are very insensitive. And two, about half the people don't really make antibodies very strongly against the nucleocapsid protein.

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[Clinical Study: *JCI Insight*]
Okay, so when did SARS-CoV-2 come to British Columbia? is the real question. And if you look at the BC Centre for Disease Control value, they finally got their act together and started sequencing the genomes of the virus that came in and infected people in BC. And they noticed that it looked more like the genome of the SARS-CoV-2 virus that came via Europe. And so the official narrative is that this virus did not hit British Columbia until really the beginning of March. Now think about that. Here we are in British Columbia in the Vancouver area. We are the gateway to the Orient. You have a virus that has been spreading through the population in China for months before. And the first reported case in North America is in Snohomish County, just south of the border, in a nursing home. And the official narrative is that it really didn't hit British Columbia until really the beginning of March of 2020.

Well, that's not right. And here's why. Firstly, we did a study with the BC Women's and Children's Hospital, and the BC Centre for Disease Control are also co-authors on this paper [Exhibit VA-7c]. And we found that with 276 healthy workers—adults, half of them were hospital workers—that they all had antibodies that would recognize the SARS-CoV-2 virus, not just using our test but using a test from another company Meso Scale Devices [Meso Scale Diagnostics] that showed that 90 per cent of them had antibodies against either/or, either with both or one of the nucleocapsid protein or the spike protein with their test. Then we went in with our test and tested for other proteins, and we confirmed their results and showed that they had antibodies against the other proteins in the virus as well.

This study was done in mid-May to mid-June of 2020. So at least 90 per cent of our population already had been infected—already had immunity—and then later got vaccinated the year following. The question is not really what is the effect of the vaccine on a person who is naïve, who's never been infected with the virus—but what is the effect of the vaccine on someone who's already got immunity?

[Clinical Study – Participants]
Interestingly, in the 1500 people that we tested that said that they actually had the symptoms of COVID-19, we asked them, when did you first have those symptoms? And what we found was that three-quarters of the people in our entire study from the last three years reported first having COVID-19-like symptoms in December of 2019, January, February, and March of 2020: three-quarters of all the people that we tested before **"officially" we had the pandemic in BC. During that period of time, there was no restrictions—there was certainly no vaccines—but no restrictions. And so this virus really spread quite prevalent throughout our population. That accounts for why we saw one of the highest death peaks was actually the first wave. We find in our participants that have not been vaccinated that about a quarter of them did get COVID again about two years later. And it was milder for them.**

[Natural Immunity Based on Nucleocapsid Antibody]
This natural immunity based on the nucleocapsid detection—even though it's not a great test—we do have data. And one of the things for the panel here, I've been asked, is to make sure that I can provide primary references, so I'm sorry that these slides are very busy.

I've just tried to make the key points here: 75 per cent of the children in the United States, basically, by mid-2020–'22,

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all had antibodies against the SARS-CoV-2 virus, against the nucleocapsid protein. And in England up to 97 per cent of secondary school kids also had it in January to February of 2022. And the BC Centre for Disease Control with their most recent data, where they looked in August of 2022, already reported that 70 to 80 per cent of children here in BC already had antibodies, that they were under 19 years of age, and adults, 60 to 70 per cent of them. And again, this is based on the nucleocapsid antibody reactivity, which is again missing most of the actual infections.

So we were advocating vaccination of our children actually at a time where they already had natural immunity. And the latest data that has come up from the Stats Canada and Health Canada is that we figure now that over 40 per cent of all adults that were infected with the SARS-CoV-2 virus were asymptomatic: they had no symptoms. And we know for children that are under 18, and young adults, that actually most of them were infected and were asymptomatic. So they actually handled it quite well.

Well so, what's the deal? What's the problem then if we vaccinate them anyways? Won't we have "hybrid immunity" that's supposedly superior to our natural immunity?

[COVID-19 RNA Vaccine Mechanism Action]
Well, here's how the vaccine, the genetic vaccines, actually work. And I'll focus on the RNA vaccines because these are the most commonly used. So you have these lipid nanoparticles that are basically like little soap bubbles: very tiny, about the same size as the virus. And within it, it has this genetically modified RNA that has not the whole virus but just that spike protein gene. And it gets inside the cell, and it will be released when there's a fusion of the membrane here. The RNA is released, and that spike RNA is going to be translated into protein, creating spike protein inside the cell. Now this cartoon's not ideal because they're actually in a membrane, which then fuses with the surface of the cell to present the spike protein on the surface of the cell—the same way we presented on the surface of the SARS-CoV-2 virus itself. Except instead of being on a virus particle, it's on your own body cells.

And when you have antibodies that are in your system— I should point out, too, that as you have this foreign structure inside your cell, what we call toll-like receptors [TLR] signaling can tell there's something foreign here, and it actually causes the release of cytokines. And again, cytokines are hormones essentially released into your circulation to signal to your immune system—there's a problem here, you better come and take care of it.

So those immune cells are attracted. And so you can get immune cells—it could be macrophages and neutrophils, dendritic cells, as examples—and those cells will have what we call Fc receptors that recognize the back end of the antibody. So the antibodies are going to stick to this spike protein, and the back end is going to allow the sticking of this immune cell to, in fact, the cell that's producing the spike protein. Now that antibody can also allow the binding of proteins in blood called complement proteins. And you get all these complement proteins—they're what we call proteases—and they create a hole so it actually kills the cell. So your immune cells are there; they're going to be gobbling up the pieces, which includes the spike protein. It goes inside these antigen-presenting cells, presented with what we call major histocompatibility antigens to T cells and B cells that are in your lymph nodes. And then you get your immune response. Okay, so that's how it

works. So the key point here is, in order to get an effective immune response, you have to actually attack and potentially destroy the cell that's producing the spike protein.

[00:50:00]

[COVID-19 Vaccine Issues – Poor Lasting Efficacy]
Now, again, as it's been emphasized before, and I think Dr. Hoffe spoke eloquently about all the problems, and I can confirm everything that he said. I'm just actually presenting some of the references for those statements and expanding on them a little bit deeper. But there's complete agreement now: These vaccines do not prevent infection. No one's going to argue that, no health professional. It does not prevent transmission. That is absolutely clear now, too. The argument has been that it reduces your symptoms; you're not going to die, at least, if you've been vaccinated. That has never been proven in any clinical study: there were never really endpoints in those clinical studies. But there is no data that actually supports that statement.

What we do know is that people are dying less from the virus now. But again, the virus is mutated to a more benign form, and natural immunity is very prevalent in our population. So it's not surprising that we're seeing this. So when we look and adjust it for the population that's been vaccinated versus the population that's been unvaccinated— And I'm sure you've heard from the media for the longest time that 99 per cent of the people in the hospital in the summer of 2021 were actually unvaccinated. Well, a lot of the population wasn't vaccinated, and there's very few people who were actually ill at that time. So when you look back, most of the deaths that we had in unvaccinated people was actually during the period of time when hardly anybody was vaccinated in the first place. Okay, so that's playing with the numbers.

The other thing that's been done with playing with the numbers is that if you've been vaccinated and you get COVID within the first three weeks in British Columbia, you are considered "unvaccinated," and that data was lumped in with the unvaccinated. Even though they got COVID and they were vaccinated, they were considered unvaccinated. I'll show you that's a problem. So even now, when we adjust per capita—because over 87 per cent of the population of BC has been double vaccinated, 13 per cent is unvaccinated—when we adjust for the difference in numbers, there really isn't that much difference in the hospitalization rates now and the ICU admissions and the deaths in this respect. Except I'll show you that's not quite exactly right.

[COVID-19 Vaccine Issues – Increased Risk of Infection]
But the key thing here is this data came from Alberta in 2021 that they published on their website up to January 11, and then I guess they finally removed it because it was too embarrassing. So what it shows you is that these are people—this is total case numbers—**that if you were vaccinated on day zero here, your chances of getting COVID-19 increased right after vaccination. And this is different age groups here in terms of the colours: these are children down here [red] and these are elderly people in the blue up here, and this is age. But for the first seven days your risk of getting COVID goes up when you get vaccinated; it stays high for about up to day nine, and then it declines as you get an immune response in your body. And now you get that protection, but it's fairly temporary. In the first shot and second shot with the booster, around five, six months. But with each booster shot, the duration period of protection has been getting shorter and shorter. So it's really just a few months, maybe two months now with the fourth shot for the booster in adults. But it's much worse in children.**

[COVID-19 Vaccine Issues – Increased Risk of Infection, Quebec data]
Here you can see also that with the third shot, in looking at hospitalization in Quebec data here, that if you were triple vaccinated here, three doses in the purple, you were more likely to be hospitalized than someone who was not vaccinated. Now all of these slides will be available, I'm providing them to the Committee, and you'll be able to have copies of this. We'll probably post them on the Canadian Covid Care Alliance website.
[COVID-19 Vaccine Issues in Children – U.S. Data]
So what about children? Well, these vaccines were especially ineffective in children. One study they've done out of the U.S. looked at 74,000 children,

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5 to 11 years of age at about 6,800 sites across the United States. And basically, what they found was that by four and a half months after vaccination of 5- to 11-year-olds, they actually had a negative efficacy: these children were more likely to get infected than if they had not been vaccinated. And the efficacy after only one month post-vaccination was 60 per cent. This is relative risk reduction, not absolute risk reduction, which is a fraction of a per cent. But by two months, it was down to about 28.9 per cent efficacy. So 70 per cent of the kids by two months, there was no protection from the actual vaccine.

[COVID-19 Vaccine Issues in Children – New York State Data]
When we also look at other studies, here was one done with about 365,000 kids in New York State during the Omicron peak. After five weeks, it was only about 12 per cent effective. So what is happening is in these children, normally, their innate immune systems are very protective. But when you're looking at the boost from these vaccines, it doesn't seem to be working very well.

[COVID-19 Vaccine Issues in Children – Pfizer Report to FDA]
Nonetheless, we've gone ahead and vaccinated children, and we started doing it more recently in 2022 for under five-year-olds. And initially looking at two- to five-year-olds, this study was actually done with the Pfizer vaccine. They had about, I believe around 1,500— Well, they actually had about 1,000 that were unvaccinated, about 2,000 that were vaccinated. And then you run the numbers, and at the end of this study— By the way, none of the kids went to hospital, they just turned out to have COVID as confirmed with a PCR test, which again, at 35 cycles is actually 90 per cent false positives.

But the difference between the vaccinated children and the placebo children was two of them were positives in the vaccinated group and five of them in the unvaccinated group. So the difference of three kids: that's determining whether or not this was an effective vaccine to inject in all these children.

And by the way, this efficacy was only measured after one month. And I would also point out that in that trial, it was originally designed for two shots, and they had negative efficacy after two shots. So they went to three shots, and this is only after that one month after three shots. So that's why these vaccines for children are three shots.

[COVID-19 Vaccine Issues in Infants – Pfizer Report to FDA]
And when they did the babies, six-months-old to two-months-old, the difference between the two groups, very similar study, was a single child. One that was infected in the vaccinated group and two in the unvaccinated group. Again, none of them were hospitalized.

[COVID-19 Vaccine Issues in Children – Reduced Natural Immunity]
Okay. So well, it may not be effective, but is it safe? And again, since most of these children will already have been infected certainly well within the pandemic after two years, and as it would seem even within the first year.

What we do know is that if you have people that were negative from serological tests from being infected, and now you gave them the Moderna vaccine, and then they got infected—because they all do at some point—it turns out that the natural immune response was 40 per cent. Whereas, normally, the natural immune response was 93 per cent after infection with people who had not been vaccinated, these people that are 18 years and older. So you actually downregulate your natural immunity if you're actually pre-vaccinated. And even for a non-vaccinated person with a mild case of COVID-19, there was a 71 per cent chance of having antibodies against the nucleocapsid protein, again, reflecting an immune response. But if you were previously vaccinated, your nucleocapsid response is only 15 per cent. So you have a blunted immune response if you've been previously vaccinated without being infected beforehand.

Well, what's the problem if you're infected, you have an antibody response, and now you get vaccinated?

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[COVID-19 Vaccine Safety Issues]
You might be surprised to learn that if you have a Moderna vaccination on your arm, you're typically getting trillions of these lipid nanoparticles that contain the RNA. And you're going to have between 5 to 10 copies of that RNA in each lipid nanoparticle. And that RNA has been genetically modified, is non-natural, to have what we call methylpseudouridine, replacing the uridine that would normally be in the structure of the RNA, that makes it more stable and less likely to be degraded: so each RNA can be used repeated times to make copies of the spike protein. So what happens is, you can potentially have hundreds of copies of spike protein made from each RNA gene—again, 5 to 10 per lipid nanoparticle. And you have tens of trillions of lipid nanoparticles with each injection. So you're literally producing quadrillions of spike proteins in your body with a single injection.

Now, how does that relate to, let's say, a virus infection or a normal vaccine? Which would be an attenuated virus. You might get 50 to a few thousand copies of that attenuated virus injected in you. As opposed to, like I say, trillions of lipid nanoparticles. Now, again, these are like little soap bubbles; they have no targeting proteins on their surface. So they will travel anywhere in the body, including the blood brain barrier. And they'll fuse with any cell that they're close to and then, in those cells, produce the spike protein.

So this to me—as I showed you earlier, how these vaccines work—if it requires the destruction of these cells that take up the lipid nanoparticles and produce the spike protein, and you're attracting your immune system to those sites, then you're going to get injury at those sites. So imagine that you already have natural immunity and you have a strong immune system, and now you're putting quadrillions of these spike proteins throughout your body: you're going to have a very strong immune response and more damage to your tissues than you would normally have if you weren't vaccinated in the first place.

This is accounting for some of the injuries that we're seeing. But to me, this is a recipe for autoimmune diseases. And we have many cases where an overactive immune system is actually attacking your own body cells. And basically, this is what these vaccines are doing.

[COVID-19 Vaccine Safety Issues – VAERS]
And we know this for a fact because the VAERS system that we talked about earlier, when we look at the total number of reports of vaccine injury, it turns out that actually over 79 per cent of all deaths from all vaccines in the VAERS system—there's over 80 other vaccines—79 per cent of it is from the three approved COVID-19 vaccines in the U.S. You have more reports of injury in general from these three vaccines in the space of two years than all the other vaccines put together for the last 31 years. It's very hard to ignore that.

[COVID-19 Vaccine Safety Issues – VAERS, U.K., EMA]
And it's not just the VAERS system; there's the U.K. Yellow Card system, the EudraVigilance system from the European Medicines Agency, they track this. As pointed out earlier, the CAEFISS system in Canada, only a doctor can report it. They filter it out so that even when doctors do report it, they tend to ignore it in many cases. And what we know with that system is three-quarters of all the reports in that system are from women. And that's true for the VAERS system as well. And it's true also for the VigiAccess system, which is what the World Health Organization has been tracking vaccine injury with for the last 30 years.

[COVID-19 Vaccine Safety Issues – WHO, VigiAccess]
So if we take a look at the VigiAccess system from the World Health, and we look at the total number of reports of adverse events, AEs, there's over four million that are documented, since reporting for that. And if we take a look at all the other vaccines, the closest that we get for adverse events is influenza,

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going back to actually 1968 when you started tracking this.

But in the space of the same time period of a year, you have over 500 times more reports. Well actually, 148 times more reports of vaccine injury from the COVID-19 vaccines than from the influenza vaccines. And there was a period there in 2020 where we had very few cases, apparently, of influenza in the country, barely 100, and most of those were caused by vaccination with the influenza vaccine because it's a weak strain and there'll be some people that will actually respond to it. But you can see here that these are clearly the highest rates of vaccine injury we've ever seen. And one has to wonder: We set up these systems in the first place to identify where we had problematic vaccines. And we've seen signals we've never seen before, and we've totally ignored them. We've actually talked about how poorly these systems actually seem to be working, and it's just nonsense.

[COVID-19 Vaccine Safety Issues – Original 6-Month Pfizer Trial]
Because we can go back to the original six-month Pfizer trial, for example, and there we **have a placebo group along with the vaccinated group. And what we could see is that there is 300 per cent more reports of adverse events in the vaccinated group than in the unvaccinated group and a 75 per cent increase in "severe," that's hospitalization, basically, and death. Now, when we look at the actual number of deaths, there was 20 that was in the vaccinated group and 16 in the non-vaccinated group. So to argue with a controlled study, even here: there's no evidence that the vaccines actually reduced the likelihood that you would be hospitalized or that you would die; in fact, it's the opposite.**

And a lot of this information was suppressed. Finally, through a court case in the U.S., a lot of the post-release of the vaccine— Again remember, the vaccine was released after only two months of study. This six-month study came out in the summer after people

had already—it had been in the general public. So what happens is they already had in two months, 1,223 deaths that were reported directly to Pfizer related to the vaccines.

[COVID-19 Vaccine Safety Issues – Fertility]
So the question has come up about fertility. And it's been pointed out these lipid nanoparticles travel throughout the entire body. They do concentrate, as pointed out by Dr. Hoffe: about the fourth major organ after the liver, the adrenal glands, and the spleen was the ovaries. And we know that over 40 per cent, in multiple studies now, of women that are vaccinated have menstrual issues: heavier bleeding or prolonged bleeding and including, also, in post-menopausal women that they would have bleeding. So the control of the period is through the hypothalamus, the pituitary, and the ovaries. It's hormonally regulated. So we can tell that those organs are being affected by those lipid nanoparticles.

And likewise in men, what we do know is that sperm counts drop. And those drops is about 15 per cent. They do recover in about three to six months. But it does show you that the gonads are affected by these. And in the case of women, my personal concern, because I do research on oocyte maturation and conversion of oocyte into eggs—that's what happens with every period—is that a young baby girl is born with all the oocytes she's going to have for the rest of her life. If there's inflammation and damage to those ovaries, she may very well end up with fewer oocytes; even though there may be a healing process, she'll have less oocytes, which increases the risks that she will go into menopause sooner and will become infertile. Overall fertility rates have dropped over 10 per cent since vaccination started. But there's a variety of reasons that that that could be, but I think this is potentially one of them.

[COVID-19 Vaccine Safety Issues – Myocarditis and Myopericarditis]
One of the biggest risks that's been identified is myocarditis and myopericarditis, the muscle around the heart, that we are seeing a very high risk of vaccine injury, particularly in males after their second shot of the Moderna and the Pfizer RNA vaccines. And the risk seems to be, well,

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Ontario actually calculated the risk fairly early on: it was about 1 in 5000 with the Pfizer vaccine. The BC Centre for Disease Control actually did a study, which they published. They see with the Pfizer vaccine after the second shot about 1 in 7800 for symptomatic, and I emphasize "symptomatic myocarditis." But in the same study, they show that with the Moderna vaccine, the risk in 18- to 29-year-olds is about 1 in 1900. That's incredibly unacceptable—even though the publication felt that from their data, these vaccines were safe from a standpoint of myocarditis.

Now that same publication showed data from 12- to 18-year-olds with the Pfizer, and the risk was very similar to the 18- to 24-year-olds. But we know from other publications that for the Moderna, the risk is greater and especially greater for the 12- to 18-year-olds. And that data was omitted or certainly was not recorded in the study that the BC Centre for Disease Control published, which is where I would expect there to be the greatest amount of problem with these vaccines.

And the reason why we know these people have myocarditis is because they go to the hospital. If you have symptomatic myocarditis, you will be in the hospital—about 98 per cent of the cases. But we do know that many people can have the same damage, but if they don't exert themselves, they are asymptomatic myocarditis. And from what I've been able to see from the literature, it seems that for every symptomatic case, there's about 3 cases

that are asymptomatic. So that means those numbers that I gave you, you can divide them by 4—that the actual damage is occurring in these young men.

One of the few studies that was done was a Thailand study with 301, 13- to 18-year-olds. They had about 201 males and 100 females. And what they found was they actually looked at each person in that study for damage to the heart. And 29 per cent of them had damage to the heart that they could see either biochemically through the production of a troponin protein—a heart protein that isn't normally in your circulation—or actually MRI imaging. And when you calculate out the cases they found that were "asymptomatic" pericarditis or myocarditis, it was mainly asymptomatic here, there was 1 in 29 of the males—1 in 29.

[COVID-19 Vaccine Safety Issues – Case Study]
So well, how is this possible? Why do we see this? Why would the heart be attacked by the immune system when you've been vaccinated? And as pointed out earlier, we're finally now starting to see immunohistochemistry studies of where people have died and the tissues are examined and stained to see whether or not they have spike protein produced or nucleocapsid protein produced. If you had both, you could argue that well, that's from the virus. But if you have again just the spike protein and haven't had COVID recently, then you start to think well, it could be the vaccine.

So here I'm showing you data from Dr. Motz; he's a pathologist and here's the staining. Now this person died from Parkinson's disease 3 weeks after they were vaccinated. So there was extensive spike protein in the brain. But this is the heart of that person. So in their heart, you can see the production in the orange here that's indicating the presence of spike protein. And again this is produced by the vaccine. And these little dark blue, these are cells of the immune system that are here.

And I've seen extensive work, and we talked earlier with Dr. Hoffe about Dr. Burkhart's data. At the Canadian Covid Care Alliance, we had an interview with him, which is actually posted on the Canadian Covid Care Alliance. And for about an hour, he showed us all these tissue slices from autopsy, people who died

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not as vaccine injuries: but 70 per cent of those people, after their analysis, they interpret them as vaccine-injury deaths. And the spike protein production here in those slices often shows infiltration of immune cells like we see here. And by the way, this is the nucleocapsid protein here; there's no staining of the nucleocapsid protein. What we see is that there's also extensive tissue damage in those zones where, in fact, the immune cells have come, where the spike protein is being produced. So the mechanism for the myocarditis is pretty plainly evident.

[COVID-19 Vaccine Safety issues – Myocarditis]
And people have argued, well, you know, COVID-19, the vaccines: if they get myocarditis, it's a mild case of myocarditis. I have to emphasize to you that myocarditis, the damage is permanent: It's not reversible. It only gets worse. The infiltration of immune cells, as shown in this figure here to illustrate the heart muscle cells, kills those muscle cells. And those dead muscle cells are replaced by scar tissue. And the surrounding muscle cells have to get bigger to carry that load to pump the blood. Sometimes in myocarditis, it may be that there's certain zones that are affected with the inflammation—that you get arrhythmia happening when the person is exerting themselves—and then they can get a heart attack.

So when you have a bigger heart, when you're exerting yourself, you have more blood pressure in the future, and you're more predisposed to cardiovascular disease, which is almost the major cause of death for people next to cancer. They only differ by a few per cent from each other in Canada.

[Athlete Collapses and Deaths – January 2021 – December 2022]
So we've seen this, over the last few years, we see more and more reports of athletes collapsing on the field. And what's kind of disconcerting is that about three-quarters of them that have been recorded, they've died from that collapse. So it's about ten times the average of what we normally saw prior to the release of the vaccines.

[COVID-19 Vaccine Safety Issues – Reported Deaths for Major Drug Recalls]
And so one wonders: well, look, if you got these deaths, and it's about 35,000 deaths reported in the VAERS system now, how many deaths does it take before you actually terminate the programs for these vaccines with the COVID-19, especially genetic vaccines?

And to illustrate this, the closest that we have for any drug or any vaccine to where the decision was made to suspend that particular treatment was Vioxx with 6,000 deaths. And as pointed out earlier, where we have some vaccine deaths, even after ten, we stopped those programs. But what we're doing instead, now, is we're going to use this technology for influenza vaccines and other vaccines that we plan in the future to give to our children. Because they're amongst the most heavily vaccinated in terms of [life.]

[COVID-19 Vaccine Safety Issues – All Cause Mortality, Ages 0–44]
So we've talked a little bit earlier in some of the presentations about all-cause mortality. All-cause mortality, you can't fudge the data. I mean, whatever they died from, the increased amount of death, you can try to correlate that. Here we can see for under 44-year-olds in Canada, there is an increase in all-cause mortality that actually is coincident with the lockdowns. And again, that's probably dealing in part with suicide. And also depression, anxiety, these reduce your immunity, and with reduced immune system, you're more likely to get cancer and other diseases. And then, it was starting to kind of come down, and then we started introducing vaccines and it went back up again.

[COVID-19 Vaccine Safety Issues – All Cause Mortality in BC]
Now I looked in British Columbia, and we can go back to 2010. So look at the scale here, 6,500. So starting from here, so this is really excess mortality above historic averages annually. What's shown in the yellow is the component—so it goes right to the top—but the component that's due to illicit drug deaths. So we can see illicit drug deaths accounted for more deaths than COVID

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in 2021, in BC.

Likewise, even more so compared to COVID in 2022. Interestingly, in 2021, we don't see as many deaths per million people in BC. We have about 5.3 million people in BC. So you can take these numbers and multiply them by about five. Here, we can see the heat wave in 2021 has actually killed a lot of people in one week from the heat wave, in comparison. So in BC, about 110 people die every day from all causes. And of that component, even at the peak, only about three and a half deaths per day average from COVID-19. And in terms of all-cause mortality, it's more than 90 per cent of it, at any stage, was due to other diseases rather than COVID-19.

[COVID-19 Vaccine Safety Issues – All Cause Mortality, England, 2021–2022]
Now I'm coming close to the end of my presentation. This data is the cleanest data that I've been able to see. It was recently published on the website for the healthcare system in the United Kingdom. The reason why I like this data is because it completely separates people who have been vaccinated from unvaccinated and those that are in that short window of two weeks where they're vaccinated, but they would normally be counted as unvaccinated. They did not do this in this data set, and they also, at the same time, had the different gender and they had different age groups. And so this is all age groups being shown here. Now this is starting when they began this study in April of 2021, so soon after the release of the vaccine.

Marion Randall
Dr. Pelech, just given it's getting very late, I'm just wondering if you would consider wrapping it up so we can move to questions?

Dr. Steven Pelech
We're just about done.

Marion Randall
Yes, please. Thank you.

Dr. Steven Pelech
Yeah. So what we find is that the risk, and this is adjusted per population, so it's age adjusted as well. If you were vaccinated prior to Omicron—this is this period here in December of 2021—you were more likely to die by four- to five-fold than if you were completely unvaccinated, in the blue. And once Omicron came along, if you were double vaccinated, you were about two to three times more likely to die if you were vaccinated than if you were unvaccinated. And since then, the risks have declined. With triple vaccination, there seems to be a protection during this period, but the difference between the unvaccinated disappears by about March of 2022. But you remain more likely to die of all causes if you've been vaccinated. Okay, so that's what the data is showing us.

[Canadian Reaction to COVID-19 Vaccines]
So the reaction of Canadians to this has been that we have a very high degree of compliance: in this case, depending on the age group, certainly the elderly over 90 per cent, and they completed their vaccination series. But in the last six months, we see less than 5 per cent of zero to four-year-olds have been vaccinated, 7 per cent of five- to 11-year-olds. **And if we look at the elderly, 60 years and older, there's been a high degree of noncompliance with the government. So thankfully, I think people are getting the message that these vaccines are not only not that efficacious, but they're also not safe.**

[International Reaction to COVID-19 Vaccines]
And this has been recognized by countries around the world with their regulatory agencies that have decided that they will not vaccinate children, and in many cases, they will not vaccinate anybody unless it's recommended by a doctor. And for example, in Switzerland, the doctor assumes the liability.

So that's the end of my presentation. And thank you for your patience.

Marion Randall
Questions from the Commissioners, please.

Commissioner Massie
Thank you very much, Dr. Pelech, for this presentation. I have a couple of quick questions. The first one is the study you've done in following the infection, using your method for in the clinical trial.

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My first question is that given the importance of this pandemic, I mean, this kind of research should have been probably prioritized by the government in order to get a good picture of what's going on. So what kind of support did you get to carry on with this research?

Dr. Steven Pelech
Yes. Really none from government. We applied for several grants early on and we didn't even make the stage of letter of intent/acceptance to submit a grant application. There has been some funding given to other organizations, like Ab-C in Toronto using the nucleocapsid and the spike protein assays. Again, they're very insensitive. And I believe what happened is they're claiming that no children really got infected in Canada until Omicron hit. They're assuming that really for two years, children evaded getting infected with the virus, only 5 per cent of the population. And it's because of the inadequacy of the tests. So in fact, serological testing should have done early: it should have been recognized that if you have an antibody response already, you've been infected, and you should not have had to been vaccinated. And health care workers in BC should have been able to be tested. They were the most likely to be infected early, and no nurse or doctor or any other health professionals should have been fired because they refused to be vaccinated.

Marion Randall
So if there are further questions and answers, can we keep them focused? Further questions?

Commissioner Massie
Yeah, well just to continue on that. Now that your data is out from the study, I know you probably continue to accumulate more data. So your data is available someplace so it can be consulted by government agencies?

Dr. Steven Pelech
Yes. Some of the work has already been published, as I've shown, in *JCI Insight*. We just finished the study. So it takes a while to put all the documents together, but our intent is to publish it in a peer-review journal.

Commissioner Massie
So did you get any feedback from the preliminary data that you put on your site?

Dr. Steven Pelech
Yes, I mentioned the data to a lot of people that are scientists across the country. But it's been kind of ignored at this point. But that's why it's so important to make sure that the study is very well documented and that the data is irrefutable and published in a peer-reviewed journal, and then we'll see, probably a better acceptance.

Commissionaire Massie
My other question has to do with the liposome and the mRNA. You've shown on your cartoon that the liposome will actually through the TLR system, trigger some sort of interferon response, which in a way could be good in order to prime the innate immune system. But there are a few studies showing that the structure of the mRNA with the pseudouridine in fact dampens the interferon response. So is there some sort of a—

Dr. Steven Pelech
Right. Yes. There's different reports in this regard. But we certainly are getting an immune response. And I think the production of these cytokines is thought, at least, to be part of the mechanism of how these vaccines are supposed to work: that's what the manufacturers of the vaccines have argued. So I think it's likely that it does happen because it is a very foreign situation inside the cell. And the cells have evolved to recognize when something's coming in that's non-natural. So it's probably the lipids, that are non-natural lipids, that may be triggering that kind of a response with the TLR receptors.

Commissioner Massie
So how would you explain the spike of infection following vaccination? Do we have any hypothesis?

Dr. Steven Pelech
Oh yeah, it's very simple. My interpretation is you've got quadrillions of spike proteins expressed throughout your body. Your immune system has only certain capacity and it's very mobile. So what's happening is it's going to fight the spike protein on the surface of your body cells, and it's less available to take the virus that's coming in through your airway passages, and so it's a competition for attention. And so that's why I think you're more susceptible to getting infected, especially when you're being vaccinated in the midst of a wave—that that's what's happened.

Commissioner Massie
So what seems to be happening throughout the pandemic to come to the stage where we seem to be in the Omicron-era

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with a virus that is not that pathogenic. But normally, this is what happens in this type of infection if we don't intervene: that is, it will subside because, eventually, the immune system will control it and it will become less and less pathogenic. But because we have intervened very systematically with this vaccination and the vaccination seems to somewhat affect the equilibrium of the immune system—is that the reason why the infection or pandemic seems to be prolonged in our country and not in other countries where the vaccination was much lower?

Dr. Steven Pelech
Yeah, I think a lot of people would argue that the vaccination has prolonged it. What we know with SARS-CoV-1 back 21 years ago, there was no vaccine. The virus seemed to disappear. And it was a more deadly virus than SARS-CoV-2. It never disappeared. I suspect what happened was the population had developed immunity. That there was variants that started to be produced. We didn't have the PCR technology to really track it in those days. So I think the virus has evolved, and we were continually probably being re-exposed to SARS-CoV-like viruses for the last 20 years. And that's why even young children have antibodies against this virus, pre the COVID-19 pandemic. And it's evolving to becoming more like a common cold.

Commissioner Massie
So if the vaccination, aggressive vaccination campaign seems to make things worse and prolongs the pandemic, what would be your prediction if we rapidly stop vaccination? Would the evolution of the pandemic subside like it happened in countries where there was less vaccination? Or we will still be struggling with the side effects that the vaccination has done to the immune system?

Dr. Steven Pelech
Yeah, well, I think what happens is most of the people who have been vaccinated, they will have been initially harmed, but they will recover. We're probably talking about one in 400 or that range that maybe have permanent damage. In terms of exposure to the virus, they're constantly going to be exposed to it probably seasonally, and most of them will have no symptoms. And it will just spread in the environment and early on, again, being a more benign virus, I think it's no longer a threat to our society. Those that are really elderly, fortunately, we do have drugs now, Paxlovid and others, strategies that we could help those people if they do get infected.

It's not the point of my presentation today, but certainly we could have better treated the people who originally got COVID-19. Most people that have died of COVID-19 didn't really die from the virus—they died from pneumonia. And treatment with antibiotics probably would have been very helpful but was not generally applied early in the pandemic.

Commissioner Massie
So if I summarize what you said about the natural immunity and the vaccination. Should people get their booster next time?

Dr. Steven Pelech
No, no, I don't think anybody should get a booster at this point.

Commissioner Massie
Even the vulnerable, people—

Dr. Steven Pelech
Even people that are vulnerable. Because I think what's happening is they're developing tolerance. When you're repeatedly exposed to an immunogen in high doses, your immune system has learned to recognize what's in the environment normally and what's really

strange. And so when you constantly are boosting yourself, especially expressing this spike protein on the surface of your own body cells, the immune system develops tolerance. And we can see this already with the third shot, the class of antibodies, IgG antibodies that are created, they're converting to what we call Ig4 class antibodies. And these are important in the development of tolerance, which means that those people will be more likely to be susceptible to infection. Their immune system won't work as well in the future if they get re-exposed to the virus, which they will.

Commissioner Massie
Thank you.

Marion Randall
Are there any other questions? Thank you so much Dr. Pelech. That was very enlightening.

Dr. Steven Pelech
Thank you.

[01:35:10]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 11: Dr. Ben Sutherland
Full Day 2 Timestamp: 11:16:10–11:42:25
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
So again, this new witness is Dr. Ben Sutherland and it's Marian Randall for the record, the lawyer assisting in this case.

Dr. Sutherland, can you please say your name for the record and spell your first and last name, please?

Dr. Ben Sutherland
Sure. It's Ben Sutherland, B-E-N S-U-T-H-E-R-L-A-N-D.

Marion Randall
And do you promise to tell the truth, and all the truth, while you're giving your presentation here?

Dr. Ben Sutherland
I do, yes.

Marion Randall
Okay, and I'll just begin with, I think I'll run through it myself, and you note if there's any corrections. You did an undergraduate degree at Thompson Rivers University with an Honours in Biology, and you did some postdoctoral work. Actually, maybe I'll get you to do it because I think I'm a bit confused here with what I've written. You did more than one post-doctorate? You took a doctorate.

Dr. Ben Sutherland
I don't mind running through it really quickly.

Marion Randall
Yeah, I think you should actually, I'm botching it up. So go ahead.

Dr. Ben Sutherland
Yeah, I did a doctorate at University of Victoria between 2008 and 2014. Then I went and did a postdoc in Quebec City between 2014 to 2017. And then, I came back to BC and did another postdoc with UBC and Fisheries and Oceans Canada, unofficially with Fisheries and Oceans. And then, I started as a biologist at Fisheries and Oceans and then moved into a research scientist position in 2019, I believe. And then was made a permanent research scientist at Fisheries and Oceans in 2020 and worked towards taking over a lab, a very large lab in the Pacific region, and eventually became co-program head with a retiring scientist, and that was up to 2021.

Marion Randall
And then what happened in 2021? I think we're in the midst of COVID then where you started having troubles.

Dr. Ben Sutherland
Yeah, so well, we were dealing with the pandemic effectively in the lab. We were being very cautious and careful, following all the rules, and many of us were working from home, myself included for much of the time. And then, yeah, I guess the vaccine mandate was announced.

Marion Randall
And just before you get there, Dr. Sutherland, would you tell the Commission, I think you've got a leadership award for your leadership in enforcing COVID mandates.

Dr. Ben Sutherland
That was after the—

Marion Randall
After the mandates.

Dr. Ben Sutherland
August 6th was when we heard in the media, the mandate was being announced, August 6, 2021. And I was very concerned about that. It was a shock to me because the organization was very respectful before that about diversity of opinions and all kinds of different people respecting diversity.

So I was really shocked and upset in August when I heard that, and I actually went to my specialist. I have a genetic disorder that has an iron accumulation disorder called hereditary hemochromatosis, and in 2016, I found out I had this. I had actually put off testing for it for so long because I was just too focused on my career. And I found out I had it in 2016 and my levels of iron were very high, and I had to go through all this testing to make sure that I hadn't done permanent damage to my organs. It was really scary. That was

when I was in Quebec. And I swore after that I would never put my career in front of my health again.

So I went to my specialist after hearing about the mandate, and I said, "Have they done testing on people with hereditary hemochromatosis and chronic low platelets?" which I had. And he said, "Well, not exactly, but I don't have any reason to think that you shouldn't be safe to take this procedure."

And so he wouldn't give me an exemption letter, which, you know, he had no reason to think that I was in danger, so I respect that opinion. And so I was not able to obtain an exemption letter. So a few days later, I was indeed provided a leadership award as I mentioned. We had a— It still is a large lab, it's a great lab. I had five direct reports, and I was co-managing five other reports while my mentor was getting ready to retire. A lot of effort went in to training me up to run this lab. It was a very— It was an honour to work there.

So I was given a leadership award

[00:05:00]

during the COVID-19 pandemic for making sure the lab operated effectively, and we got our job done. And then, of course, the election came in September, and that went the way it did. And October the 6th, the mandate was officially implemented. And at this time, I—

Marion Randall
And just to ask you, Dr. Sutherland, is that the federal? There was a federal mandate on October 6th for all federal workers?

Dr. Ben Sutherland
That's correct yeah, the policy on COVID vaccine, the policy went in on October the 6th. That's correct.

Marion Randall
Thank you.

Dr. Ben Sutherland
So October the 12th, I had to attest as to my status, and I decided to not request an exemption because I couldn't get the exemption letter. And I didn't have a religious affiliation at the time, and it was very clear that exemptions were going to be very difficult to obtain. It also didn't sit right with me to request an exemption: like, why should I be exempt because of hemochromatosis or something when the person beside me who just doesn't want to take this medical procedure has to take it? So it didn't sit right with me requesting an exemption.

So I attested as an unvaccinated person and not requesting an exemption. And then that's when I started reaching out to everybody I could. I tried reaching out to the union. They fully supported the mandate, so it was clear I wasn't going to get any movement there. They spoke with me, but they wouldn't debate with me about any of the topics. But in any case, they fully supported the mandate, the union, and then I went to my management and they

did what they did. I mean my direct supervisor absolutely did not— I can't speak for him, but they didn't want to lose me there. It was just, that was how things work.

So it was clear to me that I was going to be removed from my position, so I started planning my departure. I just want to underscore, I'm an early career researcher. This was my dream job. I was going to do 30, 35 years. I was doing genetic stock ID in salmon across the whole coast. That's a specialty I've been working on my whole career. So this was the hardest decision, but also, I would not have made it any other way, and I still wouldn't today.

Marion Randall
So Dr. Sutherland, there was a period, October 12th, you had to make the attestation for your

Dr. Ben Sutherland
That's correct.

Marion Randall
vaccine status, and then, as you're saying, you prepared to leave. But you are also required to take a course, I believe.

Dr. Ben Sutherland
That was a little bit later. So I was preparing to leave. I was getting all my files ready for my replacement, who was a good scientist, and I gave all of my documents to him and sorted out all my emails because I knew that I would be removed from my position and locked out of my computer and email within 24 hours. So I needed to make sure that the lab could continue the important work that they were doing. And then, yes, I had to take the mandated course. As an unvaccinated individual, I was mandated to take a course called Building Vaccine Confidence.

And yeah, they actually asked me in my— Well, I don't know if it would be called an exit interview, but when I was removed on November the 15th, they wanted to make sure that I had taken that course, which I told them I took it and I had some serious concerns with the course and some issues. And I had comments for them if they wanted it. But they didn't want my suggestions on the course.

Marion Randall
So you were removed on November 15th of 2020, is that right?

Dr. Ben Sutherland
2021.

Marion Randall
2021. So were you fired at that time, or did you expect to go back to your work?

Dr. Ben Sutherland
That's a matter of debate, I believe. I was put on administrative leave without pay. My record of employment was Code M, and it says dismissed/suspended, but I was told that I was not dismissed. It said due to COVID vaccine mandate. So I guess I was not dismissed, but I was placed on this leave without pay against my will.

And yeah, that kind of started a period of— I would describe it as traumatic. I basically had to drop all of my projects with all of my collaborators,

[00:10:00]

some of whom I'd been working with before I was at that job. And when you're in a research field like mine, marine genomics, you really build— Like it's a small group. It's not as big as human genetics or anything, so you build a network, and I had all these tens of projects that were really exciting that I was driving forward. And I just had to drop all of them.

Marion Randall
Are these projects that were with Fisheries and Oceans, and you couldn't continue with them because they were part of that work?

Dr. Ben Sutherland
That's correct, yeah.

Marion Randall
And how did you make out financially during this period?

Dr. Ben Sutherland
I don't know if scary is the right word; it was really anxiety-inducing. My wife, she works in a private organization, and we were concerned she was going to also get mandated. It was actually one of the harder moments when she said that she was going to go and get the shot so that we could keep our house. And that really frustrated me because it took away my ability to take care of my family with my wife; you know, we are partners. And I said, "Absolutely not; we're not doing that," and she agreed with me. But they didn't implement the mandate in the private sector; they're too smart. They don't want to lose good employees, of course; they have to make good money, well some of the private sector anyways. But they didn't in her job, so we were able to get through there.

I wasn't able to sit in front of a computer for about a month or so, through December. That was that dark period. I was really touched by the testimony earlier. It was a very difficult time in Canada during the fall of 2021.

I applied for EI. It was so frustrating. I was, you know, I'm this specialized scientist, and I am walking my dog at 8:30 in the morning on Tuesday morning watching all these cars going to work, and I'm thinking, "Why can't I just go into the other room?" I work from home and do all— Like there's never enough hours in the day for a researcher to get their work done. And now I just have to sit back and do nothing.

So I applied for EI and eventually heard back in February, and I managed to get EI. So I was on employment insurance, which was interesting to me because one of the notes on the website for eligibility says you lost your job due to no fault of your own. So someone in the EI department thought it wasn't due to my own fault.

But at that point, as a researcher, as an academic, you have to keep publishing papers, you have to keep working in the field. And I needed to find some money. And I needed to get back on my feet, rebuild my confidence. So I decided, okay if that's how it's going to be, I'm going to start my own company. And I did. And so as soon as the EI started, it ended. And I started my own company in late February 2022. And I was rebuilding my confidence. It was yeah, like I said, it was a tough time.

Marion Randall
So during the period that you worked for Fisheries, you knew the mandate was coming down, you'd made your attestation before you left. Were you working remotely that entire time?

Dr. Ben Sutherland
I was.

Marion Randall
From home?

Dr. Ben Sutherland
I was working remotely, I believe, the entire time when the mandates came in. I was one of— I wanted to get back to be with my team. I didn't have to be there, but I wanted to be around. But yeah, a lot of the time during the COVID period, I was working from home.

Marion Randall
So you weren't interacting with other people where you could possibly transmit something is what I'm thinking?

Dr. Ben Sutherland
No, after the mandate came up, I was basically, I had a really good setup at home and I just kept working from there. I wasn't actually doing lab work, so yeah, I was just working from home.

Marion Randall
So when you developed your own company and you're doing your research to keep up your skills

Dr. Ben Sutherland
Yes.

Marion Randall
was there sort of ramifications to do with not being able to speak to any of these collaborators or have any access to your projects at work that affected you trying to start your business?

Dr. Ben Sutherland
Absolutely, yes. You know, it was hard to drop everything. I couldn't really reach out to people and explain, "Hey, sorry, I can't fulfill my commitments to this project because I've been put on leave,

[00:15:00]

because I'm an unvaccinated person." We know the stigma around unvaccinated people at that time, and I don't want to share my private medical information with collaborators that I really respect.

This is actually the first time I've publicly spoken about this issue. But just to answer your question more directly, I worked with the values and ethics division at Fisheries and Oceans. And it turned out that I couldn't take on any projects related to salmon, which I had been working on since 2008 because it was a risk of a conflict of interest. Which I think makes sense if I actually went on my own leave, like if I actually wanted to go on leave. You don't want me mixing with clients that maybe want to sway my opinion when I'm back in the position. But when you're forced on leave without pay and then told that it's a high risk of conflict of interest to work in your field, yeah, it's very difficult.

Marion Randall
So do you work in a different field than salmon now?

Dr. Ben Sutherland
I switched fields. I did a bit of work on shellfish in 2017. So I jumped into that field and learned a bunch of new things. It took me a little while to get up and running, but I got there and I had some really nice opportunities come up. I'm pretty good at what I do, so people were happy to get me involved. So yes, I switched fields and I'm actually still working in shellfish genomics now. I haven't gone back to salmon.

Marion Randall
Is it fair to say that you had this dream job and you've gone on a completely different trajectory than you had hoped or planned to or dreamt about?

Dr. Ben Sutherland
Yeah, I mean, that was my first real job. I had like a pension; I had a reasonable salary. We just had bought a house, my wife and I, and this derailed that entire thing. Now I do contract work and I'm very thankful for that, but it's a completely different direction than where I was going. But yeah, we have to make the best of what happens.

Marion Randall
So at some point in here, did Department of Fisheries and Oceans ask you to come back? Because you were an unpaid leave but still technically employed?

Dr. Ben Sutherland
Yes, okay, and that comes back to the question about was I fired or was I dismissed or— So in March, I started getting more anxious again because I knew the six-month period was coming up.

Marion Randall
Is that March of this year, 2023?

Dr. Ben Sutherland
Sorry, March of 2022.

Marion Randall
Okay, thank you.

Dr. Ben Sutherland
I started to get more anxious because I knew May 15th was coming around. And I expected six months after they implemented this policy that we'd hear back about our jobs. And I still didn't know, like am I able to go back? This was a traumatic situation. How can I trust this organization, like the policy, you know? The people that I worked around were wonderful but policy in the organization, I was just— Can I even go back at this point? I also had all these commitments that I'd made because I'd started these contracts that I needed to fulfill, all of which I got approval through values and ethics and from management that I could finish those projects.

So anyways, April came around. At the end of March, I contacted the office of the president of the union and said—well there was a few things that I was talking to them about. And then April 6th, the union decided that it was now unjust, and I believe, unjustified and punitive. You can check the wording of that please in the press releases from the union. But they said that it's only unjustified as of April 6th, not as of November, so I disagreed completely.

It was in my view, November was when the problem, or maybe even August was when the problem started. So the union started pushing back against the employer as of April 6th but not before. And then May 15th came around, and there was still no word. And I was very anxious at this time, waking up in the middle of the night, like, what am I going to do? Can I even go back there? I couldn't even think about it; it was just, it was too, it was too much.

Marion Randall
Were there consequences of your union saying it was as of April 6th that they thought it was justified? If they had gone back to the November date, would you have expected to have the money for which you were not paid and put on unpaid leave? Like, if your union had taken a different approach, would it have been likely that you could have been paid for that time you were forced off the job?

[00:20:00]

Dr. Ben Sutherland
I have no idea.

Marion Randall
Okay.

Dr. Ben Sutherland
I have no idea. In any case, they absolutely, they specifically said to me, we will not—
November 15th, we approve of the policy. And it wasn't until April that it was not approved anymore. So I'm not sure.

Marion Randall
So basically what we have here, and what you're telling the Commission here, is that you were in your dream job, you were forced off into a trajectory you didn't want, and this gave you a great deal to have to redo. You were devastated. Maybe you can describe it a bit and anything else you might have to say.

Dr. Ben Sutherland
Well, sorry, I know it's late in the day. So yeah, I'm just looking for the date. Okay, so after seven months on leave, I decided enough is enough, and there's no way I can go back to this job. And they still hadn't told us what was happening. This was June 6th or early June 2022, and so I hired a lawyer, and I went to defend myself. I was tired of looking for help from people who didn't want to help me. So I hired a lawyer. And that was on June 9th, I believe. And then on June 14th, they announced the suspension of the policy. And they wanted everybody back to work on June 20th.

However, they only suspended the policy. They did not rescind the policy. The policy is still there. It's just in a suspended form. And it specifically states that they can reintroduce it if they deem it necessary. So that would be hanging over one's head if they were back in that job. So I had already committed to the legal route. By that point, I realized, no, you lost your job in November.

Marion Randall
Did the steps you took for legal action, did they produce any fruit? What happened?

Dr. Ben Sutherland
We filed in federal court and that filing is there right now.

Marion Randall
It's ongoing?

Dr. Ben Sutherland
I believe so. I don't know if I can talk much about that, but yeah, it's not ended.

Marion Randall
So is there anything else you need to add to your testimony here?

Dr. Ben Sutherland
Yeah, just the one thing I would say is, if you think about where I was, I was working from home with no contact. I was winning awards while working from home. My peers were still working from home during the whole period that I was on leave without pay. My colleagues, other research scientists, they were still working from home. So it leads me to think that the only reason— Like, there was no contact between me and the workforce. I can't speak for the people putting in the policy, but they would probably say something like, "Well, you might have needed to go into the workplace." That's not the case for my position. And that's why I think my case is interesting to provide as testimony here because the objectives of the policy that they put into place, the second objective is basically to improve the vaccination rate in the federal public service. And that, to me, is the only objective that was met by removing me from my job.

I was asked about suggestions for the Commission. And I just have the question: Is that what we're doing now as a country, is specifically to increase vaccination rate where we're removing people from their jobs? And yeah, I think that's all I have to say.

Marion Randall
Thank you. So any questions from the Commissioners? Yes, please. I think, is that okay? And then you after.

Commissioner Kaikkonen
I just have a quick question. Given the Prime Minister's statement this week, earlier this week, where he doesn't think the vaccination policy was forced on employees that are within the federal government, do you feel that you were forced?

Dr. Ben Sutherland
That's a very difficult question. I think that's a legal question. And I think that's above my— I chose to not take the shots.

[00:25:00]

I faced serious consequences for not taking the shots: those consequences were emotional; they were financial; they were reputational; and they were career-impacting consequences. And that was specifically for not taking something that I did not— For saying no to a medical procedure. That's all I can say to that. But thank you for that question.

Commissioner Kaikkonen
That works. Thank you.

Marion Randall
And the next question, please.

Commissioner DiGregorio
Thank you so much for staying and testifying at this late hour.

Dr. Ben Sutherland
Thank you.

Commissioner DiGregorio
You referred to the policy and I think you might have even had a copy of it there and how one of its purposes was to increase vaccine uptake. And I'm just wondering if you can provide a copy of that policy to the Commission.

Dr. Ben Sutherland
Absolutely and it's all public information and I'd be happy to provide that policy or yes that document [Exhibit VA-13].

Commissioner DiGregorio
Thank you.

Dr. Ben Sutherland
Thank you.

Marion Randall
Any further questions? No? Okay. Thank you very much. Thank you for your testimony, Dr. Sutherland.

[00:26:25]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 2 Timestamp: 11:42:40–11:43:18
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
So just for those in different time zones, where it is just about twenty after seven on our second day of hearings in Vancouver, and I say that because I want to extend my thanks to the Commissioners who are always willing to wait and allow witnesses to testify. We don't know when we're scheduling these witnesses how long they're going to take, and we want them to be able to tell their stories. And so, I thank the Commissioners for their patience.

And this will end our second day of hearings in Vancouver. We commence again tomorrow for the third day of hearings at 9 a.m. Pacific Standard Time. Thanks for joining us.

[00:00:40]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 00:45:32–01:11:30
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence Day 3 of our hearings in Vancouver, British Columbia, as we've literally marched across the land. 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 like to always share at the beginning for those online that aren't familiar with the NCI that we are a volunteer organization. We've just come together, decided that an independent inquiry needs to be held, and so we've appointed commissioners and we're marching them across the land. More importantly, and if you spend the day with us, you'll understand how important this is. We're giving ordinary Canadians, we're giving you a voice, an opportunity to tell your story in a safe environment.

We're finding actually that for each hearing we have witnesses drop out because they're afraid to speak. Some are afraid of economic consequences. Some are afraid of social consequences. And so understand that those that do speak, many are afraid and many have said so on the stand. When you watch them, you can see some are just terribly nervous. So we thank you for honouring them by participating in what they have to say.

I do ask, every time, if you would go to our website, nationalcitizensinquiry.ca, and sign our petition so that we have this appearance of momentum. Most of you are signing the petition. We've got momentum. This is turning into a movement because you understand that you can't stay silent anymore. But we still ask you to do that and also to donate. Each set of three days of hearings costs us about $35,000. It's just terribly exciting that we're able to keep marching across the land because you're participating with us.

And then I also continue to ask—because we seem to be search banned on Twitter. So somebody searches NCI. We get screenshots where we're not coming up, and then on other people's phones, we do come up. Something's happening with Twitter Canada, and we're asking you to contact Elon Musk, and tag #NCI when you do it, to ask and make sure that there's no censorship of us.

Before I go into my opening comments this morning, I want you to know that I feel very honoured to be able to give opening comments in these proceedings. Sometimes we just find ourselves in a place we didn't expect to be, and I want you to appreciate that I feel honoured being able to share with you the thoughts that come to me, to share with you.

Today, I want to speak about choosing life and not death. We have been totally surprised by how many people followed this uniform narrative that was put out by the government and followed by the media. Witness after witness has spoken to us about how surprised they were and just how relentless this was. Equally surprising, we are in May of 2023. It's not like this is May of 2020, and we've only had two months of relentless fear on the television, where we've learned through these witnesses that we're being manipulated with statistics and figures and percentages that were totally misleading and designed to put us in fear. We're not there right now. It's years since that happened. We are in May of 2023. And still, the single largest problem that we're facing is that a sizable minority of us, including our governments and media, are still following a narrative that we have learned here in this Inquiry already is completely false.

There is a silent majority, and somebody challenged me—are we really a majority? And so, I was pleased that some of the other witnesses have been saying, "No, we're a majority." Because we are a majority. But we're a silent majority and that word silence is an abomination. We're a silent majority who know the world is messed up, but we're silent. And that's why that word is an abomination to us and we should be shamed. We know that the vaccine is harmful and that program should be stopped. We know that the measures did not make sense—lockdowns, maskings, all of that.

[00:05:00]

We know.

Even those of you that don't know, those of you that still believe in the government narrative, in your gut— You know that phrase gut feeling? Follow your gut. We all have it. We have this intuition that tells us when something is wrong. And it doesn't matter where you are in the COVID narrative today, you know something is wrong. Your gut is telling you there is something wrong. When these mandates, when we were having to give identification papers in restaurants and you business owners and you employees, you were enforcing it, you knew in your gut it was wrong. You understood that, but you went along with it.

You were in a state of fear and you were in a state of panic. But you're still in a state of fear and panic. Understand the world is upside down. Government leaders are telling us what is coming and we're experiencing what is coming. I shared with you yesterday that we'd gone **out for supper the night before and two different people that live rurally in different provinces were sharing with me that literally the government is telling them how many animals they can have on their land and animals need to be registered, right down to a chicken—total control of our food supply. Are you not aware that, what is it, 1,200 food processing plants have been burned down this year? Our leaders speak about starvation. They're speaking about 15-minute cities.**

I live in St. Albert and, apparently, we're designated to be a 15-minute city. So basically, they're going to block off the roads, and we'll be in a mile city. Like, we're blocked off—we can't drive in or out—but we'll be able to walk anywhere in 15 minutes. That's why it's called a 15-minute city: you can walk a mile in 15 minutes. They're signalling to us that we will have climate lockdowns, which is why we'll have 15-minute cities, so we can all be

locked down in our districts. It's almost like the Hunger Games. And it will be like the Hunger Games because we will be hungry unless we like the crickets that they're telling us they're going to be feeding us. They're signalling to us another pandemic is coming, and people are aware that they're signalling this.

Parents are aware that kids are being taught things in school that are undermining the families. We still have censorship. We still have hatred. We still have division. We understand that the world has gone sideways and is upside down.

The question is—why have a large number of us gone along with this tyranny and why are we still going along with this tyranny? I use the word tyranny deliberately. Tyranny just means unfettered discretion. That's all it means. If we follow a single narrative to the exclusion of all other voices, that's tyranny. That's unfettered discretion. We're not even allowed to have a different voice. The media isn't allowed to report on anything else. We have to do exactly what the government says. That's participating in tyranny. Now why? Why have we done this?

Well, some of the witnesses have told us clearly, job security. We had a doctor yesterday on the stand saying, he's got a doctor friend who got jabbed. He knew all about this. He knew everything. But listen, he's got a million-dollar house and he's got kids in private school. We've had vaccine-injured persons tell us, "I had to for economic purposes. I have a mortgage. I have kids. I have to feed them." Some people say, "I want to travel. I wanted to go to restaurants. I just wanted things to be back to normal." And some, some want to be good citizens.

In Manitoba—you know how we're playing these clips of what the government was saying on TV in the particular province that we're in—the government was using the word "ambassador." They set up programs in Manitoba, snitch lines for you to be a good ambassador and tell on your neighbour. A lot of people bought into that and they actually thought that they were doing a social service. Many just did it because they were so afraid, and many did it because they chose to hate. At what cost—at what cost have we done this?

I want to share with you my journey in this COVID experience. I've mentioned it before. I'm not going to go into a lot of detail. But I didn't start the pandemic in a place of personal strength.

[00:10:00]

When they started with their fear porn, we literally had to make a decision in our house to turn the TV off after about a month because we just found ourselves in an absolute state of fear. It took about a month for the spell from the TV to wear off. It doesn't happen right **away. And as I saw my country and the world basically becoming a police state and police states across the world, I really fell into a state of despair. I've spent my entire life trying to slow the machine down, trying to eke out whatever little rights that the courts would tolerate us having. I felt despair over watching us fall into tyranny. I felt helpless. I felt helpless to do anything, which is an awful state of mind.**

I didn't believe that I could stand up. I actually didn't believe that I could stand up. So I'm not even getting at a point in my mind where I'm willing to accept a cost. I found myself in the situation where I was not free to be the man that I believed that I should be. I had shared at an earlier opening that all of us have felt at some point in our life that we were here for something important, that we were here, we had a purpose. I was definitely not feeling that I was living my purpose. I was in a situation where I was imprisoned by my

fear. And it is my fear. When you're afraid, it's your fear; it's just an emotional state that you actually choose to be in. And you can choose to leave that state.

And then, for me, it was the truckers.

They started driving across the land. As they drove, people would just line the highways and the bridges and encourage them. I saw that it can be done. It's possible to stand up. They set an example. Now they've paid the cost. Some of them are under strict court restrictions. Some are in jail. We basically have political prisoners and political trials in Canada because you and I are allowing that to happen. Let's make no mistake. We have political prisoners and political criminal proceedings occurring in Canada right now because you and I are allowing it to continue in May of 2023. We're responsible, you and I. So the truckers have paid the cost.

But what you need to understand is you're going to pay the cost, too. There's a bill that needs to be paid. And you're going to pay it. You have a choice which bill you're going to get: You can pay the cost of standing up and being the person that you're here to be, and there will be a cost, it's gone too far. So you can pay that cost. Or you can pay the cost of doing nothing, of not acting. Now the cost of not acting is, now, going to be larger than the cost of acting.

But make no mistake. I shared this biblical phrase at an earlier opening. Don't be fooled, God's not mocked: "You will reap what you sow."

For those that didn't hear that opening, let me just explain the meaning. It's just using an agricultural analogy to point out that what you invest your life in, is what you get back. So you reap what you sow. If you plant wheat in the field, if you sow wheat, you're going to harvest wheat. You're going to reap wheat. If you sow Canadian thistles in a field, if you plant them, then at harvest time, that's what you're going to get. You're going to reap what you sow. So when I said at the opening that this is about choosing life, not death, I just want to take that analogy a little further.

Where that phrase comes from, and again it's a fundamental story in the Bible. I shouldn't say it's a story.

[00:15:00]

It's a recording of what happened. After God had led the children of Israel out of Egypt—And you've got to read the story. It'll blow your mind what happened, like miracle, after miracle, after miracle to get them into the wilderness. And Moses goes up Mount Sinai to get the Ten Commandments from God, and he comes down and the children of Israel have **already rebelled. And so it comes down to decision time. God through Moses—everyone sits down and they're instructed: "You have a choice, God's putting before you. You can choose life and follow his commandments or you can choose death." They're not even talking about spiritual life or death. They're talking about literal life and death.**

I've shared with you how the second commandment really is a summary of all these rules and regulations that they refer to as the law. The second commandment simply is that you are to love your neighbour like yourself. Basically, you are to treat others in the exact same way that you want to be treated—that's the basis of our entire law. And so they were faced with this decision: You choose life or you choose death. So basically, you love God and follow the second commandment and enjoy life. I've explained to you how societies that are based on the second commandment, and our society was based on the second

commandment, it's the only way to structure a society to have maximum freedom. With this choice in front of us, what is the cost of following tyranny—of not following the second commandment, of not basing our lives on the second commandment?

What is the cost of living hate? Because the opposite of love, if you're not going to love your neighbour, then you hate your neighbour. You're going to reap what you sow. And so what is it like right now for that silent minority that is continuing to pretend and believe the government narrative? What's the cost to you of living a lie?

Those of us that don't believe the narrative, there's a cost to us for living a lie. What's the cost of living in hatred? What's the cost of us not standing up against what's happening politically? Are we really willing to tolerate our children being undermined in schools and the consequences of that? Are we willing to tolerate 15-minute cities, climate lockdowns, more pandemic lockdowns, digital currencies, digital IDs? What's the cost of this? Because there is going to be cost. We're going to pay it.

What's the cost of accepting the principle that the government can force us to take a medical treatment, be it a vaccine or anything else? We've set the precedent. I've explained to you that there's only two groups that don't have the right to choose to refuse a medical treatment: those are slaves and livestock. What's the cost of this? What's the social costs of us continuing to live in hatred and fear? If we think the last three years is as bad as it can get on a social cost, I think we're mistaken.

The thing that gets me is that here we are in May of 2023, and in every province across Canada today, we are going to inject children with a COVID-19 vaccine.

I've learned at this Inquiry that children basically have a zero risk of dying or being hospitalized by COVID-19. Literally, they're more likely to be struck by lightning than to die of COVID. There's no justification at all. But I've also learned at this Inquiry quite clearly that the vaccine is harming and killing children. I've never in my life witnessed children dropping dead at sports activities—basketball games and volleyball games and soccer games. This is murder. This is culpable homicide that we're participating in, and we have blood on our hands. All of us have blood on our hands.

[00:20:00]

It causes us moral distress when we participate, and we're participating by our silence. It causes us moral distress when we do harm to others and when we allow harm to be done to others. It causes us moral distress when we don't follow the second commandment and treat others like we want to be treated. It literally eats our soul.

Now your actions show who you are. You can say whatever you want, but your actions show who you are. And I have a question for you: Who are you right now if you were to go look in the mirror? Who are you? Are you a slave to fear like I was?

Every single one of us, we leave this life exactly who we are when we leave. So when you die, you are exactly who you are when you die. You're not a person that you were the day before. You're not a person that you were 10 years before. You're not the person you were when you were a child. You are exactly who you are when you die. And you will be weighed on the scales for exactly who you are when you die. I think time is short for us to turn this around. So I want to share a story I shared at an earlier opening, not in this city, and close with it.

When I was, I'm guessing, 12 or 13, I was at the public library in Saskatoon and witnessed the viewing of a war film. It was a Second World War film, black and white, no sound and all scratchy and old. It was taken by the German army in Eastern Europe. So it would be an army cameraman. It wasn't a propaganda film. It was just— Armies record what happens for their own records.

What the film depicted was, a group of civilians were lined up against a wall for a firing squad. And then a group of German soldiers were lined up to do the firing squad. Apparently, what had happened is there was partisan activity against the German army. And so civilians had been rounded up for execution in retribution for partisan attacks. It's not that these people had participated in it. This was just a terror campaign against the civilian population. It was murder. And again, there's no sound. So you don't hear the order. But there had to be an order to raise the rifles because in this line of soldiers, all the soldiers raised the rifles, except—except for one.

One soldier didn't raise his rifle. There had to be an order to lower the rifles because the officer wanted to go talk to this guy and didn't want to walk in front of rifles. You see there's a conversation. And again, there's no sound. You don't know what's being said. But what happens next is the soldier lays his rifle on the ground—and he walks to the wall with the civilians. And then, the rifles are raised again. The rifles are fired. And everyone at the wall falls down.

Now there were a number of German soldiers there. There was the one that made the decision that he was not going to participate in murdering civilians. And then, there were the soldiers that made the decision that they were going to participate in murdering civilians. I have two questions about this because we have two groups of soldiers.

Who's doing better now? You see, the soldiers that fired and murdered, they did that out of fear.

[00:25:00]

But who's doing better now? All of those soldiers would be dead; that would be 80 years ago. Literally, it'll be 80 years ago that that happened. Who died free? Which soldiers died as free men?

So it's interesting as that's a video that is 80 years old, and it's affecting us today: that that soldier—who wouldn't have any inkling about us or the type of society that we live in or what we're facing—is speaking to us now. We have to make a decision, like that soldier had to make a decision, of who we are. I'm just going to stop there.

[00:26:00]

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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.

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

NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 1: Patricia Leidl
Full Day 3 Timestamp: 01:11:35–01:39:35
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Our first witness is Patricia Leidl. I'm sorry, Leidl. And names are important, so I apologize Patricia. Patricia, can you please state your full name for the record, spelling your first and last name.

Patricia Leidl
My first name is Patricia, and my last name is Leidl and it's spelled L-E-I-D-L.

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

Patricia Leidl
So help me God.

Shawn Buckley
You actually have a very interesting background. You are a former director of communications at the World Health Organization. You were their international communications advisor as I understand it?

Patricia Leidl
I was actually a chief of communications with the HIV branch at WHO. I was also a writer there and a media advisor, a managing editor at the United Nations Population Fund in New York. So I've had quite a long UN career. Then after I left WHO, I started to do work in the field for various U.S. aid organizations or projects. I worked in the field in Afghanistan and Yemen, and that's what I've been doing for the last 13 years, or until I became vaccine-injured.

Shawn Buckley
Now you haven't been called here today to speak about the World Health Organization or the United Nations. You're actually here to tell your personal story, and that involves vaccination. My first question for you is, why did you decide to get vaccinated?

Patricia Leidl
Well, as mentioned earlier, I worked in international relations. I was living in Victoria. I was between contracts, and I desperately wanted to work again. I was up for a job in Europe, which I was shortlisted for, and the requirement of that was that in order to fly, I had to be double-vaxxed.

Shawn Buckley
Okay, and my understanding is that in April and June of 2021, you received two shots of the Pfizer-BioNTech vaccine.

Patricia Leidl
That's correct.

Shawn Buckley
Can you tell us what happened?

Patricia Leidl
Well, the first shot was uneventful. I received a letter from the BC Ministry of Health stating that because I'm a vulnerable person, i.e., I have a few pre-existing autoimmune problems and some high blood pressure problems, but, lucky me, I could go down and get my first dose. So I did, at the Conference Centre in Victoria.

Shawn Buckley
I'm just going to slow you down. So actually, before your first dose, you get a letter from the government advising you that you should get vaccinated even though you have some pre-existing conditions.

Patricia Leidl
Well, it was because I have pre-existing conditions that they deemed me to be a "vulnerable" person. Think about that.

Shawn Buckley
And yet the message was to get vaccinated.

Patricia Leidl
Yeah.

Shawn Buckley
Had you ever gotten a letter from the government before, just unsolicited to basically give you medical advice?

Patricia Leidl
Only with pap smear screening.

Shawn Buckley
Okay.

Patricia Leidl
That's fairly routine. Anyhow, so I dutifully trotted down, and I got my first jab, and it was completely uneventful: no swelling arm, no headaches, no nothing. And then I received a second letter about four weeks later giving me a date to go down to the same conference centre and get my second jab. Again, I went down. I did notice that the nurse practitioner did not aspirate the needle in both cases. So I went home, and I did expect—

Shawn Buckley
Can I actually ask you— I mean you're being videoed, and you put a computer screen up in front of you. Can I actually ask you to move that out of the way and not follow notes, but just share with us. Is that okay?

Patricia Leidl
Okay. Sure.

Shawn Buckley
So can you carry on?

Patricia Leidl
Yeah, so I had the second jab and went home and felt a little bit poorly, but not too bad. On the ninth morning after, I got out of bed and I fell over. I noticed that both Achilles tendons were incredibly painful. I was stiff all over my body. I had a pounding headache, and I am not prone to headaches. I don't get migraines. I've maybe had them, you know, once or twice in my life before. And I had become very sensitive to light. It was quite bright.

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I thought, well, this is strange. And I just spent a day or two sort of wandering around and really not thinking about it.

But then the symptoms started to get more and more acute. I couldn't breathe; I was coughing. I didn't have a GP at the time, so I contacted a walk-in clinic. But of course, there were no walk-in clinics at the time. Everything was by phone. I spoke to a doctor at this clinic, and he said, "Oh, it sounds like you're having a reaction to the vaccine." I thought, well, that actually makes sense because I do have pre-existing autoimmune problems that have been controlled. So he prescribed some gabapentin, and I picked it up at the

pharmacist. I proceeded to take it and my conditions continued to worsen. I developed tremors in my arms. This is a bit personal, but my breasts became very swollen, and within a few days, I had begun a period. Now, I'm 60 years old, and I went through menopause early at the age of 47. So this was very, very strange.

Shawn Buckley
Sorry about being personal, but you actually went through a couple of menstrual cycles.

Patricia Leidl
I did.

Shawn Buckley
After not having one for twelve years.

Patricia Leidl
That's correct. So the splitting headache. I also became almost insensate with pain throughout my body. And I ended up going to Victoria General Hospital. I was just beside myself. I thought I was having a—something serious was going on. My heart was racing, tachycardia. I had what eventually was diagnosed as postural orthostatic syndrome, POTS.

Anyhow, I went to Royal Jubilee, and they did a workup and they said that my blood was normal. The assisting physician told me that he believed it was in my head, even though my heart was actually racing. And if you looked at my tendons, which nobody bothered to do, they were very abnormal looking. So I went home. And the condition worsened.

Shawn Buckley
Can I just slow you down. Because I imagine when you were at the hospital and they're dealing with the tachycardia at the time, but you would have been explaining all of the other symptoms that you had been experiencing, I expect. Am I right about that?

Patricia Leidl
Yeah.

Shawn Buckley
So like right down to, you're 60 and you just had a menstrual cycle after 12 years of not having one, and you have an internist tell you that this is in your head?

Patricia Leidl
That's right.

Shawn Buckley
How did that make you feel?

Patricia Leidl
I felt furious and at the same time, somewhat abject because you can't really fight against physicians in an emergency context. They tend to punish you. They tend to withhold treatment.

Anyhow, they did go ahead with the blood test, but I was sent home with Tylenol. The symptoms continued and at the point where I really thought I was going to die. My heart felt like a squirrel in my chest cavity. I'd stand up, I'd almost faint. I couldn't walk very far. Just previous to the second jab I had done a 26 km hike with no problem. I was very fit.

Shawn Buckley
I think I want to put this into context. My understanding is that your practice was to walk about 15 to 20 kilometres a day.

Patricia Leidl
Yes.

Shawn Buckley
And now you're telling us you could hardly walk.

Patricia Leidl
I could hardly walk.

Shawn Buckley
And even today you can only walk a couple of blocks.

Patricia Leidl
Yes, without having difficulty breathing. I had developed a cough. I'd walk a block or two and have to sit down because the pain was so acute. I was given painkillers, Tramacet, which did nothing. So I started to forage for medical care. I didn't have a GP. I visited friends in Whistler, and I went to urgent care there, hoping that I'd get some sort of answers. The admitting doctor there, I said to her, "I believe I have a vaccine injury." And she said, "Well, you probably do, but there's nothing we can do about it. We don't know anything about the virus. We don't know what's in the vaccine."

[00:10:00]

And basically, you know, "Suck it up, buttercup, but go to St. Paul's where they might be able to help you with the pain."

So I drove down to St. Paul's. And very hard to drive because my head was pounding and I had become very photo sensitive. I checked myself into St. Paul's, and they sat me on a chair after doing a work-up, which again showed completely normal blood work. They put me on a dose of IV hydromorphone, which again did nothing. It did nothing to alleviate the pain.

In the meantime, I had swollen up. I inflated like a toad with edema. My hands were like sausages. My face was like a balloon. My skin was tight and scratchy. I was manifesting all of the indications of a severe allergic autoimmune reaction.

I left Vancouver, returned back to Canada, and started to experience severe gut pain, and again checked myself into a hospital. You'll have to forgive me because I can't remember all the times that I tried to go to emergency. However, every time was accompanied by an 8-12 hour wait. Finally, I saw one emergency room physician who diagnosed me with gastric reflux, which of course didn't explain the swollen breasts, the period, the edema, the pain, the strange Achilles tendons. But he did ask me, he said, "Are you planning to get a booster?" And I said, "No." And he said, "That's good." That was really the only indication I had from any physician that this might be real or something that they were going to acknowledge in any way, shape, or form.

Shawn Buckley
Now I just want to pull a few details out of you. So you're talking about this edema. My understanding is, literally, you were not recognizable,

Patricia Leidl
I was not recognizable.

Shawn Buckley
as yourself. You'd gone from 120 pounds to 180 pounds.

Patricia Leidl
125 to 180.

Shawn Buckley
Right.

Patricia Leidl
I'm still very swollen.

Shawn Buckley
When you're talking about light sensitivity, you're literally talking about wearing sunglasses inside the house.

Patricia Leidl
I was wearing sunglasses inside the house even on overcast days.

Shawn Buckley
And it's just because it was too painful to have that light.

Patricia Leidl
It was too painful.

Shawn Buckley
And you speak about pain, but my understanding, like literally, you've had constant pain.

Patricia Leidl
Constant pain. Unrelenting constant pain.

Shawn Buckley
Now I also understand that there's been some mental effects. And I don't mean emotional, but more like a brain fog thing. Can you talk about that?

Patricia Leidl
Yes, you read out the bare bones of my CV, but I'm a professional writer. I've worked for many of the top international organizations in the world. I've reached a pretty high level. I did a lot of work doing analysis and running campaigns and editing these huge, technical UN books that would come out every year: the *State of World Population*, the *State of the World's Vaccines* [*and Immunization*], Test and Treat. I've considered myself fairly intellectually adroit.

However, since the vaccine, I have noticed that I cannot remember anything. I feel it's very difficult to describe. I had not known what brain fog was, but I do now. It's a sense of being neither here nor there, not being present in your body and not being present anywhere else. It's sort of this strange kind of literal—littoral, I should say—between being and non-being. It's like there's a scrim around you at all times, and it's very disconcerting. My memory has definitely suffered. I cannot find the words that I used to find. It's ongoing.

And now, I've lost hearing in my right ear. That just happened two weeks ago. I haven't gone into emergency because every time I go into emergency, I feel humiliated and degraded. Every time, with maybe one exception. And now my left ear is starting to go as well.

Shawn Buckley
And I understand that, actually, you've had some other symptoms related to ears,

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like vertigo and nausea.

Patricia Leidl
Vertigo.

Shawn Buckley
Can you share with us about that?

Patricia Leidl
Yes, prior to this, I was an avid hiker, and now I can't. I can go uphill, but I can't go downhill without a stick because I'm not able to measure or gauge the distance between my feet and the ground. I've become very wobbly. I've given up my bike. If I go down, even a short incline, I need a stick.

Shawn Buckley
How is your energy level?

Patricia Leidl
Non-existent.

Shawn Buckley
Okay, so how do you generally feel?

Patricia Leidl
Terrible.

Shawn Buckley
Are you able to work?

Patricia Leidl
No.

Shawn Buckley
What's your current prognosis? So has any doctor basically given you hope that, "Hey, you've got this, and we can treat it."

Patricia Leidl
Yes, I've been quite persistent about trying to obtain some sort of care or some acknowledgement. I've consulted with CHANGEPain in Vancouver. I now have a GP in Cobble Hill, which is about an hour and 15 drive from where I live. I have seen an internist in Vancouver. I was very adamant that I had a vaccine injury, and he has reported back to me, just two days ago, he cc'd one of the doctors I've been dealing with. He maintains that I have long COVID. Except there's only one problem with that, which is that I've never had COVID.

Shawn Buckley
I just want to stop. So in your mind, there's no question this is caused by the vaccine. And I can just tell hearing your story, I can't get my head around the menopause one. You'd not had a period for 12 years and then you have two. And here you're telling us you haven't even had COVID, but they're trying to blame some of your troubles on what they're calling long COVID.

Patricia Leidl
Yes, in the last three years almost everyone I know has had COVID, except for myself. I haven't even had the sniffles. The symptoms started ten days after the second vax, so in temporal terms it makes sense that that would have been the causative agent. But this internist is insisting that I have long COVID and I have never had COVID.

Shawn Buckley
Now my understanding is that you wanted to put in a vaccine-injury claim. Can you tell us what's happened with that?

Patricia Leidl
Well, it took a year for— I spoke to one of the walk-in clinic doctors who had been speaking on the phone with me. I personally put in a report to Pfizer, and then Pfizer, after several months, got back to the doctor who I had referred to. He very grumblingly put out a report back to Pfizer going into details. Then I asked for him to put in a report to Health Canada, and he refused. We had never met in person. He said it cost too much money, and it took too much time, and he just wasn't going to do it. So I stopped seeing him.

Through a friend, I was able to find another doctor who was taking patients in Chemainus, or pardon me, Cobble Hill. We met, and he put in the report to Health Canada, and many, many months down the road, I received a call from the public health nurse asking me questions about my vaccine injury. Then a few weeks later, I received a call from Dr. Benusic who is the Island Health Officer. We chatted for a bit, and he said, "Well, you have to speak to a rheumatologist. We're only really accepting vaccine claims that are written by rheumatologists."

So I went to see a rheumatologist who confirmed that I had bilateral tendonitis, bilateral meaning it's likely to be autoimmune. I had an ultrasound that showed bilateral tendonitis. But the lumps, the swellings, were in the wrong place for rheumatoid arthritis. So I asked her, "Well, what is it then?" And she said, "I don't know." And that was it. So there we were again. I've continued to work with CHANGEPain.

[00:20:00]

Then in October, I started to become so sick that again, I thought I was dying. At that point, I thought, well, maybe I'll just die at home because there's absolutely no point in going to the hospital to be humiliated again. Because it was just happening over and over again. As soon as I mentioned vaccine injury, they treated me like I was saying that "Mars had come **down to Earth" or that it was just a preposterous notion that a vaccine could cause an injury. And because I've suffered from depression in my life, that was used to dismiss me—that this was all in my head—even though there were physical manifestations that something was wrong.**

Shawn Buckley
Just before you go on—because you've said something really important here that I think we need to understand, and I might want you to explain in a little more detail. So you're at a point around October where you're actually worried you're going to die, your condition is so poor. Have I got that right?

Patricia Leidl
Yes.

Shawn Buckley
But you actually made a decision: I'm not going to go to the hospital because my experience is I'm so mistreated, I'm not willing to do that. Which means that you were more willing to take the risk of just dying than facing humiliating treatment at the hospital. Is that basically what you're telling us?

Patricia Leidl
Yes, I'd rather die at home than be humiliated at the hospital and probably die anyhow. Because it would have taken too much work to go to the hospital, I would have waited too long, and I would have been sent home with acetaminophen and another dose of contempt.

Shawn Buckley
And the humiliation is being told things like, "It's in your head."

Patricia Leidl
Yeah, and contempt.

Shawn Buckley
Can you tell us about the contempt?

Patricia Leidl
Well, there was just so much of it. I don't know how much of it was because I was female. Because I do understand, based on a lot of research, that women tend to be treated differently when they enter emergency wards. But essentially, I was treated like I was a minor or that I was off my rocker or that I was being hysterical. This was at Royal Jubilee, in particular, that their MO was to try and get people out as quickly as possible without actually dealing with their symptoms.

I did get a CT scan. I did get an abdominal scan that, the next day, my GP, very kindly, phoned me up and he said, "You know, your gallbladder's about to burst. They should have kept you in, and they didn't." So then I had to wait a couple of weeks to get my gallbladder removed. But I had hoped that with my gallbladder removed that some of these symptoms would subside, and they didn't.

This just kept on going on. And like I said, it seems to be one thing or another. At one point I broke out in a rash from my knees to my neck, with full pustules. That was mysterious, didn't know what caused that. There was never any positive test. It was just this thing. It eventually went away. And then just as I'm starting to feel marginally better, now I'm losing my hearing. And again, I haven't had that looked at because I feel like it's pointless. I will when I get home, but if you so much as mentioned vaccine injury, then you will be dismissed.

Shawn Buckley
Next month it will be two years

Patricia Leidl
Yeah.

Shawn Buckley
since you were injured and basically, you're disabled: You can't work. You're suffering daily. You've gone from where you've walked 15 to 20 kilometres a day, where now you're lucky to go a couple of blocks. Your life's turned upside down. Has the medical system addressed even one of your issues in this two-year period?

Patricia Leidl
Well, I've been taking cortisone because I now have been diagnosed with Addison's disease, which is very rare. I've also been diagnosed with Ménière's disease, which is very rare. I've been put on cortisone. I have a disabled sticker for my vehicle. And that's it.

Shawn Buckley
Right, so how does all of this make you feel—not physically but I mean emotionally—just having the experience you've had with the vaccine and the medical system?

Patricia Leidl
Pretty distraught.

[00:25:00]

I'm pretty distraught. Socially it's been very difficult. I've been ostracized by people who I formerly counted as friends who've actually witnessed the change in me because it was quite dramatic. Not all of them by any means, but some of them, they're just so invested in the narrative that anyone who expresses an alternative, even presentation of being, is somehow the enemy. And they don't believe me. Now I've also met other people, who are total strangers, who've never met me in my unbroken state, and they've been a wonderful support. And coming to this Inquiry has been very useful, I've learned a lot.

Shawn Buckley
Thank you. Is there anything you want to add before I ask the commissioners if they have any questions?

Patricia Leidl
No, not really. Maybe after the questions I'd like to add one thing.

Shawn Buckley
Okay. So I'll ask the commissioners if they have any questions. No, there are no questions from the commissioners.

Patricia Leidl
Okay. I just would like to read out one statement. Just for all of us.

We are witnessing the most well-planned, widespread case of medicide ever experienced in our human history. All levels of government, business, and so-called healthcare system have colluded to bully, gaslight, and coerce us into taking inoculations that they knew were unsafe. And then, when they caused harm, failed in their duty of care to first acknowledge, treat, and support those whose lives have been devastated from this poison. Who were our so-called authorities pandering to? Why did our respective governments unleash fear instead of reassurance? And finally, who are the puppet masters behind this global atrocity? In the words of Nelson Mandela, there can be no forgiveness without justice. And I would add, no reconciliation without redress. So thank you very much.

Shawn Buckley
Before you go, I just want to follow up on that because I think actually even just the fact that you felt that it was important to write out a statement and share that with us actually speaks about your journey. Do you understand what I'm suggesting? You've had such a terrible experience that it's important for you to be asking these questions and telling us that we need to get answers and have some justice.

Patricia Leidl
Yeah.

Shawn Buckley
Yeah, so thank you for that.

Patricia Leidl
Thank you.

Shawn Buckley
Patricia before we go to the next witness, can you email me that paragraph? Do you mind if we make it a part of the record [Exhibit VA-10], that paragraph?

Okay. Thank you.

[00:28:23]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 2: James Kitchen
Full Day 3 Timestamp: 01:40:05–02:47:05
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is joining us online, a lawyer by the name of James Kitchen who has visited us before. James, can you hear me this morning?

James Kitchen
Yes, can you hear me?

Shawn Buckley
We can hear you. So we can hear you and we can see you. I want to first ask if you could state your full name for the record, spelling your first and last name.

James Kitchen
My name is James Kitchen, J-A-M-E-S. Last name Kitchen, K-I-T-C-H-E-N.

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

James Kitchen
Yes, I do.

Shawn Buckley
You are a member of the Law Society of Alberta. You practise in the area of constitutional law, trying to protect our Charter rights. You practise in the area of administrative law and criminal law. You have been involved in a number of challenges at the Justice Centre

concerning issues like passports and churches being shut down and people losing their jobs. You've literally been out in the trenches for this entire COVID pandemic.

James Kitchen
Yes, yes, I have.

Shawn Buckley
I can tell by your expression that it's been tiring. Because what some people don't appreciate is that these cases, especially important ones involving rights and people that are suffering, they take their toll on counsel, don't they?

James Kitchen
They do. Because it's hard to continue going when you feel like the system is unfair. It's not what it represents itself to be. It's not what your clients thought it was before they came to you because they thought they lived in a country that wasn't entirely corrupt. So that takes its toll. There's a physical toll of the work. But that takes its "morale" toll. My morale is not shot; I'm going to keep going. But that is tough at times.

Shawn Buckley
I think I can speak for many that people are very thankful for all the work that you're doing.

You're here today to talk about a couple of issues, and one is about the oppression of the Christian community. I'm wondering if you can share with us your thoughts about that.

James Kitchen
Sure. I just want to give a couple of stories of some of the stuff that I've done. Some of it might not be known to people who even follow the stories. And just give my thoughts, not an analysis, but just my thoughts on the significance of that.

First, obviously, temporally, would be the James Coates case and the GraceLife Church case. I had the pleasure of being the first person to speak to Pastor Coates, who researched the Justice Centre. We started talking in October/November 2020, and he was trying to figure out what he was going to do. Very intelligent man, so he asked me questions like, "Could I get arrested? Could the Church be seized? Could we get hundreds of thousands of dollars in fines? What can happen to me?" And I said, "Yes, you could be arrested; yes, you could rot in jail; yes, the Church could be seized."

I was always very, I think, pessimistic compared to most people, even amongst the civil liberties lawyers and the people who were awake to what was going on. I was considered a Debbie Downer, especially. But actually one of my predictions, I think, have come to be true, as dire as they were. And so, that was really shocking for him. But I think it was really, really good. In fact, I think he would have had a much harder time being as resolute as he was if I had not prepared him.

I tried to explain, you are looking at what it's like to be a pastor in China and if you're not prepared for that, then when it hits you, you might not be able to withstand it as much as you want to. For every week, we talked about this leading up to when me and him, all of a sudden, became famous in February because he got ticketed and arrested. So I prepared

him for that and we went through that process. And then when the time came, he was ready. God bless him, such a man of conviction. When it was time to sign those conditions that he would basically prioritize the State over Jesus Christ, he said, "No, I'd rather rot in jail for Christ."

Shawn Buckley
So James, can I just slow you down. Just so that people listening to you can understand. Basically, it had gotten to the point where James had been arrested and for him to be released from jail, he would have to sign bail conditions that would prevent him from preaching Jesus Christ. I'm just wanting people to understand. He's actually been arrested, and a condition of his release would be to agree to these conditions you're speaking about.

James Kitchen
Yeah. Just as a little bit of background: He's holding church at GraceLife. At this point in time, you're not allowed to have church unless you're maybe 20 or something people in the sanctuary, which is, compared to churches like GraceLife that have hundreds of members, it's sort of practically pointless.

[00:05:00]

But it's also violative of commanded scripture for the entire church to meet; at least, this is what biblical Christians believe. Obviously, liberal Christians maybe not. So he's continuing to hold church. It's a deliberative decision. He's made that in counsel with me; he's made that in talking to his elders of the church. He's going to hold church.

So the conditions are basically, if I can put it in plain language, you must not hold church anymore. So some other pastor could hold church at GraceLife. But he wouldn't be allowed to. If he signed that condition, then he did, he'd be facing criminal charges for contempt and not following conditions. So he decided, "Well, I'm not going to sign that condition because I know I will not do it. In fact, I cannot do it. Like Peter, I must obey the Lord, and the Lord's command is to hold church right now, regardless of your fearmongering about COVID."

So, yeah, those were the conditions. Don't hold church, essentially. So that's what put him in jail, I think it was for about 35 days. You have to think about this. At any point, he could sign that condition and then he could come out. And so, it really was—at any point, you can just bow down to the statute and you won't have to remain in jail. I'm referencing here, Nebuchadnezzar's gold statue. It was literally a choice for him. Who is my God, the State or Jesus Christ? All you got to do is bow down to the State just once: I just got to sign that condition and go off and not hold church and I'm free. I can be back with my wife. I could be back with my 18-year-old son. I just missed his 18th birthday. I can be out of here. And so, for 35 days he said, "No," and, eventually, there was a resolution with the Crown and we got things figured out. We got different conditions and he got out and that's when Leighton Grey got involved at that point.

I just wanted to remind people of that story and give them details maybe they haven't heard about before. He was, in fact, in shackles around his feet. So not just around his hands, which could be normal. But around his feet, as if he was going to run away. Obviously, he wasn't. The people who made the decision to put him in shackles did it knowing he was not a flight risk. So you have to ask yourself, "Why did they do it?"

Here's another part that I want to comment on this story. As we know, he came out of jail. GraceLife continued to meet. And then in March, the Church was seized, physically, literally, seized. There was three layers of fence put up around it. Various law enforcement, I think, the RCMP and Edmonton Police Service were involved in taking the Church, taking physical control. Nobody could get in; nobody could get out. It was locked down by the state, by police forces. Which is shocking, of course. This is, again, Canada, not China. Or at least it used to be. So, this is unprecedented in the literal meaning of the word.

So then what happens? Well, I have to sit down with the leadership of GraceLife every week and talk about the secret meetings that they're going to do. So they immediately decide, "Well, we have to keep meeting; we're going to keep meeting; we're going to go underground." And so every week, I'm sitting down literally advising this church, helping this church to meet secretly, to evade the authorities. As if I'm a civil liberties lawyer in China. So they move around from week to week to week to week. And there's like 500, 800 of these people. So an enormous effort to hide that many cars, to hide that many people. So they're finding all these locations way out in the middle of nowhere in rural Alberta and some barn somewhere, and they're holding church services. They did this Sunday, after Sunday, after Sunday, I think for six or seven Sundays. Every week I'm meeting with them; we're talking about it; we're strategizing.

What you have to understand: technically, I am helping this church break the law. I'm aware of what I'm doing. I know that what I'm doing is—depending on how you look at it—unprofessional conduct because I am helping the church break the law. But I fundamentally fully believe the law is unjust, and it is my moral and ethical duty to help this church break this unjust law. So I'm doing that. I'm not reckless; I know what I'm doing. It was a really surreal experience for me, and I was very honoured to do it. In fact, they were able to successfully meet, I think, every week or almost every week during those periods of Sundays when they did not have their church building and they were being sought out. They met two times in a row in one location. And there was a van and a canine unit that showed up on the third Sunday that they would have been in that location had they not switched to a new location. So it was real.

Shawn Buckley
Did you say a canine unit?

James Kitchen
Yeah, there were some images of— When I say canine, I just mean the dogs. They had these German Shepard dogs.

Shawn Buckley
No, but were they supposed to track down the church members hiding in the fields?

James Kitchen
You know, when I was at Tim Stephens' church, and that's the next example, we met out in the open. It wasn't really so secret. We met out in the open in a provincial park, right beside the city of Calgary. I wasn't able to attend every Sunday at the time I lived in Calgary. But, unfortunately, on the Sunday I wasn't able to make it,

[00:10:00]

I got reports from everybody that there was a helicopter that was circling around the congregation quite low and for almost the entirety of the service, watching them as they were sitting in this field. There's a little tent. Tim Stephens is there preaching and the 400 people are just sitting on lawn chairs in the field. They're having this church service, and there's this helicopter circling overhead, quite obviously surveying them.

It's something we can't forget about as a nation—the persecution of these churches and how unjust it was. How silly it was because it was motivated by this supposed public health crisis. It's really quite phenomenal because the funny thing is, is that we do actually have a constitutional structure that is supposed to, or was designed to, protect against that. And it completely failed. And, of course, I talked last time a little bit why that happened, why the courts failed. But it really, really failed in a very practical way.

Pastor Stephens got arrested twice. This is Tim Stephens of Fairview Baptist in Calgary. Once, right after church, in front of his kids, in front of people at the church. A second time at his house, again in front of his kids.

An interesting story about the second time he was arrested. I was his lawyer at the time. The police called me to tell me they were going to be at his house to arrest him in approximately an hour. They did not tell me why they told me that. It doesn't make any sense that they called me to tell me that. They have no obligation to call me to tell me that. They weren't calling me to tell me to tell him to stay put. In fact, that's one of the reasons why you wouldn't call the lawyer, so the lawyer wouldn't tell his client to run. I still, to this day, have no idea why that conversation happened. But it immediately occurred to me, well, the thing I have to immediately do is call all the media I can to get them down there.

I immediately called Sheila Gunn Reid and thank goodness they had a cameraman in Calgary, and he was able to get down there. He got down there a few minutes before the police showed up. Which is the only reason, I think, today that we have the footage of that second arrest at his house. It was the Rebel cameraman who was able to get down there because I called Sheila, because the police called me to warn me they were coming. No idea why that happened, but I just thought I should share that as an interesting tidbit. I'm glad it happened; that needed to be exposed. We needed to catch that on film, as gruelling as it was to watch.

The last story I just want to talk about briefly is the story of Church in the Vine in Edmonton. This story didn't get as much coverage, but this is with Pastors Tracy and Rodney. They kept out a public health inspector who wanted to come in during the actual ongoing active service. She didn't just want to come into the church; she wanted to come into the sanctuary. This is more of a charismatic church and when they have a worship service, it's a big deal. For them, the Spirit of the Lord is there, and it's not something to **mess around with. It's a joyous time, but it's a divine, sacred, serious time. And to have somebody in there who's in there for the purposes of gathering information to shut down that service, that's disruptive on a practical level but also on a spiritual level. Clearly, somebody who's coming in there to do that does not have the right spirit to be in there, if you believe in that sort of thing. I mean, I do.**

So I can understand where my clients are coming from. You go to a church service; the last thing you want is a government official who's basically your enemy, ideologically and spiritually your enemy, who wants to come in and prevent your ability to worship the Holy God in that sanctuary. That person is obviously carrying a bad spirit into the sanctuary. You don't want that person in there, obviously. This was the position of the pastors at this church.

We go to trial on this. What I do is I tell the Court—the church was ticketed for not letting the inspector in; they were ticketed with obstruction—so I say, "I'm going to make arguments about how this is a breach of 2(a)," which is pretty well religion in the Charter, section 2(a). What happened is the prosecutor said, "We're going to apply to the Court to not let you even make that argument. Because even making that argument is a waste of court time." So it's one thing to make the argument and have the Court say, "No, it's not a breach." Or "No, it is a breach, but we're still going to allow the ticket to proceed for whatever reason." In that case, section 1 doesn't apply, so it would have to be some other reason. I actually expected that.

What I didn't expect was the Court to say, "You know what, it's a waste of our time for you to even argue that freedom of religion may have been violated in this case. It's so obvious that it isn't violated that we're not even going to let you waste the Court's time by making that argument." Even for somebody as cynical as me, I found that really shocking. I'm actually at the Court of Appeal of Alberta next week

[00:15:00]

to ask for that decision to be appealed. I have to ask for permission to appeal it to the Court of Appeal—to then ask the Court of Appeal to send it back for us to have a real trial where I can actually argue section 2(a) of the Charter.

I think it's a real travesty that really goes to show just how hollow and empty and meaningless section 2(a) of the Charter has become. How useless freedom of religion is in this country. It's not that you can argue it and then lose. You're not even allowed to argue it anymore. I need people to realize that's how bad it's gotten. I know it's a bit technical. But you have to understand that there's a problem when the Court says, "Look, you have a constitutional right, sure, on paper. But not only are we probably going to rule against it. We are so certain, even before hearing the facts and the arguments that we're going to rule against it, we're not even going to allow you to waste our time to rule against it." We're in a dark spot when it happens.

The last thing I'll say is two last things. One, I don't care how non-Christian you are. You have to care about this if you want to have a hope to have any type of freedom at all in this country. Maybe freedom of religion is irrelevant to you because you're just never going to have any kind of belief. Well, let me tell you, you don't keep free speech if you don't also have freedom of religion. They go together, okay? You're not going to keep your right to protest, freedom of assembly, if there's no freedom of religion. They go together.

The reason we have section 2 of the Charter subdivided up into four separate sections—2(a) is religion, 2(b) is freedom of expression—is because they are interwoven **fundamental freedoms. You cannot keep one and get rid of the other. It just will not happen. I mean, you can theorize about it, sort of how you can theorize that socialism means we're going to have utopia. But in reality, it's never going to happen. You're not going to keep your free speech as an atheist if meanwhile the Christian doesn't have the freedom to practise religion. It's just not going to happen. You can look at history. You can look at totalitarian societies around the world. So you need to care about what happened with COVID and Christians in particular.**

The last thing I'll say is this, just to give you a comparative example of what this should have looked like if we had a functioning legal system.

Some of you may be familiar with John MacArthur. He's a famous preacher in the U.S. His church is in California. So you're talking one of the darkest places of the U.S. when it comes to the rule of law and tyranny and the oppression of rights and freedoms, et cetera. Probably the most Canadian area in America is California, maybe New York, as well. So there's these threats to John MacArthur's church because, like GraceLife, they wouldn't shut down.

But notice what happened. John MacArthur is not arrested; the church is not seized. The church goes to court to get the public health authorities in California off their back and they win. Because the legal system still somewhat functions in America. There is tyranny there but less so because the forces that hold it at bay still have some power. There are still some judges with moral integrity and moral courage and conviction about the rule of law, and the system itself, although broken, still functions. The state down there still has some regard for their limitations. And so, they don't just randomly arrested pastors and seize churches. They actually have some healthy fear that they may not be able to get away with that.

There is no healthy fear amongst governments in Canada. There was no fear that they would not get away with seizing GraceLife and arresting Pastor Coates. Sure enough, the courts were all over—Judge Shaigec and the judge that gave Pastor Coates a tongue-lashing and increased the fine from what even the prosecution suggested. These judges had nothing but contempt and loathing for this church and this pastor. And nothing but admiration for the government. And so, all that does is tell the government you can get away with whatever you want. It's not like that in the States. We need to keep that in mind as a comparison.

Again lots of things about America are broken. But we need to keep that in mind as a comparison, where there is a place in the world that's not as unfree as Canada is. We need to use that to remind us just how unfree we've become. Because it's easy to forget. It's easy to acclimatize. It's easy to get used to it. There was a huge uproar about the arrest of Pastor Coates. It was much smaller about the arrest of Tim Stephens, even though it was publicized. Why? We acclimatized. It was now normal: it became normalized for pastors to get arrested in Canada. Now Derek Reimer is arrested and he's thrown in jail. We're upset about it, but we are not freaking out like we should be, like we did with Pastor Coates because we've acclimatized to it. That's dangerous. Sorry, that was a bit long.

Shawn Buckley
Well, no, it's interesting. You're talking about Pastor Stephens and how you're showing up in court. What people don't understand is to succeed on a Charter breach, the side alleging there's a breach has the onus to prove the breach. And then, the onus switches to the government for that abomination, section 1 of the Charter,

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which then allows the government to argue, "Well, the right was breached, but it was demonstrably justified in a free and democratic society."

The thing that surprises me, James, is that for shutting down a church, I would assume that the opposite would have happened—that the Court would have said to you, "Okay, clearly freedom of religion has been breached. Let's determine now what we do under section1." That's what I find so shocking as a fellow lawyer. I think it speaks volumes of where the court is. But what also speaks volumes is this issue of the Department of Justice that always

argues against Charter rights. I expect that the Department of Justice lawyers attended, ready to argue that freedom of religion was not violated, am I correct?

James Kitchen
Yes. It's a rare thing that they concede that. They conceded that in the main BC case, the Beaudoin case, if I'm saying it right. They actually conceded it there. That's rare. They usually come in arguing that the breach was trivial or insubstantial, which is just part of the language, in two ways, internal limitation in it.

Yeah, it is disheartening to see that because it's hard to think that this lawyer doesn't have contempt for Christianity. Reading the argument, the facts are so obvious that there is a breach. And you think, how does this lawyer not hate freedom of religion, at least, and maybe Christianity itself? The contempt in the written submissions from the Crown prosecution lawyers is palpable for someone like me reading it. Yeah, they're constantly arguing that. It's really sad.

Shawn Buckley
Right. It's quite spectacular for us to hear you describe, basically, Canada to China. Because there was a time, I think, when Canadians were shocked hearing that pastors would be arrested in China. And here, they're being arrested in Canada and nobody's reacting.

James Kitchen
That's what happens, right? That's the boiling of the frog. That's where we're at now. It's so much harder to get the freedom back after COVID because we've just gotten so much used to it. With each passing decade, a generation of Canadians who lived so much more free than we can even imagine dies off. It's hard for us to even conceptualize what it was like to not just be a little bit more free but a lot more free 25, 45 years ago. Because we just get used to the temperature being turned up on us.

Shawn Buckley
Right, the boiling frog analogy. Now you're also invited to speak to us about Christians being declined religious exemptions from the mandates. Can you share with us your thoughts on that?

James Kitchen
Yes, so this goes to the heart of whether or not Canada is actually a tolerant society that actually cares about diversity and actually honours equality or equity, pick your word. Because it doesn't.

The human rights law, if you will, is if you fall into a protected ground, a characteristic, right—the famous ones are sexual orientation, gender identity, race, but there's a few others. Obviously, religion is one of them; in fact, religion was one of the original ones. The motivation originally for human rights, a lot of it across the country, was the terrible persecution of blacks and Jehovah's Witnesses, particularly in Quebec. That was part of the motivation back in the '60s and '70s when these laws came out.

And so, if you fall into one of these protected grounds, if you make a complaint to the Human Rights Commission, whatever the body would be, you have to show that you were

discriminated against. The other side then has an opportunity to show that that didn't happen, or it did happen and they can justify it.

So part of the section 1 thing—it's different terminology—we use undue hardship. So if it's undue hardship to accommodate somebody, then you're actually permitted to discriminate. So a buddy on the oil field gets his hand cut off and says, "I still want to work there." The oil patch can say, "Well, we'd like you to work here, but look, you need two hands." And he says, "Well, you need to accommodate me; that's a physical disability." And the oil patch would say, "It's undue hardship. We can't accommodate you. It would be too unsafe. You have to have two hands to operate this equipment if you don't . . ." Et cetera, et cetera. So it's actually permissible to discriminate on the basis of physical disability against that oil worker.

So what happened in COVID is you have a large number of Christians, not only Christians. I had a couple Jewish clients; I had a Baha'i client. But mostly Christians who said, "Because of my religious beliefs, I cannot take this. It would be a sin before God Almighty. Abortion is implicated; I can't take it because of that. It's a dangerous, synthetic manmade substance that's going harm my body, which is the temple of the Holy Spirit. I'm called to not harm this. It's why I don't have extramarital sex. It's why I don't drink excessively. It's why I don't smoke. It's why I don't do hard drugs," et cetera.

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And various other reasons. Christians are very much about resisting tyranny, being free. They're supposed to live in the freedom of Christ, not in fear of man. That's part of the reason why Shadrach, Meshach, and Abednego said no to King Nebuchadnezzar. I know they were Jews, but it's the same idea. So that's very big for Christianity.

So the shot itself, Christians said, "Well, I can't participate in the shot itself, but I also can't participate in it now, even if I was okay with the shot, because now it's mandated. So now there's tyranny; now there's coercion; now there's violation of bodily autonomy and human rights. As a Christian, I cannot participate in that." And actually, my one Baha'i client, that was her issue: "I can't participate in this because now you've mandated it. If it wasn't mandated, I'd take it. If you gave me the choice, I'd take it. If you've taken the choice away, my beliefs say I cannot participate in that coercion and tyranny."

Here's where it gets interesting. What you would expect, as a lawyer who knows this area of the law, is for everybody to say, "Look, I'm so sorry. I know you have these religious beliefs. And you know what, we would accommodate you if we could. We don't want to discriminate against you. We want to be tolerant of Christians and inclusive. You're part of the diverse part of Canadian society. But look, if we accommodated you, grandmas would **die. There'd be undue hardship; everybody would get sick. You'd spread COVID and everybody would die. It would be terrible and that would be unsafe. We just can't do that."**

I never heard that argument. That's what the rational lawyer expects to hear in this case. I didn't hear that. One part of it makes absolutely no sense: why in the world wouldn't I hear that?

The other part of it makes complete sense: well, if the darn things don't work, which they don't, then you can't make that argument and get away with it. I mean, probably you can, because the courts are just going to rule in your favour anyways because they subscribe to the narrative. But let's assume you have an unbiased decision-maker. You're not going to win on that argument because the darn things don't work. So there is no undue hardship.

Because if there's no difference between the vaccinated and the unvaccinated, it's not undue hardship to accommodate an unvaccinated person: We can't take it because of a protected ground in the Human Rights Code.

What I heard invariably— I had scores of these cases, I probably had around a 100 throughout 2021 and 2022. Some of them are in litigation now; a lot of them got resolved. What I heard was "Your beliefs are not Christian enough. We don't believe that you actually believe them. We think you're just an anti-vaxxer who is scared of the shot, and so you're putting up all these Christian beliefs as sort of a shield of that." That's what I got. It was eerie how similar all the responses were. Everybody seemed to be playing from the same playbook. It actually seemed to be driven by the lawyers.

Now, at first, I thought, this is a coincidence. Now I have to wonder how much the lawyers were actually running this. I'll give an example.

I sued a hospital in Ontario that refused to accommodate a Christian woman there, who had been there for almost 20 years. She was an occupational therapist in the hospital, non-unionized. You can read about this case, by the way, on the Liberty Coalition Canada website. This is a public case. I'm publicly litigating this case.

I was in discoveries on Tuesday. I discovered that everything was being driven by the lawyer. The HR person who seemed to be making the decisions and who I was questioning in discovery, she was doing everything at the direction of the lawyer for the hospital. I found that disturbing, interesting but disturbing. All the language that I asked, "Why did you choose this language?" "Well, that's what counsel gave to me." All the decisions were made for her. It was all given to her by counsel. Then she told me—this is interesting, I don't have a copy of this yet, I've asked for it—she said the hospitals in the Toronto area, they had a bit of a cheat sheet for religions for all the people that asked for accommodations, various religious beliefs. This cheat sheet would list a bunch of religions, and there'd be a box beside it: Does this religion support vaccination? Yes or No. The decision-makers would actually use that to make their decision.

So this is a complete violation of the law. I don't have time to explain Amselem, which is the 2004 Supreme Court of Canada case. But it's an utter violation of that Supreme Court of Canada case for freedom of religion. You are supposed to judge people's beliefs on the beliefs that they give you, not on what you think the religion is or what it should be. So she said that in that cheat sheet or that checklist, Christianity would have a check "Yes" beside it for supporting vaccination. It didn't even break it down into COVID vaccination, just vaccination. And then, she said, she had to go to a committee to make a final decision on whether not to deny or grant the accommodation request.

By the way, the request was drafted by me. It was a request that definitely triggered the duty to accommodate. Her and I worked together. She gave me her beliefs, and I put it into a legal framework and it was solid.

The committee decided to deny her accommodation request because some guy came in, who was the spiritual care adviser for the hospital, who said Christianity believes that vaccination is good and it believes in caring for the sick and, so, we should deny her request. They didn't even consider her beliefs.

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It's a blatant disregard of the law. That's the exact opposite of what the law says to do. I believe that's what happened all across the country, tens of thousands of times, for the Christians that were denied accommodation. It's a complete rejection of the Supreme Court of Canada on freedom of religion. It's a complete rejection of what the human rights commissions have paraded for years about how they're diverse and tolerant, and they want to fight against discrimination and they want to support all religions.

Shawn Buckley
James, can I just slow you down for a second? So you're explaining to us, basically, what they communicated to deny these claims. I do want to touch on those.

But I'm just curious if you have any thoughts as to why they did it. Because they're not giving you the health reason: you're expecting them to say, no, we're buying into this being really dangerous, and we don't want to accommodate.

So that people understand—it's not enough for them to just say it's dangerous. They have to explain, "Well, yes, but it's going to put other people in harm." But they have a duty to reasonably accommodate—so maybe it's not a lab class that a student could attend virtually, type thing. So they're not giving you what you're expecting. They're basically saying, "No, this isn't a valid belief." And you're saying this was virtually in every case.

Do you have any thoughts as to why this happened? Because it seems to be almost the same message from different institutions in different provinces, which itself is very surprising.

James Kitchen
Yes, yes, the consistency was astounding. And because I had so many cases, I was able to confirm this consistency across all kinds of different areas. I can only speculate that the personal contempt for both the unvaccinated and for Christians in general was driving this. Maybe there's some sinister force behind it, telling everybody what to do. I don't know. Because it does make sense to me. I saw the contempt for the unvaccinated and I was familiar with the contempt for Christians because, of course, I've been doing freedom of religion litigation for years now.

I don't know what else to chalk it up to other than personal contempt, amongst elites, amongst a lot of typical Canadians in positions of power. I'm sorry to say it, but I think it's just true. I mean, it's not the typical Canadian that's at the NCI right now; sadly, they are reflective of the better part of Canadian society. I know that's probably offensive and depressing. But Canadian society, I think, is really in bad shape. It's the personal contempt for the unvaccinated and the Christians together. So now you have extreme personal **contempt.**

They have some awareness of the law and you have to think before COVID, they had some respect for the law. They weren't completely morally depraved people. I mean, most people are not completely morally depraved. So what would drive them to do something so hateful and so destructive? What would drive them to tell somebody that you're going to lose your job because I don't believe you're a good enough Christian. There has to be an extreme level of contempt for somebody to rise to that level. Your story in the beginning, it almost brought me to tears, too, because the level of contempt that you have to have harboured in your soul to be able to pull the trigger on that gun.

This is different. We're not talking people dying here, except for the suicides. We're talking people losing their jobs. But that is how it starts. So it's one thing and then the next, eventually. But you have to have—growing on that level of contempt towards unvaccinated people and Christian people—be able to say to them, "I don't think you're Christian enough and you're fired over this whole thing." That's all I can chalk it up to is just moral depravity in all the people making these decisions. Maybe it's fear. I don't know. It could just be that they're so scared of getting COVID and dying themselves that they're not rational anymore. Could be that as well. I don't know. You'd have to ask Peterson because this is beyond me as a lawyer to understand how people psychologically get themselves to a point where they can be this cruel to other human beings.

Shawn Buckley
Now, can I ask James, did you have a single client that you were able to get an exemption after the initial refusal?

James Kitchen
Very few, except for one good story I have is the University of Calgary. There's a large Christian student community there and maybe around 200 or so asked for religious accommodation. They were all universally denied. They were all given the same form letter, no reasons, no explanation; just one line, you were denied. All given the exact same letter, I know because I saw it. So a dozen of them found me, and I don't know what happened to the ones who didn't. I think a lot of them got kicked out, it's really sad. But a dozen of them, or maybe a little more, found me in the fall of 2021.

What I would do is I would appeal these initial denials of religious accommodation to the Provost's Office, and every single one of the appeals I made was granted. So initially denied, but when I appealed it, it was granted. No reasons, but immediately granted

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every single time with every single case I had, which of course is completely arbitrary. That is the archetype of arbitrariness. I had one client, a grad student, who had paid over $6,000 to another lawyer who had fought for weeks and weeks and weeks and weeks to try to get her accommodation. She found me because they all found me; they got talking to each other.

I put in the same appeal request to the Provost's Office that I'd done for all the other ones, and it was immediately granted. Even though she'd been fighting for weeks with another lawyer, it was immediately granted. I'm not saying this to say, "Oohh, I'm amazing." I think **it was just completely arbitrary. Nobody cared about the law. All they cared about was, will Mr. Kitchen make me have a bad day? And he probably will. I don't want to deal with him. So fine. I'll grant his 12 clients accommodation because I can get away with denying the rest.**

And so I guess it's both a good and a bad story. It's good that my 12 clients were able to get through them. I'm in touch with a couple of them still now. They graduated. I mean, praise the Lord, they graduated. My goal when I did all this in the fall of 2021 was how many Canadians can I save from taking the shot and still keep their job and go to school. I didn't get very many, but I got those students. And that meant a lot to me to be able to save them. I had several clients who, they lost friends. Their spouses took the shot and they were crying on the phone with me about it. That was hard. And I was happy to at least help those 12

students. It was arbitrary. It was cruel. They didn't grant it to me because they wanted to follow the law, just because apparently, I—

Shawn Buckley
James, I'm just going to rein you in because we've got some time constraints.

James Kitchen
Sorry.

Shawn Buckley
I'm going to ask Commissioners if they have questions for you.

James Kitchen
Sure.

Shawn Buckley
And there are questions.

Commissioner Drysdale
Good morning, Mr. Kitchen.

James Kitchen
Good morning.

Commissioner Drysdale
Can you tell me what role, if any, the press played in the case with James Coates and initially how the press reacted to what he was doing? What were the commentary when he went to jail? And was there any assistance there?

James Kitchen
I don't tend to watch much mainstream media. I watched and listened to enough to know that certainly amongst the more hard-left media, there was a lot of slime-balling him. A lot of "He's dangerous. He's endangering people. GraceLife is endangering people; they're just these religious wackos."

I was encouraged that there was some moderate mainstream media that— Because I think they were just shocked that he was arrested and still put in jail and the church were arrested. Not so much that they disagreed with the narrative but just shocked that it went that far. They gave some coverage. I know that he was listening to the radio in jail at times and some of the media coverage was actually decent. But at least, it was covered. I'll say this: it was covered a lot and that was actually part of our goal, and even though the coverage was bad, that's to be expected. I was encouraged that it was covered a lot, a lot more than the Tim Stephens one.

So no, I wouldn't say the media was holding the government accountable to what happened. The alternative media was, but the government doesn't care for those. They ignore the Western Standards and the Rebel News. No, the mainstream media, they don't care about freedom of religion; they don't care about holding the government accountable. None of that's on their radar.

Commissioner Drysdale
So was there much coverage or any assistance from the media when he was— How did the media describe it when he was refusing his bail condition? Was that fairly represented? Did they offer any assistance or anything?

James Kitchen
No, I certainly can't say they offered any assistance. I think there was a lot of confusion around that, so I don't think it was fairly covered most of the time. But I don't know if that was intentional. There's so much confusion around this; there's just so much ignorance of how the law works. And the media is all about the shazam—so what's fascinating is this picture of him in shackles, not so much his principle of resistance to the conditions.

Commissioner Drysdale
Are you aware of any other cases where the court refused to hear a Charter argument?

James Kitchen
Yes, it happens all the time. In normal situations where somebody is driving drunk and they want to allege section 7, 8, or 9, which is privacy or liberty or unlawful detention, these are the criminal rights in the Charter. There's thousands and thousands of these cases every year. So there'll be applications to argue Charter rights in defending these very standard charges. A lot of times those are actually dismissed without even being argued by the Court

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because they've heard it a hundred times. So at that point, you really are actually wasting judicial resources because we know what the outcome's going to be. We've just done it a hundred times, and we're just not going to do that. That's why that whole process exists. It can be good. Like anything, it can be abused, but it can be good.

So of course, in this case, this was completely unprecedented because I was making a 2(a), making a freedom of religion application. There are no cases where people were ticketed **for something—were alleging a breach of freedom of religion, actually had a reason for it—and then had that dismissed. There were no precedents for that: that doesn't happen. Because we just typically don't go around arresting pastors in Canada prior to 2020, there are no cases on that. So the Court decided to do that, in my case, without the benefit of any precedent that would indicate that that's actually appropriate to do so.**

Commissioner Drysdale
In your testimony, I thought I heard you mention that someone asked you about your clients, and you said that you had certain other religions represented in your client base. Are those synagogues or mosques or whatever else they might be, were they closed down and attacked and their rabbis or their imams arrested?

James Kitchen
I know the Jewish church faced some persecution in Ontario. The only Jewish clients I had were clients who didn't want to take a shot. So they were individual clients and it was about trying to stay in school or keep their job. I didn't have any Jewish synagogues as clients. I just know that they did face some persecution from the Ford government in Ontario.

I never heard any stories of any persecution of the Muslim church or the Muslim faith. That may have happened. I'd be one of the ones to hear about it if it did. So I have to guess it probably didn't, but I can't confirm that. There certainly did seem to be a disproportionate persecution of the Christians, which I think is somewhat likely because of the fact that Christians are very out there. Not for the sake of being out there, they're called to be public about their faith. Muslims tend to be, in my experience, a little more, I guess, smarter about that in the sense that they're very devout, but they're just a little bit quieter. They're paying attention a little more about when to be quiet and when not to be quiet. They tend to have a better relationship with governments. Whereas Christians were fighting up against governments because they believe in limited government. That's just part of the theological heritage.

So I'm sure there's all kinds of reasons why it tended to be the Muslim churches were just— Governments just kind of looked away, and then, there was this unspoken truce. Because they get along. Whereas Christians, the government can't stand Christians because Christians hold them accountable publicly all the time. So naturally there's going to be that ire. I'm sure there's more reasons, but I think that's part of the reason. I think that's predictable. If we have something like this happen again, I think it'll be a similar thing. It'll be the Christians that take the brunt of it. And then, some of the other religions will get hit a little bit.

Commissioner Drysdale
I'm going to put you on the spot here a little bit. Can you tell me what the Charter actually says about freedom of religion? Do you know the words? Have you got them handy or do you know them off the top of your head, what it actually says?

James Kitchen
It protects freedom of religion and conscience. It's quite short. 2(a) is very short, whereas 29(b) is a bit longer because it's freedom of expression, thought, opinion, media, et cetera. Within 2(a), there's what we call an internal limitation, which is to say that 2(a) doesn't protect absolutely any religious belief in being infringed at all. The breach has to be significant. It can't be trivial and insubstantial. So in other words, the government is allowed to say to the church, "Okay, you have to get a permit to serve food on Sunday mornings." "Okay, that's not freedom of religious expression. It's annoying. We have to pay money; we have to go through the process." It is a small infringement, really. It is saying you have to get approval from the government to do this thing. But the way the law is designed is to say, "No, it's not a breach because it's trivial and it's insubstantial." And so there's that line between what's trivial and insubstantial and what's significant.

So stuff like, interfering with the connection with God, causing you to sin. Obviously, that's serious and significant. But what the prosecution always does is argues that even those most serious violations are merely trivial and insubstantial. They demean the religion in order to do that: Sin, what's the big deal? What? There's nothing going on in the sanctuary. It's just a bunch of hoodoo with these weird people that believe in this God.

Because we live in this sort of post-Christian, post-religious society, we're able to chalk these people up to being spiritual, crazy people.

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And then what happens is that you're able to import actual serious breaches into this—"Well, it's just trivial and insubstantial because we think it is." Again, that goes against what the Supreme Court of Canada said in 2004 when there was still some respect in our society for religious beliefs. So that's what it says. It doesn't really matter what it says. It's all about what the Supreme Court does with it. Because the Supreme Court has given so much latitude to interpret a right and then to violate it with section 1, it comes down a lot more to what judges have to say.

This is the whole living-tree doctrine in Canada. We have a living-tree Constitution—not one that's stable—which means it grows the way the judges and the politicians want it to grow. In the U.S., it's set: the job of the judge is simply to interpret the Constitution and to apply it, not to guide the way it's going to grow. That's the fundamental problem with this doctrine in Canada of living-tree. The better doctrine of the Constitution is what it is in the United States. We're seeing the practical impacts of that. This living-tree doctrine means that churches can be seized. It takes 40 years, but that's what it actually means. That's why this idea about what constitutionalism means is not just some ivory-tower thing. When the crap hits the fan and COVID, it's going to matter because pastors are going to get arrested if you don't figure out how your society should run.

Commissioner Drysdale
The reason I ask that is because I believe you said it has freedom of religion and conscience. So what you're telling me is we have government officials now judging what your conscience is. I'm asking, isn't that completely—make the whole provision useless?

James Kitchen
Yes, yes, it does. Yes, exactly, it does. It is useless in Canada. Freedom of religion is essentially useless.

Commissioner Drysdale
Can you also comment on the practicality of all of this? What I mean is we've heard testimony that whether you have a right written down in the Charter or not, and you get arrested, you have to spend money and you go to court. And you lose, you have to spend money. And you go to appeal, if you can get appeal, and you spend money. And then, if you **go to the Supreme Court, you spend money. And 10 years has gone by, and you've spent how many millions of dollars. Isn't that also an impediment against a regular Canadian from standing up for any right, just because they have limited resources and the government has unlimited resources?**

James Kitchen
Yes, it's a serious problem. That's why, if you don't have a small army of civil liberties lawyers who are supported by donations, you can say goodbye to your rights and freedoms in a matter of years. One of the reasons that civil liberties are more robust in the United States isn't just because they have a good constitution, isn't just because they have better judges with more moral integrity. It's also because they have a small army of civil liberties

lawyers who are funded through organizations like Alliance Defending Freedom, Liberty Council, et cetera, who have million-dollar budgets because people donate to them. And so they're able to litigate these cases that wouldn't otherwise be litigated. That's exactly why the Justice Centre exists. That's exactly why the organization I work for, Liberty Coalition Canada, exists. Because of the obvious thing that you just said.

If there are not lawyers who know what they're doing and who are funded, crowdfunded, and therefore independent from government, none of these rights will ever be defended. None of these cases will ever be litigated. And just by mere atrophy, just merely by not exercising the muscle, you will lose the muscle. If you don't exercise the rights and then litigate over them, you will lose them. That's a serious problem in Canada because I can fit in my living room the number of lawyers in this country who do what I do on a regular daily basis, and there is very little funding.

There's the Justice Centre, there's Liberty Coalition Canada, there's the Democracy Fund. That's about it. And maybe a couple of other small organizations. That's it. It's a country of 40 million people, and there's maybe a 100, on a good day, of people that are doing what I'm doing. I think probably 50 is a more accurate number. That's not enough. I mean, how are you going to hold the line? The movie *300* comes to mind. You're just outnumbered. I'm outnumbered and outgunned: I mean, 50:1, and I know that. And the other side knows that. That's part of the problem.

If people want people like me and if you want more people like me and you want people like me to keep going, they're going to have to donate. A lot of people have done that, I know. But I'm just saying that's a call to donate to all organizations, not just mine, but to all organizations because they are the thin line between you and tyranny. People don't have the money to do it on their own. And even if they did, why would they sacrifice all their savings? Because in the end when you defend rights and freedoms you don't get any money back. You might get the court to agree with you and uphold your rights. You're not going to get damages. You're not going to get the 80 grand you just spent back. It's a huge practical problem.

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Commissioner Drysdale
Historically, what happens in a society where the people can't get justice in the courts? Have you got an opinion on this?

James Kitchen
Violence. Well, violence and/or tyranny. The only way that we peacefully resolve disputes in a way that practically matters is through the courts. So what will happen as the courts continue to fail us in that regard— They're deluding themselves if they think they can continue to do that and, eventually, we don't end up in violence and/or tyranny. We could just get tyranny and skip the violent stage. Or we could get a violent revolution from people who have spent decades and millions of dollars peacefully following the rules and trying to uphold their rights through this peaceful resolution system we call the justice system, and they say, "I've had enough, I'm getting my gun."

So you could get a quiet revolution into tyranny, or you could get a violent one. Or you could get some sort of civil war where the tyrants aren't able to take over and now you just have unbridled violence because this nonviolent adjudicative system we have, has failed. I

don't think people usually talk in terms that stark, and we're not there yet. But that's where we're going. If our justice system continues to fail at upholding the rights of regular, everyday Canadians who are trying to defend themselves against their tyrannical government, it will end in violence and/or tyranny. It has to. That's just human history.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
Thank you very much, Mr. Kitchen. I have two questions. Just to understand what you mentioned about the story when the pastor was arrested, and you were warned ahead of time that this was going to happen in an hour, and you didn't quite know what to make of it. I'm just trying to understand one possibility you have not mentioned—whether you think it's a hypothesis to explain what actually happened, which is the following. As soon as you learn about it, you had an hour. You called the media, and then this thing was actually known, which on one hand, with aware people, that this can happen. But on the other hand, it also makes people aware that this can happen and it could send a chilling message to anybody who might want to do the same thing.

So what's your thought on that?

James Kitchen
Who knows, maybe it was a trap. Police all know who I am. Maybe they called me because they wanted me to do, precisely, that. Because, okay, "Mr. Kitchen's going to call the media. The media will capture the arrest of Tim Stephens. It'll scare people. It'll have a chilling effect. That's exactly what we want." Could have been that. Maybe it was a trap and I fell for it. I made the decision I made, hoping that it would cause more uproar and people to actually take a stand than it would scaring them into compliance. Maybe I was wrong. I hope I wasn't, but it's an interesting analysis. It could be bang on, could have been a trap.

Commissioner Massie
My other question has to do with the religious exemption that failed one after the other, and you are very happy after fighting them that one was finally successful. And again, I'm wondering there, based on what you've said, that it was unclear to you what process would actually involve you being successful. I'm just wondering whether having one religious exemption accepted was not to send a message to the population: In theory, you can get it. And see, we give it once in a while. Therefore, we are following a due process. The one that was not successful is because they were not qualified according to our due process.

So what do you think of that?

James Kitchen
I think it's a possibility. I personally don't think that's what happened. I think it's a possibility. But I do think you've hit on a true point.

There was a really strong public messaging effort that I noticed. All these employers and these organizations and these public bodies and these universities, they were all constantly saying in their policies and in their oral discussions—"We will give accommodations; we

will follow human rights; if you can't take the shot because of your religious beliefs or some other protected ground in the *Human Rights Act*, we will accommodate you." In every single one of my cases, that's in the record somewhere that somebody had said that. So there was a lot of lip service to human rights, as there is in this country.

There's a lot of lip service to human rights. But unless you're one of those favoured groups, it doesn't really exist. It was just manifested in COVID in a more extreme way. We're going to pay lip service to human rights and diversity and inclusion and equity and all that. Meanwhile, we're going to kick the Christians in the unvaccinated face because we don't like them. That's how this works in this uncandid society. So I think that's an important point to keep in mind: There was this public face of, "Hey, we're going to follow the law."

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But, privately, they didn't.

Again, usually, you can get away with that because it's not like you have lawyers like me going around and publicizing their cases. I'm very, very unusual in that. Of course, a large number of my cases haven't been publicized. But the fact that I'm even publicizing some of them is very unusual. So normally, if you put on your good public face and you go and then kick somebody in the teeth privately, you can get away with it. Because it's not being publicized and the media is not going to cover it. Nobody's going to know. Nobody's going to care. That's part of the reason why I do what I do with publicizing my cases. And why I talk about them publicly here is because otherwise, there's no accountability.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
Good morning, Mr. Kitchen. Thank you for your testimony. I have several questions. When the Government of Canada, our authorities, violates the Constitution; violates the supremacy of God in our nation; violates the rule of law; violates hard-working Canadians' freedom of religion, opinion, thought, conscience, belief; violates the underlying principles of justice as we presume to be our Canadian roots and historical foundations as the framers and founders of Canada believed, can we consider those mandates to be unlawful orders?

James Kitchen
It depends how you define unlawful. Unjust, immoral, unethical, yes. As a lawyer though, if I'm giving a technical answer, well, unfortunately, what defines lawful or unlawful is the courts. So if the courts find them lawful, then they're lawful. But as we know from the Germany of the 1930s and '40s, you can have lawful laws that are unjust, immoral, unethical, and destructive and murderous. That's what I think a lot of the COVID laws were. They were unethical, they were unjust, they were immoral. They caused human suffering; they caused human death. I certainly regarded it as a moral imperative for me to knowingly disobey some of those laws, the ones that I was confident were, in fact, just— I didn't care whether they were lawful or not because the authority that decided that was an authority that I morally and ethically often disagreed with.

Commissioner Kaikkonen
If I go beyond constitutional law, when the church is set up as non-profit in Canada, the federal government provides them with choices. For example, they can advance education or advance religion. I think there's two others, which essentially means that the proposed organization, in this case, churches wanting to advance religion, government approves that application. Once it's confirmed, no man can disannul that application other than the church themselves. But if I think of this as a contract, it wasn't the church who closed the church, but government who closed the churches across Canada. And then fined ministers for defying mandates, and as you allude, jailed ministers as well. Government did not just alter the contract and sever the contractual agreement, but didn't they also break the contractual agreement that they had allowed for that non-profit to be set up? This may not be your forte, but I just thought—

James Kitchen
Well, I guess, I don't think of it in those terms. You're referring to the requirement to get charitable status.

Commissioner Kaikkonen
Yes.

James Kitchen
Right. Which some courts explicitly reject because they want to be so pure in their allegiance to Christ only and not to muddy it with an allegiance to the State. So I guess I don't think of it in those terms.

Is there a breaking of the social contract? Yes. Is there a breaking of the constitutional and the democratic contract with all parts of society but particularly the Christian community and the churches? Yes. I think there's a lot of breaking of contracts, written and unwritten. I just didn't think of it in that way.

I think the removal of charitable status is a problem in the country, and I see that happening. So for example, you're going to get churches over the next five years that are going to say no to the transgender narrative. And you will see, I think, eventually, arrests and fines but also the removal of charitable status from those churches. That's work I expect to be doing over the next five years.

Commissioner Kaikkonen
If I take that same argument a little bit further to businesses that were bankrupted because of the government mandates. So government, in my sense, would be breaking the contract. Do these businesses have judicial recourse when agencies like CRA, for example, come knocking, looking for funds that they assume should have been paid over the last three years, but it was the government who broke that contract?

James Kitchen
No, I did some work in this area.

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One of the problems with our socialist mindset in the country is that we regard property rights as not a good thing. We regard them as somehow bad because it makes rich people more rich and will oppress the poor and all that Marxist nonsense. So we don't protect property rights. Section 7 of the Charter protects the life, liberty, and security of the person. That the Supreme Court of Canada has said.

I think they were quite smug and proud about saying that that does not protect property rights. Which means there is no constitutional protection for property rights in Canada. There's some due process protections, so the government has to check off some boxes before they can take people's property away. But that doesn't really mean anything in practical reality, which is what you saw: a lot of livelihoods and businesses completely destroyed by idiotic government policies, and there really is no legal recourse because, unfortunately, in Canada, laws are allowed to be stupid. They can't be unconstitutional, but they can be stupid.

Of course, now what we've seen over the last three years is what counts as unconstitutional is exceedingly small; it's exceedingly narrow. The government can almost impose just about any idiotic law they want, wreak havoc with people's lives. There's no legal recourse because there's no freedom of religion; there's no protection for property rights in the Constitution. And, of course, you lack the moral integrity and courage amongst judges to enforce what is left. So, no, there is no legal recourse. A lot of businesses, I think, have tried to sue the government, and it just hasn't gone anywhere. A lot of them, I think, have known that they can't do anything. So they don't sue, and they just have to somehow get on with their lives. Meanwhile, their lives have been ruined by the government. There's no recourse.

Commissioner Kaikkonen
When I think of, in 2015, Trudeau categorized Christians; he said Christians need not apply. He did not define Christianity. You spoke a little bit about this, about how Christianity is a broad stereotype across this country. He didn't define it. We look down to the lesser magistrates who are saying that Christian materials cannot be disseminated—through their policies, they're saying this—on school property. Yet the lesser magistrates, so I'm thinking specifically school boards here, are not defining Christianity, either. It just seems to be everybody has this anti-Christian view, but they don't actually define. How do we re-educate the public that Christianity is broad and also that our country was founded on Judeo-Christian principles?

James Kitchen
Oh, that's a tall order. I only have time for one thing. I've said this ever since people started **listening to me publicly. Don't self-censor. The biggest harm we do to the inability to communicate things to our fellow human beings is we do this [puts his hand over his mouth] because we're scared. Don't self-censor. Talk.**

You can't change the world on your own. Not all of us have this big media platform, and not all of us are like me and have people that want to listen to them publicly. But you all have a sphere of influence; you all have people that will listen to you and you need to speak your mind. If you have hundreds of thousands of Canadians that individually speak their mind, they'll do more than any other force can for communicating ideas, for encouraging morality, for the pursuit of truth.

Individuals need to stop self-censoring. That's a cultural cancer amongst Canadians, the fear to speak out. If you want to know what this looks like, go spend a month in Texas or South Dakota or Idaho and see what it's like. It's completely culturally different. People are just speaking their mind all the time, and you might be offended once in a while. But trust me, that's a better price to pay than all the self-censorship.

Commissioner Kaikkonen
My last question is, do you have any recommendations on how we can re-educate the Canadian public that this country was founded and reaffirmed in 1982, founded under the supremacy of God and the rule of law and that those are the primary underlying principles that founded this nation? It's not just the Canadian public, I guess. We should extend that to our judicial system, as well, that they should be re-informed on what they have let lax over the last, say, 20 years.

James Kitchen
Two things. The protection of parental choice in education. The public system will never do that. The public education system cannot be saved, the primary education system. So the more you protect parental rights and choice in education, the more people will have the ability and the courage and the confidence to pull their kids out of the public system and educate themselves or send them to a private school where they will maybe receive that education. So that's one. That's big in the long term in this country.

The other thing, I think, is developing and funding and supporting

[01:05:00]

organizations that try to reach people where they're at, at that cultural level. Regular university is an example. They make all these videos with regular people, trying to reach regular people. Some of those are very, very effective. I've even seen it. I've seen normal people get— I think the cultural term is "red-pilled" because they get exposed to these different ideas in a way that they find accessible from an organization that's trying to reach them where they're at. Instead of this super intellectual way that I might, for example.

Those organizations are very, very important, and I think we undervalue those. They need to be independent and well-funded, and they need to be able to reach the populace. Now, of course, we've got new legislation that is intended to prevent that kind of thing, so it's going to get increasingly hard as we slide further down this path towards tyranny in Canada. But theoretically, that, I think, is one of the ways that we do it.

We have to take the reins ourselves as individual Canadians, take what's left to us and completely cut out government from the picture and on our own initiative develop our own organizations and fund them and try to reach other normal people in a sort of normal way. Try to sort of unplug them from all the government propaganda and all the crap that they believe. Because what the government and the mainstream media tells them, it does work. There's lots of people running around, I've met a lot of them. They believed in COVID for the first year and a half, that somehow—

Shawn Buckley
I'll ask you to focus just because of time.

James Kitchen
Sorry. These are broad questions. That's my suggestion. Those are my two suggestions for your question. Choice in education and organizations to reach people that are completely unplugged from government.

Commissioner Kaikkonen
So a parallel community of some form. Thank you very much. I really do appreciate your testimony.

Shawn Buckley
And, James, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

James Kitchen
You're very welcome. I really do appreciate your indulgence with my time.

[01:07:11]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 3: Liam Sturgess
Full Day 3 Timestamp: 03:00:10–03:21:20
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Okay, welcome back everyone. Our next witness is going to be Liam Sturgess. If you could just give us your full name and then spell it, and then I will do an oath with you.

Liam Sturgess
Okay, my name is Liam, L-I-A-M. But my full name is William Sturgess, W-I-L-L-I-A-M S-T-U-R-G-E-S-S.

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

Liam Sturgess
I do.

Wayne Lenhardt
You got involved doing something fairly interesting and novel. Can you tell us how you got involved in doing something with COVID?

Liam Sturgess
Sure. So I want to be clear, I have stories of my own to tell, perhaps another day. I'm going to be focusing on the stories of others. But to get there, just a bit of background. I'm a musician. I grew up in West Vancouver. When COVID hit, I was very afraid. I thought a lot of people were going to die and over time noticed that didn't seem to be the case, thankfully.

Fast forward to just about two years ago, in May 2021, I happened upon a video on YouTube by a group called PANDA or Pandata. It was a presentation by a gentleman named

Nick Hudson where he was simply going through a number of things about the premise behind the declared pandemic that didn't make sense or were unanswered questions. Then that video disappeared.

I had never seen censorship in action so that clued me in that there were perhaps other things going on. Very shortly after, I learned about a group called the Canadian Covid Care Alliance [CCCA] and attended one of their first meetings. I learned that this was a group started by doctors, medical professionals, who were trying to make a difference in the fight against COVID by sharing accurate, honest, easy to access information to keep people healthy. They were working very hard and needed help. A call for volunteers was put out and I applied.

As a musician, not a trained doctor or lawyer or anything, I offered my services in media. So that's how I came to work with the Canadian Covid Care Alliance. I've done lots with various subcommittees and people from all walks of life, like the people you've heard from throughout the NCI, including people I got the chance to watch live here on Tuesday—Matthew Evans Cockle and Deanna McLeod, and many others.

One of the projects that came about became known as A Citizens' Hearing. The premise is very similar to the National Citizens Inquiry; in fact, I think, it was essentially a predecessor to this event. It took place June 22nd to 24th of 2022, in Toronto. I was asked to come to the event and act as secretary. That was the first flight I took after the travel mandates were suspended. So that was what led us to that event.

Wayne Lenhardt
You ended up producing a book if I'm not mistaken. So tell us how that developed.

Liam Sturgess
Sure. This is the book. I know it looks like I'm coming here to sell you all copies, that's not quite the focus of why I'm here. But as secretary, I got to sit alongside the panelists, which was that event's version of the Commission: Preston Manning, David Ross, and Susan Natsheh. And I got to take notes the whole time.

I wasn't specifically asked to write a book about it. But it was the clear, logical step as a way to collect as much of the information as possible into a format that was easy to give to friends and family or elected officials who maybe wouldn't open an email. So I benefited from the excellent note-taking, not just my own notes but others: Maximilian Forte, who is a professor out of Quebec, and Dale Anderson, another volunteer with the CCCA. Combining those with the video footage from the testimonies, I created this written form of the three-day event.

[00:05:00]

Wayne Lenhardt
Were these just random accounts that you produced or did you have some criteria for choosing which ones you did?

Liam Sturgess
In terms of who testified?

Wayne Lenhardt
Well, you've got case studies in your book. I gather there's 60 of them.

Liam Sturgess
Yeah. I wasn't part of planning the event and I wasn't part of the process of choosing who would testify. Now everyone who testified, 100 per cent of their testimony are in the book, so no one was sifted out. And again, the range of people and the range of testimonies at the NCI, I think most would agree, none of them would be worth excluding. So that was very much the same process here.

Wayne Lenhardt
Could you give us a snapshot of what's in the book?

Liam Sturgess
Sure. I'm not sure if I'll be allowed, I'm hoping to read the names of the participants, maybe at the end. But interestingly, some of the people who testified at A Citizens' Hearing have now come and also testified here, which is very cool. But I did pick out a couple of stories that, as I heard them live, were particularly impactful to me, and I won't be able to fully represent them.

Wayne Lenhardt
You're going to leave us a copy of what you have for the commissioners so they can read it or look at it at their leisure, I'm assuming.

Liam Sturgess
Oh, yes.

Wayne Lenhardt
But just give us now a brief overview of what you have.

Liam Sturgess
Sure. The range of people who testified, just like the NCI, there were professionals, experts in scientific fields and law. And then there were the people who were impacted either health-wise or career-wise, socially, by the various policies that have been implemented during COVID.

Wayne Lenhardt
Okay. Were they just harms that were catalogued or did you have any experts like we do?

Liam Sturgess
Yes. Well, in terms of harm, there were certainly not a lot of benefits catalogued. But yeah, lots of expert testimony.

Wayne Lenhardt
Okay, carry on.

Liam Sturgess
So like I said, I picked a couple that I thought were interesting. One was related to injury from frequent mask wearing. Do you mind if I summarize very quickly?

Wayne Lenhardt
Sure.

Liam Sturgess
This was a story of Janina Krienke and her husband Brian who shared the story of their daughter, Chloe, who, 14 years old, had just started in competitive cheer. Now my sister was a cheerleader, so I know from personal experience, cheers is tremendously intense, physically. It's quite dangerous as well, I think.

But basically, she was entering cheers during COVID. There were mask mandates in place, and she was made to wear a mask for the entirety of her high-intensity training. What happened is she started to develop tics that quickly grew into quite intense tics, like Tourette-like symptoms, and then extreme fatigue, sensitivity to light and noise, severe arm tremors. Then she began having seizures and then multiple seizures every day, began passing out. Long story short, it turns out that this non-stop wearing of the masks through this high-intensity training caused her body to completely retrain how it breathes.

She wound up with critically low CO2 in her tissues, and it was rapidly causing her to deteriorate. She wound up being able to learn how to breathe again once they identified this was the source of the issue. And happily, Chloe is now on her way to what seems to be a full recovery. I wanted to highlight that because I think the efficacy of masks is talked about a lot, or lack thereof. But the actual risks to health and to injury are real and significant and probably have not yet seen the full light of day. So I thought that was an interesting one to share.

[00:10:00]

The second one I wanted to share was the story of a wonderful woman named Kelly-Sue Overley. The way the event was set up, we had a common area with food set out, plenty of tables and chairs, very friendly, like a communal space to meet and talk. And so I had sat down and this woman was there. We introduced ourselves to each other and this was Kelly-Sue. I didn't know why she was there. People were there for various reasons—simply to attend, to testify, to volunteer. We just identified the things we had in common. We had fun getting to know each other, and then I learned, she was there to testify about her severe vaccine injury.

She had taken the first dose, lost feeling in her leg, figured it was just her shoes being too tight. So she would frequently change her shoes, but it didn't get any better. Turns out she had a series of blood clots in that leg and then started experiencing strokes—it seems every two weeks or so, she would have a stroke, which is intense. And as I've heard others say, even in their older age, in their 70s, very active people who suddenly can no longer do the things they love, like running, or even driving in the case of Kelly-Sue.

But concluding her testimony, she had shared that she had one instance where she woke up on her couch at home and couldn't remember who she was, where she was, or as she put it, if she belonged to anybody. Luckily, a friend of hers came for some reason and found her and saved her from being trapped on the couch forever. But now she carries a note in her pocket that says you are Kelly-Sue Overley, followed by her address and phone number and the message: "I belong to somebody and I matter." I was struck by how—not clear—it was that she was suffering. I didn't know until she shared.

Wayne Lenhardt
Maybe at this point, I'll ask the commissioners if they have any questions, and then we'll come back. No questions? Okay. If you have one more interesting one for us, and I think then, we'll wrap up and we'll let the commissioners have a look at your book afterwards.

Liam Sturgess
Wonderful. So yeah, I do have one more that I'll share. And then I have one or two thoughts that I want to introduce.

The last one and it is upsetting. This was the story shared by Tania and Nicole Minnikin. Nicole, her sister Deana had taken the shot in 2021 and within, I think, a week suffered her first seizure. They then kept getting worse, and she wound up dying. But then Nicole, the second of the two sisters, she was pregnant at the time that she took the shot and that was on advice by her doctor. I won't go into the details. They're pretty upsetting of what happened to her body, and her son, Connor, wound up being stillborn. Very upset by this, she came to her doctor looking for support. But her doctor told her that—and everyone she talked to told her—it was simply not possible for the COVID-19 vaccines to have any effect at all on pregnancy. That was what she was told.

When Nicole brought this to her doctor specifically, he accused her of aggressive behaviour and told her that she had earned one strike.

[00:15:00]

Which is just an odd thing to say to somebody, especially in such a dire circumstance. And furthermore, that she would need to take a second dose of the COVID vaccine in order to continue as a patient of this particular doctor. She did manage to get pregnant again, which is excellent. I have heard that perhaps that pregnancy also didn't work out, which is very upsetting.

I wanted to offer that the reason it was suggested that I come and present this report to the NCI was this event was sort of a predecessor to this one. And there will be, I assume, more events like this, maybe put on by some of the same people, maybe different people, hopefully, many different groups of people. What will happen, I think, is more and more of these stories will come out. And simply because of lack of time, just practically, not every story will always be able to be included again. I'm not sure a database of stories is strictly the solution. But I wanted to use this opportunity to keep some of the names of these people on the official record of the NCI to the extent I can be an ambassador for the 60 testimonies we had here and hope they can contribute to the NCI's larger mission.

Wayne Lenhardt
Are there any final questions from the Commissioners? Yeah, Dr. Massie.

Commissioner Massie
Well, thank you very much for your involvement in the CCCA and putting together all these stories. You've witnessed all of the testimony at the first hearing of the CCCA, and you must have spent a little bit of time listening at some of the testimony from the NCI.

My first question is what kind of impact can you measure from the first hearing that took place in Toronto last year? Have you seen something coming out of it that had made an impact around you or in society?

Liam Sturgess
Well, just strictly from my perspective, the fact that this National Citizens Inquiry is on right now is a tremendous sign that this worked at some level. Again, some of the same people who at least supported one, in principle, are supporting this as well. I think we may be successfully— This was a proof of concept. That's not all it was, but I think it had that effect. So in that sense, this is testament to this having been worthwhile.

I'm happy to say some of the people who testified have now gone on to, once again, tell their story in other formats, more direct interviews that have been widely shared and pushed out through the CCCA's media networks, for example. But I think more conversations are happening now, and I like to think we helped contribute to that.

Commissioner Massie
I guess my other question has to do with, when you look at the kind of testimony that people were willing—this was the first hearing if you want—were willing to come up with, we've heard from previous hearings that some of the witnesses would withdraw at the last minute because they were still afraid.

So do you sense now that the hearings we're having with the NCI has evolved in the sense that this kind of testimony, people are more willing to come up and are more willing to share their story because there was some precedent, if you want? Do you see a difference between the two types of hearings that are going on right now?

Liam Sturgess
I think so. It makes me think of something I've learned about called "the first follower effect." I can't speak to it much. But there's a video that's used as an example of this where you have—in a much more light-hearted context, it's at a music festival—and you have one guy who's dancing, and he looks like a fool. But he's having a blast, and everyone's not sure what to do. Then the first person gets up and starts dancing with him. And then, the next person, and the next person, and the next person, and then, very quickly, you have a flood of people. There's the festival, now.

So I think probably something like that is the case. You see somebody who becomes,

[00:20:00]

then, a role model. Well, if that person was brave enough to do this, then I certainly am as well. Or even if I'm not sure if I am, perhaps now I'm willing to take that risk. And you see the narrative, the acceptable narrative, what you can talk about to larger audiences is, as well, becoming slightly more friendly. So it may be both of those things.

Commissioner Massie
Thank you.

Wayne Lenhardt
I think you are an example of exactly how just about anybody can get involved in this type of a problem and how they should. So on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony and for your work.

Liam Sturgess
Thank you. I have one request before I go. Would it be acceptable for me to simply read the list, the names of the people who participated in the first one?

Wayne Lenhardt
I think we have a limited amount of time, so I think we'll just enter it and allow the commissioners to read your work.

Liam Sturgess
Fantastic. Thank you so much.

Wayne Lenhardt
Thank you.

[00:21:22]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 4: Kristin Ditzel
Full Day 3 Timestamp: 03:21:40–03:32:50
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Our next witness is Kristin Ditzel and she's going to be on screen for us. Kristin, can you hear me?

Kristin Ditzel
I can.

Wayne Lenhardt
Okay, you're fairly low in volume.

Kristin Ditzel
How's that? Is that better?

Wayne Lenhardt
Yep, I think that's better.

Kristin Ditzel
Great.

Wayne Lenhardt
Okay. Could you give us your full name and then spell it for us, and then I will do an oath with you.

Kristin Ditzel
Kristin Ditzel, K-R-I-S-T-I-N D-I-T-Z-E-L

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

Kristin Ditzel
I do.

Wayne Lenhardt
Thank you. This is going to be about your personal problems after taking the jab, so could you set us a timeline? When and why did you take the vaccine, or the fake vaccine, whatever we want to call it? When did your story start?

Kristin Ditzel
March 16th, 2021. And I took it due to pressure in the health profession.

Wayne Lenhardt
And you live in Nelson BC, correct?

Kristin Ditzel
I do.

Wayne Lenhardt
Okay, and you got your shot in Nelson?

Kristin Ditzel
Yes.

Wayne Lenhardt
Okay. So what happened after you got your shot?

Kristin Ditzel
Twenty-five minutes after, I was still on site, and I started having anaphylactic-like symptoms and lost full control of my limbs and dropped to the ground.

Wayne Lenhardt
Okay. So was this still in the facility? I gather it was a community college where they were having this vaccination event?

Kristin Ditzel
It was, yes.

Wayne Lenhardt
Okay. So were you still there when you had this reaction?

Kristin Ditzel
I was. I had left and went to drive away and started getting my symptoms really dramatically. So I just pulled back into the parking lot, walked in, and found the nurses. Sat down, and then they kind of helped me to the ground because I couldn't control my limbs.

Wayne Lenhardt
Okay, so you basically couldn't walk at that point?

Kristin Ditzel
No, yeah, I couldn't walk. I couldn't lift my head. I couldn't use my arms. I went fully limp. Then they gave me Epi [EpiPen] on site and brought me up to the hospital.

Wayne Lenhardt
And the hospital is also in Nelson?

Kristin Ditzel
It is.

Wayne Lenhardt
Okay, so what happened at the hospital?

Kristin Ditzel
They were great. After the Epi, I regained function again. They gave me some Benadryl, and they sent me home and said take Benadryl every 12 hours. And then the next day, my symptoms returned, and I went back up there. I was there for the night; they kept me for the night, and then they sent me home the next day. My symptoms progressed into neurological symptoms: I started losing functioning in my neck and some cognitive functioning, so I went back up on the Sunday a few days later, and I stayed for a week. And then we figured it crossed my blood-brain barrier and attacked multiple regions of my brain.

Wayne Lenhardt
Did the doctors tell you that?

Kristin Ditzel
No, they did not.

Wayne Lenhardt
Okay, how did you come to that conclusion?

Kristin Ditzel
Through my GP that I ended up getting once I was injured, that's how we came to that conclusion. But the neurologist that kept me in the hospital, she knew that it had caused a neurological decline, but she didn't use that terminology.

Wayne Lenhardt
Okay, so this started in March, middle of March, March 16th, and so what happened over, let's say, the next six months?

Kristin Ditzel
I slowly got worse. I started developing drop foot. I couldn't lift my head. I couldn't make eye contact with people. I started losing the ability to speak. I had convulsions, tremors, sometimes to the point where I would dislocate bones. I just shut down, completely.

Wayne Lenhardt
And were you at home for part of this time, or were you in hospital fairly continuously?

[00:05:00]

Kristin Ditzel
They only had me in hospital for that week, and then they said, "We don't really know what to do with you," and I was sent home. They did send me to a neurologist in Kelowna, which is about four hours away. But that wasn't a very good experience. So I was pretty much left in the hands of my GP.

Wayne Lenhardt
Okay, how was that not a good experience?

Kristin Ditzel
She refused to say that it was connected to the vaccine. And she diagnosed me with a functional neurological disorder and just said, "You might get better; you might not get better." That's it.

Wayne Lenhardt
Right. So we really don't know what you're suffering. Is that fair?

Kristin Ditzel
Pretty much. Yeah.

Wayne Lenhardt
So did you get better at some point?

Kristin Ditzel
I have improved. I'm still not working, and still what I would classify as severely disabled. I get a good couple hours a day where I could do things like maybe cook a dinner for my kids, maybe go for a walk, do some laundry, perform some household tasks, but I am not better. No.

Wayne Lenhardt
So at the time of the shot, you did have your own business, correct?

Kristin Ditzel
I was a Chinese medical doctor and I had a full thriving practice.

Wayne Lenhardt
Okay, and so what happened to that practice over the next six months?

Kristin Ditzel
It dissolved. Yeah, that's a really difficult thing to talk about. I just had to shut it down. I couldn't even communicate very well, so I wasn't even sending out messages to patients or anything along those lines. My colleagues took control of the situation, and they dealt with it.

Wayne Lenhardt
Okay, and so you haven't practised in your clinic since this incident then?

Kristin Ditzel
No, I had to give up my clinic.

Wayne Lenhardt
Did you have a source of income after this event?

Kristin Ditzel
No, not at all. I was lucky that I had a GoFundMe set up through the community, and the community ensured that I didn't lose my house and I could feed my kids.

Wayne Lenhardt
And you're still not working, correct?

Kristin Ditzel
I'm not.

Wayne Lenhardt
Okay. Did you get any sort of money coming in? Did you apply for EI or any sort of assistance?

Kristin Ditzel
Because my first disability, well, my first disability claim was denied. I finally got disability close to a year ago, so I do get just over $1,000 a month.

Wayne Lenhardt
Okay, that's a federal program?

Kristin Ditzel
That is a federal program.

Wayne Lenhardt
So you've had that since what, six months?

Kristin Ditzel
Close to a year, I think.

Wayne Lenhardt
Is there any prognosis that you're going to recover or what are the doctors saying at the moment?

Kristin Ditzel
They don't really know, to be honest. A lot of people that are diagnosed with functional neurological disorder get better rapidly, and that hasn't happened for me or any of the other vaccine-injured that I know in my neurological groups. So we don't really know.

Wayne Lenhardt
There is a vaccine compensation program of some sort that the federal government has set up, have you applied to that?

Kristin Ditzel
I applied immediately. That is the instigator in why the neurologist in Kelowna was so angry. She didn't want to have anything to do with that program. My local neurologist no longer has anything to do with my case file, and I was denied. So I'm in the appeal process right now.

Wayne Lenhardt
Do you have any actions or appeals pending at the moment?

Kristin Ditzel
I've been waiting day by day, hour by hour. My appeal's happening right now, so I'm hopeful.

Wayne Lenhardt
At this point I'd like to ask the commissioners if they have any questions for you. Dr. Massie.

Commissioner Massie
Well, thank you very much for your testimony. I'm wondering, given the rapidity of occurrence of your symptoms after the injection, I was wondering whether you had COVID previously?

Kristin Ditzel
I did not.

Commissioner Massie
Not to your knowledge. Did you have an antibody test to confirm that?

Kristin Ditzel
No, I did not. But we were very protected, and there was no COVID, locally, in our region. I got COVID after my injury,

[00:10:00]

about five months after, and that made my symptoms obviously worse.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners?

Commissioner Kaikkonen
Good morning. I just wondered, when you were 25 minutes on site, what was the reaction of the people around you?

Kristin Ditzel
They were wonderful, actually. The nurses were incredible. We all just kind of assumed it was a normal anaphylactic reaction. I wasn't nervous at the time. I thought my body would recover, so did they. I kind of felt bad for the people on site that had to watch me go down and be taken away. But the nursing staff was wonderful.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Any other questions, Commissioners? I think that's a no, so on behalf of the National Citizens Inquiry, I want to thank you very much for presenting your story and your testimony to us. Thank you again.

Kristin Ditzel
Thank you.

[00:11:16]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 5: Lindsay Kenny
Full Day 3 Timestamp: 03:33:27–03:57:20
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[00:00:00]

Wayne Lenhardt
The next witness is virtual, and we have Lindsay Kenny. Lindsay, can you hear me?

Lindsay Kenny
Yes. I can hear you; can you hear me?

Wayne Lenhardt
Yes, I think we're set up. Could you give us your full name and spell it for us, and then I'll do an oath with you.

Lindsay Kenny
Lindsay Kenny, L-I-N-D-S-A-Y K-E-N-N-Y.

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

Lindsay Kenny
Yes.

Wayne Lenhardt
You're an elected councillor for the village of Fruitvale, am I correct?

Lindsay Kenny
A former elected official. I was elected in 2018 to 2022. It was my first term.

Wayne Lenhardt
Okay. And you got involved with checking things via Freedom of Information, so could you tell me how that first developed?

Lindsay Kenny
Yeah, so in 2020, the Prime Minister said that we don't go back to normal until there's a vaccine. And I thought that was kind of odd because we didn't even know where it came from. So when the public health orders started coming out, I started reading them quite carefully. And I noticed there was a provision under the [*Public*] *Health Act*, section 43: You may ask for reconsideration if there's something that the health officer may have missed or wasn't available at the time; if you're an affected group, you may ask for reconsideration. You may only do that once. So that prompted me to make a Freedom of Information request directly relating to the government's active response to COVID-19 in these public health orders. So I made quite a few Freedom of Information requests. There's just a couple that I would like to speak to today and that would be regarding the mask orders.

Wayne Lenhardt
Your first one, I think, involved the order relating to children wearing masks for extended periods in school.

Lindsay Kenny
Okay, so the first one in British Columbia was November of 2021, and the Public Safety Minister, which is Mike Farnsworth in our province, mandated the use of masks. I quickly made a Freedom of Information request regarding that order and the response. So under the Freedom of Information request, they have 30 days to release the information, and I was given that information in 60 days. I provided that in my package to the commissioners and the public so the public can review that, but I'll just speak to it a little bit [Exhibit number unavailable].

So there was a comparison between Ontario's mask mandate and Saskatchewan's mask mandate. It wasn't scientifically if we could mask people; it was how much we're going to charge them and where they're going to have to wear them. There was some redacted sections in there regarding law enforcement conversations and that sort of thing. But that was a reasonable response to my request, 60 days, no problem.

You were saying about the children. So a year later, the provincial health officer, Dr. Bonnie Henry, made an order that included children in schools ages five and up. They would be required to wear masks for six hours a day inside schools. And I thought, well, it's time to **do an FOI request, and I did an FOI request immediately. I asked for any and all information available to the health officer when making the mask order. And at the same time, I started a petition on Change.org for the information to be released to the public immediately. Under the *Freedom of Information [and Protection of Privacy] Act*, anything that's in the public's interest must be disclosed,**

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despite any other provision on this Act and despite making a Freedom of Information request.

When I spoke with the analyst that was taking my Freedom of Information request, I made this very clear to them that I wanted it under public interest. When they responded back to me, they wanted me to narrow my request because they felt that, or the Ministry of Health, rather, felt that it was too broad. So I said, "Well, if that's too much to reasonably ask for, I would like the information used in line K of the order, which shows that masks suppress SARS-CoV-2."

A couple of days later, I got a fee estimate. The first 30 hours of a Freedom of Information request are free. When I got the fee estimate back, they wanted $1,300 for this information. And, of course, I tell the analyst that I will be making a fee waiver request and I want this under public interest, and I provided my petition and I waited to hear back.

In the meantime, I reached out to the school district for their help. I asked the superintendent to help, and the superintendent for School District 20 said that I should delegate to the Board and tell them this information I found with Mike Farnsworth, Public Safety Officer's Mask Order, and to delegate to them. So I put in a request to delegate to the school district, and I had informed them that children are not covered by WCB and as a parent, I have concerns for children wearing these masks for six hours-plus a day. I would like to know the efficacy of this medical intervention. And I got a letter back: they denied my request to delegate. At the same time, I heard back from the FOI analyst that my fee waiver was declined, that they were not going to waive the fees. I thought that was quite odd.

I immediately made a complaint to the privacy commissioner's office [Office of the Information and Privacy Commissioner], and an investigation had started. My investigator suggested that I narrow my request once again. I narrowed my request, she suggested that I did, so I agreed. And we narrowed it to the transmission portion and what the efficacy is, and I've provided that in my documents. And at the same time, I thought, well, that's really odd that they denied my fee waiver because this is clearly in the public's interest: It should be on their website. This is hot off the press. It should be readily available for everyone to review.

So what I did was I made a subsequent FOI request, and I asked for all the information regarding my fee waiver between the analyst and the Ministry of Health. And when I received that back, it appeared that when you're making requests under public interest, the head of the public body must consider it. And it appeared on my form that someone other than the head of the public body had reviewed my fee waiver. So we move on with this inquiry through the Office of the Information [and] Privacy Commissioner with my complaint for the fee. And a Fact Draft Report was completed, and we served the Ministry with this inquiry.

A couple days later—this is now 20 months later, I should say, since I made my FOI request—I receive a letter that my inquiry is cancelled because they have waived the fees. And I informed them, "Well, that's well and good, but how can I be sure I'm going to get this information?" They said, "Well, your complaint is based on the fees. The fees are waived, so we're cancelling it." So it was cancelled.

On April the 4th, 2023—

[00:10:00]

20 months later, since I made this FOI request, and remember they have 30 days—I get my package. And the package release for the mask order was totally irrelevant to what I asked

for. There's a bunch of ProMED articles related to anthrax, booster shots, lettuce infectious yellow virus, syphilis, and salmonellosis. Nothing pertained to masks whatsoever. So now I have another complaint in that they did not fulfill their duties to give me the information that I requested. Funny enough, a week later, I go to my doctor's office. And the masks, you had to wear them in the doctor's office, and they proceed to tell me that I don't need to wear a mask anymore. And I thought, well, that's pretty strange. And I said, "Since when?" And they said, "Well, since last week, April the 6th." I thought, well, that's kind of funny. I received my package on April the 4th. So maybe coincidence, maybe not. I don't know how much time we have left, but I've got another FOI I'd like to speak to. Will I have time to speak to that?

Wayne Lenhardt
Sure, we'll try to be brief. In other words, I mean, you've gone through all kinds of gyrations and gotten anything but the information that you've asked for, is that fair?

Lindsay Kenny
Correct, yes.

Wayne Lenhardt
Sure. Give us a quick snapshot of your other FOI.

Lindsay Kenny
So during the time that I started making Freedom of Information requests, I wasn't getting anywhere. It was quite similar to this mask order. But I started researching some of the information that was coming out of the public health office, and I came across this "anonymized residual sero" blood sampling snapshot. Dr. Bonnie Henry is one of the authors on this article. The funding was provided in part by the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research], and I thought well who is that? So I started researching the Michael Smith Foundation.

A year later, I realized that they had come out with what's called the knowledge gaps relevant to the COVID-19 vaccine rollout in BC. And the Strategic Research Advisory Committee reports to the BC Ministry of Health, Associate Deputy Minister, and the Provincial Health Officer through the chairs. And in this report, I'll just read the themes and questions.

Number one: What is the effectiveness of the vaccine at preventing illness and infection? **Under that header, they want to know what the effectiveness is in populations not represented in clinical trials, including pregnant women and children and immune compromised.**

Number two: What is the effectiveness of the vaccine at reducing transmission?
Well, this is January 2021, folks. So I thought, it's August at the time. I'm going to FOI the conclusions to this study. So that's exactly what I did, and I provided that in my documents. I was promptly told that the information I was asking for was with the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research]. And I said, "No, it's not. If there's information, they must have reported it to the BC Ministry of Health and the Provincial Health Officer, it says so on their website. They proceeded to vaccinate children and the population; meanwhile, this Strategic Research Advisory

Committee is asking questions directly relating to the efficacy of the vaccine. I want this information." Well, they proceed to tell me in an email that the report is not yet complete. So now you're studying the population without their knowledge. Dr. Bonnie Henry was going on TV saying that the only side effect is hope, optimism, and a brighter future; meanwhile, she has appointed this committee. Now, this is all on their website, folks.

I would encourage everybody to go read the Michael Smith for Health and Research Foundation's [sic] [Michael Smith Foundation for Health Research] website and search COVID-19 studies. I find this very concerning. They finally responded to my request and they promptly said that, although a thorough search was conducted,

[00:15:00]

no records are with the Ministry of Health. And yeah, I would encourage everybody to look at their website.

Wayne Lenhardt
Just as an aside here, I think we got evidence in Saskatoon, I think it was, that an individual had a factory, was told the workers had to wear masks in this factory. So he proceeded to do a test on the masks within his factory and found out that the levels of, I think it was CO2 or CO or both, were high enough that it amounted to a hazardous workplace if the workers were to wear the masks and be subjected to that level of CO2 and CO. So, but, you know, not everybody has access to that kind of a testing facility.

Lindsay Kenny
No, and imagine young children wearing those all day in school. Very inappropriate.

Wayne Lenhardt
Anyway, are there any questions from the Commissioners, yes, Heather.

Commissioner DiGregorio
Thank you so much for coming and sharing your testimony with us today. I'm just wondering, in your opinion, what is the purpose of the Freedom of Information legislation that we have in this country?

Lindsay Kenny
So the Freedom of Information, it's a very powerful tool to keep your government in check. And a lot of people don't realize it's there, but it also creates a public record. When you ask for this information, it gets published so anyone can use this information. Part of my reason for doing this was understanding what exactly the information that they were using in their response, but also to show people that this is the information that's actually coming out of these authorities. And it's really important for us to ask these questions. It's a very powerful tool because we've all been silenced, and it's a great way to make these requests and have them on the public record.

Commissioner DiGregorio
And I'm gathering from your testimony, and we've heard this from other witnesses across the country who've also done Freedom of Information requests that the system isn't exactly user friendly and that you ran into a number of obstacles. I'm just wondering what thoughts you have on how it could be improved.

Lindsay Kenny
That's funny because I have experience making Freedom of Information requests, and the only problems that I've had in my experience are with the Ministry of Health.

Commissioner DiGregorio
So sorry, you're saying that you've made Freedom of Information requests in other areas, non-Covid related as just in pursuit of other goals, and where you really run into the problems has been in this particular subject matter.

Lindsay Kenny
Yes, and especially if I ask for the information directly relating to public health orders. Because again, they must demonstrably show that they have evidence to put these orders in. They can't just make them on belief. In my opinion, they have to have evidence.

Commissioner DiGregorio
Thank you. Those are my questions.

Wayne Lenhardt
Yes, Dr. Massie.

Commissioner Massie
Thank you very much. I have a question. I want to make sure I understand about the report that was asked to the Michael Smith Foundation. So they set up a panel of experts, I suppose, to look at all of the issues surrounding this particular technology, the vaccination, and the report is not yet completed, but we have fragments of information. I mean, I'm not sure I understand. You have a few questions that the panel was addressing but were left unanswered, is that what you're saying?

Lindsay Kenny
According to their website, the Strategic Research Advisory Committee was established to serve as a bridge between the Provincial Health Officer and government decision makers and the BC Health and Research Community. The committee was appointed by, how I understand it off their website, by the Provincial Health Officer and the Ministry. They had several reports, but this one in particular—

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the knowledge gap study relevant to the COVID-19 vaccine rollout in BC—the questions were put a month after they had started administering this product. I provided it in my documents there. I'm not a scientist, but I was just looking through the Michael Smith

Foundation and I came across this. Another thing that they had touted on their website was that they created the first sequencing ID for the SARS coronavirus in 2006, I believe, so they were part of, I believe, with UBC and the Genome Science Centre of Canada. The way I understand it is, they're actually a cancer research facility, but they do dabble in some genome science stuff.

Commissioner Massie
My point is to understand the report or the questions in the report was made public on their website after it rolled out of the vaccine, not before?

Lindsay Kenny
Yes. In BC, December, they started giving the vaccine out. This report is dated January 29th, 2021, where they asked these questions relating to the efficacy. So studying the population without their knowledge.

Commissioner Massie
So is this fair to say that the questions that were put in the report were not properly addressed before the rollout of the vaccine?

Lindsay Kenny
I would say so, in my opinion, yes.

Commissioner Massie
And the report is still not completed, so is it an ongoing process, or what's the situation with this committee?

Lindsay Kenny
I haven't followed up. When I made my FOI request for the conclusions to that study, it was August 17th of 2021, I made that request. This report asking these questions came out in January [2021]. When I got my response back, it was probably September, they said that there were no records with the Ministry of Health. The FOI analyst that was speaking to the Ministry of Health said to me in an email that the Michael Smith for Health and Research [sic] [Michael Smith Foundation for Health Research] are still working on this study, so their work would not yet be complete. There would be nothing with the Ministry. They would not be reporting anything because their work isn't complete.

Commissioner Massie
Thank you.

Wayne Lenhardt
We have another question, yes.

Commissioner Kaikkonen
You mentioned that the school board refused your request to delegate. Do you have children in that school board?

Lindsay Kenny
Yes.

Commissioner Kaikkonen
And did they give you a reason why they refused to let you delegate?

Lindsay Kenny
Not really. They just basically said that they're following public health orders and that they don't need to hear from me.

Commissioner Kaikkonen
And did you appeal that process?

Lindsay Kenny
No, I did not.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Are there any other questions? I think that's a no. So on behalf of the National Citizens Inquiry, I want to thank you for giving us your testimony today. Thanks again.

Lindsay Kenny
Thank you so much to everyone, the Citizens Inquiry and the Commissioners and the whole team. Thank you very much for having me.

[00:23:55]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 6: Ted Kuntz
Full Day 3 Timestamp: 03:57:30–04:55:25
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is Mr. Ted Kuntz. Ted, can you state your full name for the record, spelling your first and last name?

Ted Kuntz
My name is Theodore Joseph Kuntz. Theodore's T-H-E-O-D-O-R-E. Joseph is J-O-S-E-P-H. And Kuntz is K-U-N-T-Z.

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

Ted Kuntz
I do.

Shawn Buckley
Now my understanding is that you are the parent of a vaccine-injured child.

Ted Kuntz
That's correct.

Shawn Buckley
And that you're also now president of Vaccine Choice Canada.

Ted Kuntz
Yes.

Shawn Buckley
Can you share with us briefly what Vaccine Choice Canada is?

Ted Kuntz
Vaccine Choice Canada is an association of parents, primarily parents of vaccine-injured children. It's a group that came together in Ontario in 1982 when the government of Ontario instituted new legislation that removed the right to informed consent.

The Ontario government introduced legislation that made it mandatory for children to be fully vaccinated in order to attend public school. The original legislation did not have provision for personal belief or religious exemptions, and so a group of parents lobbied the government for two years. And in 1984 they were successful in having those exemptions included in new legislation.

And so that group of parents represent those that firmly believe in the right to informed consent and the right to dissent. But it's also a group of parents that experienced vaccine injury and knew that we had to protect children from the harms that vaccines can cause.

And so I'd just like to add,

Shawn Buckley
You can take a minute.

Ted Kuntz
that I am one father sitting here. But I want you to know that behind me are thousands of parents of vaccine-injured children, and I feel like I'm speaking on their behalf. I just want to add that we heard James Kitchen this morning talk about contempt for the unvaccinated. And we also have contempt for the vaccine-injured. And so I have to say that it feels very emotional to be here today because our voices have been censored and silenced for over 40 years.

Shawn Buckley
And that's why you're coming here today, is actually to share with us that much of what we're experiencing is not new by any stretch of the imagination. But that there's been similar efforts in the past.

Ted Kuntz
Yes, and so my testimony would be different than the testimony that I've heard over the last number of days. I'm not speaking about what happened in the last three years. I'm speaking about what's happened prior. And my position is that, while what we're experiencing in the last three years is more intense, it's not new. And so I'd like to walk the commissioners through an understanding of how what we're experiencing is actually a continuation of practices and policies that we've seen in this country for 40 years.

So the first point I'd like to make is—so what's happening here today is not new. If I can move on to my next slide. I just want to make clear that Vaccine Choice Canada is about choice: it's about protecting the right to informed consent. The media would have you believe that we're anti-vaxxers—and I have worked very hard trying to correct that misunderstanding. And they don't seem able to recognize the distinction between being an anti-vaxxer and being somebody who is pro informed consent.

So I want to start at something fairly basic. You've heard the language of informed consent many times in the days that I've been here. And what I want to suggest to you is that the lack of informed consent is not new. So let's begin with what informed consent is. And this slide—if you look at the second paragraph of the slide—actually comes from the Canadian Medical Protective Association

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in their guidance to physicians in Canada. And this is their words: "According to the Canadian Medical Protective Association for consent to serve as a defence against allegations of either negligence or assault and battery, the consent must have been voluntary, meaning, free of coercion or any threats of reprisal. Also, the patient must have the capacity to consent, and the patient must have been properly informed on the purported benefits, significant risks and alternative treatment options."

Now, given the testimony that we've heard about what's happened over the last three years, I don't think anyone would disagree that no one in this country gave informed consent to the COVID vaccination. And the reason I say that is that the significant risks were not known and that alternative treatment options were not permitted. But I would suggest to you that, in this country, that the number of parents who actually gave informed consent to any of the childhood vaccinations was probably very few, if any.

And just to give you why I think that to be true. Any of you that have gone to your pharmacy for a prescription will get a product that has a product information insert in it. And I brought one to give you an example of what one looks like. This here is a product information insert for a sleep aid. Do you have any idea what the product information insert for a vaccine looks like? Let me show you.

This is a slide that shows the product information insert for the HPV vaccine that is given to our adolescent boys and girls in this country. In my experience, unless a parent is absolutely committed to getting the product information insert, it is denied them. And so the number of medical consumers, the number of patients who've actually read the information that outlines the ingredients, what the vaccine is indicated for, what it's contraindicated for, the recognized adverse events, is very few, if any.

And so what most people don't understand is that vaccines are treated very different from pharmaceutical products. They undergo a different level of safety testing. And the lack of informed consent, I would suggest, is part of the systemic way that we respond to vaccination in this country.

We're in a very strange time where, with this product, the way we determine safety is by giving the vaccine. So this is a slide that has the words of Dr. Eric Rubin, who's with the Vaccines and Related Biological Products Advisory Committee. And he said, "We are never going to learn about how safe a vaccine is unless we start giving it."

The reality is that the amount of safety testing that is done to a vaccine before it is licensed for use is diminishing small. It would appear that the agenda of our governments and our health industry is not safety: it's about vaccination. And I provide this slide as an example of the perspective that is being held by governments. This is a slide that comes from the *Federal Register*, which is the official journal of the U.S. government that contains agency rules and public notices. And this statement was delivered in 1984 in response to increasing concerns about the safety of the polio vaccine. And the response of the government was this, "Any possible doubts, whether or not well-founded, about the safety of the vaccine cannot be allowed to exist in view of the need to ensure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." How I read that is, "It's our goal to vaccinate everybody. Safety be damned."

Shawn Buckley
Ted, if I might interrupt you. I think that it's somewhat apposite that the date, the year of that is 1984.

[00:10:00]

The same year as George Orwell's book, novel.

Ted Kuntz
Yes, and the same year that my son was injured.

There are a number of concerns about vaccine safety, and these are just a few. First of all, none of the vaccines on Health Canada's recommended childhood vaccination schedule were tested against a neutral placebo.

Shawn Buckley
Just wait a second. Did you just say that none, not a single vaccine in Canada's childhood vaccine schedule, has been tested against a placebo?

Ted Kuntz
Yes. The only exception to that was there was a very small cohort in the testing of the HPV vaccine. And just like they did with COVID, they very quickly moved that into a vaccinated population and so the data from there got lost. All of the other vaccines, none of them were tested against a neutral placebo.

Shawn Buckley
How many childhood vaccines are in the Canadian vaccine schedule?

Ted Kuntz
Seventeen different vaccines.

Shawn Buckley
Okay. So there's 17 different vaccines. And we've learned from medical experts that really the only way to understand both safety and efficacy is a sizable, double-blind clinical trial where the intervention—in this case a vaccine—is being tested against a placebo.

Ted Kuntz
That's correct.

Shawn Buckley
But you're telling us that for 16 out of the 17 vaccines that are injected into our children, there's actually never been a sizable, or any type of double-blind clinical trial, let alone a sizable one that would be statistically significant.

Ted Kuntz
That's correct. So their claims that the vaccine is safe are unproven. And again, the way they determine safety is by the amount of adverse events that are reported after vaccination. And I wonder if parents in this country know that. So to me that's the most egregious violation of what we would understand is robust safety testing.

The second is that childhood vaccines are actively monitored for safety for only a few days, or at most a few weeks, before they are licensed for use. As a matter of fact, the range of active monitoring is between 48 hours and four weeks. And I have a chart that will explain that in more detail.

Shawn Buckley
Right, but you just told us that they're not subject to double-blind clinical trials, which would reveal safety concerns. That the only way we're testing for safety is we're putting them on the market and looking for safety signals. And now you're telling us that we're only looking for safety signals for a short period of time, up to four weeks?

Ted Kuntz
At the longest, yes. And some for as short as 48 hours.

Shawn Buckley
Okay, I'm sorry, continue.

Ted Kuntz
And then finally—and there's many more, but these are the key ones—there's not enough time to show whether a vaccine causes autoimmune, neurological, or developmental conditions and other chronic conditions.

So this is a chart that's taken from Richard Moskowitz's book *Vaccinations: A Reappraisal* [sic] [*Vaccines: A Reappraisal*]. And if you look at this chart—I don't know, the writing is small—but let me just read it to you. This lists a number of the childhood vaccines and the active monitoring period. So for Hep B [Merck], it was actively monitored for five days and included 147 participants. DTaP for eight days, polio for three days, pneumococcus for

seven days, meningococcal for seven days, MMR for 42 days, Hepatitis B [GSK] for four days, Hib for three days, rotavirus for eight days, and influenza for four days.

Shawn Buckley
So just so that I understand, and I'll just speak to the first one. So can you put that slide back up for a second, David? So for hepatitis B. So first of all, hepatitis, my understanding is—and correct me if I'm wrong—tends to be a disease that one obtains through having sex with somebody who's infected. Or sharing an intravenous needle—so if you were a drug user—with somebody who is infected. Is that correct?

Ted Kuntz
Yes.

Shawn Buckley
And that children by and large don't fit into that category. They tend not to be, especially prepubescent, having sex. And they're not sharing, as a group, dirty needles.

Ted Kuntz
That's correct.

Shawn Buckley
Okay. I just raise that because one questions why

[00:15:00]

that vaccine wouldn't just be available to adults. But you're saying they didn't run a double-blind clinical trial for safety and efficacy. Is that correct?

Ted Kuntz
That's correct.

Shawn Buckley
And as far as for measuring for safety, they only measured for five days.

Ted Kuntz
Actively monitored for five days.

Shawn Buckley
And what do you mean by actively monitored?

Ted Kuntz
They contact the person who has received the vaccine and ask if they've had any adverse effects.

Shawn Buckley
Okay, so the passive monitoring system, people can still—or medical professionals—can still file an adverse reaction report.

Ted Kuntz
Theoretically.

Shawn Buckley
But the active—and the number of that, I think it was just 147 participants.

Ted Kuntz
Yes.

Shawn Buckley
So a sample size that would be statistically meaningless.

Ted Kuntz
Yes. And if I can just add to your question about Hep B and understanding what it's indicated for. The Hep B is given to our babies on their first day of life.

Shawn Buckley
I'm sorry. I thought you must have misspoke. You said that the hepatitis B vaccine is given to children on their first day of life, for babies.

Ted Kuntz
That's correct.

Shawn Buckley
Okay. We're learning new things. Please continue.

Ted Kuntz
So I want to continue on with some of the safety concerns. If you read the vaccine safety insert—the monograph—it clearly says that vaccines have not been tested for the following conditions: their ability to cause cancer; damage to an organism; damage to genetic information within a cell, to change the genetic information of an organism; to impair fertility; or for long-term adverse events. That's what the product information insert says.

Shawn Buckley
Which vaccine is that for?

Ted Kuntz
All of them.

Shawn Buckley
All of them. Meaning, the 17 on the childhood schedule.

Ted Kuntz
Correct. So then as we talked about, there's a voluntary reporting period after that which relies upon physicians to report an adverse event to a vaccination. And in my experience, what I've learned is that physicians are not trained to recognize vaccine injury. They're discouraged from reporting vaccine injury. They believe that vaccines are safe. The reporting is voluntary and there's no accountability when professionals fail to report a vaccine injury.

When parents like myself report a vaccine injury this is what we're told: It's just a coincidence. This is normal. It would have happened anyways. You have poor genes. You're looking for somebody to blame. It couldn't have been the vaccine. And I know this because all of these excuses were given to me when I insisted that my son was vaccine-injured.

To me, if Health Canada was very concerned about vaccine safety, they would have conducted vaccinated versus unvaccinated studies. And the testimony that we heard yesterday from Alan Cassels talked about how we actually have digital medical records and if they put in the proper conditions, they could have the results of those records literally within 24 hours. But the government refuses to do so in spite of many efforts to request that they conduct vaccinated versus unvaccinated studies. Their response is that it would be unethical to have an unvaccinated population. And my response, and many others, is that there already is an unvaccinated population. You simply have to look for that data. But the government refused to do so.

But there has been two studies that have been done in recent years that compare vaccinated versus unvaccinated. So this chart shows the results of a study that was conducted looking at vax versus unvaccinated 12- to 17-year-olds in the United States. It was conducted by the Children's Medical Safety Research Institute, and the size of the figures indicates their likelihood of having a chronic medical condition: So the littlest person that's on the left is an unvaccinated population. The next one is chronic illness; so 2.4 times the likelihood of a chronic illness if you're vaccinated. Eczema, 2.9 times. Neurological disorders, 3.7 times. Autism, 4.2 times,

[00:20:00]

and I would suggest it's much higher now. ADHD, 4.2 times. Learning disabilities, 5.2 times. And allergic rhinitis—which we often call hay fever—is 30 times. So this gives you some representation of the increased likelihood of having a chronic condition if you're vaccinated.

Shawn Buckley
Can I ask you, what is the measurement of vaccination there? So how many vaccines would the participants typically have had, just so that we have some measure of the meaning of that chart.

Ted Kuntz
Well, I'll show you a chart that shows the shift of the change in the number of recommended vaccines from 1950 until the present. What I can tell you is that the

recommended schedule in Canada today, before the age of 18, would be 72 vaccines, not including COVID. And if you add COVID to that schedule and assume that they are receiving one or two vaccines a year, we could have well over 100 vaccines in our children before the age of 18.

Shawn Buckley
Right. No, all I'm asking is this study is done in the United States?

Ted Kuntz
Yes.

Shawn Buckley
Do you recall how many vaccines the average child had that was participating in study?

Ted Kuntz
I don't know that number. But the vaccine schedule in the United States is almost identical to what we have in Canada.

Shawn Buckley
Okay, and so you're telling us that in Canada—because you had said on the vaccine schedule earlier for children it's 17—but by the time basically someone is a teenager in Canada, if they're getting all the vaccines that they're supposed to, they're getting a full 72?

Ted Kuntz
Yes, so the way you get to 72 is there are 17 different vaccines. But you have to understand that some of those vaccines have three and four vaccines in one shot. So the MMR is actually three. DPT is three. So when you factor in all of those, you're actually getting 72.

Shawn Buckley
Not including the COVID vaccine.

Ted Kuntz
Not including COVID.

So this next chart comes out of the safety studies that were conducted by Dr. Paul Thomas, who's a pediatrician in Oregon in the United States. And Dr. Thomas shares the testimony that he was a typical family physician—pediatrician—giving vaccinations to virtually all of his patients. Until he began to recognize that some of his patients were being harmed by the vaccines, particularly regressing into autism. And so he began to do homework he said he should have done before. He began to recognize that vaccines are not as safe as he was led to believe. He started taking informed consent seriously with his patients.

And, as a result of that, he ended up having the largest unvaccinated and partially vaccinated population of children in America. The Oregon Public Health got wind of the fact that he was not fully vaccinating most of his patients. And they challenged him and said,

"What makes you think that your recommendations to your patients are better than the CDC's?" And he said, "Well, first of all, they're not my recommendations. I simply give parents information, and many choose to opt out of some or all of them." But he said, "I'm willing to take up the challenge." And so he hired a statistician to go over his patient files and compare that to the standards in America.

This is what the chart looks like. This is just a sampling of the chronic conditions. And so the blue line is the unvaccinated population, and the red line is the vaccinated population. And this is the number of office visits for the various medical conditions over a length of time. So the bottom axis is length of time, and the vertical axis is the number of office visits. And you'll see that the vaccinated population has significantly more need for medical services than the unvaccinated population. So the point of what I've just shared with you is that inadequate safety testing of vaccines is not new.

I'd like to just move on to the next topic. That the censorship that we experience today is not new. And I'd like to continue on with Dr. Thomas's story. When he came out with the data that showed that an unvaccinated population was significantly healthier than a vaccinated population, the Oregon Board of Health had an emergency meeting two days after the release of his data and they took away his medical licence.

The reason I'm showing this slide is that Vaccine Choice Canada in 2019 contracted with a billboard company in Toronto, Ontario,

[00:25:00]

to put up some billboards. This is one of them and this is the second one. We actually had four billboards and they basically asked very basic questions, and we were contracted to put them up for 30 days. Within four days the Ontario government forced the billboards to come down.

Another example of censorship is that I was with an organization called Health Action Network Society. I was actually president of the board. In 2018, there was increasing concern about vaccine hesitancy. And this is when the measles outbreak was in Disneyland, and it was being blamed on misinformation and vaccine hesitancy. And so I wrote an article that I've submitted as part of my testimony about how to reduce vaccine hesitancy [Exhibit VA-5]. And it had very basic information: do good science, be transparent, give informed consent, be independent, monitoring, accountability. And as a result of that article that was published in our *Health Action Network* journal, a CBC reporter did quite an attack on the organization and then lobbied the government to have the charitable gaming funding removed from the organization. And she was successful in that endeavor and the organization was forced to close because they had no money.

Shawn Buckley
And my understanding is that the Health Action Network Society had been around for decades, like 30 plus years.

Ted Kuntz
Since 1982.

Shawn Buckley
Right, and had really been instrumental in basically providing health information on a wide range of subjects to people in the lower mainland. And they had a library people could visit and that their mandate was to educate.

Ted Kuntz
That's right, and they were involved in everything from fluoridation of water to mercury levels in water, to pesticide use and herbicide use in school playgrounds, et cetera. And an illustrious organization with more than three decades of service was shut down within six months because of this one article that I wrote.

Shawn Buckley
And just so that everyone is aware, this article will be made an exhibit in these proceedings so the public and the commissioners can review it.

Ted Kuntz
So I'd like to move on—that the efforts to vaccinate children without parental consent is not new. If you go online, you will see articles like this: "How to Get Vaccinated Without Parental Consent." And if I can read the words to you there, it says, "There's a lot of misinformation about vaccines online, and sometimes well-meaning parents fall into rabbit holes of conspiracy theories and made-up 'facts.' While they often intend to protect their children, not vaccinating has the opposite effect, and leaves kids more vulnerable to dangerous and even deadly diseases."

There are significant efforts to undermine a parent's, what I would say is their right and their responsibility to make medical decisions for their children. We witnessed that over the last couple of years. What I can tell you is that every province in Canada has either what's called a mature minor doctrine or an *Infants Act* that allows medical authorities to dispense medical treatments to young people without the knowledge or the consent of the parents. That legislation was initially brought in to allow the giving of birth control and abortion services to teenagers without the parent knowledge and has been extended to vaccinations. And so we see now where they're putting vaccine clinics in schools and they will—I can tell you that this is what happens—is that they will say, "All Grade 7s, please report to the gym." And by the very fact that you report to the gym and you stand in line, and when they ask you to roll up your sleeve and you roll up your sleeve, they deem that informed consent. Even though the parent doesn't know.

Shawn Buckley
And the Grade 7 kids, not knowing what's going on, are just going to generally do what they're told, and then there's the peer pressure. They wouldn't even know whether or not they should be asking questions.

Ted Kuntz
Exactly. They don't know their family history of vaccinations. They don't know the medical history. They don't know the complications that might have been there for other family members. We hear reports over and over again of children coming home from school and saying, "Mom I got two needles today." "What was that for?" "I don't know, we just did it."

Shawn Buckley
So you know what's interesting about that—at what age are kids able to consent?

Ted Kuntz
Well, some of the provinces have a set age. It's been getting lower and lower, in some provinces, like British Columbia—

Shawn Buckley
Can you give us some examples?

Ted Kuntz
Most provinces, it's 12 years of age.

Shawn Buckley
Okay, so 12 years of age.

[00:30:00]

So the interesting thing there is that, for adults, we're aware that in some cases, we can get the right to make medical decisions for other people. So I had, at one point, the right to make medical decisions for one of my family members. Could any of us imagine giving a 12-year-old the right to make medical decisions for another person? And even just me saying that sounds so ridiculous. And yet we have provinces in Canada giving 12-year-olds the right to make medical decisions for themselves. That's basically what you're telling us.

Ted Kuntz
That's exactly what I'm telling you. And in provinces like British Columbia, there is no designated age of consent of what they call a mature minor. And I am aware of children as young as nine being deemed to be mature enough to make a medical decision about vaccination. Now, I also want to point out—

Shawn Buckley
These are children whose parents are available to make the decisions for them. This isn't like an emergency situation where the parents can't be reached, and yet they're asking the child for the child's consent.

Ted Kuntz
That's correct. The other twist to this, that I'll point out, is that it's been deemed that a child as young as nine has the maturity to consent to a vaccine but doesn't have the maturity to refuse a vaccine.

Shawn Buckley
Well, that's interesting, isn't it? Because that's completely, inconsistent logically.

Ted Kuntz
So this is the situation we're in today. And I just want to point out that Pfizer in particular, but others, are marketing to our children. And so this is children's cartoons that are being sponsored by Pfizer and BioNTech.

I want to talk about vaccine coercion. And that's not new either. And so let me point out that Ontario, as I said, introduced legislation in 1982 to make vaccines mandatory. The other provinces—there's only two provinces in Canada with vaccine legislation. The other one is New Brunswick. And New Brunswick in 2019, though they had legislation that allowed for personal belief and religious exemption, in 2019 introduced legislation to remove personal belief and religious exemption, allowing only for medical exemption. Which in our experience is exceedingly difficult to secure.

Ontario, in 2019, introduced new policies that said if a parent did not fully vaccinate with every available recommended vaccine, that they were required to take an education session. And then, if they still insisted on not receiving every available vaccine, that they had to sign an affidavit saying that they are knowingly putting their child's life at risk.

Shawn Buckley
So basically, knowingly signing an affidavit that they could be criminally liable for failing to provide the necessities of life—assuming that a court would accept that vaccines are safe and effective.

Ted Kuntz
That's right. And let me just point out, when New Brunswick introduced their legislation in 2019, they formed a subcommittee to hear testimony over three days. Vaccine Choice Canada attended that subcommittee and made testimony. And we also secured international experts to fly to New Brunswick to also give testimony. And the experience I had—because I testified on behalf of Vaccine Choice Canada—that this felt like an exercise in making it appear to do the right thing. Because it seemed like no matter what the expert said, the legislators didn't seem to be moved by the testimony. Until the last day.

And on the last day, the public health officer was asked to testify. And they asked her why she was bringing in this legislation, and she said, "Well, we have to bring it in because there's been 11 cases of measles in the last year." And so the astute legislator said, "Okay, and of those 11 children that got measles, how many of them were vaccinated?" And the public health officer said, "I refuse to give you that information." And the legislator said, "I'm not looking for the names of the children. I'm looking for a number between zero and 11. How many of those 11 cases were vaccinated?" And the public health officer refused to answer. And I would suggest that's when the committee shifted its energy, and they realized that they were being misled by the public health officer, and that bill was defeated.

We did a Freedom of Information request. We did a Freedom of Information request, and we learned—it took a year to get the results—that nine of the 11 were fully vaccinated, one was partially vaccinated, and only one was unvaccinated.

[00:35:00]

That government, three months later, reintroduced the legislation that had failed, but this time they included the notwithstanding clause that basically declared that they knew they were violating the *Charter of Rights and Freedoms*, but they were going to do it anyways.

Shawn Buckley
And just so that people listening to your evidence understand that section 33 of the *Constitution Act, 1982*—which includes our *Charter of Rights and Freedoms*—permits a government to pass a law that violates a list of freedoms that are set out in the Charter, providing they put a clause in the bill saying, "notwithstanding the Charter, we're passing this law." So we know we're deliberately violating your Charter rights. And the safety valve is that law only lasts for five years, and they would have to repass it and do it again. So just so that you understand what Mr. Kuntz is speaking about.

Ted Kuntz
And the reason they introduced that legislation—that addition to the legislation—is when I gave my testimony, I used all 30 minutes to talk about safety concerns, much of what I've shared here. And when it came time for questions, they didn't ask me about safety. The question they asked me was, "If we pass this bill, will Vaccine Choice Canada take us to the Supreme Court of Canada?" And I said "Yes."

The other deception that I want to speak to—which is part of the coercion—is this idea that those that are unvaccinated are a danger to the public health. And the impression that most people have is that all vaccines prevent infection and transmission. And what we learned around the COVID vaccine is it doesn't do that. Well, there are five vaccines that actually don't prevent infection or transmission. They're not designed to. They're designed to reduce the severity of symptoms. And those vaccines are the polio vaccine, diphtheria, influenza, pertussis, and tetanus. The public doesn't understand that these vaccines aren't all designed to prevent infection or transmission.

Shawn Buckley
In fact, if I can stop you. I probably speak for most Canadians in saying that, prior to COVID—where this is called a vaccine—but prior to the COVID experience, my expectation would be that literally 100 per cent of Canadians would believe, because of the word vaccine, that a vaccine is something that gives you immunity

Ted Kuntz
That's correct.

Shawn Buckley
from a disease, that prevents a disease. But you're indicating to us that for five vaccines—or what are called vaccines—that they don't give us immunity. That the indication is to reduce symptoms.

Ted Kuntz
That's correct.

Shawn Buckley
And these would be vaccines—I presume based on your earlier testimony—in which there has not been a double-blind clinical trial to determine whether or not they even reduce symptoms compared to a placebo.

Ted Kuntz
That's correct.

And let me just give an example of some of that coercion. When they were promoting the DPT shot—which is pertussis, which is whooping cough. Some people here may remember that there were commercials on TV that showed a grandmother and a grandfather greeting a newborn grandchild. And then the head of the parent would turn into a wolf. And what was being said was, is that you could be passing on pertussis to your grandchild—get the vaccine. So that was the advertisement. The truth is that the pertussis vaccine does not prevent infection or transmission. It reduces symptoms. And so the grandparent, it would not stop infection or transmission. But by being vaccinated, your symptoms might be reduced sufficiently that you didn't even know you had pertussis. And so you could possibly be visiting your grandchild and have pertussis, but not know because the vaccine prevented symptoms. And so what I'm suggesting is that the truth is actually the opposite. That the vaccine could actually get in the way of your efforts to keep your grandchild safe.

The slide that I've got up here is a slide that talks about mortality rates that have declined significantly over the last century. And the vaccine industry would like to take credit for that. And what this slide shows is the arrows indicate where vaccines were introduced. And it also shows two conditions, scarlet fever and typhoid that declined at the same time without vaccines. And what you'll see is there's a significant decline in mortality over the last century. And it's not due to vaccination. It's due to sanitation measures like clean drinking water, closed sewage sanitation, better nutrition, refrigeration. Those kinds of conditions, better housing.

[00:40:00]

There's been studies that have been done that have suggested that the benefits of vaccination to the reduction in mortality rates is between one and 3 per cent. But that's not what the public is led to believe.

I want to talk a little bit here about the lack of accountability. And I'm sorry I'm taking so long. Vaccines are the only product—medical or otherwise—where a manufacturer is not legally responsible for injury or death caused by their products. What this means is that no one is held responsible for vaccine injury. So there's no legal or financial incentive for a vaccine manufacturer to make their product safer, even when there's clear evidence that vaccines can be made safer. I think it's very dangerous to have an industry that they're not held accountable when their products cause injury.

Shawn Buckley
So I just want to make sure that we're clear. To your understanding, vaccines are the only drugs where we don't have sizable double-blind clinical trials—let alone double-blind clinical trials that are not sizable—and yet they're the only drugs that also are exempted from liability.

Ted Kuntz
For harm caused by their products. So this came about in 1986 in the United States under the *National Childhood Vaccine* [*Injury*] *Act*. And the reason that this was enacted is that by 1985, vaccine manufacturers in the United States had difficulty obtaining liability insurance because there were so many claims against the vaccine industry for injury. And so the purpose—and this is what I actually pulled off the internet today—the purpose of the

***National Childhood Vaccine* [*Injury*] *Act* was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable market supply of vaccines. So again, my reading of it is, "We want to have the vaccines. We're not concerned if they're not safe."**

Shawn Buckley
I mean, indeed, one could argue that the life insurance companies are basically the world experts in assessing product risk because their existence depends on getting that right. And so they're not willing to insure pharmaceutical companies for vaccines and so, the government's action is to exempt them from liability.

Ted Kuntz
That's correct. I know I'm running out of time, so let me just quickly run through these slides, and then I'll take some questions.

So this is a chart that we developed at Vaccine Choice Canada that shows the growth of recommended vaccines from 1950 to 2022. And the significant increase, again, was after 1983. That legislation in 1986, which exempted liability to manufacturers, really opened up the opportunity for them to produce products that didn't need to be safe.

This is the new childhood condition in America, and the numbers are very similar to Canada: So one in three is overweight. One in six has learning disabilities. One in nine has asthma. One in 10 has ADHD. One in 12 has food allergies. One in 20 has seizures. One in 54 males has autism—that is actually closer to one in 30 now today—one in 54 males have autism, and one in 88 has autism. So we have a condition. Fifty-four per cent of American children have a lifelong chronic condition. And it seems like we're more concerned about acute illnesses that have a very short impact on children, and instead, we have a chronic condition of chronic disease in Canada and America. So I would suggest the science is not settled, as we've been led to believe.

So I want to go back to my opening statement about what we're seeing is not new. And my concluding comments are that I believe that if we had vigilantly upheld the right to informed consent back in 1982, we wouldn't be in the place that we're in today. Thank you.

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

Commissioner Massie
Thank you very much for your presentation. I have a couple of questions concerning the clinical trials that are done in order to assess a new vaccine. I suppose that if, in those clinical trials, the placebo arm is not inactive—is not saline, let's say—then the goal of this particular vaccine would be—of this trial—would be to say the new vaccine we're trying to put in the market is equally safe as this other vaccine that is already in the market.

Ted Kuntz
That's correct.

Commissioner Massie
And I know that in cancer treatment,

[00:45:00]

it's a common practice when you come up with a new treatment to compare it very often to what we call the standard of care. Because it's considered unethical to not treat the other patients that are affected with cancer with the placebo. So in this case, they take the best possible drug or treatment and compare the new one to see whether it's better, basically. So they're using the same kind of approach for the vaccine. Is that what you're saying?

Ted Kuntz
That's true. They're often, the control group for a new vaccine— All of the vaccines that were given when I was a child are no longer on the market; they've been replaced. But they were all deemed to be safe and effective when they were marketed initially. But yes, what happens is the new vaccine, in many cases, is compared to an old vaccine, and they will say that it is as safe as the old vaccine. The problem is the old vaccine was not compared with a placebo. The old vaccine was often compared to another vaccine or the ingredients in the vaccine minus the antigen: So it still had mercury. It still had aluminum in it. It still had polysorbate-80. It had a number of other ingredients. And the bottom line is that none of the vaccines on the childhood schedule were initially tested against a neutral placebo.

The other thing is, it's different when you're talking about cancer treatment and you're looking at somebody who's at late-stage cancer and without treatment, they have a high possibility of mortality. We're dealing with healthy children at the beginning stages of life. And the standard of safety testing ought to be significantly higher for that population.

Commissioner Massie
So in terms of safety, efficacy evaluation of these— Because some of them are not replacements of old vaccine, they're totally new vaccines. So in terms of assessing the efficiency, are most of those new vaccines that are coming on the market tested in animals or systems with surrogate markers that would actually be a direct indication of safety? Because we've heard from some of the witnesses that using—in the case of the COVID vaccines—antibody levels, it was specifying on the FDA website that this is not enough to indicate the efficiency of the vaccines, and you need something else in order to confirm the efficiency. So is it the same sort of approach that is used for the other vaccines? They would just run clinical trials in humans and look for antibody levels and assume that this is a surrogate marker for protection?

Ted Kuntz
That's right. You're absolutely correct there. They use a surrogate marker for effectiveness, for efficacy, and it's antibody levels. And as you heard from Alan Cassels yesterday, that's a very poor indicator of the actual performance of the product.

Commissioner Massie
So just one last question on HPV, which is a vaccine that in theory would protect against cancer that will come tens of years down the line.

Ted Kuntz
That's right.

Commissioner Massie
So how do you actually demonstrate

Ted Kuntz
Efficacy.

Commissioner Massie
the efficiency of such a vaccine. What's the kind of model you use to show that?

Ted Kuntz
So that's a good question. Because you're right, that they're putting out a product that the benefit may not be known for 30 or 40 years. And so how do you test whether it's actually efficacious? And so they pick a marker. The question is, have they picked a marker that has integrity?

Commissioner Massie
And how do you then measure the risk–benefit

Ted Kuntz
Yes.

Commissioner Massie
of such a vaccine? Is there any consideration for that?

Ted Kuntz
You're asking the right question.

Commissioner Massie
So my last question in terms of the vaccine schedule and the school system. Does it vary quite a bit from province to province?

Ted Kuntz
No, the provinces are very similar, and Canada is very similar to the United States. But what most people don't know is that our vaccine schedule is the highest level of vaccination in the world. And when you look at what the schedules are in places like Norway and Scandinavian countries, in Japan, it is a half to a third of what we give to our children.

Commissioner Massie
And if you don't follow the schedule, you're not allowed to enter school, or is it something that is mandatory?

Ted Kuntz
Are you talking about in Canada?

Commissioner Massie
Yeah, in Canada, yeah.

Ted Kuntz
Well, the truth is, in Canada, all vaccines are voluntary.

Commissioner Massie
Okay.

Ted Kuntz
But if you ask, if you were to survey the parent population

[00:50:00]

in Canada about whether vaccines are required to go to school, I would suggest that more than 90 per cent are of the understanding that they have to have their child vaccinated to go to school. And the government and the media—I've worked very hard to get the media to be honest about this—and they prefer that people have that misunderstanding.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
There's an increasing number of children being identified in the school systems as special needs and needing individual education plans to follow them from kindergarten all the way through to Grade 12. I'm just wondering, when you say that our babies are being injected with Hep B on their first day of life, when did that start? And is there a correlation between what is happening in the school systems to what is that date that they would start being injected?

Ted Kuntz
Yeah. I don't know the exact date when that policy came in as a standard of practice to start to give the Hep B shot. I would say it's two to three years ago that happened. But the question you're asking is a good question about, what is the correlation between the increase in vaccination rate of our children and the increase in— Well, you see all of those neurological conditions: ADHD, autism, behavioural disorders. You know, our schools are very different places now than they were 30 years ago. And if you speak to an educator

who's been in the school system that long, they'll tell you the number of children whose ability to learn is compromised is significant.

Commissioner Kaikkonen
And my second question is, a lot of people don't understand what coercion is, but they do understand the analogy of the bully in the schoolyard. Who is the bully, in your opinion, in the schoolyard?

Ted Kuntz
Boy, that's a good question. I would say the bully is our medical system, right down to our family physicians. When I made a decision after my son was injured— He was injured by his very first vaccine, it's the DPT shot. And I was continually being harassed to have him vaccinated with further vaccines. And so there's a complete lack of understanding that our children can be injured. But the messaging put out by our government and public health is that parents who don't fully vaccinate their children are a danger to society. And that's bullying.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
Mr. Kuntz, when you were describing Vaccine Choice Canada earlier, you referred specifically to the fact that the media refers to your organization as anti-vaxxer. And that term just keeps coming up, where we have witness after witness who have experienced awful vaccine injuries will say, well, they're "not anti-vaxxer." Or we'll have even representatives of organizations say, "We're not anti-vaxxer." And so it's interesting because the information that you've just shown us would be, you know, considered anti-vaxxer information. This is strictly forbidden information. This is the type of thing that the government doesn't want you to read.

Now, my understanding is there's a couple of books, and you and I haven't spoken about this. I'm guessing you'll be aware of them, written by esteemed doctors or scientists basically outlining research behind vaccination. Could you share those with us? Even though, it's forbidden knowledge, it's forbidden for us to even have a discussion on this. I think it would be helpful for the record for you to share some resources.

Ted Kuntz
Well, Mr. Buckley, I can tell you that I've got a wall of books in my home of vaccine books. I mean, the number of materials, the number of resources out there are considerable. But you're right. I would suggest the book that I find the most clear in going through all of the vaccines and the disease conditions and evaluating benefit and risk is, as I said, Richard Moskowitz's book. He's a pediatrician. He's in his 80s, 50 years of clinical practice. It's called *Vaccines: A Reappraisal*.

A recent book that came out is called *Turtles All the Way Down*. And that book specifically looks at the fact that none of the vaccines on the childhood schedule were tested against a neutral placebo and it goes into each vaccine in detail and exposes that reality. It's a very compelling book. It just came out last year.

Dr. Chris Shaw that you've had on as a guest on our first day—or as a witness on our first day—completed a mammoth investigation

[00:55:00]

into vaccines called *Dispatches from the Vaccine Wars*. It's very well-researched. I think over a thousand references in his book.

Shawn Buckley
And just before we take the break— Because this is, I think, one of the most important points that we can recognize. I've spoken in some of my openings about how, when these labels are put on us, they are to close your mind, right? So Holocaust denier—there's nobody wants to be termed as a Holocaust denier because then you're some whack job; I'm not saying there's any truth or not to that. And anti-vax is one, a climate denier: these are just labels that are coming to my mind. And none of us want a label because then we're not part of the tribe; we're a kook that is not to be taken seriously.

But I would just wonder, is there any area, is there any area in society where we should insist on having an open mind, where we should actually get angry if there's any labels, other than childhood health and medication, including vaccines? Because here's our most precious resource, our most vulnerable population, and yet the government and the media throw this anti-vax label, which closes our mind. You see, if you are part of the mainstream culture, as soon as somebody's labeled as an anti-vaxxer, you are conditioned to turn your mind off, to close your mind so that you don't listen to the information that they have. And that prevents you from actually having an open dialogue and changing your mind.

And so I just, before we take the lunch break, just wanted to emphasize that the most dangerous area for us to have a closed mind is any health discussion for children. And yet we're experiencing in this Commission that we as a population have been conditioned to refuse to have an open and honest discussion about childhood vaccination. Full stop. We can't deny it. It's part of the evidence that's coming out on the record, although we don't have a single witness stating it.

[00:57:20]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 7: Gail Davidson
Full Day 3 Timestamp: 05:33:40–07:02:30
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we begin our final afternoon in the city of Vancouver, province of British Columbia. I'm pleased to announce our first guest for the afternoon, Gail Davidson. Gail, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Gail Davidson
Certainly. My name is Gail Davidson. That's G-A-I-L D-A-V-I-D-S-O-N.

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

Gail Davidson
I do. I will relate to you international human rights law and Canada's obligations to what I believe to be true, and I will be also giving you opinions and analyses that I believe are properly centred on my knowledge of that law.

Shawn Buckley
I'll take that as a yes, and I'm sorry, you wanted to affirm, and I didn't notice my note. I apologize for that.

You are a retired lawyer who has worked for the past 20 years in international human rights law, advocacy, research, and education. Is that right?

Gail Davidson
Correct.

Shawn Buckley
Would you add to that, or is that a good introduction? I think it's important for people to understand that you're an expert in international human rights law.

Gail Davidson
Sorry, what was your question, Shawn?

Shawn Buckley
Well, I'm just wondering if you wanted me to add to that because I think it's important that—

Gail Davidson
No, I think that's an ample description unless you want me to add to it or you want to add to it.

Shawn Buckley
I just want the people that are participating and watching your evidence to understand that you truly are an expert in international human rights law. So 20 years of experience as a lawyer is pretty good in that field.

So we'll go on. I will advise, you've written the article called "The Right to Say No to COVID-19 Vaccines," and Commissioners that is entered as Exhibit VA-4, and that'll be available to the public online also as an exhibit.

So Gail, I'll just let you launch in because you've come in to give us a presentation [Exhibit VA-4b] on your thoughts with COVID and international law, and I know that actually you're going to need most of the time to get through that, so I'm just going to invite you to start.

Gail Davidson
Thank you very much, Shawn.

The reason why I didn't want to be introduced as an expert, if I can just briefly say to the people that are watching and the Commissioners, is that I'm going to be talking about international human rights law and Canada's obligations under that law, specifically with respect to the panoply of rights that were restricted with mandates and measures and policies introduced since March of 2020.

My opinion about the law is that it only works if it belongs to everybody, and increasingly it is something that is only known by experts. So my hope that I want to do today is to run through some particulars of international human rights law as it relates to the restrictions of rights. So here we go.

[Index]
I've just got a little bit of an index of the things I'm going to run through: the rights violated since the World Health Organization declaration that COVID-19 was a virus; Canada's international human rights law obligations; the rights to informed consent, and I really appreciate what Mr. Kuntz said about there not being any rights, and I want to talk about the possibility of there being rights.

I want to talk about what are rights that can be restricted and rights that cannot ever be lawfully restricted. Then I want to say a few things about what should have happened. And then the right of all of us, individuals and society, to remedies for the violations. And then I want to talk briefly about what can be done now.

[A. Importance of IHRL]
So the importance of international human rights law [IHRL]: I want to emphasize that to you—to the maintenance of democracy, rights, and the rule of law in Canada; the seriousness of the violations; what the state duties are to ensure remedies and the fact of truth, accountability, redress and measures to prevent recurrence and my opinion that you definitely cannot rely on the state to invoke those remedies, as one of the commissioners, Mr. Drysdale, well knows from his own efforts;

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and lastly, the need for individuals and groups to work towards ensuring those remedies, restoring rights, re-establishing democracy, and the rule of law, which is a process, obviously, by this Inquiry that has already begun.

[A.1 Restrictions of Rights Unlawful]
I'm of the opinion that virtually all of the restriction of rights were unlawful in this way: they were non-compliant with requirements of restrictions under international human rights law of lawfulness, legitimacy, proportionality, and temporariness.

They were not—this is the next point I think is very important to understand—the restrictions were not supported by the information and debate that was necessary, absolutely necessary, to assess or contest the risk or the lawfulness of the mandates or to allow any kind of periodic review or to allow even a judicial review. And also, some of the restrictions were unlawful because they applied to rights that can never be lawfully restricted.

And then I'm going to talk about they were unlawful because they effectively denied access to remedies and a little bit of that was profiled by Lindsay Kenny's testimony this morning, where—one of the cases of her doing an FOI—she referenced waiting 20 months to hear that there basically wasn't anything, long past the 30 days.

[A.2 Democracy to Despotism]
So basically after the WHO Declaration, governments all across Canada engaged in widespread and systemic violation of rights and imposed measures that caused a good deal of harm to everybody. These restrictions paved the way for further measures to destroy democratic governments and entrench authoritarian rule.

Some examples of that are the federal Agile Nations Charter that heralds easing of laws and procedures to speed up marketing and public consumption of corporate products, thereby, although increasing profits for corporations, definitely increasing harm to consumers.

Another example is the *Health Professions and Occupations Act* in British Columbia, which has already been passed but is not yet enforced. And that Act will criminalize the delivery of personalized health care; entrench despotic lawmaking; create involuntary pharma markets through mandatory vaccination for health care workers; violate freedom from ex post facto laws; and allow laws and rules adopted by any organization or any government anywhere to become law in BC.

This, of course, would allow adoption of things like the controversial amendments to the International Health Regulations and the WHO Pandemic Treaty [WHO Pandemic Preparedness Treaty], I'm just forgetting what it's called. So that's two examples of the way this is not over.

So when people used to talk about getting back to normal, what normal is, we're not getting—back—to normal. We're staying in normal: what normal is, is despotic lawmaking and authoritarian rule. That's what's been put in place. That's the normal.

[A.3 Rights to Informed Consent]
So I want to talk about rights to informed consent, and there's three of them I want to talk about. The first one is informed consent to medical treatment and the right to refuse treatment and the right to revoke consent, and I'm just going to refer to that as "informed consent."

And the second one is freedom from coercion or force to accept a medical treatment not voluntarily chosen, and I'm just going to refer to that as "freedom from coercion."

And the third one is freedom from non-consensual medical or scientific experimentation, and I'm just going to refer to that as "freedom from experimentation."

And of course, I'm saying that all of those were— They weren't just violated, they were actually extinguished because, of course, once people went ahead and got an injection to which they hadn't consented, then basically their freedom had been extinguished.

[A.4 Some IHRL Guarantees of Rights Violated by Mandates]
Now, some of the international law guarantees of rights violated by mandates are the Universal Declaration of Human Rights [UDHR];

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the United Nations International Covenant on Civil and Political Rights [ICCPR]; the International Covenant on Economic, Social, and Cultural Rights [ICESCR]; the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [UNCAT]—and I'm going to refer to those prohibitions under the Committee Against Torture, to make it shorter, the Convention Against Torture and Other Ill Treatment, and by that I'm including the other cruel, inhuman, degrading; and also the American Declaration on the Rights of Duties of Man [ADRDM].

[B. Rights Violated by Mandates and Policies, UDHR Rights]
Now if I can just shock you or trouble you to go through this list of rights that were violated **by mandates and policies, and I won't read them all out because it's too long a list. But you can see how long, and I've divided them up according to what instrument guaranteed them.**

So you can see they start off with the big one, equality and non-discrimination; freedom from torture and ill treatment; equality before and the equal protection of the law; access to effective remedies for rights violations, that's a very big one. Another big one, access to independent impartial competent tribunals to determine rights; privacy and movement; freedom of belief; freedom of opinion and expression, that's a huge one. Assembly and association to take part in governance; work and free choice of employment; adequate standard of living; education to participate in cultural affairs, and so on.

[B. Rights Violated by Mandates and Policies, ICCPR Rights]
And then there's another two pages: right to life, liberty and security of the person; freedom from ex post facto laws; due process, fair trial and access to judicial review; freedom from coercion to adopt a belief other than by choice, that's one of the freedom of belief, freedom of religion rights—that's what we call, never subject to any kind of lawful restriction.

[B. Rights Violated by Mandates and Policies, ICESCR Rights]
And ending up with the rights under the International Covenant of Economic, Social and Cultural Rights [ICESCR] of the rights to health and the rights to work.

[B. Rights Violated by Mandates and Policies, UNICAT and ADRDM]
Now, the rights under the UN Convention Against Torture and the American Declaration on the Rights and Duties of Man.

[C. Canada's IHRL Obligations: Sources]
If I can talk for a few minutes, just so you'll have an understanding that when the Canadian government or the BC government or any kind of non-state actor, where the restrictions have been promoted by the state and allowed by the state, when they sweep away the rights and there's not even a mention of— I'm wanting to tell you these things because I want you to know that the rights are protected. But the situation is such that we're going to have to work together to take back the law because obviously, otherwise, there's just more rights, terrible violations ahead.

Okay, so some of the sources of Canadians' international law obligations are its membership in the United Nations and the Organization of American States [OAS] and the charters and declarations that Canada's accepted when they became a member of those.

Customary International Law [CIL], and that's just a body of law that it's rules and standards that our states have accepted over the years and are considered to be part of law, even if they're not protected by treaty. And those include obvious things like slavery and non-refoulement to torture and so on. Peremptory norms: those are norms that are accepted and recognized by the international community as norms from which there can never be any limitation and also treaties to which Canada is a state party.

[C.1 The Rule of Law]
So I'd also like to briefly mention the rule of law and the reason why I want to mention that is because I've just heard people that we think of as being responsible using the term the "rule of law" as if it meant the "rule by law." In other words, meaning if it's a law, if it's made by anybody like Bonnie Henry or if it's made by the federal government or whoever **it's made of, then you have to obey that law otherwise you're violating the rule of law.**

So Canada has a legal duty to uphold the rule of law, which is described by the Universal Declaration on Human Rights,

[00:15:00]

as essential to avoid, quote, "recourse is a last resort to rebellion against tyranny and oppression." And that was certainly something that Mr. Kitchen referred to in his very capable presentation. Instead of reading to you what the United Nations describes the rule of law is, I'm just going to paraphrase it and say that the rule of law requires that laws be properly purposed; properly passed; equally applicable to all people; and that there be

measures in place to ensure equality, accountability, and access to an independent judiciary to determine rights and to prevent and remedy the arbitrary abuse of power.

So obviously none of those things are happening at all in Canada or even properly understood even though the Canadian Charter, as another person has just said, starts out applauding the supremacy of the rule of law as a governing principle in Canada.

Shawn Buckley
I'm just going to jump in because the way you first said that, I think, will leave some of the audience people participating in your testimony confused. Because you used the rule of law, and then you're talking about any law Bonnie Henry made, which is exactly your opposite point. So the rule of law really is governments being held to the same law that every party—whether they be a person or an organization—are all subject to the same laws. The laws are transparent.

Gail Davidson
That's right.

Shawn Buckley
And that we have access to a fair judicial process to enforce those laws. Okay, so I just wanted, I knew that's what you're trying to communicate, and I just didn't want there to be any confusion, so thank you.

Gail Davidson
Thank you, Shawn.

[C.2 IHRL Binding on Canada]
The international human rights law—you could be asking, is that really binding on Canada? And I just want to briefly tell you that the Supreme Court of Canada has confirmed, first of all, with respect to the source of customary international law that that's automatically adopted into Canadian law without any need for legislative action.

With respect to treaty law, the treaties that I mentioned, the Supreme Court of Canada has determined on many occasions that the *Charter of Rights and Freedoms* must be interpreted to provide at least as much protection as that provided by the treaty laws, the treaties that Canada has signed or ratified.

[C.3 Obligations to Protect Rights/Remedy Violations]
And now the obligations, international human rights obligations to protect rights include the duty, of course, to respect, protect and ensure rights for all without discrimination; to prevent violations; to investigate allegations of violations and take appropriate action against those determined to be responsible; and to provide victims with access to effective remedies.

[D. Informed Consent, Freedom from Coercion: Freedom from Experimentation]
The three rights of all the rights that I've listed in those earlier slides that I'm going to concentrate on are the rights to informed consent, and these rights— The right to informed consent is protected by several treaties: all three of those big treaties that I mentioned, and

it's also protected as an essential right. A right considered essential has special status, and that's a right that is necessary to protect other rights.

So for example, I'll just used the right to freedom from torture. The access to effective remedies is an essential right and access to judicial review of complaints of torture are essential rights to the recognition, protection, and maintenance of torture—because obviously, if those two rights weren't there, then any state or non-state actor could commit torture and get away with it, which is what one of our concerns is here.

Freedom from coercion is protected as a prohibited ill treatment under the Convention Against Torture, and arguably in my view, is also a peremptory norm and protected by measures under the International Covenant on Civil and Political Rights.

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Freedom from experimentation was defined and established by the Nuremberg Code, and that's a freedom that can legally never be restricted or suspended or tampered with in any way. It's also considered a peremptory norm of international law. And so in my view, and probably in the view of a lot of the people giving testimony before the Commission, of course, the vaccines that were the products—the pharma products, I should say that were marketed as vaccines—were and still are reasonably considered in the experimental stage, and as there still is no long-term data available on the long-term efficacy and harm of them. And the intermediate data indicates that the benefit is much more temporary than ever thought in the beginning and the harms appear to vastly outstrip any possible kind of benefit.

[D.1 Informed Consent]
Okay, so just to talk a little bit about informed consent, not too much because Mr. Kunz covered that very well. But to be valid there has to be capacity; there has to be access to information about the health risk; about the treatment, the benefits and risks of the treatment; about alternatives, the benefits and risks of alternatives; about the benefit or risk of no treatment.

And the law requires that this information be given to the person by— The next thing that it requires is information about the particular consequences for the patient, in other words, things particular to the person who's going to accept or not accept the treatment. And so that has to obviously be provided by somebody with knowledge of that, and as you know, the injections were held in all kinds of places, in gymnasiums and on buses and in pharmacies. And in BC, the list of people authorized to give the vaccinations is quite long, and they were virtually never given by people's personal physicians. And the personal physicians, in any case, turned out to be risking their right to practise medicine were they **to caution a patient or express caution to the public in the acceptance of the injections.**

[D.2 Freedom from Experimentation]
Now freedom from experimentation, of course, that's a huge one. That is an absolute right that can never be restricted at any time, under any conditions, and it's considered essential, also as being essential to the right to life, security of the person, and [freedom from] torture.

[D.3 Informed Consent, Freedom from Coercion]
I wanted to let you know—what in April of 2020—what Canada said the law was at that time in Canada with respect to freedom from coercion. What happened is that somebody had made a complaint to the Committee Against Torture about Canada using coercion to

sterilize First Nations females. And the Committee of Torture reviewed their report in Canada's defence and so on and said that the coerced sterilization was a violation of Canada's obligation under the Convention Against Torture.

So one of the things Canada then filed with the Committee Against Torture was what consent was in Canada. And it's interesting to look at because one of the things that they say in their report is consent must "be informed, meaning that certain issues must be discussed with the patient prior to consent being obtained,

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"such as material, expected consequences of the proposed treatment, special or unusual risks of the treatment, alternatives to treatment (and their risks), the likely consequences if no treatment [is undertaken, and] the success rates of different/alternative methods of treatment," and so on. You get the idea that they're saying, that's a protected right and that's the scope of the right that's protected in Canada.

[D.4 Informed Consent: Nuremberg Code]
Freedom from experimentation was of course recognized and codified in the Nuremberg Code, after the Nuremberg trials following the Second World War. And the duties with respect to the type of consent, the scope of consent, is quite similar to what Canada said is the law in Canada—including that the information must be given by the person that is going to administer the treatment and the consent must be witnessed and be in writing.

[E. Derogable and Non-Derogable Rights, Derogable rights]
Now I just want to talk a bit about derogable and non-derogable rights, and if you don't mind me using those words, I'll just tell you what they mean at first.

So a derogable right is a right that under international human rights law that can be conditionally subject to restriction under certain conditions. And the two conditions are this: some of the treaties specify that certain rights—like, their right to freedom of expression; the right to association; the right to assembly; the right to movement, no movement is not included; the right to security of the person—can be restricted in certain circumstances.

However, the rights have to apply with those conditions that I mentioned before—of lawfulness, necessity, proportionality, legitimacy and temporariness. Also, the risk has to be established, and there has to be available to the parties that are affected by this, the information required to assess whether or not each of those things—so whether or not it's necessary; whether or not it's legitimate—that says, would the restriction address the risk? Whether it's proportional: like, is the restriction causing more harm than the harm that it's reducing? And also, it always has to be temporary and subject to assessment.

The second category of rights that are derogable—they can be restricted—are rights that are where the restriction is necessary during an emergency to protect other rights and/or to maintain the rule of law. Again, they have to fulfill those conditions.

[E.1 Non-Derogability of Rights]
So let's talk a minute about non-derogable rights because that's a really important category. And non-derogable rights are rights that can never be lawfully restricted under any conditions, including war or public health crises.

And so categories of those is if it's a peremptory norm: like, freedom from torture is a peremptory norm; freedom from experimentation is a peremptory norm; equality and non-discrimination are peremptory norms; access to effective remedies are peremptory norms.

The second category is, as I mentioned before, rights that are essential to the maintenance of other rights. And the third category is identified by treaty as non-derogable.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]
So peremptory norms, I've just listed some of the rights there that are peremptory norms: crimes against humanity; equality and non-discrimination; and so on, ones that are essential rights.

[E.3 Absolute/Non-Derogable Rights – Treaty Rights and Jurisprudence]
I'm just going to hop to the next slide. The rights that are the most non-derogable, the rights where it's not controversial—it's not controversial, can this right be restricted or can it not?

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Those are the rights where the treaty says that they can't be ever restricted and rights that are peremptory norms.

Now rights where they're essential rights and rights where the jurisprudence—in other words, the decisions of treaty-monitoring bodies and special procedures, and so on, say this right has got to be considered as non-derogable—that's more controversial, so that's arguable. So for instance, with the right to education and the right to work, the various UN bodies have said those should be considered to be rights that can never be subject to restrictions.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]
So just to back up, the ones where you really can't argue about it at all are freedom from torture; equality and non-discrimination; right to effective remedies; right to judicial review; freedom from experimentation; freedom from ex post facto laws. And what that means, that's freedom from being convicted or punished for something that was not a law before you did the act, and so that includes things where the offence was created after the person committed the act. But it also includes things where the offence or the misconduct, or whatever it is, was so ill-defined that you couldn't possibly know it before you did it, and you couldn't even possibly know it enough to defend it.

So for instance, under the new *Health Professions and Occupations Act*, it's both a crime and a misconduct to promulgate false or misleading information, and of course, there's no **definition of false or misleading information. So you'd find that out like at the end of your trial, I guess.**

So that's an absolute right—freedom from ex post facto and illegitimate charges actually.

[F. What Should Have Happened?]
So just talking about what should have happened. All governments at every level should have provided and ensured disclosure of all relevant information, and widened opportunities for debate because they were imposing measures that had been decided upon in secret. They hadn't been decided upon under the scrutiny of elected representatives in parliaments or legislative assemblies; they had never been subjected to the kind of notice that lawmaking in a democracy requires.

In British Columbia, they were announced at press conferences if you can believe it. But they weren't really press conferences because there was no questions allowed or answers given, one or the other. And if you didn't know that there was going to be a press conference, then how would you know about the law.

And also, as Ms. Kenny said, she's still not able to get any information from the Ministry of Health in British Columbia as to the information that went into informing the myriad of public health orders and guidances that have been issued since. I think the first one was March the 15th; I think it was four days after the WHO declaration.

So there should have been adherence by state and non-state actors with Canada's international law obligations—and possibly they just don't know them—and the prohibitions against restrictions of the absolute or non-derogable rights and adherence to the conditions for the restriction of rights that can be restricted.

There should have been parliamentary oversight of the mandates and the policies. The information, debate, and oversight necessary for assessment of risks and mandates and policies should have been made available. And there should have been some provisions made for equal access or any access to judicial review of the mandates.

Now the access to the judicial review: I'm separating that differently from [access] to an impartial judiciary. Because, of course, the judiciary, they're just people so they're subjected to the same kind of propaganda and censorship,

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and so, obviously, many judges are going to want to just do what Mr. Kitchen said—reduce the Charter argument without hearing it.

But as far as the equal access to judicial review: you see, people were stripped of their employment income and stripped of their business income, and there was no provision made to say, "Well, we'll give those people legal aid. So we'll make a new category of legal aid." That would have made a huge difference because not only would it have enabled people who had been robbed of their income to go to lawyers, it would have encouraged a lot of lawyers to take on challenges to the mandates and policies, both the ones by state and non-state actors.

[G. Duty to Investigate Serious & Gross Violations of Rights]
Now I want to talk a bit about the state duties to provide remedies because that's very important. And so all of those treaties, the three big treaties—human rights treaties I **mentioned—they all impose mandatory duties on states to ensure investigation of serious or particularly of serious or gross rights violations. And the investigations have to fulfill a whole raft of conditions, but I'm just going to mention some of them.**

The investigations have to be independent, competent, transparent, and capable of leading to proceedings to determine facts, identify perpetrators, impose accountability, and grant reparations for victims. And that's like a truism of law in general.

If you don't have remedies and, of course, in this current situation where the complaints would be saying that the violations were either imposed or promoted or allowed by state authorities, then a) the state is just not going to investigate them, but b) the state isn't competent to investigate them. Because, as for instance, as happened with the Emergencies

Act Inquiry, that was— I saw that from the get-go as a sham because of the procedure for appointing the commissioner and then the control that the Liberal caucus had over changing the Commission's mandate to not comply with the statute but to look into the circumstances of leading up to the emergency measures.

Now I just want to refer briefly to the basic principles and guidelines on the right to a remedy for victims of gross violations of international human rights law and serious violations of international humanitarian law.

[G.1 Duty to Investigate]
So I just wanted to say, looking at all the case law from international tribunals and so on, there's no one definition of what constitutes gross. Like if we're going say, "Okay these were violations of international human rights law," there's no one definition of what is considered gross or serious. But determinations of those qualities of the very serious human rights violations include reviewing the quantity of victims; the planning of the violations; the nature of the violations; and the denial of effective access to measures to prevent, punish, and redress violations.

So I think it's pretty clear to me, that's my opinion, that these violations of rights are correctly considered gross violations and, therefore, triggering the highest level, to the full rights to investigation and so on.

[G.2 IHRL Rights and Duties to Ensure Remedies]
The next slide, the human rights slide, it's just laying out some of the things to which victims and society is entitled in the case of these kind of violations. They're entitled to the truth,

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establishment of the truth. They're entitled to know what was done by whom, to who, and what was the harm and what can be done to prevent it in the future. And that includes redress for victims and accountability for perpetrators, which there's a wide range of things that can be considered as accountability. And the last thing that is included in their rights to redress is measures of determining and ensuring measures to prevent recurrence.

[H. What Can Be Done Now?]
So what can be done now? As I say, history certainly proves time and time and time again that when the state has been involved in a significant, certainly a serious or gross violations of human rights, the state is never going to be willing and is never going to be competent to do investigations.

If I could just tell you a tiny story about Patrick Finucane. Now this was just one violation. Patrick Finucane was murdered in 1989 while he was having dinner with his family, his young family. And his wife was Geraldine, and she believed—this was in Northern Ireland—that he was murdered by the Royal Irish Constabulary working with the Secret Service arm of the United Kingdom Armed Forces. So she kept peppering them with pleas for an investigation that was independent. She made so much fuss that the United Kingdom held six investigations, and she finally took the matter to the European Court of Human Rights. And of course, the U.K. government was saying, "What is she on about, we've had six investigations." And the Court said, "No, there's never been an investigation." All of the investigations were controlled and carried out by state authorities, who were the very authorities that Geraldine Finucane believed on reasonable evidence were—so anyway, that was just an example.

So what can we do?

I think that we have to do everything in our power: we have to submit reports and complaints to international authorities, to the United Nations and the Organization of American States and authorities monitoring bodies, identifying the unlawfulness of the mandates, the bit-by-bit evidence of what the mandates were, how they were imposed, and the injuries that abounded from the mandates.

Domestically, I think that we have to ensure the widest possible public access to information about the illegality and unlawfulness of the measures and about the right and the importance of gaining redress. And there have to be widened opportunities for public conversation and public debate. I liked what Mr. Kitchen said in his submissions: He said he tells his clients, "don't muzzle yourself"; those weren't his words, these are mine. "Don't censor yourself," those were his words. He said, "have conversations, talk about it." And this, very important in my view, Commission is fueling that need for public conversation.

And also, I think we have to ensure that people have information about the initiation of civil and criminal proceedings by individuals and groups within Canada.

[Conclusion]
We have to pursue all avenues. In order to sort of take back the law—and that is, take back law that is rights-based—then we have to continue to work together to re-establish democratic lawmaking, access to information, and dialogue at all levels in order to restore and protect the rights of all.

In my view, we have to keep working to gather and preserve evidence.

[00:45:00]

That's one thing that's very important about the Canadian COVID Care Alliance hearings, in my view, because they are gathering and preserving evidence. And pursue tribunals at all levels, then to take that evidence and determine and expose facts and recommend measures for accountability for perpetrators and reparation for victims and measures to prevent recurrence.

And that is so critically important in my view, and it's up to individuals and groups—because states certainly will block anything—to find peaceful ways to work together: to take back the law and re-establish democracy, re-establish democratic lawmaking; re-establish the right to access to information and dialogue; and to ensure that wrongdoing is exposed and held accountable, victims are redressed, and there's appropriate measures put **in place.**

In my view, the National Citizens Inquiry is doing just that—giving voice to people that previously didn't have a voice; giving public access to information that was previously suppressed about the virus, the risk of the virus, whether or not there was a pandemic or not a pandemic; the products marketed as vaccines treatment, and prophylaxis not provided or denied, and the injuries suffered. One of the hopeful signs is that in Victoria today, BC health care workers have gathered from all over the province to go to attend the Legislative Assembly and support a petition being presented that opposes the *Health Professions and Occupations Act* that I referred to.

In closing, I just wanted to say a few words about the importance of information, and so if you don't mind, I'm just going to read from this.

In a climate of censorship and propaganda, there can be no such thing as informed consent to experimentation or to any kind of informed consent because the information necessary to understand the relevant issues is not provided or available. Informed consent requires access to comprehensible information, reliable information about the risks and benefits of treatment, the risk and benefit of alternatives, the risk and benefit of no treatment, the consequences for the particular person.

Since March of 2020, instead of information and instead of encouraged or even allowed debate, there was censorship and propaganda: propaganda designed to compel and coerce acceptance; information and debate questioning the risk of the virus, the existence of the pandemic, the safety or efficacy of the mandates themselves and policies was effectively censored.

Doctors bold enough to ask questions or caution against the use of the pharmaceutical product marketed as vaccines, whether they did that to patients or to the public, were suspended from practice and cited for misconduct.

There was no informed consent. There could be no informed consent because there was no information, information was suppressed.

[The need to combat impunity]
And in ending, I just wanted to say a word about the brutality of impunity, so why it's so important to insist,

[00:50:00]

to increase our peaceful efforts to have all these matters redressed. I just want to cite the names really, I won't bother saying what they said, of two people who so passionately believed in the necessity for accountability.

One of them is Baltazar Garzón. He's probably, as you know, the Spanish judge who issued the international arrest warrant against Augusto Pinochet for torture. And the other one is Ben Ferencz, who recently died. He was the chief Nuremberg trials U.S. prosecutor, and he worked all his life to ensure that there would be accountability for grave violations of domestic and international human rights law.

Those are my submissions, thank you.

Shawn Buckley
Gail, thank you for that presentation.

It seems to me that based on your presentation, that you would be of the opinion that the way Canada handled this pandemic, even just administrating the vaccine, the way that we did it, would be a violation on many fronts of international law obligations that Canada is a party to.

Gail Davidson
Sorry, what did you say?

Shawn Buckley
I'm asking, based on your presentation, I'm presuming that you're of the opinion that Canada violated international law and how we went about administering the vaccine.

Gail Davidson
Oh, completely.

Shawn Buckley
Right, yeah. I mean, so obviously even just on informed consent—I think you made it absolutely clear that there couldn't be an informed consent—even included things like options to other treatment options as part of that. And you presented a slide to us on Canada's response to the finding about sterilizing Native women, and it included the information about other treatments. And so, on many levels, we've violated international law on how we've proceeded it.

Gail Davidson
Oh yes, absolutely on many levels, yeah on every level. You see, because rights are all interdependent: so very often when one right is restricted, suspended, or extinguished, then that creates a kind of a waterfall of restrictions of other rights.

I can't think of an instance during the imposition of policies that restricted people's rights to privacy, movement, work, equality, the right to refuse medical treatment—I can't think of a lawful instance where that was lawfully done.

It was as if, overnight, the democracy collapsed. And even though many could argue it had been very shoddily operating prior to that or it had already been, you know, in the ICU unit. But overnight, lawmaking moved from Parliament to—we didn't know where it moved—we didn't know where it moved: it was to decisions made in secret on the basis of still unknown information and then announced at press conferences.

Shawn Buckley
If I can emphasize, sorry.

Gail Davidson
One of the things I think people might want to do now, is to go, sort of what Lindsay Kenney's doing or join on to her work: to take specific public health orders and then go through the order. So, for instance, the public health order made in BC most recently on April the 6th is 28 pages long—and to go through page by page, paragraph by paragraph, and say, "How is this unlawful, illegitimate, disproportionate? How is this unlawful, this order?"

But then I guess you have to go to a tribunal or court with that because I'm sure that everybody that's testified before you will have told you the same story,

[00:55:00]

that when they tried to communicate with the federal government or the provincial government about these issues, they never received any response other than perhaps an automatic bounce back.

Shawn Buckley
Well, it's interesting because you've raised 2 points. What we've heard at this Commission, and we've had many days of hearings, is that basically you would never receive actual information back. And it's something that you just raised.

So we're being subject to these orders, but we're actually not being given the scientific basis: we're just being asked to follow the science without it being provided. And not one single public health officer—not one single person that would be cited by the media to support these—would debate any other scientist who had an opposite view. And the calls for debate were made, and they were made publicly. So we've been subjected to this three years of this single narrative, and anyone correct me: is there a single example of a public health official or somebody who is cited by the mainstream media to support the government narrative who has actually accepted an invitation and debated a scientist that disagreed? There is none.

And so the second thing you touched on is, well, maybe we have to go to the courts. But the difficulty is we've had lawyer, after lawyer, after lawyer attend these proceedings, and I ask the lawyer, every lawyer that attends, I ask the exact same question: I basically say, "Look, we have experienced the most serious intrusions into our rights, into the civil liberties that Canadians have ever experienced, including in wartime. And can you identify a single case, a single case that would act as a brake or a check on similar government action going forward?" And the answer from every lawyer is no. And if I'm asked that question, the answer is no, I'm not familiar with a single case.

So I was going to actually ask you, is there any redress for Canadians in international courts or international forums, being that our courts have not put a single brake or check on government action going forward?

Gail Davidson
Yeah, that's a wonderful question Shawn, and I would say the answer to that is yes and no. I would say no, there's no opportunity for effective remedial action, and yet I would say, yes, there is because one of the big remedial actions that's needed is information and megaphoning that information.

So for instance, if in June, that's the next session of the Human Rights Council, if people wanting to make a human rights statement about the situation, a) got a space to speak and had accreditation, and then you're in the UN Human Rights Council room, and if you can make a statement, there's people from 190 countries that hear your statement. And not all statements are very well presented so if you have a really good statement and a good presenter, you do make a noise. If you make a report to the Human Rights Council or the report to the Committee Against Torture or a report to the Special Rapporteur on Health and so on, those things all do get attention, and they're all part of the evidence-gathering and evidence-preserving process.

Now having said that, certainly if we look at history, there's a very long list of unremediated, terrible crimes. But I feel that with this situation, there is a real opportunity for success that would be unprecedented simply because the violations occurred over so

many countries. And there's people from all of those countries popping up more and more and more and more of them saying, "This wasn't right, something has to be done." So I think that yes, it is. Sorry for giving such a long answer: yes, it is useful to go to international bodies;

[01:00:00]

no, you can't look to them for a solution.

Shawn Buckley
Right, for an actual remedy.

Gail Davidson
Yeah.

Shawn Buckley
Those are my questions. I'll ask the commissioners if they have any questions for you.

Commissioner Kaikkonen
Thank you for your testimony. I have a number of questions. I'm not sure I can get them all out because my head's just spinning right now, but I'm going to try.

You said Canada violated its own laws, and it did. But how do ordinary, hardworking Canadians get access to those who actually violated the laws? Allowed for this to happen? So access to the judiciary, the cost is prohibitive. We've heard that from testimony. Ordinary people can't get a judiciary that is fair and transparent.

We have a photo that circulated of our Supreme Court judges announcing that they were all vaccinated. How does that work in favour of the person, who is standing in front of a judge, who is opposing these mandates? They keep going on and on and on. How do we get a fair trial, justice, due process that works, where the cost is not prohibitive?

You had suggested here a new category of legal aid. Well, anybody who's been in the legal aid system or tried to get through the legal aid system knows that it's one-sided, and yes, it helps the legal profession, but it doesn't help ordinary, vulnerable populations who are trying to get justice or access to justice.

And then just to take it one step further: when it comes to just the judiciary, it is an independent arm of government, and yet we're not getting judicial decisions that respect that people with principles have decided to stand for their rights and are willing to take on government and get a fair decision.

We're looking at what was alluded to earlier about some of our truckers who are still in prison or under restrictions on what they're allowed to say. Politicians who have been ousted from the legislatures in this country who are not allowed to speak freely. So where do we start? As ordinary Canadians, just to get that judiciary to listen, and I don't think it's the international bodies that are going to help. It's in Canada. Canada violated its laws.

Can you speak to that please?

Gail Davidson
Okay, so basically, can I just paraphrase what you're saying?

Commissioner Kaikkonen
Sure can.

Gail Davidson
If I've read you right, you're basically saying, "Look, how on earth would you get a fair hearing of any of these issues? And how would you know the actual perpetrators?" Does that kind of fairly say what you're asking?

Commissioner Kaikkonen
Well, we talk about the judicial system, and we believe it to be fair and that there's due process and that anybody who has to access the judiciary will get their concerns and voices heard.

And yet we heard from James Kitchen that the Charter violations that we've all endured over the last three years, the court can say, "Yes, we'll listen to this court argument or this Charter challenge, but we're not going to listen to this."

And yet the courts, the judiciary, as I understand it, is supposed to be totally independent from government and yet they followed suit, and they all became one mind. And I think that that's the bigger picture: every nation in this world followed this COVID narrative and they were all one mind. They were all doing the same lockdowns and mandates. Primarily, we saw it in the Western nations, but certainly in other nations that were not considered the Western nations, this was happening too. So these lockdowns go bigger than just Canada, but we can't reach to those international bodies to get heard.

What we can do is reach the municipality that's around the corner in our jurisdictions. We can reach the provincial government and our federal government in this nation, that's under the supremacy of God and rule of law. And yet even with that closeness, that proximity of government to us, we have not had access. And then you think of the judiciary who's picking and choosing which Canadians' rights or voices are eligible to be heard and which ones aren't. Where is the fairness?

What would you recommend in Canada that stops the violation of laws so that ordinary, hardworking Canadians can have their voice heard, they can speak freely, they can put their money into a pot and go in front of the judiciary and fully expect a decision that is fair or at least heard, their voices heard?

Gail Davidson
So one of the things that you're saying is that the judiciary is not impartial, it may be not even independent at the present time. And

[01:05:00]

certainly, it'd be fair for you to say that because one of the things that happened,

let me see now, it was last year the Chief Justice of the Supreme Court of Canada decided to actually express his personal opinion about the lawfulness of the Ottawa protests. And he characterized the Ottawa protesters as the beginning of anarchy and that their actions had to be denounced by force. And this was maybe in support of Mr. Trudeau calling the Ottawa protesters—with whom he refused to have any kind of debate whatsoever—vilifying them as having unacceptable views, posing a threat to Canadians, and championing hate, abuse, racism, flying racist flags, and stealing food from homeless and various things. Those are all things that Mr. Trudeau said. So it's true, that's what will definitely lead to things like the judge that Mr. Kitchen was in front of saying, "No, I don't want to even hear that argument. I'm not interested; I'm dismissing it without hearing that."

And I imagine, that's going to happen many times, and if the abuses had only occurred in Canada, probably there wouldn't be a very big chance of any remediation, of any effect of pushback. But the human rights abuses have occurred in many countries with many different legal systems, and by legal systems I mean they have different legal cultures, you know what I mean? The legal culture in Canada is, perhaps, except maybe for the criminal bar, they're a very kind of a compliant culture, less so in the United States, different again in the U.K. And so there's definitely court actions coming up in many countries, even in Canada.

There's a decision that's under appeal right now, the judge's name is Bennett, I can't tell you the name of the case because it's letters, because it has to do with children. But it was a wonderful decision where it was a family matter whether or not children should be forced to be vaccinated, and the judge said, "No, all of these issues"— When he was asked by one side, to say, "Look obviously, they have to get vaccinated; this is what all the public," this is an Ontario case, "this is what the public health officer said." The judge said, "No, these are all controversial issues."

So that's just an example of one judge. So I don't think it's an easy thing to push back or get any eventual remedies, but I think it's a very necessary thing. Because in my view, what we're looking at is, if we don't do that and if we don't persist in taking hopeless cases to deaf tribunals—until there's a tribunal that hears the issues and is willing to consider them impartially—then we're facing a kind of authoritarian rule where rights won't have to be stripped because we just won't have any. There will just be privileges for people who demonstrate that they're compliant and who demonstrate that they're willing to be compliant to the extent of turning in people who are not. So for instance under the BC Act that I've talked about a couple of times, doctors are compelled to report on one another.

Shawn Buckley
Before the commissioners ask another question, I just want to clarify the case, were you referring to the Ontario Court of Appeal decision that overturned the lower court decision on vaccination?

Gail Davidson
No, one that was made at the same time.

Shawn Buckley
Oh, like a week following?

Gail Davidson
Yeah, and the judge's name I know is Bennett.

Shawn Buckley
Okay.

Gail Davidson
But that's, yeah.

Shawn Buckley
Sorry, Commissioners.

Commissioner Kaikkonen
I'm just going to leave it at that. Thank you.

Commissioner Drysdale
Hello, and thank you for coming.

You know, when you were doing your presentation, I couldn't help but thinking about the Charter of Rights, and you know, you read the Charter of Rights and if you're not a lawyer, you think that they mean something.

[01:10:00]

And in the Charter of Rights, there's a notwithstanding clause, which has been used to the peril of all Canadians.

So when I was listening to your presentation, I was thinking, is there a notwithstanding clause? And there appeared to be a notwithstanding clause. And your slide E talked about rights that could be abrogated and rights that couldn't be. But when I read the language there, it's a notwithstanding clause, you know, they can manipulate that into anything they want it to be, can they not?

Gail Davidson
Not at all, no, but I can see where you would think that.

But let's take freedom of expression, for instance, just as an example. Now, in a lot of situations, the freedom of expression was just completely extinguished. And we had doctors having their licences summarily suspended, not after a hearing even, before the hearing. And then the hearing doesn't take place for years. So basically, their whole career is ruined, their whole—it's incredible.

But in international human law and Canadian law, freedom of expression is one of those rights that can be restricted. And it can be restricted in order to protect other rights that would be restricted if the freedom of expression wasn't restricted. But the restrictions have to comply with certain conditions. They can't be just things that—somebody waltzes out at a press conference and tells you that it's all over.

Commissioner Drysdale
I understand that, but I'm looking at, I'm looking at slide E right now; could you put it back up, Dave? Sorry.

Gail Davidson
Slide D?

Commissioner Drysdale
Okay and it says, no, E. Sorry, E as in elephant. Yeah. There we go.

Gail Davidson
I got it.

Commissioner Drysdale
And it says "specifically allowed" is to be abrogated or derogable, whatever that word is. Legitimacy, temporary, movement, expression, lawfulness, necessary, proportionality. And it says, "necessary during an emergency to protect other rights and maintain the rule of law."

Gail Davidson
Yes.

Commissioner Drysdale
The Canadian one is really the same wording. It says, "Well, these are your rights unless we figure they're not."

Gail Davidson
Yeah.

Commissioner Drysdale
And that seems to me that's what that's saying. And you get into things like Mr. Clinton arguing about what the definition of the word "it" is.

Gail Davidson
Yes. Right. Well, the difference between, I think one of the differences between— I think the Canadian Charter is a very weak constitution. And the weaknesses is exampled by section 1 that allows restrictions and just has that vague, you know, necessary and a democratic society, kind of thing, without any other conditions on it. And of course, the notwithstanding clause.

But one thing that I like about international human rights laws is Canada is also a party to the Vienna Convention on Human Rights. And one of the things that that convention says is that a state can never use domestic law as a justification for overriding their international human rights law obligations. But nobody's ever argued that at the Supreme Court of

Canada, as far as I know. Do you want me to just really quickly explain legitimacy, lawfulness, and necessity, and so on, what those conditions refer to?

Like to be lawful, it doesn't mean to say it would be lawful just because there was a law. So let's say Bonnie Henry or David Eby or anybody else made a law that restricted rights in British Columbia, that doesn't mean the restriction is lawful because lawfulness contains a lot more qualities.

So to be lawful, a provision has to be, first of all, it has to be clear and precise enough to be known: both what the prohibition or allowance is; what the consequences of it are; and then it also has to be reasonable. And so,

[01:15:00]

it has to be in relation to something that can reasonably be understood and known beforehand.

And legitimacy means that the restriction has to be capable of addressing the risk to the other rights. And proportionality, that's kind of the same thing, there has to be a balance there and temporariness.

But the thing that's missing from people even being able to assess these things was information because the mandates and policies imposed since March of 2020, they weren't like normal laws.

So they weren't like, let's say, we're going to have a law restricting the speed limit on Highway 1 or something, or around schools. The information and the concerns that that was based on would be well-known. The risk that was being addressed would be well-known.

With respect to the closure of businesses, the masking, the distancing, the compulsory vaccination, all of those things were in reference to a risk that the public didn't know anything about. They didn't know anything about the regional or demographic risk of the virus. They didn't know anything about what's the information that says, if we restrict indoor numbers to 50 or 25 or 4, how does that address the risk? What is the risk to the people that are going there and how does that address it?

Whereas if you said, "Well, we're reducing the speed limit in front of the schools," like we could debate that and the reason why we could debate it because we know the information it's based on. I think that the measures are unlawful—before you even look at those conditions—because of the absence and suppression of the information that was necessary **to understand and assess the restrictions.**

Commissioner Drysdale

My last thing that I want to talk to you about is, I think you just made a kind of off-hand statement when you were talking about judges. And you said, "You know, judges are subject to the same biases and propaganda, the rest of the Canadians are." And I have to tell you that really bothers me. Let me frame that a little bit better.

When you go into a court, how do you address a judge?

Gail Davidson
Well, you know, it depends what level of court they're in, but you have honorifics like Your Honour and Milord and Milady, and so on.

Commissioner Drysdale
Certainly. What's the reason for that? Why when you go to court or King's Court and you say Your Honour, why do you address the judge or why do I as a citizen address a judge with Your Honour?

Gail Davidson
Well, you know, gosh, I don't think I could answer that for you adequately, but I assume that it's so that people in court will give the decision-maker a certain kind of reverence.

Commissioner Drysdale
Doesn't it also, I agree with that, but doesn't it also work the other way, too? That when a lawyer or a citizen stands in front of the judge and says, "Your Honour," they're reminding the judge of their duty, which is higher than an ordinary person's duty. They're addressing them with "Your Honour" and they're saying, "sir, I honour you because I know you're going to be unbiased, and I know you're going to be honest, and I know we're holding you as a society above the others." Isn't that another?

Gail Davidson
I agree with you, I like your characterisation. Yes.

Commissioner Drysdale
And furthermore, now this is a question that's going to get us into trouble, and I may decide not to ask it. My question is, and I've heard testimony about this over and over and over again where our judicial—and from a retired judge, I'm not going to try to paraphrase what he said. But it appears that there's a tool, and I hope I get the term right, there's a tool called judicial notice where a judge can just say, "Well, there's a climate emergency, therefore carbon taxes are constitutional."

[01:20:00]

Or "I can't hear your constitutional challenge because judicial notice: we just accept that the vaccines are—" And so I asked on a number of occasions in these hearings to various **witnesses—has the judiciary failed us? And have they protected Canadians' human rights?**

Gail Davidson
I would say, no. I mean, I'm sure we can find cases where they have; the two cases that come to mind are both family law cases. The one that I referred to in an earlier family law case, both in Ontario, but I'm sure we could find cases in Canada. I know we can find cases in other jurisdictions, but how can I respond to that?

When I say the judges are just people, even though we call them the Lord, Milady, Your Honour, and we even bow a little bit when we do that, they are just people, you know what I mean? And the other thing: they're not ordinary people because they've usually come

from a socio-economic elite group, right? And maybe they live a bit of a cloistered life, so that's a disadvantage.

But whenever there's a political controversy, and certainly COVID is a huge political controversy, and the proof of that is the propaganda and censorship. If it had just been another flu or something, but there was obviously something else afoot. And so, whenever there's a political controversy—like a war is a good example—the judiciary is always going to defer to the politicians. That's the way it always goes, so there has to be a period of time before there's any opportunity for real impartiality in assessing the actual evidence. That's one of the reasons why I say it takes time. And also, I wanted to say this about judges, not everybody would agree with me, but judges aren't revolutionaries.

The changes always come from the people that are coming to the court, and change takes a long time. And so, I really take my hat off to all the lawyers that have been taking cases for the enormous amount of work; sometimes they have had absolutely no advantage. But I see that they, to me, they do have an advantage because they're climbing up that hill where they're opening the door to information and knowledge. That has to be done in the judiciary same way as it has to be done in your apartment block or your street, or whatever.

Commissioner Drysdale
Well, you know, that is true. But isn't there different levels of responsibility in society? In other words, if I pay you a dollar and a half to cut my grass, you have a certain duty, and if I say, you're a judge and pay you $350,000 a year and call you Your Honour, isn't there different duties there, different levels of duty and responsibility?

Gail Davidson
Well, yeah, I do. That's the ideal, and I certainly subscribe to the ideal. But then, just to go back to the statements of the Chief Justice of the Supreme Court of Canada, you know, he's undoubtedly a person who's very, very familiar with his duties for impartiality and independence and competence, and yet he came out and spoke—he didn't have to do that.

He came out and spoke as the Supreme Court of Canada against the Truckers' Convoy when there hadn't been any court in Canada who had said that what they were doing was illegal. In my view, it wasn't illegal. The only court that had considered the legality of what they were doing, not in their actual decision but just in aside to comment, was the injunction brought against the honking, right?

And so he had to hear all the evidence from both sides and so it was all by affidavit. And he **said, I'm paraphrasing, he said, "if they abide by my injunction to restrict their honking,**

[01:25:00]

they can carry on with their lawful protest." That was the only judicial— And Chief Justice Wagner must have known that, but that's just an example of the court protecting the state in a time of political crisis or controversy. I'm not sure what you'd want to call it. I think that just always happens.

Commissioner Drysdale
You used the word—you were describing the judges and I'm not meaning to put you on the spot with this—but you said the "upper classes" or the "elite," I can't remember exactly what words you used. And it dawned on me when you said that, isn't it interesting that the elite and the honourable have done less to protect our rights than the truckers?

Gail Davidson
You mean generally speaking?

Commissioner Drysdale
Generally speaking.

Gail Davidson
Yeah.

Commissioner Drysdale
There are always exceptions to every rule.

Gail Davidson
I think that's very, very understandable. And I know that wasn't really a question, it was a comment, if you don't mind me saying that the people who are the privileged people—I mean, I'm a privileged person myself, but so this doesn't apply across the board ever—but privileged people are people who have been rewarded by their society. So of course, they would be much more likely to comply, even with something that was not only unreasonable but obviously unacceptable, than would people who had had less privileges and had been more stomped on.

Commissioner Drysdale
That is extremely enlightening. Thank you for that.

Gail Davidson
Yeah, because the extent to which people believed the unbelievable, i.e., that Pfizer was going to, I mean, really, come on, that was so incredible that anyway, like everybody knew that whatever—

And then, but what was even worse for me was that so many people accepted the unacceptable, of people being summarily overnight stripped of their essential rights, just stripped of them, just like that.

Shawn Buckley
Gail, you have phrased things in a wonderful way. And you have enlightened us today in a profound way. And your comment that the courts were protecting the state, I think, is going to haunt us. But you've given us some insights into the psychology of the courts as you see it. And I'm just saying, I think we owe you a debt of gratitude for sharing with us.

Now, for those who were watching the earlier dialogue between Commissioner Drysdale and Gail when section 1 was being mentioned, the text of that is that the "*Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." And that's the section that's been the mischief for us.

So Gail, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today.

Gail Davidson
Thank you for inviting me.

[01:29:12]

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

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 8: Douglas Allen
Full Day 3 Timestamp: 07:11:07–08:22:45
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
I'd like to introduce our next witness, Douglas Allen. Douglas, welcome to the National Citizens Inquiry.

Douglas Allen
Thank you very much.

Shawn Buckley
Douglas, can you please state your full name for the record, spelling your first and last name?

Douglas Allen
Douglas Allen, D-O-U-G-L-A-S A-L-L-E-N.

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

Douglas Allen
I do.

Shawn Buckley
Now you, by way of introduction, you are an economist; you have been teaching economics for 41 years, 35 of those years as a full professor. You are at Simon Fraser University and you are one of two—and there's only two allowed as I understand it—Burnaby Mountain

instructors, and you get that designation based on research and academic contributions that are basically at a highest order.

Douglas Allen
Correct.

Shawn Buckley
You've written five books, two of which are textbooks, and you have published over 100 peer-reviewed articles.

Douglas Allen
That's correct.

Shawn Buckley
Commissioners, Mr. Allen's CV will be entered as an exhibit [Exhibit number unavailable], as will some of his written materials that he's provided to us, just to form part of the record. Now you're here today to share with us your thoughts on basically how this COVID pandemic was handled and with an economic lens, and I'll just let you start your presentation [Exhibit VA-9].

Douglas Allen
Thank you very much. I'm going to talk about lockdowns. I'm going to use that term very generically to refer to all forms of non-pharmaceutical interventions from school closures, stay-at-home orders, mask mandates, et cetera. There may be some specific contexts where I'll talk about specific ones. I've titled my talk "COVID Lockdown Mistakes," and I think there are some fundamental mistakes that were made, mistakes that we knew better and, unfortunately, not only made them but repeated them over and over again. I want to explain why and what happened.

[What Authority Does an Economist Have Regarding COVID19 Lockdown?]
First, let me just say, what kind of authority does an economist have to speak on COVID-19?

And I would just say the following: that I'm deeply trained in mathematics and mathematical models. In my own research, I build mathematical models. I'm deeply trained in statistics and econometrics—econometrics being the study of how to deal with real-world data—data that's not generated by some random process but generated by some either physical or behavioural process, such as the spread of the virus in a community. And sort of critical to the discussion of any kind of policy is that, of course, as an economist, I'm deeply trained in cost–benefit analysis: how to do it, how to identify costs, how to identify benefits, et cetera.

And I will also say that I became interested, like most people, very immediately in March of 2020, about what was going on, and I have published three papers on lockdown and lockdown policy. The first paper was one of the first ones that sort of was critical of lockdown policy. And I think perhaps because of that, it went viral. I wish my other research went viral, but this one did. It was published late in the fall of 2021, and the journal, it has 60,000 downloads already and had already been circulating for five or six months. Twitter ranked it as the #32 most discussed paper of Twitter in 2021.

[Mistake #1: TOTAL Costs and Benefits were miscalculated or not included]
I've read literally hundreds of studies dealing with lockdown and COVID and analyzed them. The fundamental mistake, policy mistake—and it's sort of an Economics 101 mistake—is that any type of policy should be decided on the total costs and total benefits of that action. And not only from the beginning, but repeatedly, those costs and benefits were either miscalculated or various costs and benefits were ignored. And I'm going to use this as my framework for what I'm going to talk about today.

I'm going to very briefly discuss these epidemiological models called SIR models or SIRS models, depending on the equations, and show you why they overestimated the benefits of lockdown. I'm going to focus on a particular equation or structure of the model. Don't worry, I'm not going to show you the equation,

[00:05:00]

but it's an assumption about human behaviour. And when I tell you what it is, you'll be shocked and wonder how you could have a model like this. But it characterized virtually all of the SIR models, and my understanding is in British Columbia, it's still the characteristic of the models being used.

I'm going to show you a problem in the value-of-life calculation that was used, and it's kind of a sneaky little problem that an average person might not be aware of, but it sort of biased the way it was looked at. I'm going to analyze the actual number of lives that were saved by lockdown, and I'm going to look at a problem with some various cost calculations. I'm going to focus in on a specific type of cost, namely what are known as "collateral deaths": these are deaths that were directly caused by the lockdown activity.

Shawn Buckley
And Douglas, can I actually just ask you, because this is being recorded, you're hitting the table with your hand and getting [a boom] every time you do that. Thank you.

Douglas Allen
Sorry. You know, when an economist doesn't have much of an argument, he starts pounding the table, so I'll try to watch that. It's a bad signal.

If I have time, I'd like to talk about the economic reasoning behind the vaccine mandates. We just heard a nice discussion on the legal issues of the mandates. However, I wouldn't mind making a few comments on the economic rationale for the mandates and why there was a problem with the economic reasoning behind them as well.

[Simple SIR models failed to predict COVID19 deaths]
So the simple SIR models and their failure to predict COVID-19 deaths. Epidemiologists use a model, and the model is just a series of equations, that's all it is. The equations are a little complicated because they include what are called derivatives, and so they're called differential equations. But essentially what these models do is they just make predictions about how a few things are going to change over time: they're going to make a prediction about how many people are susceptible to the virus over time; how many people get infected over time; and how many people recover over time.

And like all models in epidemiology or in economics or in physics or whatever, their success depends on two things. One, what we might call the structure of the model: Does

the model include equations on all the dimensions that you would be worried about? And I'm going to argue that these models did not. And the second thing is, like all models, they depend on the parameter values that are in the models. These models have variables in there that you need to assign values to before you can make them run. And I'm going to argue that they used incorrect ones.

The importance of these models is that these were what were used to declare what would be the benefits of lockdown. Lockdown presumably was going to either delay infection and help the overrunning of the hospitals or delay infection long enough that a vaccine might arrive and save lives. And for today's talk, I might as well talk about it in the context of saving lives. These were models that were used to predict how many lives would be saved by lockdown.

[SIRS models (susceptible, infected, recovered)]
Everybody was exposed to graphs like this in the news media from the get-go, and they take on all kinds of different forms depending on what's on the vertical axis, but they all have the same basic idea. And first off, to note: they're sort of intimidating because they're very non-linear and they're multiple colours, and usually what's on the vertical axis is something we don't quite understand. So there's almost immediately a deference to the science of these things, but they're actually quite simple.

On the horizontal axis is usually time, starting with some date and moving through. On the vertical axis here is hospital capacity, critical bed capacity. The big black line is what's going to happen if we do nothing: And so if we do nothing, the virus is going to enter into the community. Everybody's going to get infected. There's going to be this massive surge of infected people. Hospitals will become overrun or deaths will skyrocket and then, eventually, everybody becomes infected, and then we have this collapse and we reach some endemic state.

Everybody was forced to learn the phrase, "flatten the curve." Flatten the curve meant that if we intervened in some way and imposed some sort of lockdown, then we could delay either the infections, the deaths, or whatever. And if you look at this graph, they all work the same way. The stronger the lockdown, the more restrictions we put on people, the flatter the curve gets.

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And so the more we push out things into the future when, presumably, we can handle them.

Now, some of the assumptions that were made in these models was—one was that 100 per cent of us were susceptible to infection. Now that turned out to be grossly overestimated: **that anywhere between 40 to maybe 60, 70 per cent of us had some sort of T-cell memories from previous coronavirus infections and were not susceptible.**

There's a number that I want to spend a little time on, and it's called the reproduction number and it's absolutely critical in these models. The reproduction number, all it means is that if I get infected, how many people do I infect? And then those people will infect the same number. These models assume that I would infect 2.4 people and those people then would infect 2.4 people. And each one of those, subsequently, would infect 2.4 people. If the reproduction number was 2—so every person that gets infected infects two other people—and if the Province of British Columbia was a single social network, then it only takes 21 days for 5 million people to become infected. So at a 2.4 number, I actually didn't work this out, but it would be much less than that. If that number was correct, within a month, and

again, if we were one single social network, the entire province would have been infected. That number is not only wrong, but these models assume that this number was constant. And that turns out to be the real big problem. It is not a constant number.

The other thing is there's something called the infection fatality rate [IFR]. So if you take all of the people infected, if you take the number of people who died that were infected divided by the total number of people that were infected, you get what's called the infection fatality rate. It's a number that's difficult to calculate because we often don't know how many people were infected because we don't know the infections of the asymptomatic people. Anyway, these models assumed that it was 0.9 per cent. That turned out to be seven times too high. So again, these are the parameters that are too high and are incorrect.

And then the structural problem: I'm going to call it the "zombie assumption." And this is the hard thing to believe, and for an economist, somebody who studies human behaviour, it's really hard to believe. When I started looking at these models, I kept thinking, well, maybe the next one will have corrected this obvious problem. These models assume—and it's an implicit assumption because the equation is just missing—it assumes that humans behave as zombies. The zombie is walking towards somebody with a rifle and he's shooting and he just keeps walking. Or you might think it assumes that human beings are just rocks, that they fall off a cliff and they fall at some rate of descent, and that's just the way it is, that the human being never changes their behaviour.

It's as if these models were saying something like the following: Let's put a $100 bill outside this hotel and we'll lay it on the sidewalk. And these models would predict, by the laws of inertia, that $100 bill is just going to sit there. Well, by the laws of common sense and economics, it's going to disappear pretty quickly, right? The models are missing the human component, the fact that human beings actually respond to the environment around them.

[RESULT: These Models Failed Miserably]
Now, the result of the failure of these models to include a structural equation or multiple equations that deal with human behaviour, the failure to have accurate and proper parameters meant that they were grossly incorrect in their predictions of how many people would die.

This is a table from a paper that I published all around the world. That model predicted in March of 2020 that 266,000 Canadians were going to die in the next three months if we did nothing. And that's a pretty horrifying number. Then it predicted that if we had absolute and total lockdown that there would still be 132,000 people that would die in the next three months. The reality was that by July 30th, 3 months later, there were just over 9,000 people dead of COVID-19 in Canada. That means that the model was off by a factor of **almost 15. Everyone should say that a model that is off by a factor of 15 is false and wrong, and you shouldn't listen to it anymore. It's been refuted, right? If you really are believing in the science,**

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you would say you made a prediction and it was the opposite of what actually happened. Even today, at the end of April, there have been 52,000 people that have been declared, have died from COVID-19. We're still, after three years, not even close to the predictions of this model. The model was wrong because it ignored the way humans behaved.

[Fatal Error: The Exogenous Behaviour Assumption]
Now, I want to show you something that's really quite interesting. Here, I'm going to focus in on this structural equation.

Unlike the model's predictions, human beings actually aren't zombies and we're not like rocks, and if you know there's a threat, you behave accordingly. So if there's a virus that's entered the community, and last week before it entered the community you were going to the store every day and you were shaking hands with people and hugging your friends and all the rest of it, and now there's a virus around and you don't know much about it, but you know that it's potentially, maybe serious, guess what? You don't go to the store as often. If you do go to the store, you're a little more careful. Maybe you don't hug strangers or anything like that.

So it's of no surprise to economists that reproduction number is not going to stay at 2.4. It's going to change very quickly. Now, a group of economists in UCLA, led by a fellow by the name of Andrew Atkinson, in the summer of 2020, took the data that was available from every jurisdiction in the world where there had been more than 30 COVID deaths. And they measured a whole bunch of things. But one of the things they looked at is what happens to this reproduction number after a jurisdiction has experienced 30 COVID deaths. So the virus has entered into a community, maybe it's the Province of British Columbia, maybe it's the State of California, maybe it's France, whatever. And they found something to the world was remarkable; to an economist, it's not remarkable at all. In fact, it's just exactly what you would have predicted.

Initially, the reproduction number is all over the place. In some jurisdictions, it's as high as 4 or 5; in other jurisdictions it's maybe around 1.5. But initially, it's all over the map. But it very quickly, if you look at this graph here, the black line is this estimated reproduction number. The red line and the blue lines are just the confidence intervals of the bands. And so between the blue lines, essentially 99 per cent of all of the estimates fall in there. So you can see it's a very narrow band. But you see that within 20 days, you end up in what's called an endemic state. The pandemic is not around. A pandemic is when the reproduction number is greater than one and the virus is exploding. That's not what happened. Within 20 days of every single jurisdiction, the virus starts to reach this endemic state.

Now, why is that? It's not that we had reached a herd immunity. There was no biological endemic state. This is what's called a behavioural endemic state, that people were responding and behaving in a way that drives it down into the endemic state. Now, the interesting thing about this is that these different places had different lockdown policies: Some were unlockdowned still; some had really strict lockdowns; some had different lockdowns, minor lockdowns. They had different timings in which they imposed.

The thing that Andrew Atkinson, the question he posed at the end of summer is, "Maybe if every jurisdiction, regardless of their lockdown policy, the virus is behaving exactly the same way, then maybe the lockdown policies are having no effect on the virus." Now, keep in mind, this is August of 2020. And this result in the academic community, again, went viral. Everybody in the academic community knew it, which meant every person in public health had to also know this result. It wasn't like this was some secret.

[Estimate of the effective reproduction rate (R) of COVID-19: Canada and United States]
For the people that are watching, the people that are not academic, may be wondering, how do I ever find out all these numbers? There is a fantastic resource available online. It's a data repository at the University of Maryland. It's called Our World in Data. And you can go

there to look up all kinds of things. If you're worried about inflation right now, go look up inflation data or whatever. If you go to this site, there's a coronavirus webpage. You can go to there. It's extremely easy to use. You can look up any country, all kinds of different variables, and you can find out what's been going on. And here, I'm just showing you, this is with the raw data—so not estimating what Atkinson did—just looking at the raw data of this reproduction number for Canada and the United States. And you can see what happens. In March of 2020,

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we hit 1. We entered an endemic state within 20 or 30 days of the virus spreading around. And we basically have stayed there.

Now, these big bumps here were the Omicron thing, but I don't think I need to go into why there's more variants there. But essentially, we have been in an endemic state since the spring of 2020. Now, the endemic state that we're in now is a biological one. British Columbia has 80 per cent of us are vaccinated, but probably close to 100 per cent of us have had COVID-19, right? I mean, we've reached a herd immunity, and the virus really has very little place to go other than animals and people that have not been infected yet. But the point is this, is that we were in a behavioural endemic state almost from the beginning.

Now again, think back to the logic of lockdowns. Logic of lockdowns was "No, no, no, no, no, the virus is exploding all around us." It was not exploding all around us. Almost immediately, it was not exploding all around us.

[Estimate of the effective reproduction rate (R) of COVID-19: World Data]
You can look at the world, the same thing. You can look at any country, go to Our World in Data, look at any country, and it always looks the same. The virus behaved the same regardless of the lockdown policies once it entered the community.

[Mistake #2: Value of Lives Saved was Mismeasured]
Okay, so the models were wrong in estimating how many people were going to die. But what the early studies did when they said, "Okay, well, what's the benefit of lockdown? We want to get the value of the lives that we're saving." So here they made a really sneaky thing.

Economists and other people in the social sciences, whenever lives are involved and you have to get an estimate of the value of human life, we use something called the "value of a statistical life." And what this does is we look at real human behaviour, and we watch you and we say, "Okay, you took a job for an extra $10 an hour, but that job is actually going to increase the chance that you're going to be killed on work because it's dangerous. And so **you have demonstrated to me how much you're willing to trade off dollars for a chance that you're going to die. And so we can use that information to calculate, what are you saying the value of your life is?" That's what this idea of the value of a human life.**

And it's actually not a bad way of measuring the value of human life because it's actually saying, "You tell me what the value of your life is." And it's not based on your income; it's based on what we might call the "utility" that you get of living. You get satisfaction, maybe of seeing your grandchildren like I do. There's no GDP change in that; it's just utility that you get. And this is a measure of that.

Now, we've been making these calculations for 60 years. And the one fact that we know is that this number is not constant, it declines over your life: that the value of the life of

somebody who's 90 years old is lower than the value of life of a child. And if you don't believe that, go to a funeral of a child versus the funeral of a 90-year-old. And everybody in the funeral of the child knows this is a terrible tragedy, right?

In this particular example I've got here, just the numbers, the numbers really don't matter, but it just demonstrates this. This is sort of typical of a North American value of life calculation. It says the value of the life of a child is around $14 million in North America. The value of an 85-year-old is about $2 million. Now, that's all fine. But here's what the sneaky part was, one of the sneaky parts.

[Most of the 2020 studies assumed VSL = $10M for everyone]
Every cost–benefit study that I could find in the early part of 2020 that was generating the justification for these lockdowns assumed that every human being had a value of life of $10 million. Now, that's not just wrong, we know that it's wrong—it's also absurd. Because to say that the value of life is constant would be to say that it doesn't matter if you live one more day or another 40 years. Those extra 40 years added nothing to the value of your life. The value of your life is $10 million, whether you live one more day or not.

So it's not just wrong, but it's also absurd. But here's the thing. The majority of people who died of COVID-19 were over 70, and in fact, you were really vulnerable if you were over 80. If you're 85 the value of your life was $2 million, but we're assigning a value of $10 million. So not only are we overestimating the number of people that were going to be saved by lockdown, but we're then multiplying them by a number that's probably five times too large.

So just to give you an example:

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In Canada, we were told that we were going to lose over a quarter million people. We were told that if we had full lockdown, we would still lose 132,000 people. So that meant that lockdown in Canada, if we had a complete and utter lockdown in Canada, we would have saved 134,000 lives. If you multiply 134,000 lives by $10 million, you get $1.3 trillion. That is an enormous number. That's almost half the GDP of Canada. Now again, if you think back to March and April of 2020, essentially there was about an $80 billion drop in the stock market value of the country. Eighty billion is nothing compared to $1.34 trillion, right? I mean, when you come up with a number of $1.34 trillion, you can steamroll over just about anybody when you got a number that big. But that number is that big because they completely miscalculated the number of people and miscalculated the value of the life.

[Mistake #3: Don't Ignore the Data]
So this is what happened in the spring of 2020 in this calculation. I mentioned that even by the summer of 2020, Andrew Atkinson had figured out that lockdown was sort of in trouble by the data. But in my academic experience, I've been doing this my whole life, I don't think I've ever known a time when more academics studied a single topic immediately and persistently. The amount of research that was done was really quite phenomenal. Probably in the order of 40,000 or 50,000 studies were done on COVID-19. And they were done immediately. No human being could really keep up with all of the research. And yet, it was, for the most part, completely ignored.

I just want to show you something that's really quite staggering when you look back at this. Look at the date here. This is an opinion piece in *The New York Times*. The date is March 20th of 2020. This is nine days after the World Health Organization has declared a

pandemic. This opinion piece is written by Dr. David Katz. He's an epidemiologist. He's already got his hands on data from South Korea, which turned out to be fantastic data set. He's got his hands on data from the United Kingdom. He's got data from the Netherlands, a little bit of data from the United States. And he's also got the data from the Diamond Princess. Remember, that was the cruise ship that people got held hostage on.

What's interesting about the Diamond Princess was we knew the total number of people that were infected and we knew how many people died. So that was a very reliable source of the infection fatality rate because we knew what the denominator was. And generally speaking, we don't know that for a long time. Now, we also knew that that population was older than the community, but we could still get a very good benchmark of what the infection fatality rate was.

What did Dr. Katz conclude in March '20? He said the following. He said "A pivot right now from trying to protect all people to focusing on the most vulnerable remains entirely plausible. With each passing day, however, it becomes more difficult. The path we are on may well lead to uncontained viral contagion." That's exactly what happened, wasn't it? "And monumental collateral damage." That's also what happened. "To our society and economy, more surgical approach is what we need." If you go and look this article up, you'll see in the beginning, he's saying, "Oh, my gosh, you know, we thought we were dealing with smallpox, but we're not. This is a standard coronavirus and we know how to deal with this. And we're going about it all wrong."

And so if somebody says to you, "Well, you know, we made these mistakes in March of 2020, in April of 2020, well, we made them because we didn't know what was going on." We actually knew what was going on. Right? Dr. Katz knew what was going on. On May 5th of 2020, Ioannidis, an epidemiologist in California came out again with a major study looking at the infection fatality rate and saying, "You know, we're way off on this." So we did know early on what was going on.

Shawn Buckley
Was that Dr. Bhattacharya?

Douglas Allen
No, not Jay Bhattacharya, it's Ioannidis, thank you, Ioannidis, Dr. Ioannidis.

[Nine days after the Pandemic was declared, we had information]
So what did Dr. Katz discover especially in the South Korean data?

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He discovered this, and basically all this is, is just showing that the infection fatality rate was a function of age. And everybody knew this very quickly, right, that if you were 70 years old, you're about 1,000 times more likely to die from the COVID-19 than you were if you were 20 years old. That COVID-19 was never a serious threat to people under the age of 60. Of course, people under the age of 60 died of COVID-19, but, you know, we die of all kinds of things. The point is that the probability of dying was incredibly small. When you've got this dramatic age profile of the infection fatality rate, it immediately tells you where you should be devoting your resources and your attention, and it's not to people under 40.

He also figured out, again, using the Princess data, that the infection fatality rate was not 0.9 of per cent. We learned in the Ioannidis study, et cetera, that the infection fatality rate was on average about 0.15 of per cent, which meant that 99.85 per cent of the population was going to survive the thing. So we knew almost immediately, we're not dealing with the Grim Reaper; we're not dealing with something that was equivalent of smallpox in the 18th century. We were dealing with something that was serious, but not of the magnitude that we were led to believe it was.

[My 2021 study]
My own 2021 study. So what I did, throughout the fall of 2020 and the early spring of 2020, again, massive amounts of studies that were done. I surveyed all this literature, and I concluded the following. I said, "A reasonable conclusion to draw from the sum of lockdown findings on mortality is that a small reduction cannot be ruled out for early and light levels of lockdown restrictions." Not that you could find evidence, but there was still a lot of noise in the data, and you couldn't rule out the fact that there might have been one, but there was "no consistent evidence that strong levels of lockdown have any beneficial effect . . . Maybe lockdowns had a marginal effect, but maybe they do not; a reasonable range of decline in COVID-19 is between 0 and 20 per cent."

[Studies in Applied Economics]
Now, maybe the Commissioners have heard of this study, but if you haven't, I would direct your attention to it. It's a study by Jonas Herby and a few co-authors. It was published in January of 2022. They came out with a subsequent update, I think, in May of '22. In my opinion, this is the best article that is written about describing the various issues related to the costs and benefits of lockdown. It's mostly focused on the benefit side but deals with costs a little bit as well.

This study screened over 18,000 studies on COVID lockdown. What they did was they did a meta-analysis; a meta-analysis is a type of statistical analysis that allows you to amalgamate various studies. They amalgamated only what are called causal studies: these are studies that say, did lockdowns cause a reduction in the mortality? As opposed to just studies that are correlative or just trying to show an association. So they're looking at the very best of studies. They collect mostly what are called difference-in-difference studies. The lockdown gets rolled out in different locations at different times and in different ways and in different intensities. You can exploit this difference across these jurisdictions to get at, what's the actual effect of the lockdown? The actual effect of a stronger lockdown? et cetera.

They look at these things and here's what they conclude: that all of these lockdowns had about a 3 per cent reduction in mortality. All of this effort that we went through basically had almost no effect. "An analysis of each of these three groups," they look at three **different types of lockdowns, "support the conclusion that lockdowns have had little to no effect on COVID-19 mortality." The reason why they have no effect goes back to that behavioural assumption. If you're in a jurisdiction that has no lockdown and you think you're a vulnerable person, guess what? You lock down yourself, you behave carefully. If you're in a jurisdiction that has a lockdown, guess what? People that aren't vulnerable, they're non-compliant with the lockdown. And so you end up having it not make much of a difference.**

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[On the Benefit of the Lockdown Side]
On the lockdown side of the equation, we knew that early on, very early on, the models were wrong. We knew. We had empirical evidence in the summer of 2020 that they were ineffective. By the spring of 2021, we had many empirical studies showing that there was no effect. And by the fall of 2021, when the Herby study became available, we had a massive meta-analysis that confirmed that lockdowns and other non-pharmaceutical interventions had almost no effect on mortality. I'll just point out also in the Herby paper, and the paper is about 150 pages long, they break down each non-pharmaceutical intervention on its own. They look at school closures, stay-at-home orders, masking, social distancing. And one of the ironies is, of course, you probably have heard this many times, is that some of these things actually increase mortality. You tell people they can't play in parks, they have to stay at home. Stay-at-home orders generally increased mortality. So bottom line: there was no benefit to locking down the population, none.

[Mistake #4: Mismeasure of the Costs of Lockdown]
Now, mismeasure of the cost of lockdowns. Here's another really sneaky thing that happened in 2020. Initially, the only costs that were considered was the lost GDP. We're going to take a human being that's working and we're going to tell them to go stay home for two weeks and you're not going to be able to work: Of course, that's going to reduce the amount of goods and services that are available. And of course, that is a cost. And like I mentioned earlier, that cost was about $80 billion in the first few months of COVID-19. Now humans are ingenious and resilient, and we all know that we discovered quickly ways of working from home and adapting and all the rest of it. And so this kind of cost sort of faded away. But it was still a cost in the early period. But it was the only cost that was considered.

Now the interesting thing is that this is sort of a fundamental economic mistake, something that you would fail a "100" student for making. Because what it turned out they were doing, was the units that they were comparing the benefits to was different than the units they were comparing the cost to: they were comparing apples to oranges. Now what do I mean by that? If you remember when I talked about how they valued human lives, they valued them based on the utility you get from life. You want to visit your grandchildren, that's a value to you and we'll take that into account in the value of life, even though it has no consequence on GDP. But when it comes to costs, we're not going to count the utility of taking your life away from you, we're just going to count the lost GDP of having to stay at home. On the one hand, we're counting utility; on the other hand, we're counting GDP: we're comparing apples to oranges.

Now if you want to turn it around, we could have done the calculation— It would have been probably not correct, I mean, at least it's comparing apples to apples. But suppose we wanted to measure the benefits in terms of GDP: We're going to lock you down. And oh, you're going to die of COVID, but you're 85. You weren't producing any GDP, so the value of **your life is zero. So we lost nothing, I guess the locking down was terribly inefficient, right? We lost GDP, but we didn't lose any value of life. Everybody would think that was absurd, but at least you're comparing apples to apples. So by comparing apples to oranges, by comparing the utility of life to just GDP, again, you're biasing: you're saying the benefits of lockdown are enormous, but the costs really aren't that big of a deal. It was just the lost GDP. Sorry.**

In my 2021 study, I used a methodology to get at an estimate of the utility loss of lockdown. And I concluded that the cost–benefit ratio was 141. And so to put that into context, that would mean that for every 80-year-old that had a death that was averted because of lockdown, we ended up killing 141 80-year-olds. You save one life, but it costs you 141. It was based on that cost–benefit calculation that I declared that we committed the greatest

peacetime policy disaster in our history. If you were a British Columbian, you might remember 25 years ago, we had the fast-ferry fiasco that brought down the government, and everybody knew about it. The cost–benefit ratio of that fiasco was just three, just three. The cost–benefit ratio here was 141,

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that the costs were greater than the benefits.

[Additional Costs Include]
Everybody knows, and I'm sure you've heard much testimony on this. I'm not going to spend any time on most of these issues, but we know that there was lost educational opportunities. I just read a study the other day showing that the catch up, we have not recovered from these lost educational opportunities. I can speak as a professor that there were incredible lost opportunities at the university level, and these have long consequences. Lower education means that your wages are going to be lower over your lifetime. Lower wages means that your health outcomes are going to be lower. It means that your life expectancy is shorter and so that there are going to be lost lives because of the lost education opportunities.

There are increased deaths and reduced life expectancy due to spells of unemployment. Unemployment reduces lifetime earnings, reduction in lifetime earnings reduces health outcomes, increases probability of death, et cetera. And again, in both of these categories, if you calculate the value of lost life, they swamp any estimate of the benefits of the lockdown. Increased deaths of despair, increased suicides, increased drug overdoses, addictions, all kinds of things, increased domestic violence, increased family breakdown, supply chains disruptions, and costs and consequences. Now maybe you had to wait an extra three months for a new oven for your kitchen, but around the world, the supply chain interruptions have been devastating in terms of mortality.

Direct deaths caused by lockdowns, and these are deaths that are called collateral deaths; so you actually lock down, and this actually caused a death. Now how could that be? If you remember, who can forget, hospitals were shut down, only for COVID patients, and we were terrified. We thought that if we even went to a hospital, it was sort of signing your death warrant. Lots of people missed cancer appointments, screenings, all sorts of things like this, and these people later died or died before their time.

One thing for the Commission to realize is that the costs are going to take a generation to figure out. We know these costs exist; we're trying to estimate them. People are making estimates, but the actual answer is going to take a generation. What does it mean to have a child that was born during COVID and never saw a human face for two years? You know, **the consequences of that will take 20, 30 years to find out. But we know they exist, and we are making estimates, and like I said, if you took any category of these costs and convert them to the value of lives lost, it swamps, swamps any benefit of lockdown.**

[Collateral Deaths]
I just want to focus in on this collateral death issue because it's something that we can get numbers at and can get estimates on. And again, if the Commissioners are unaware of Casey Mulligan, he's at the University of Chicago in the economics department. He's done lots of work with his students on this, and he's been working on collateral deaths, and he estimates for the United States that about 170,000 people died as a consequence of lockdown. In one of my papers that's submitted to you, I look into a study done in England that again looks at collateral deaths. And there, they go really deeply into what caused

people to die, and again, come up with a very large number of collateral deaths. Far more people died these collateral deaths than died of COVID.

Now I just want to show you on this category alone what this means. In the United States, up to December 2021, about 825,000 people died of COVID. If we take the Herby value of 3.2 per cent, if lockdown reduces mortality by 3.2 per cent, then that means only 27,000 deaths in the United States were averted. The other 800,000 people would have died anyway. That means that if we take the 171,000 people that were killed because of lockdown—that's the cost—and divide by the benefit of saving 27,000 lives, you still end up with a cost–benefit ratio of six. Remember again, the fast-ferry fiasco that brought down a government, the cost–benefit ratio was three. This is twice as worse. On this one category, you could reject lockdown just based on that alone.

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]
Just a few numbers going back to Our World in Data.

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If you look at Canada, now here I'm being speculative. But if you look at Canada, the dark line is the line of excess deaths attributed to COVID in our country; the red line is the excess deaths not attributed to COVID. And you see that since the spring of '21, our excess deaths— I should define excess deaths: So for any given day, for any given week, for any given month, or any given year, there's an expected number of people that are going to die. In Canada, we expect on any given week of the year, about 800 people are going to die. If 900 people die in that week, we call the 100, excess deaths. The reason why we use excess deaths because it doesn't rely on some government agent categorizing you died of COVID-19 just because you tested positive. You got a bullet wound in your head, but I mean, we count you as COVID-19 because you tested positive. So it's a more accurate way of measuring excess deaths.

And so the red line: if there were 100 excess deaths in a week, the red line might say there was 90 of them were non-COVID related, and only 10 were COVID related. So we see since the spring of '21, there are excess deaths that are not COVID related—are high. Now, again, this is evidence you'd want to look into it, but there's evidence of these collateral deaths, people that were dying. It's more deaths than we think, and they're not COVID related. And so you'd want to investigate that.

[Estimated daily excess deaths per 100,000 people during COVID-19, World]
I was mentioning on the world scene, if you look at the world, excess deaths on the world, you see the COVID deaths on the bottom, you see the dark red line is the excess deaths that were not COVID. From the get-go, there have been massive excess deaths around the world. **And again, this is probably, it's entirely speculative on my part, but it's probably very much related to supply chain issues. You're in a country where you're close to subsistence and suddenly food supply chains get disrupted and you start to starve to death, right? And again, this is just one of the consequences of lockdown. We worry about what happened in our own country, but what we did had consequences to people that are far worse off than we are.**

[Estimated daily excess deaths per 100,000 people during COVID-19, Sweden]
If you look at Sweden, it doesn't seem like there's much evidence of excess deaths outside of COVID at all. And, of course, we know now that if you look at excess deaths in Sweden, Sweden, which experienced absolute minimal amounts of lockdown, had the lowest excess deaths of all European nations, even lower than Norway, its Nordic neighbour that got so

much positive review. And of course, they didn't suffer all of the cost consequences from lockdown. So they had none of the costs of lockdown, and they had the benefits of a low [thing.]

[Bottom Line: Cost/Benefit practically infinite]
So again, my conclusion from April '21, it hasn't changed. Lockdowns are not just an inefficient policy, but they must rank as one of the greatest peacetime policy disasters of all time.

Am I okay to go on and talk about just some economic logic of the mandates? It won't take long.

Shawn Buckley
Yeah, you absolutely are.

Douglas Allen
[Mistake #5: Vaccine Mandates]
Again, I'm not talking about the legal aspects of mandates, I'm talking about the economic rationale about them. They were illogical from an economic point of view. Things that you obviously know about the coronavirus: So you cannot isolate a coronavirus; it's not like smallpox that you can isolate and remove from a population. It exists in animals and birds and as well as humans, and so it's never going to be eliminated. It's constantly mutating, we all know that by now, and so even though you vaccinate against one strain, it's going to mutate and those mutations are often going to be able to avoid the vaccine. It's not like measles that you can get a shot when you're young and it's good for the rest of your life. There's no single vaccine that is going to protect you.

We also know from the vaccine literature that there are many non-responders for one reason or another. They get the vaccine, but they're not immune because they did not respond to the vaccine. What this means is that with our vaccines for COVID-19 is there was always large, what is called "leakage": that people who are vaccinated could get infected and they shed the virus and therefore can infect others.

[Vaccine Mandates, Problem 1]
These facts present problems for the logic of mandates, and I'll just point out two. The purpose of the mandate—the stated purpose of the mandates—was that the vaccinated person could be assured that the person sitting beside them in the movie theatre or the dining restaurant was also vaccinated.

[00:50:00]

And therefore, they were safe around that person. But the problem is, of course, just because you're vaccinated does not mean that you don't get infected. And probably most of us have been infected multiple times by COVID-19, even when we've been vaccinated.

I reveal some of my personal health information: I got COVID-19 in the fall of '21; I had received two of the vaccinations. At the time, we didn't know the different infection rates, but we did know that people with the vaccine were getting infected. Conditional on getting an infection, the vaccinated person still sheds the virus at the same rate as the unvaccinated person. So if I'm sitting beside somebody who's vaccinated, but they're infected, they're going to shed the virus as if they were unvaccinated. But here's the

dilemma: The person who is vaccinated will have fewer symptoms and is more likely to be asymptomatic, and so I can't tell that the vaccinated person beside me is infected. If they're unvaccinated, they may have sniffles or something like that, and I have a guess that they're actually infected, and I'll stay away. They probably know themselves that they're infected and they'll probably stay away as well.

The fact that the vaccine masks the infection actually makes it more dangerous to be around vaccinated people than unvaccinated people. And so the logic behind the mandate was faulty. I may have been in more danger, not less danger. It's really an empirical question.

[Vaccine Mandates, Problem 2]
Now, the second problem with mandates is this. The chief benefit of the vaccine, and we learned this in 2021, was that it reduced the severity in most people. I'm not saying there were not negative consequences.

[The Chief benefit of the vaccine is drastic reduction in severity of illness]
I'm saying for most people, it reduced the severity of illness, and we can see this. Here is the week-by-week death count in Canada, and this little bubble here, that's the delta variant. The delta variant had an infection fatality rate that was sort of similar to the beta variant and the alpha variant. But when the delta variant came along, a large fraction of the population was vaccinated. And unlike the earlier two waves, there was not the spike in deaths. The big spike that came after, that's Omicron. The reason why, even though Omicron was less lethal, why there was still a large death count was because it was so transmissible. A massive amount of people got infected.

[This means that vaccines were mostly a PRIVATE GOOD]
But my point here is that the benefit of the vaccine was that it reduced the severity of an illness. Now here's the point. That means that the vaccine is what we call a private good: if I get vaccinated, it benefits me. It really has nothing to do with you, nothing to do with you. The purpose of the mandate was because, presumably, this is a "public good" and that my vaccination is actually serving some public purpose. But it's not serving a public purpose: I can get infected and I shed the virus like anybody else. And so it's a private good and a fundamental core tenet, I think, on human rights and freedom is that you get to decide your private goods. Nobody tells you what colour of a car to buy. Nobody tells you whether you can get a driver's licence or not. We don't tell people what they have to eat at night. These are your choices because it's really nobody else's business. And your decision to get vaccinated or not is really an individual's private business because it only confers a private benefit. And so the whole argument that there's some "public good" nature of the vaccine, I think, is completely wrong.

[A core tenet of human rights is the freedom to decide PRIVATE GOODS]
And here's another thing from Our World in Data. We can look at the lockdown measures that were placed on people and you see what happened. We all know what happened in 2021, we put stronger measures of restrictions on unvaccinated people. And I think this is going to go down as one of the shameful episodes in the history of our country that we discriminated against people like that. Yeah, I'm sorry for getting emotional because there are people in my family that decided on their own to not get vaccinated, and they were told you couldn't travel, you couldn't go to a restaurant, you couldn't go to a theatre. We convinced everybody that the unvaccinated were going to kill everyone else, and so they were shunned and not invited places, et cetera. I think that's just a tragedy.

[How to Prevent a Future Relapse]
So how do we prevent a future relapse? I only have a few ideas and not solutions.

Shawn Buckley
And I'm just wondering, you know, we're getting close to the 60 minutes

[00:55:00]

and I am confident there's going to be a lot of—

Douglas Allen
I can stop there.

Shawn Buckley
questions for you, so I'll turn you over to the commissioners.

Commissioner Massie
Well, I have a couple of more technical questions. I really like the model you presented. But one of the things that always puzzles me with all of these models, like flattening the curve, it's not clear to me that the assumption that was made with any measure you take to flatten the curve was going to reduce the total number or just spread it in time. Because when I look at the curve we're showing in your model, the area under the curve is not the same.

Douglas Allen
Is the same, yes. So this is, again, another one of these sort of things, it was an evolving lie. So it's absolutely right. Those different curves that I showed you, the area under the curves are exactly the same. And what that means is, if you're looking at mortality, flattening the curve, according to those models, does not change the number of people who die. It just spreads them out. That's why the initial argument was, "Oh, we're just trying to not overrun the hospitals." Which was another red herring because a fundamental idea in economics is that the amount of goods available is never fixed. There's no such thing as a fixed hospital capacity. We can change hospital capacity like that. And of course, if you remember, we did. We set up hospitals all over the place and they just remained empty. Central Park in New York City was converted to a hospital. If you remember, President Trump brought in a naval ship with a hospital; it was never used, nor was the Central Park one. So, yes, exactly **right. The initial thing was, "Oh, we're just worried about hospital capacity." You could make the argument that, look, if we defer infection, maybe a vaccine will come along and then we may avert a death. But you're absolutely right—flattening the curve only delayed infection.**

The other thing—sorry if I could evolve—the idea became eventually the idea of zero COVID, that somehow for the first time in human history, we could take a virus that's spread throughout the population and somehow create a zero COVID. I mean, that's the extent of that sort of reasoning where it went.

Commissioner Massie
Yeah, I don't want to go to the zero COVID illusion. That's another story.

Douglas Allen
Yes, that's another story altogether.

Commissioner Massie
The other thing I'd like to ask you is a lot of these models and data we're getting from public sources, and I agree with you, Our World in Data is very good. But in all of these models, it's based on when you estimate—would it be COVID case or COVID hospitalization or COVID death—it's based on attribution. And if the attribution is biased, for whatever reason, technical, political, whatever reason—the calculation we're doing based on that is not that reliable.

Douglas Allen
Absolutely, you're talking about—I have to define what's a COVID death. Yes exactly, and, of course, I'm sure you've heard the average number of comorbidities is four: so these are people that are extremely sick anyway, and you've got dementia and heart disease, but you tested positive for COVID. But we know now, and especially in the U.S., that hospitals were given dollars for every COVID patient, the extra dollars for every COVID death, so there's a strong incentive to write COVID-19 down for everything. That's right, and so this is the academic's job to take into account for that, to try to work around it, and one of the ways you work around it is you use excess death numbers. Or in that British study that I cite in my paper, I mean, to actually dig deep into the medical records and find out what was the actual cause of death, what were the comorbidities, et cetera. But you're absolutely right, if you can't trust the cause of death, well, then, you're in trouble.

Commissioner Massie
My other question has to do with when we look at excess death. I mean, it seems to me that given the numbers that we know now are probably the best numbers we can estimate for COVID, real COVID death—it seems to me that very often these numbers are kind of close to the noise to what you can measure in actual excess deaths that varies according to the season and all kinds of other factors. So it makes the calculation or estimation of the real impact a little bit difficult. Like the three per cent reduction that was estimated, it was estimated based on taking for granted that the COVID deaths were what they were. But if they're not, then the three per cent could even be an excess or an exaggeration.

[01:00:00]

Douglas Allen
That could be zero.

Commissioner Massie
That could be zero.

Douglas Allen
Yeah, yeah, yeah, yeah, no, absolutely. So again, this is why I sort of stress, take a look at that Herby study. I mean, they sort of extensively consider these issues, and how can we handle them? And which studies actually controlled or tried to get at these issues, and which ones did not? I mean, they make an enormous effort to go through these studies and say, "What are the good ones and what are the bad ones? And let's throw out the ones that are kind of meaningless and look at the good ones."

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]
But again, even in this graph, I don't know if you can see it here, but I mean, you know, there is a confidence band and you can see over time the confidence band is growing because we don't have as good of a data. But yeah, these are all issues that a good academic is going to want to consider. And I guess the point I'd like to get out to the Commission is, there really are good studies out and there's lots of them, maybe hundreds or thousands of them. There are people like the Herby studies that are pulling them together and allowing people to look at them and write them up in a way that ordinary people can understand. And part of the reason for me being here today is that I think, just to even tell people about Our World in Data, that there are resources available right at everybody's fingertips to find out the truth.

Commissioner Massie
My last question would have to do with the fact that when you look at these curves up and down— And let's say we go all-cause mortality, we don't try to attribute. As we rolled out other measures than the lockdowns— Or other measures like the vaccine, especially the vaccine mandates that can create these very interesting short time, in terms of deployment of the vaccine in some areas, we went from zero to a very high number. In some of the cases, it was more defined in the area where they had the special mandates to really—like vaccine equity programs and stuff like that.

So when we look at the overall excess death mortality, people have examined whether when vaccines were rolled out, overall, was it beneficial in terms of excess death or not? Is that another additional factor that needs to be taken into account? Because we've seen that other non-pharmaceutical measures like lockdowns or masks and other things like that or smaller gathering were superimposed on the vaccine, so it makes the analysis of that very tricky in order to—

Douglas Allen
Very tricky. So these are all what are called confounding issues, right. There's all sorts of things going on at the same time, which again, not to get technical, but there are ways of dealing with it properly. Again, you know, using that difference-in-difference technique. Because I can find out there are two jurisdictions, maybe they're virtually identical except there's one difference, and so I can get an estimate to identify the effect of that one thing. And yeah, it takes a lot of work. And you've got to be really cautious when you just look at a correlation between this thing and that thing. It really can mean almost nothing.

But again, there has been lots of work to try to narrow in on what we call and identify the "causal effect" of— Like I said, there's lots of studies looking at each one of these things: What's the causal effect of a mask mandate? What's the causal effect of actually wearing the mask? Because you can put a mandate on and nobody watches it, so you know, there's that distinction. There's all kinds of distinctions. What happens when you put a lockdown on

and a vaccine mandate on at the same time? Again, it's a very tricky issue, but we do have ways of trying to identify the causal.

Commissioner Massie
Maybe just one last question, because I understand that there's a lot of data, you have to sort out the best studies in order to get the understanding. But it seems to me that when you show the data that was available very early on, that's pretty much what we ended up getting. So this data was pretty accurate. Why is it been ignored, even nowadays, by the health agencies?

Douglas Allen
Yeah, this is an interesting issue. One of the papers I submitted is on this. Why did we make the mistake not once, not twice, but five times? We continually made the mistake. And I think what's going on here is, it was not a conspiracy around the world. It was that every public health officer and politician had an incentive to basically double down. That they panicked in March of 2020—they knew, at least by the end of April if not earlier, that they made a tremendous mistake. But what are you going to do? Are you going to announce to the Canadian public that you just lost $80 billion of their pension funds and all the rest of it? No. You're going to kind of hope that, well, maybe this thing will just go away.

[01:05:00]

And you remember at the time, it was two weeks to flatten the curve, but it got extended. Well, let's just extend it a little bit. Summer comes along; things settle down and you're kind of hoping that's the end of it. The last thing you want to do is admit you made a mistake. You're victorious. In fact, we re-elected a government on that victory in the fall. But now the virus comes back. Well, now what do you do? You can't admit you were wrong because you just got elected on your performance. So you double down. You say, "No, it's even more dangerous. We're going to have a real serious lockdown now because we think the vaccines are about to come."

And then when it comes back in the spring, you do it again. And just like in Blackjack, when you double down, the stakes get larger and larger. And so even in the spring of '22, when everybody had had Omicron, Omicron taught us all that it wasn't death that was at the door, it was Omicron that was at the door, and we were all going to survive it. And so even then, we almost had the Emergencies Act invoked. Why? Because the stakes were so high. You locked down people five times in a row, and now you admit that you've made a mistake? Not going to happen.

This is one of the things— Somehow, we have to be able to allow politicians and health officers, if they acted in good faith, they have to be allowed to admit they made a mistake. We can punish them at the ballot box. Now if they acted in bad faith, and if they broke the law, then of course that's another story. But somehow, if the politicians had known, if they could have said in May of 2020, "Oh my gosh, we panicked, sorry about that. And maybe you'll kick us out of office, but we're not going to be held liable for these things." Maybe we could have avoided it. That's a tough one.

Commissioner Massie
Thank you.

Commissioner Drysdale
I've got just a few short questions. You mentioned that some of the original models that were relied on by the Canadian government were by a particular researcher by the name of Neil Ferguson. With the unlimited resources the Canadian government seems to have, you think they would have gone and did go to the very best researchers in the world. Do you have any feeling for how Mr. Ferguson had done in the past with his predictions?

Douglas Allen
He had actually an abysmal track record. He's a physicist, he's not even an epidemiologist. And his physicist training probably led him naturally to conclude that there's no point in modelling human behaviour. But yeah, he had a very bad track record with the swine flu and SARS, the original SARS virus, et cetera.

I do know in the province of British Columbia that they relied on other modellers, two of them are at SFU. And I was just speaking to one of them two weeks ago. And they still have not added any kind of behavioural equations to the model. Still. It's three years later, right? And part of the reason is because an applied mathematician or an epidemiologist who has sort of this physics background, they're not trained in human behaviour. It's not like there's an equation that they just pull off the shelf and put in. They have to come up with the equation, right? They have to have some sort of training in, how do human beings respond?

There's lots of actual models out there. They're called SIRB models, the Susceptible Infected Recovered Behavioural. And these models are mostly developed by social scientists, including economists. And again, Andrew Atkinson and his team in UCLA were developing these models in 2020, and they're far more accurate in predicting the number of deaths. And in fact, one of the things I still have not had time to do— Atkinson has a model in the spring of '21 that is making forecasts all the way out to 2023. And he's pretty accurate. He has to guess at when people are going to get vaccinated and all the other kind of things. But it's not like these things are not done. It's just that I think a lot of the people that government is relying on have not been trained in human behaviour; they don't know what equation to throw into their model.

Commissioner Drysdale
With regard to your comment to Dr. Massie. I'm not sure if you saw a video that was played in this Commission of Theresa Tam in 2010 in a documentary that was done for the National Film Board where she said, "It's better to overreact at the beginning and then **apologize for the mistake and move on." So I suggest to you that at least Ms. Tam knew that she could have changed direction, as she quoted herself in the National Film Board film.**

[01:10:00]

Douglas Allen
I was unaware of that.

Commissioner Drysdale
Thank you.

Shawn Buckley
It looks like there are no further questions.

I just, on your point that you seem actually very forgiving of public health officials. And yet your evidence shows that as early as of March 2020, it was really clear that the models that our behaviour was being relied on were wrong. And that data never changed. It just kept getting confirmed and confirmed. So I believe your evidence is as of March 2020, we knew we shouldn't be locking down and there was no justification. And we also knew that they would be causing harm.

Douglas Allen
No. I agree. I mean, of course, the sooner they could have admitted a mistake, the better for them, better for everybody. And the longer that they delay that, the harder it is to admit your mistake. And the more likely it's bad faith, and as soon as it becomes bad faith, then you really have no incentive to admit that you're wrong.

Shawn Buckley
Now, I would like to thank you because first of all, I see why you've been named a Burnaby Mountain instructor. You're a very good teacher, and you have shared with us some information we didn't have and given us some understanding into modelling that hasn't been presented here, and so you've done us a real service. And on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming and sharing with us.

Douglas Allen
You're welcome. Thank you.

Shawn Buckley
I'll just wait. Dr. Allen is getting a standing ovation.

[01:11:55]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 9: Zoran Boskovic
Full Day 3 Timestamp: 08:37:29–09:00:10
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Welcome back. Our next witness is Zoran Boskovic. I hope I got that right. So if you would please give us your full name, spell it for us, and then I'll do an oath with you.

Zoran Boskovic
My name is Zoran Boskovic. First name Z-O-R-A-N. Last name B-O-S-K-O-V-I-C.

Wayne Lenhardt
And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Zoran Boskovic
I do.

Wayne Lenhardt
Thank you. Given the time constraints today, I think what I'll do just to shorten things up a little bit, let me give your bio, and you can correct me if I get anything wrong. You were born in Bosnia and Herzegovina, and you and your wife have forestry degrees from the university there.

Zoran Boskovic
Correct.

Wayne Lenhardt
Due to strife in the country, in 1994, you immigrated to Canada, and I'm quoting here, "with an 18-month-old baby and two suitcases," back in 1994. So at that point, you got work in

New Brunswick briefly; '96 you moved across the country to BC, and you got work with the Ministry of Forests there. In 2004, you moved to Kamloops. Your wife became operations manager with Kamloops Forest District and you were senior manager with Mountain Resorts Branch. So you took care of some ski resorts.

Zoran Boskovic
Correct, that was my last position with the Ministry of Forests with the Mountain Resorts Branch.

Wayne Lenhardt
So tell us what happened as COVID came along.

Zoran Boskovic
Well, we all heard through different testimonies and the expert witnesses that 2020 was the year where we didn't know a lot. There was some information out there, but the overall operations and the occupational health and safety within my workplace were put in place, and we followed those protocols and, more or less, there was no single incident within the workplace that I know of in 2020. Plus the government, at that time, introduced a gradual opening, and the Phase 3 was supposed to kick in sometime during the summer of 2021, and then Delta hit. I got infected in mid-August of 2021.

I should say during that period of time during 2020 and early 2021, there was a very limited number of people in the office. I was, due to my family circumstances: I didn't have extended family around me or kids of school age. Both my wife and I opted to be present in the office, and we worked from the office. My office environment was a small one, twenty people overall. But only five of us were present consistently throughout the summer of 2020 and the summer 2021. As I said, when I got infected with COVID, so did my wife. And I can only surmise or speculate that given the presentation and the context that was given by the expert witnesses, I got infected actually from the vaccinated people—I contracted the virus.

Wayne Lenhardt
Yeah, and at a certain point, they made having the vaccine a term of employment, is that right?

Zoran Boskovic
That's correct. Shortly after I got infected, I decided to leave the country and go and visit family. I had visited the family doctor and tested positive, and I asked if I can obtain the letter that I recovered from COVID. That was September of 2021. And the doctor asked why would I require something like that and I said, "natural immunity." If you recovered from COVID, it is actually recognized in most European countries. And even if some of them had any of the vaccine requirements or something like that, the equivalent of obtaining the post-infection, natural immunity would count.

[00:05:00]

Wayne Lenhardt
So you and your wife both applied for an exemption after you had gotten it, but you were both denied, correct?

Zoran Boskovic
That's correct. Sometime in October, a head of a public service agency announced that there will be a vaccine policy introduced mandating vaccines. We didn't know what exactly we would have and whether there will be any flexibility within the policy itself. That policy came into effect on November 1st, I believe. On the first day of the witness testimony, Mr. Philip Davidson provided very good review and overview of the mandate that was introduced with one stroke of a pen by the head of a public service agency.

So from November 1st when we had the opportunity to take a look at the policy—what it takes, what the requirements are—we had until November 22nd to comply with the policy. For the government or anyone else to make the medical treatment compulsory, it was a red line for us. We always believed in the informed consent. I tried to work with the family doctor to obtain that kind of informed consent; I shared a number of studies and information that confirmed the effectiveness of the natural immunity. That was in November, and there was silence and no response.

In December I followed up with an email with my family doctor too, and no response. By that time it was November 22nd. I had to disclose whether I'm vaccinated or submit the exemption request, which I did. I wrote the exemption request and while I was awaiting the response, I was directed to work from home. I was working basically throughout the month of December from home and in the month of January until I got the letter denying the exemption request on January 17. Effective January 19, I was placed on leave without pay, and if I don't comply within three months then I may be terminated.

Wayne Lenhardt
Yeah, so you were put on leave without pay for six months. Is that correct?

Zoran Boskovic
The three months past. Within the three months— I believe what is important for the Commission to know, and the people as well, was that I felt that I'm participating in a Kafka's Trial: You're communicating by a letter with someone; you don't know who that is. You send a letter providing more information. They respond basically dismissing, "Those are your subjective, you didn't provide any objective information," although I forwarded a link to over 50 different studies. It was everything dismissed. Beyond that three months, on **leave without pay, they didn't communicate anything until sometime in June, seven days before they would terminate me.**

It was June 23rd, I believe, I received one letter that the recommendations went to the assistant deputy minister for my termination, and I was terminated on June 20th, which coincidentally was the same date that the federal government lifted the vaccine pass and mandates for the federally employed workers. I thought throughout all this time, I was hopeful that there would be some common sense and logic returning to provincial government, but to no avail. So I was terminated June 20th and so was my wife. Whether it's a coincidence or not, within the same ministry, everything that happened to us, happened at the very same day. So we were placed on leave without pay the same day, and we are terminated the same day.

Wayne Lenhardt
So just to emphasize, you were suspended without pay

[00:10:00]

and then eventually terminated on the exact same day that the federal government lifted the restrictions saying that you had to get vaccinated.

Zoran Boskovic
Correct.

Wayne Lenhardt
Did you bring that to their attention?

Zoran Boskovic
I didn't have anyone to bring to attention. I mean, the letter was signed by the assistant deputy minister, but throughout that time I had never received a single phone call from my employer asking me about the situation or to explain why I'm going to be terminated or disciplined, for that matter.

Wayne Lenhardt
At that point, how old were you?

Zoran Boskovic
Sorry, can you repeat the question?

Wayne Lenhardt
Fifty-eight or how old were you?

Zoran Boskovic
I was, when I was terminated, 59.

Wayne Lenhardt
Okay. And you had put in over something like 25 years in the same department, correct?

Zoran Boskovic
I wouldn't say the same department but within the same ministry. I worked more than 20 years as a professional forester in various capacities and the last four years as a senior manager within the Mountain Resorts Branch. The same Ministry of Forests and Range.

Wayne Lenhardt
Okay. You had some other difficulties around this time as well. You were going to go back to your parents, and your wife's parents had some health problems back home. Tell us about that.

Zoran Boskovic
Yes, as I mentioned before, shortly after I recovered from COVID, I obtained that letter and I went to visit the family in a fear that perhaps the borders may be closed, and I just wanted to see my family before things perhaps got worse, after the Delta variant. My wife as well had the plan to go back home sometime in November because her father was suffering from stroke effects. He was immobile in a nursing home, and she promised to come and visit him. Because of the vaccine mandate and everything else, she decided not to go in the month of November, before the vaccine passports were put in place, fighting under a fear that she's going to lose a job and ability to support him in a nursing home.

She obtained the same letter, and we were determined to board the plane on the eve of December 31st of 2021. After a three hours ordeal at the airport in Vancouver at the boarding entrance, it was denied. There were multiple phone calls with some people somewhere, no one knows where to, to determine that basically she is not able to board the plane. The agent, to put further insult, commented that we should do our duty as the other Canadians did and get vaccinated. And shortly after that, my father-in-law passed away on January 10, 2022.

Wayne Lenhardt
At the time you went on leave without pay, your wife and you both ended up going on leave without pay, correct?

Zoran Boskovic
Correct. We were deprived of any income. We survived on some of the savings that we had and with no family support. We did apply for employment insurance the moment we were put on leave without pay—we knew that it is not in my contract and that it is contrary to the employment contract that I have signed with the government. They unilaterally changed the terms and the conditions. There is nothing within that contract that exists that the employer can actually put the employee on leave without pay, only on the request of the employee.

Wayne Lenhardt
You tried to apply for EI, did you not?

Zoran Boskovic
I tried to apply for the EI. I requested the record of employment to be sent to the federal government, to the Service Canada Agency, Employment Insurance and there was no communication for months.

[00:15:00]

I tried to follow up over the several months, and eventually in the month of May, I got a letter that my application for the employment insurance benefits was rejected based on the

assessment that a leave without pay is deemed suspension, and the suspension means misconduct. That was one ground. And the second ground that they put is that I didn't prove availability for work.

Wayne Lenhardt
But your wife also applied for EI at this point.

Zoran Boskovic
She did apply at the same time and, just like me, didn't hear anything until the month of May, and through the good fortune or whatnot, she actually was approved.

Wayne Lenhardt
She got approved, but you didn't.

Zoran Boskovic
It's just the arbitrary nature of who you're dealing with. And that's the state of the administrative justice that we have and the bureaucrats that decide who can or cannot get the support. So after 26 years of paying for the employment insurance benefits, I was denied the opportunity to get the social assistance when it was most needed.

Wayne Lenhardt
I believe you retired in September of '22, though, and then you would get a pension. Is that correct?

Zoran Boskovic
As I was terminated on June 20th, I know from that point on, I received that capital punishment in the employment law that my career with the public service was over.

Wayne Lenhardt
So you did get a pension at some point, did you not?

Zoran Boskovic
Because of my age and the length of service, I was eligible for the early retirement. So I applied for the early retirement and effective September, I am in retirement but, with that step, I've taken the financial hit of approximately $900 a month in my pension income. So for the rest of my life, I'm going to be paying penalties every month. Nine hundred dollars for not obeying the employer's and the government mandate, and that will be a reminder for me for the rest of my life.

Wayne Lenhardt
And you're still just living on your pension. You haven't been re-employed, am I right?

Zoran Boskovic
I haven't been re-employed. We're still trying, as Mr. Phil Davidson in his testimony— We tried to put in a petition for the injunction to stop the firing of the public service employees. We were supported through the crowdfunding of the BC public. We formed a society called BC Public Service for Freedom Employees Society that crowdfunded the legal actions and, unfortunately, our petition for the injunction was rejected as we couldn't prove two of the three grounds for the petition. The judge agreed that there is a serious issue to be tried, but on a balance of convenience and the irreparable damage, we couldn't. According to a judge, we didn't prove it.

Wayne Lenhardt
Do you still have any ongoing court cases?

Zoran Boskovic
The second step of that proceeding was meant to be the petition for judicial review and that step hasn't happened yet.

Wayne Lenhardt
Okay, at this point I think I'll ask the commissioners if they have any questions they'd like to ask.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering if we can get a copy of the original contract. You can redact your names, and also the letters for both you and your wife from EI. Just redact your names so we have that as evidence.

Zoran Boskovic
Absolutely, I believe those are public documents. So I am currently— I should add and explain that I went through all the levels of the appeal up to the leave to appeal that was refused with the Social Security Tribunal, and at the moment, from a few days ago, I submitted, as a self-represented litigant, the notice of application for judicial review with the federal court.

Again, self-represented as you can imagine, I'm not a legal expert. I'm trying to navigate. But we talked about access to justice a lot today,

[00:20:00]

and I did approach several lawyers and asked for representation and what would it cost. I got the estimate of anywhere up to $50,000 to recover $25,000, but it's absolutely out of reach for me. Access to justice is not available and that's what the public needs to know. I think through the testimonies of the expert witnesses, we learned that today and over the past several months.

Wayne Lenhardt
Just for the Commissioners, there are a number of documents that are attached to this file that you can find in your materials [Exhibits VA-12, VA-12a, VA-12b, VA-12c, VA-12d, VA-

12e, VA-12f, VA-12g, VA-12h, VA-12i, VA-12j, VA-12k]. But keep in mind that this gentleman worked, he started his employment some 26 years before, so some of the documents will be quite old.

Zoran Boskovic
Perhaps for the public, if I have enough time. When the Social Security Tribunal argued why I didn't meet the test and the criteria to receive, the Tribunal member at the general division altered the decision. Which the first reason to deny the benefits was I didn't prove the, I believe, it's reasonable— It wasn't a misconduct, but I think it revolved around reasonable alternatives.

Sorry, I can't remember exactly the reason for rejecting, and they altered and switched. The Tribunal member says it's not this criteria, but now it's a misconduct. And when it comes to the availability for work, they said that I set personal conditions—which is, I didn't get vaccinated and I couldn't get employed. Using that logic, not a single person who didn't get vaccinated would be eligible to receive the—

Wayne Lenhardt
I think our allotted time is very close to up. So are there any other quick questions from the Commissioners? No. Okay. I want to thank you very much for coming and giving your testimony today, Zoran.

Zoran Boskovic
Thank you for the opportunity.

[00:22:43]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 10: Wayne Llewellyn
Full Day 3 Timestamp: 09:00:25–09:16:40
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Good afternoon. Next witness is Wayne Llewellyn, so if you could give us your full name, and then spell it for us, and then I'll do an oath with you.

Wayne Llewellyn
My name is Wayne Llewellyn, W-A-Y-N-E. My last name is spelled, L-L-E-W-E-L-L-Y-N.

Wayne Lenhardt
Do you promise that the evidence you're going to give today will be the truth, the whole truth, and nothing but the truth?

Wayne Llewellyn
I do swear.

Wayne Lenhardt
Thank you.

I'm going to bring you really quickly up to March of 2020. You had spent 35 years working for a major municipality and you retired in 2011, is that correct?

Wayne Llewellyn
That's correct.

Wayne Lenhardt
You presently live in Penticton?

Wayne Llewellyn
Yes.

Wayne Lenhardt
And you're starting to enjoy some of the hobbies that you wanted to explore during your retirement. So as 2020 came, tell us what happened.

Wayne Llewellyn
Well, March of 2020, I was on track to supplement my income by playing guitar in wineries, as well as serving in wineries and stuff like that. It was actually a dream job and that added up to about 10 per cent over top of my pension income, so I thought it was pretty good, living the right life.

I was walking home in March of 2020, walking up the hill, and I heard about these lockdowns and so on, and I said something just does not feel right here. Two weeks turned into two months, so I started to do my own research.

Before I get into all of the other stuff that I've done, what is really driving me in all of this is, I believe that I've got one family member for sure that's been vaccine-injured. She's a sister-in-law that lives in Ontario. She got both injections and ended up in hospital for about six weeks. She was initially diagnosed as having multiple sclerosis. They ran every test under the sun and eventually admitted that it was the vaccines that caused the injury. Now she can barely walk without a cane, and her children have to help her do basic things like get groceries.

Another family member, the dearest person in the world to me, got an injection in May of 2021 and six weeks later had to have their appendix out. I've also got three grandchildren and I can't see them living in the type of world that we're currently in today. Even starting back then, I said I have to do something.

I initially filed a complaint against Bonnie Henry with the College of Physicians and Surgeons in November of 2020, questioning whether or not she had the evidence that was needed, that there weren't more harms being done than good. What's interesting, shortly after that, I did receive a call from a member of her office, her name was Allison. She wouldn't give me her last name, but she asked me what my concerns were, and I think it was a follow-up of a fairly pointed email that I had written to Dr. Henry. I said, "You know, there's no evidence to support what's going on. There aren't dead people in body bags piling up everywhere." All this lady by the name of Allison could tell me was, "Well, there's a global pandemic, you know." I said, "Where's the evidence to support what's going on?" She wouldn't tell me. That was on Christmas Eve of 2020, and as a public servant of 35 years, I would have never called somebody on Christmas Eve to talk about issues like that.

By the time June of 2021 rolled around, I filed the second complaint against Bonnie Henry for violation of privacy. People in British Columbia had received an envelope from Dr. Henry that had a window on it with their name and then in bold blue letters across the top of it, it said, "A COVID-19 vaccine has been reserved for you" and to me, that's the same as saying your next colonoscopy has been scheduled. I filed a complaint on the basis of violation of privacy, again, expressing my concerns that there is no evidence. It was an experimental gene therapy that was being rolled out that has some evidence of it causing harm, up to and including,

[00:05:00]

death, and the communications that were sent along with that envelope were not factual. They did not meet the duty of confidentially and, in fact, they were totally inappropriate and more coercive than anything.

I also, at the same time, filed a complaint with the privacy office and I got a reply from them. They investigated it and I eventually got a letter saying that the provincial government didn't have the authority to do what it did under both the *Public Health Act* as well as the *Freedom of Information and Protection of Privacy Act*.

Eventually the College of Physicians and Surgeons bounced out both of my complaints on the same grounds that they didn't have jurisdiction to hear the complaint, and my only options were to go to a second level of appeal, which is the Health Professions Review Board and/or go to the Supreme Court of British Columbia. Not being a lawyer, I don't know how to do complaints to the Supreme Court of British Columbia, so I pursued the Health Professions Review Board. I submitted every case that I could find that was previously decided by the Health Professions Review Board and included about 90 pages of information, and it was bounced out.

By the time September rolled around, John Horgan was on the news, and he was likening the unvaccinated wanting to enter into pubs and restaurants to be equivalent to unruly patrons and that if a business owner found that the unvaccinated were wanting to get in, they should call law enforcement.

To me, that totally violated the principles and the purpose behind the BC *Human Rights Code,* and it's predicated on three principles that I would like to share right now. The first one is to foster a society in which there are no impediments to full and free participation in the economic, social, political, and cultural life in the province. The second purpose of that Code is to promote a climate of understanding and mutual respect where all are equal in dignity and rights. The third is to prevent discrimination. That complaint went nowhere. I did receive one reply from the Human Rights Office saying would I like to have a conversation about it? And I said absolutely, I can't wait for a hearing date. I have heard nothing back since. In December, I'd also filed concerns with the BC ombuds person's office and that was also totally brushed off.

One of the more significant initiatives that I undertook started in October and November of 2021. A lady in the Maritimes had filed a criminal complaint with one of the local police forces down there. I got the information from her and made a template up using her information, as well as gathered all the information that I could. Along with three other people, we eventually did submit a criminal complaint to the Penticton detachment of the RCMP.

Before we got to actually submitting that complaint, I was able to get the signatures of just over 200 people that were also interested in the following areas that we believe should have been investigated by the police. They include assault, extortion, intimidation, breach of trust by a public official, criminal negligence, and administering a noxious thing. I included other information with that, probably one of the most significant pieces of information that I can recall—that I know that this Commission has already heard about—is the Pfizer post-marketing reports. In that report, there were 1,227 people that had died out of a total sample size of 42,086 people. And within three days, that complaint was bounced out of the Penticton RCMP detachment, saying that what we had submitted didn't mean a thing.

What is also interesting is, I know a gentleman in Victoria that went through the exact same process of gathering other people. He used the same information that I did. He went down to the Victoria detachment of the RCMP, and they told him there that they don't take criminal complaints.

[00:10:00]

In addition to that, he then decided he would go over to the Victoria Police Department, and he was able to sit down with one of their officers for about an hour and a half with three other gentlemen. In about 10 days, that was bounced out, for the same reason as the Penticton detachment individual had bounced out our complaint there.

Around the winter of 2021, I heard from Brian Peckford that said we have to learn how to start to hold our politicians accountable. So we started an MP accountability project. What I've done with that is, I've been able to collect the contact information of roughly 300 people that I know regularly write our Member of Parliament asking him to do things like safeguard our democracy and human rights; to serve the public's interest above all else; to ensure that he does things like act with integrity and avoid conflicts of interest—advising him of his duty to inform and educate citizens on the activities of Parliament and how citizens can actually engage in legislative processes. So far, I've been totally ignored over writing him probably 25 to 50 times, except for once, last month, where I received a one-line reply saying that our Member of Parliament was going to be in Parliament speaking about the issue that I've raised a concern about. He ended up not addressing it at all.

Another thing that I did was, by the time May of 2022 rolled around, I said, "Okay, filing complaints against Dr. Bonnie Henry is not working, what else can I do?" So I filed a complaint, along with four other people, against one of the individuals that work at the College of Physicians and Surgeons on the basis of them not doing their job. The title of the complaint is really that it's a failure to superintend the profession, which is one of the requirements of individuals under the *Health Professions Act*, as it existed at that time. The duties of all colleges are to protect the public and act in the public's interest. Even things like you heard from Dr. Charles Hoffe yesterday, how he tried to report vaccine injuries—which could be as a result of some sort of hazardous agent—and there is a section in the *Public Health Act* that requires doctors, or they call them prescribed persons, to report if they find that there is an adverse agent that's going around.

Another part of the complaint relates to the lack of the College enforcing things like the BC *Health Care (Consent) and Care Facilities (Admissions) Act.* Section 2 of that Act, the title of it is called Consent; Part 2 is Consent. I read the Nuremberg Code and then looked at Part 2 of **the BC *Health Care (Consent) and Care Facilities (Admissions) Act*, and it basically codifies the principles associated with informed consent and so on. There are seven parts to that complaint. I don't want to go into them in too much detail because it's still under consideration by the College, and we haven't received the decision back.**

But the seven parts are first is a failure to superintend the profession; a failure to enforce standards of practice and reduce unethical practice; a failure to enforce professional ethics; a failure to employ inquiry procedures that are transparent, objective, impartial and fair; a failure to observe practice standards guidelines, legislative guidance, such as the BC *Health Care (Consent) and Care Facilities (Admissions) Act*, as well as the codes of ethics and violation of public trust, as well as professional incompetence.

Wayne Lenhardt
Have any of these complaints been successful and, secondly, are any still outstanding?

Wayne Llewellyn
This one that I'm talking about right now is still outstanding and none of the others have been successful. Even when I filed a complaint for the violation of my privacy and I got that letter from the privacy office saying that the provincial government didn't have the authority to do what it did under those two pieces of legislation, I thought for sure there would have been some kind of sanction put against Dr. Henry, but there wasn't.

[00:15:00]

Wayne Lenhardt
Okay, and I presume that, while these lockdowns and whatnot were going on, you were unable to do your music.

Wayne Llewellyn
Absolutely.

Wayne Lenhardt
And also, you were unable get your other part-time income that you had with the winery companies.

Wayne Llewellyn
That's right. I refused to wear a mask. I did wear a shield for about two days, at one time, but, other than that, I said, "No, I'm not playing this game." I was going to be going to a new winery. I was really excited about it and that all evaporated.

Wayne Lenhardt
Is all of that employment back to normal now?

Wayne Llewellyn
No.

Wayne Lenhardt
No, okay.

Wayne Llewellyn
It could be. I might be able to get a job again, but I haven't been pursuing that. I've been trying to fight these battles instead.

Wayne Lenhardt
Okay, I'm going to ask the commissioners at this point if they have any questions for the witness? Going once. Going twice. Okay.

I think, in the interest of keeping our facility here from turning into a pumpkin, I'm going to let you go. Thank you very much for coming to the National Citizens Inquiry and giving us your evidence. Thank you. Good luck with the music.

Wayne Llewellyn
Thank you.

[00:16:29]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 11: Paul Hollyoak
Full Day 3 Timestamp: 09:20:22–09:37:00
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So I'd like to introduce our next witness, Paul Hollyoak. Paul, can you hear me?

Paul Hollyoak
Yes, I can.

Shawn Buckley
And do you have video on your computer or phone there?

Paul Hollyoak
Yes, it was showing. I'm just looking.

Shawn Buckley
Because we're just seeing your name. So I think there's, there we go.

Paul Hollyoak
There we go.

Shawn Buckley
There we go. That's much better. We can see you. Thank you.

Can you please state your full name for the record? Spelling you first and last name.

Paul Hollyoak
Full name is Paul Hollyoak, spelled P-A-U-L H-O-L-L-Y-O-A-K. No middle name.

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

Paul Hollyoak
I do.

Shawn Buckley
Now, my understanding is that you have worked twenty-eight years with the Coast Guard, eighteen of those years as a rescue specialist. Can you share with us briefly what a rescue specialist is?

Paul Hollyoak
A rescue specialist is a certification that a Coast Guard individual can get, and it involves operating a fast response vessel. There's some medical training involved. The placement is usually on a ship or a lifeboat, and the rescue specialist is usually responsible for deck duties.

Shawn Buckley
Okay. I just want people to understand you were one of those guys for eighteen years that went out there when no one should be out there to save lives.

Paul Hollyoak
That's correct.

Shawn Buckley
Okay. Now you ended up, because you're a government employee, being subject to these mandates for vaccination. And my understanding is that mandate for you came in, in the fall of 2021. You put things off as long as you could, but you ended up getting vaccinated in November and then December of 2021. Is that right?

Paul Hollyoak
That is correct, yeah.

Shawn Buckley
Can you share with us what happened after you became vaccinated?

Paul Hollyoak
Within the first couple of months after being vaccinated, I started to have low energy levels and difficulty breathing. Some of this I attributed to the fact that I was now in a desk job, rather than being as active on the water as I usually am. And so the energy level and breathing decreased over a period of time. I'm still having trouble with both of those situations. By May of 2022, I started to develop inflammation in my joints. So my hands

were first to the point where there was a time when I could not use my hands at all. My knees—

Shawn Buckley
So let me just stop you there and have you flesh that out. So what do you mean you couldn't use your hands at all?

Paul Hollyoak
It was extremely painful from my wrist all the way out to my fingers. So gripping things. I couldn't lift anything of any significance. And we're talking about not even being able to lift something that's like, being able to grip it: it was the grip, at that point, which was a problem, not even something that was like a 20-pound object.

Shawn Buckley
Okay, so basically, you can't lift things. So that's pretty well disabling you as a person at that point.

Paul Hollyoak
Yes, yeah, definitely. It's extremely frustrating—when I've been on the water saving lives and fixing problems for people—and not being able to open a jam jar,

[00:05:00]

or sometimes even a plastic wrapper could present problems for me at home.

Shawn Buckley
Right, okay. And you were also talking about inflammation in your knees and feet. Can you share with us about that?

Paul Hollyoak
Yep, so the inflammation in my knees makes it extremely difficult to be up on my feet for any length of time. It's also, even right now, I can feel my knees. If I sit in one spot for too long, then being able to switch to a different position can be extremely painful as well.

Shawn Buckley
Are you able to walk far?

Paul Hollyoak
Not extremely far, no. Not compared to what I used to do, prior to vaccination. I was a skier; I was on ski patrol and I used to hike a lot. That's not possible now. I can take the dog for a fifteen- to twenty-minute walk. That's about my ability to get out and about.

Shawn Buckley
Right, okay, so carry on. My understanding is that some other things suffered after the vaccination. So for example, can you tell us about your cognitive abilities?

Paul Hollyoak
Yeah, by August anyway, if not July of 2022, I started to find it difficult to be able to handle tasks like troubleshooting, also being able to juggle multiple things. As a program manager for the Coast Guard running the Inshore Rescue Boat program, there was often, I know, half a dozen things on my desk at any given point that I would be able to figure out. And then something would fall through the cracks, and I'd have to rethink the whole thing. Now, I have trouble sometimes formulating sentences. And if I have to troubleshoot something, it takes me a lot longer to figure that out, something at home that needs to be fixed or whatever.

Shawn Buckley
Yeah, and I didn't mean to cut you off. I want you to expand on that a little more. So I want people to understand. You're talking about this period in the summer of 2022, you were a program manager for the Coast Guard at that time. So you had some pretty heavy responsibilities, and you had to be keeping track of a lot of things.

Paul Hollyoak
That's correct.

Shawn Buckley
Yeah, so by the time September 2022 came around, you actually were no longer able to do your job as program manager because of the cognitive difficulties. Is that right?

Paul Hollyoak
That is correct, yeah. I was handing a lot of my responsibilities off to a subordinate that was taking care of things. And I even took the last two weeks of September off on leave, hoping that I would be able to have a break from work and regain some of that stuff. Whether you know, I thought maybe it was stress at work that was causing it or whatever. But after a couple weeks of leave in September, it was obvious that this isn't what was going to be solving the issue.

Shawn Buckley
Right. So my understanding is you then in the fall of 2022 went on sick leave. Basically, you had a whole bunch of sick time booked because you had just never been off sick before.

Paul Hollyoak
That's correct, yeah. Yeah. I had maybe six months off prior for an injury to my hand, but other than that I have not been sick. And so October 1st, I went on sick leave and that is going to carry me through until mid-June of this year.

[00:10:00]

Shawn Buckley
Right. And then in May, June of this year, when your sick time runs out, you're going to be placed on long-term disability.

Paul Hollyoak
That is correct, through my health program or whatever it is. That will be 70 per cent salary starting in June.

Shawn Buckley
Right. Are you in any pain on a day-to-day basis?

Paul Hollyoak
It fluctuates from day to day. And my knees are probably the worst culprit. And also, the fact that I'm not getting out and about as much. I'm not exactly bedridden; I have been at times. But, you know, you lose some of the ability to get into a comfortable spot, and so other things start to hurt. Like if I'm leaning on my elbows more because my hands are hurting or whatever, the position that I'm in, then my elbows start hurting. And so it can be a general achy feeling in my whole body. Other days it might be just my knees that are causing the issues.

Shawn Buckley
Now, you had told us earlier that you had had some real difficulties with your hands. How are your hands now?

Paul Hollyoak
My hands still present a fair bit of problem. A rheumatologist put me on hydroxychloroquine to bring down the inflammation, and that's held to a large degree. Making a fist and applying any pressure to anything causes pain. It almost feels like my fingers are too fat, and it's the only way I can kind of explain it. But yeah, I've not been able to play guitar or do anything that requires significant strength in my hands, probably for eight months anyway.

Shawn Buckley
Right, and my understanding is that you're also now on oxygen two or three hours a day.

Paul Hollyoak
That is correct. A doctor that I'm seeing actually wanted me to attend a hyperbaric chamber on a regular basis.

Shawn Buckley
Now, I don't know if you're still there because your screen froze, so we'll just wait a second to see if it unfreezes. And Paul, you're still frozen. So if you can still hear me, we'll cut off and go into a live witness. And if you can still hear me, I can tell you we were getting close to, oh there, you're back. I don't know if you could hear me during that time. It's funny how Zoom will freeze sometimes. And now you're frozen again. If it comes back, I—

Paul Hollyoak
Yeah, my apologies.

Shawn Buckley
There you go. Yeah, so what I was hoping to, and I was getting close to the end of my questions.

But you'd spoken about having breathing problems and you're on oxygen on a daily basis, and I'm just wondering if you can share with us a little more detail about the breathing problems and why you're on oxygen.

Paul Hollyoak
It's related not only to the breathing problems, but it's oxygen perfusion as well. So the breathing, the pulmonologist is calling a form of pneumonia, which is related to the inflammation kind of generally happening in my body. So it's inflammation in the lungs that is causing that and makes it difficult at times to do anything for a period of time because of the fact that I get short of breath. The other part is that we're trying to increase the oxygen

[00:15:00]

in my blood cells. My hemoglobin count is down, and so we're trying to monopolize on the ability to get oxygen throughout my body—and breathing concentrated oxygen allows that to happen more effectively.

Shawn Buckley
Okay, Paul those are the questions I had. I'll ask the commissioners if they have any questions, and they do.

Commissioner Massie
Thank you very much, Mr. Hollyoak, for your testimony. I was wondering whether the side effect from your vax has been properly reported to the Health Authority.

Paul Hollyoak
No. Basically because the specialists that I've been seeing are reluctant to use those words. The closest they get is calling it a significant multi-systemic disease. Even though I've used the words vaccine, they've been reluctant to do the same.

Commissioner Massie
Thank you.

Shawn Buckley
Thank you. Those are the questions. Paul, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing with us today your story.

Paul Hollyoak
Thank you for the opportunity to share.

[00:17:47]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 12: Shaun Mulldoon
Full Day 3 Timestamp: 09:40:13–10:02:05
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So we'll move on to a different witness, Shaun Mulldoon. Shaun, can you state your full name for the record, spelling your first and last name?

Shaun Mulldoon
Shaun Mulldoon, S-H-A-U-N M-U-L-L-D-O-O-N.

Shawn Buckley
Shaun, do you swear to tell the truth, the whole truth, and nothing but the truth, so hope you God?

Shaun Mulldoon
I do.

Shawn Buckley
Now, by profession, you are a quality manager, and I think you are the only witness we've had here today that's born and raised in Langley.

Shaun Mulldoon
That's correct.

Shawn Buckley
Okay. Now, you're here to speak about a vaccine injury, but I wanted to ask you first why you chose to get vaccinated.

Shaun Mulldoon
I chose to get vaccinated. It wasn't out of fear of COVID per se. At the time, all the social activities had all been closed. My parents, being elderly, were very concerned about COVID. I wanted to make sure that I wasn't going to spread COVID to them, and I also just kind of wanted normal life back so we could start having events and activities. Sporting events were cancelled. You couldn't go to the movies. You couldn't have parties over. And I just wanted normal life back, and I also wanted to do it to protect my parents as well.

Shawn Buckley
Right. And so, you got your first dose of the AstraZeneca vaccine. Can you share with us what happened?

Shaun Mulldoon
April 22nd, 2021, relatively, I guess, early in the vaccine rollout, I went and got AstraZeneca. It was the only vaccine available to me at the time. I actually didn't know anything about the vaccines. I hadn't done any research. I didn't even know the name of the vaccine that I'd gotten. I knew there was Pfizer and a couple other ones. I really didn't care which one I got. I wasn't concerned about it. I had no hesitation. I wasn't worried about them whatsoever.

About, I guess, a week later, I hadn't had any ill effects whatsoever, but I went to bed on a Sunday night feeling absolutely fine. I woke up in the middle of the night with some stomach pain and it persisted throughout the night. It was quite intense. In the morning, I threw up a couple times and I called in sick to work. And I don't throw up. I'm a very bad thrower-upper, as my wife says. It sounds like I'm screaming at the toilet and so it's very uncommon for me to throw up.

So I decided to call the doctor and just talk to him, and he basically said, "Well, you don't have any COVID symptoms. It's probably just a stomach bug. Maybe call 8-1-1 just to make sure." And he said, "We'll kind of worry about it if it doesn't improve over the next few days." 8-1-1 wasn't concerned about it at all: I had no COVID symptoms. They said just carry on.

A couple days later, I did have a fever, so I went for COVID tests. It came back negative. And then on Friday, it had been a long week: I'd barely eaten. I'd been in a lot of pain. I hadn't been vomiting throughout the week. On Friday, I called my doctor and said, "I'm not getting better. I'm still in a lot of pain." And he said, "well, give it a couple more days," and I did mention, I said I was vaccinated.

Shawn Buckley
So when you call your doctor on Friday, I mean, you've been sick since Monday.

Shaun Mulldoon
Since Monday. So I spoke to him on Monday morning and again on Friday. And he said on Friday that if my condition didn't improve that, you know, "give it a couple more days," and then we'd investigate it further. I did mention that being vaccinated, a couple weeks earlier at this point, and he said, "Oh, it's very unlikely that it could be from that; there is no concern in that regard." Then that night, I deteriorated very rapidly. The pain went from tolerable to just excruciating. In the morning, I started throwing up and passing blood.

Shawn Buckley
And then you went to the hospital.

Shaun Mulldoon
Yeah, um, sorry.

Shawn Buckley
No, take your time.

Shaun Mulldoon
Yeah, when I started passing blood, at that point, I immediately called my wife and said, "I need to go to hospital; something is wrong." And so she was out; she ran home and grabbed me.

We live five minutes from Langley Memorial, so we got to emergency and I kind of charged past the security man that was there who was asking me if I had any COVID symptoms. I actually said, "Yes, but I tested negative. Where's your bathroom?" And he sent me to the corner of the emergency ward there, and I went to the bathroom and just started— nah, I'm sorry. I've told this story a hundred times. I don't normally get too upset. But I just started vomiting profusely in the bathroom. Just between, like, the pain and the exhaustion, just in a ball on the floor, I couldn't get up.

[00:05:00]

I actually texted my wife from the floor, and said, "I don't think I can come out." She just replied and said she was checking me in. And after about five minutes or so, I did kind of pull myself together—which I'm going to try to do here today as well—and I made my way out to emergency where she was checking me in at that point.

They got me into the room pretty quickly. There was kind of like a dentist chair in the room. I don't know if that makes any sense, but that was the room I ended up in, in emergency. I couldn't even sit in the chair. I was still on the floor; I kept having nurses tell me I had to get off the floor. And I'd try; I'd sit back in the chair. But the pain was just like nothing I'd ever experienced. I actually don't remember much from the rest of the day. I think I was just kind of oblivious to what was going on around me. I don't remember the doctors. I don't remember the nurses. I was sent for quite a few tests. I don't even recall what tests I was sent for, if it was CTs or MRIs.

The next kind of vivid memory I have was heading down a hall and through a set of doors into an incredibly bright room and asking the nurse, I said, "Am I going for surgery?" And she said, "Yes." I said, "So this isn't a stomach bug?" And she kind of laughed and she said, "No, this isn't a stomach bug." And I just kind of asked, "What time is it?" I'd gotten to the hospital around 11:30 or noon that afternoon, and the one doctor—it turned out was my surgeon—said, "It's just after three." And I said, "Oh, like in the afternoon?" And he said, "No, it's just after 3 a.m." And at that point I became very scared because I was trying to figure out why I was getting ran down a hallway and into a surgery at three in the morning. But then they just, they knocked me out, and, you know, the room goes black. And then the next day I woke up in the ICU.

Shawn Buckley
And did they explain to you the next day what had happened?

Shaun Mulldoon
Yeah, the surgeon came to visit me, and I woke up and I was full of tubes, as you do. And I had these two compression leggings on that would inflate and go back and forth, and I had a heart rate monitor on. And the surgeon came to visit me and kind of exposed— I had a big, huge spacer in my stomach, and he explained that I had a blood clot in my portal vein and that I'd lost about six feet of my small intestine.

Shawn Buckley
So can you explain to us what vein that is?

Shaun Mulldoon
Not specifically, not having a medical degree. But the portal vein, it feeds blood to your internal organs, and so it had cut off blood supply to my intestines, the clot that was there.

Shawn Buckley
Right, so your intestine actually had died, a portion of it had died.

Shaun Mulldoon
Yeah, I had lost just over two metres of my small intestine; I lost what's called your ileum. And the surgeon explained, basically, that the reason that I was still open and they hadn't stitched me up is because they'd taken as much intestine as they could for me to ever, kind of, have hope to have a normal life again. It wasn't recoverable: the intestine was gone. But they left some intestine in place that was very unhealthy, hoping it would recover because at this point, he wanted to make sure I retained every inch that I could.

A couple days later, they did a second surgery and about 10 centimetres of intestine had died. So they removed that, but the rest was recovering. So at that point, they gave me a stoma, so I had an ostomy bag, and they closed me up. So that was, I think, maybe day three in the ICU, or day four.

They didn't know what had caused my blood clot. I didn't have any of the traditional markers for blood clotting. But on the next day, they told me that they had found blood clots in both my lungs, and then the day after that, they'd found blood clot in my spleen, my abdomen. And they said there were five that they were watching quite carefully and they were very concerned about.

Shawn Buckley
And I just want to back up. My understanding is they did a CT scan of you. So when they're telling you, you have blood clots and where, I mean, you actually have these blood clots you're describing.

Shaun Mulldoon
Oh, absolutely. I'd had many CTs. I make jokes that I should glow in the dark. I had two in one day, which, apparently, you're not supposed to have, and it was actually initially refused, but the surgeon said I had to go for it. This was before they knew what was happening.

My surgery was exploratory surgery, which I've been told doesn't happen anymore. It was an emergency exploratory surgery. The ER doctor had called the surgeon at one in the morning and said, "put a team together and come to Langley." And I guess the surgeon had initially asked if they could do it the next day and was told, "No, we can't wait till tomorrow." Because of that scenario, even being an emergency surgery and exploratory surgery, they didn't know what they'd find.

When I asked the surgeon, I said, "Am I going to live through this?" He hesitated long enough to make me very uncomfortable. And he just said that when they first opened me up and found all my intestines were dead that they didn't know if I was going to survive the surgery or not.

Shawn Buckley
So what happened next?

[00:10:00]

Shaun Mulldoon
About day four, I guess, in the ICU, what was happening to me, they still didn't really know. They knew I was filling with blood clots. I'd been given an IVIG treatment, which is kind of supposed to shut down your immune system because I was clearly causing more clotting. And they'd also sent my blood work off, kind of all across North America and Canada for various tests. I think it was day four, I had a group of doctors, maybe half a dozen or a dozen doctors and specialists, they set up a table beside my bed in the ICU. And one of them came up and said, "We've concluded the investigation. It was done by McMaster University out in Ontario"—that's like a leading vaccine research centre in Canada—and he said, "This was caused by your vaccination."

Shawn Buckley
Okay, so they conclusively came back at that point and said it was caused by your vaccination.

Shaun Mulldoon
Yes, I'm diagnosed with vaccine-induced immune thrombocytopenia, they call it VITT. And basically, when my body started to produce antibodies to fight the vaccine—the antibodies it produces are called platelet factor 4 antibodies or PF4 antibodies—and they activate your platelets, and your platelets clot. That's what they're supposed to do. But this is severe, aggressive clotting, and it actually kills you very, very, quickly if it's not treated.

Shawn Buckley
Right, and now my understanding is you had some particularly bad experiences in the hospital, and one involved your colostomy bag kept falling off. Can you share with us that event and then also mentally how you were doing?

Shaun Mulldoon
Yeah, the time in the ICU, obviously it was in the peak of COVID when there was no visitors. They were quite good about letting my wife visit me just because at that point, I was kind of on, you know, deathwatch to some degree. I've never seen doctors that just looked so confused and concerned and scared. Because my surgery wasn't planned, normally when you have a stoma in an ostomy bag, they kind of plot it, where they want to have it. They get you to move and bend and make sure it's in a convenient spot. Well, we didn't have that opportunity. And so, my ostomy is right beside my belly button.

Unfortunately, I've got kind of a roll of chub right there. And so an ostomy bag is like a big band-aid, they just stick it to you. But every time I bent over or moved, it would crease it and then my output would leak out of the ostomy bag. Because my intestine was so short, I had a very high-output ostomy. It needed emptying like 10, 12 times a day. And so once it starts to leak the fluid—and like, it's not vomit, it's not diarrhea either; it's kind of somewhere in between the two—it leaks out and then the absorbent lets go. And so, my ostomy bags would just fall off my body relentlessly.

And the one nurse, she was really good. And she came up the third time it had broke open that day and I was soaked again. And they changed my bed and my clothes. And she said, "Is it me?" And I'm like, "No, you're one of the good ones." Like she was very confident, she knew what she was doing. And she patched me up and 15 minutes later, it fell off again. I'd just gone to bed and I was soaked again. So I had two nurses, they kind of stripped me naked and they got me cleaned up again. And I had one of these moments. I've had a lot of these moments.

It's finally after, I'd say, I spent three weeks in the ICU. I got moved to Surrey Memorial because that's where my hematology team was. And I'd say week four or five, they finally found a product that worked for my stoma. And I ended up using that product for the duration of the time that I had my stoma for—before my reversal was done to get reconnected.

So yeah, getting the colostomy bag or an ostomy bag was an absolute nightmare. I've been soaked in ostomy fluid more times than I care to admit. After I was discharged from hospital, it still happened repeatedly because we still hadn't found the ideal product yet. So **I mean, losing the intestine and getting the ostomy bag, it was, like I said, it was a pretty upsetting aspect of this.**

But what was actually the scarier aspect was the fact that they couldn't figure out why my blood was clotting, and they didn't know how to treat me. And I had a doctor who approached me—had many doctors that just came to visit me out of curiosity—and he said, "We know very little about the adverse events from these vaccines and we know even less about treating them." And he told me that he thought they had jumped the gun to some degree with these vaccines. When I asked my doctor, "How come we weren't warned about VITT? How come nobody had told me about the possibility of VITT?" The doctor said, "Well, we didn't know."

[00:15:00]

Shawn Buckley
And my understanding is you're going to be on blood thinners for the rest of your life?

Shaun Mulldoon
At this point, yes. I'm still producing the PF4 antibodies, so I'm still a blood clot risk at this point. They wanted to reverse my ostomy sooner, but they were very reluctant to because they didn't want to take me off blood thinners even for two days to do the surgery. So at one point, they said it'll be three months and then it was six months. At the nine-month mark, I was hospitalized again. I'd gotten incredibly weak and malnourished and dehydrated. I've been told at this point I probably should have been on parental nutrition. I should have been on TPN [total parental nutrition], but they were hoping I could just eat my way healthy and I spent six months failing at doing that.

And so in January of last year, my health had deteriorated to a point that they said, "We can't wait any longer; we just need to reconnect what's left of your"— You know, I had no colon at this point, and there was a bit of ilium still attached to my colon, so when they reconnected that, I got a bit of my small intestine back as well.

Shawn Buckley
Okay. Now, can you speak about your mental health and how that was affected?

Shaun Mulldoon
I stayed—well, I tried to stay—positive initially. Actually, I had a lot of nurses comment on that, that I seemed to be in pretty good point, and I said I just want to focus on recovery, that's all I can really do. I wasn't bitter or upset about what had happened. I just kind of thought I was an unfortunate one in the process until the vaccine passport got introduced because I wasn't considered vaccinated. I'd only had one. The doctor in internal medicine and my hematologist come and spoke to me and said, "No more jabs, no more pokes, at least not until you make a full recovery, then we can discuss it at that point." And then a couple months later, the passports came in, and so I asked for an exemption [Exhibit VA-8a]. And my hematologist called me back and said, "You're not eligible for an exemption from further vaccine."

Shawn Buckley
So a team of doctors has agreed that you were injured by a vaccine that has literally almost killed you and destroyed your life, but even in those circumstances, you were not eligible for a vaccine [exemption].

Now, we're running short on time, so I'm going to have to lead you a little bit. But my understanding is that the effect on your family life from this has just been tremendous: that for about a year and a half you were—just using your words when we had a conversation earlier—useless as a father and husband. That, basically, your wife kind of felt kicked to the curb because of all the attention that was having to be focused on you. And you're not sure how your marriage is going to do, going forward.

Shaun Mulldoon
It was almost, like I had lost my intestines and I spent almost a year recovering, and I had a second surgery when they reconnected my intestine. I was incredibly weak, and it was a long, slow, recovery from there as well. I spent a lot of time incredibly weak, exhausted, fatigued, and I was, as a father and as a husband, pretty useless, to be honest. At one point, I felt like I was a third child for my wife to take care of.

We already had a lot going on, both the kids are in sports and coaching and everything else. It was incredibly difficult on my relationship, even just our family life. It was incredibly trying, and I feel like we're still recovering from just trying to fight our way through this.

I've never known true fatigue before when you can barely get out of bed. I had to deal with some depression as well because my body wasn't working very well. And then just the anger and the bitterness that the fact that the province didn't seem to want to help, the federal government wasn't going to help. I was medicated. I was very angry at the world for a period of time and so obviously, that contributes to a struggling relationship as well.

Shawn Buckley
Thank you for sharing that. I don't have any further questions and I'll ask if the commissioners have some questions of you. And there is a question.

Commissioner Massie
Thank you very much for sharing this incredibly sad, sad story. What's the prognostic for your health moving forward?

Shaun Mulldoon
I have short bowel syndrome now, having lost a considerable amount of my digestive tract. So I have bowel issues, digestion issues, and absorption issues. So I kind of have my staples I have to stick to or else I have bowel issues. Even sticking to my staples, I still tend to have them. I'm on Vitamin B12 injections. I'm still on a blood thinner, and I'm on like a whole slew of supplements trying to ensure that I'm not malnourished. For some reason I still seem to struggle with dehydration issues as well. When I got my colon back that helped significantly.

My hematologist wants to just leave me on blood thinners for the time being. When I had COVID last year, I finally tested positive for COVID about a year later.

[00:20:00]

I called her and said, "Should I be concerned about blood clots because COVID can potentially cause blood clots?" And she says, "Well, no, you're on blood thinners at this point, I'm not concerned about that."

So I'd say even in the last few months I've noticed my energy levels have started to improve. I don't want to say I had brain fog, but my cognitive ability was just decimated. I was on 100 milligrams of prednisone a day, my whole body just trembled. I was told 70 is kind of the max, and I was on 100 for quite some time. And so I feel like I'm still going

through my recovery at this point, and so I'm not sure I'm going to make a 100 per cent recovery. I'd like to have my intestines back, but I think the last few months has been pretty positive.

Commissioner Massie
Do you know of other people that had similar vaccine injury?

Shaun Mulldoon
Yeah, I know of a few. There's a woman in Squamish that also has VITT. And then I'm in a VITT support group with mostly people in the U.K. because they gave out AstraZeneca for the duration, so they have lots of cases of VITT. And then there's also some people from Australia in the group as well. And so, you know, it's a support group for people that are kind of going through the thrombosis and thrombocytopenia.

Commissioner Massie
Did any of these doctors come up with some sort of explanation why you were more affected than other people by this condition?

Shaun Mulldoon
No, they don't know. I'm part of numerous studies trying to determine what causes some people to produce these antibodies and not others. At this point, there's no answers.

Commissioner Massie
Thank you very much.

Shawn Buckley
Thank you, Shaun. There being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story with us.

Shaun Mulldoon
No problem.

[00:22:09]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 13: Camille Mitchell
Full Day 3 Timestamp: 10:02:27–10:14:08
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Can you hear me now, Camille?

Camille Mitchell
Hi, yes. Sorry about that.

Wayne Lenhardt
I can relate. I have the same problems with this equipment every once in a while. Okay, could you give us your full name, spell it for us, and then I'll do an oath.

Camille Mitchell
Yes, it's Camille Mitchell, C-A-M-I-L-L-E, Mitchell, M-I-T-C-H-E-L-L.

Wayne Lenhardt
Do you promise that the evidence you give us today will be the truth, the whole truth, and nothing but the truth?

Camille Mitchell
Yes, I do.

Wayne Lenhardt
Okay. You currently live in Shawnigan Lake, BC. Am I right?

Camille Mitchell
Yes, that's correct.

Wayne Lenhardt
Let me lead you through a couple of things and then you can tell us your story. You have been a pharmacist for 26 years. Am I right? And the last nine years you had a position in a hospital?

Camille Mitchell
Yes, that's correct, in Duncan.

Wayne Lenhardt
Okay. It looks as if you've gone through the typical scenario here. The mandates came in, and I guess you said you're not going to take this jab. Maybe you could just give us a quick run-through of what happened at that point.

Camille Mitchell
Well, I just wanted to briefly touch on my history into why I didn't want to take the jab. In my experience as a pharmacist in community pharmacy for 15 years, I had observed many things that made me very cautious about new substances: things like, black box warnings, medication recalls, and watching things like Paxil-withdrawal side effects disappear. So I knew right away that I wasn't going to take it.

I'm not sure what you want to hear about the termination. After I got terminated, I went back into community pharmacy from the hospital. To proceed with that, I had to recertify to administer injections because that's what most of the pharmacies wanted you to be able to do. I had received that certification before I went into hospital. But because I was in hospital, I didn't maintain that certification. So I had to start over doing that and in the process, I had to do a course called the Immunization Competency Course. Obviously, I had done it in the past, but I was redoing it.

I noticed one particular module entitled Immunization Communication Principles. It was something that was new to me; I don't recall doing that the first time around. And I found that the information in there was really pushing people into getting vaccinations. I was just second-guessing myself and, maybe, I just didn't recall doing it the first time around. But when I actually looked into it, this particular module was done in 2008, was redone in 2014 and then, it was done again in 2021, specifically to address vaccine hesitancy. It was very leading, very nudging. They wanted you to use presumptive statements to assume vaccination. It just really stood out to me that that's what their goal was, to just push, push, push the vaccines.

Wayne Lenhardt
Okay. Let me just pick up the trail of timeline here. You're fired from your hospital pharmacist position you'd had for nine years because you didn't want to take the injection. You tried to get an exemption with a declaration of faith and that didn't work. They didn't even reply to you. Am I right?

Camille Mitchell
Yeah, that's right. I had submitted it up a chain of command. In registered mail, I sent a declaration of faith

[00:05:00]

in addition to a notice of liability [NOL] to the President of Island Health and to the President of the Health Sciences Association [HSA]. I did actually get a response from a legal representative of HSA saying that they wouldn't acknowledge the NOL. They didn't say anything whatsoever about the declaration of faith; so it was just completely ignored.

Wayne Lenhardt
So you were unemployed for a little while I'm assuming. Were you?

Camille Mitchell
Yeah. I think I was out of work completely for maybe a few months because it took me some time to get that recertification. I did a little bit of casual work in Victoria.

Wayne Lenhardt
Okay. My notes say you have a job in community pharmacy at the moment, but you're under repeated threat of job loss under BC's new Bill 36. Could you explain that to us?

Camille Mitchell
Well, part of Bill 36, from my understanding, is that they want to amalgamate all of the health colleges in BC. I think it's around 25 and includes everything from Chinese medicine, massage therapy, pharmacy, physicians, everybody with any relation to health. They want to amalgamate these approximately 25 colleges into six. And instead of being self-regulated colleges, they want to government-appoint people to regulate these colleges. So you are having people who know nothing about your profession telling you what to do.

Another part of this stipulation is that they have the ability to tell you if and whatever kind of immunizations they decide you should get. As someone who has taken an active role in my personal health and as a pharmacist, I feel that I have the ability to make those kinds of decisions on my own. I don't need some government-appointed official to tell me what I should and should not do with my health.

Wayne Lenhardt
Are you able to prescribe by yourself for patients?

Camille Mitchell
Coming up in June of this year, in BC, they are granting us the ability to prescribe for minor ailments. To a certain degree, I think I already do: someone who comes in with a sore throat or something. There's a certain amount. But they're kind of expanding that scope. So that's up and coming.

Wayne Lenhardt
Okay. I'm going to just skip over now. You had suffered some other detriments because of this. You had family in Alberta and Saskatchewan that you couldn't fly to visit, that type of thing. Is all of that pretty much behind you now?

Camille Mitchell
Well, for the time being, yes. I've been able to go and visit family on the airplane.

Wayne Lenhardt
Okay. Did you suffer any major loss of income?

Camille Mitchell
No, not really. I got a huge payout because I had a whole pile of holiday pay. So I had a huge payout. So between that time, where I was able to start working again, I wouldn't say I suffered a huge loss. And personally, I'm in a reasonable place. I don't have any debt other than helping my youngest daughter through her post-secondary education.

Wayne Lenhardt
You never did take any of the shots. Am I right?

Camille Mitchell
Absolutely not. I told my current employer before they hired me, I said, "I'm not jabbed, I'm not getting the jab, and I'm not giving the jab." They were fine with that, and I'm gracious for that.

Wayne Lenhardt
I'm going to ask the commissioners at this point if they have any anything they would like to explore with you.

[00:10:00]

Okay. Related to your file, the Commission has a document relating to vaccine hesitancy. Now, I'm not sure if that came from you. I'm assuming it did.

Camille Mitchell
Yeah, that was from the Immunization Communication Principles module from the BCCDC [British Columbia Centre for Disease Control] Immunization Competency Course that I had to do. So that came from that course and that was part of it.

Wayne Lenhardt
That was part of the course you took, okay. It's headed up Immunization Communication Tool 2021.

Camille Mitchell
That was the one that they specifically modified.

Wayne Lenhardt
Yeah, it basically talks about vaccine hesitancy and how to deal with it. But it looks like a psychological recipe as to how to get people to agree to take the shot.

Camille Mitchell
Exactly, exactly. That's how I saw it.

Wayne Lenhardt
Time is running short, so I'm going to ask the Commissioners one last time, are there any questions on this? Okay, thank you very much on behalf of the National Citizens Inquiry for giving your testimony, and I hope all the things go well for you. Thank you.

Camille Mitchell
Thank you.

[00:11:48]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 10:14:19–10:16:20
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So that is our last witness and the third day of hearings in Vancouver, British Columbia. It's interesting that every time we go to a different province, we learn kind of how—I almost want to say the flavour was different and how the province handled things. There's some subtle differences and some not-so-subtle differences. So for example, one of the provinces actually had required vaccine passports to go to a liquor store—that was in Saskatchewan—which basically ensured that anyone that was an alcoholic would get a vaccine passport as a form of coercion.

So we've learned different things and it's been an absolute pleasure for the National Citizens Inquiry to be in Vancouver and British Columbia and learning about the unique experience here. I always say that you cannot attend for a full day at the National Citizens Inquiry and not have your life changed.

We pick up next week in Montreal, or I'm sorry, I keep saying Montreal. We had been scheduled there and we decided to move to Quebec City. So we pick up there, and then we go to Ottawa the week following that. So we're going to invite all of you to join us for that. If you can't attend in person, please watch online.

And just sincerely thank you for participating in, witnessing, and experiencing people sharing their stories. And you can tell that they're just desperate to get them out. And we can tell you on the back end that they're very thankful and grateful, and I'm just thanking you because it's important that you participate. So until we meet again next week in Montreal, we will be signing off here in Vancouver for the National Citizens Inquiry.

[00:02:03]

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