VOLUME THREE

Witness Transcripts

Part 8 of 9: **Ottawa, Ontario**

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

Commissioners: Kenneth R. Drysdale
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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
OTTAWA HEARINGS

Ottawa, Ontario, Canada
May 17 to 19, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

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

Shawn Buckley
Welcome to the National Citizens Inquiry as we begin Day 1 of three days of hearing in the nation's capital, Ottawa, Ontario. Commissioners, for the record, my name is Buckley, initial S. I am attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to begin, for those that are watching online that are not familiar with the NCI, to give a brief description. We are a volunteer-organized and -run group that really just decided that there had to be an independent inquiry into how all levels of government dealt with COVID-19. And so with this ambitious goal of appointing commissioners and marching them across the land, we now find ourselves in our eighth city and our twenty-second day of hearings. I think we've heard over 250 witnesses, both expert and lay witnesses.

And I have to say that we're quite amazed that this has happened; because it's happened only because you have volunteered. You have poured yourselves out in many ways to make this happen. And you've supported us financially. Each set of three-day hearings costs us approximately $35,000. I'm always instructed, because of the necessity, to encourage you to go to our website, nationalcitizensinquiry.ca. Sign our petition. We want you to sign our petition, so that it's obvious that we have public support for this initiative. And we also want you to donate to help participate in funding these hearings, as we've been marching forward and basically taking action.

I have also been encouraging all of you— We have had literally crickets from the mainstream media. We've had one CBC story. And even media that we would expect to be extremely friendly and covering what is an historic event have been obvious by their absence in most cases. And yet the word is getting out, and it's getting out solely because you have been taking the initiative. You've been sharing our tweets. You've been sharing us on social media. And we're still being, as far as I can tell— Excuse me, I always get a frog in my throat in the morning just before I do my morning opening. And today is no exception, but we'll power through.

We've actually had just an incredible reach on social media. And it's solely because you have been sharing us. We're still being search-banned on Twitter. So most of us, because of the Twitter files, have just assumed that Twitter is not censored; but I don't know about Twitter Canada. So we're still inviting you to tweet Elon Musk and hashtag #NCI and ask why, when searches are done, basically, we're not always showing up. And we ask, every single time you send a tweet on anything connected to COVID or government response to COVID, that you add the hashtag #NCI so that we rise in the algorithms. Together we can get the word out.

And I can share that within my own family, there have been members who, it wouldn't matter who it was—Robert McCullough, whatever, like big names, credible people — there's no way I could get them watching a video or anything like that if I was to send it or share a paper. But there's willingness to watch these proceedings. And there's willingness because witnesses being put under oath, led by lawyers that have volunteered but are professional counsel done in a professional way, before commissioners that are independent and who also question the witnesses, resonate. And it resonates because of what judges refer to as the "ring of truth." If a judge believes a witness, sometimes you'll hear in a decision, "that witness had the ring of truth." And the NCI is about getting to the truth and promoting the truth. So I thank you for participating.

Now, I wanted to talk this morning. I actually wanted to share something with you. I'm not going to share it yet. I'm going to hold you in suspense.

[00:05:00]

But I want to give you a different understanding about something that you've experienced. Everyone hearing this will have experienced what I'm going to refer to. And defining it differently, naming it for what it is, will change you. Because when we understand something differently, our mind actually changes. Our neurons are wired differently. We change our mind. And language, and how we define things, is extremely important.

I don't know if everyone has read George Orwell's book *1984*, which I think was written in '49. It's quite prescient. But if you haven't read it, you should read it. One of the things that comes out in that book, in his uncanny prediction of how we would move into an authoritative state, is the control of language with the Ministry of Truth and what's called "newspeak." Where new terms are used and—listen carefully—old words are erased from the language because we communicate our ideas and we hold our beliefs in language. You think in language. And so, if the government can control our language, they literally can control how we think. And so, for generations going forward that will not have the use of words that we are now banning, they will not be able to think the same way we think. And so, when I define something for you differently today, understand that that's important. **And when you read news stories about universities and other institutions banning words from use, understand what is happening as it's part of this movement to gain control of our minds and how we think. And we need to take that very seriously.**

Now before I continue, I wanted to thank everyone. We had a bit of a scare at the NCI earlier this week. We had one of our team members fall ill and the NCI family became very concerned. This person doesn't know, but— I was getting emails from even the commissioners like, "How is this person doing?" All of this. There was extreme worry. And the NCI is not a religious organization, it's a group of volunteers of different beliefs. But I want to thank the NCI because I asked for a call for prayer to go out, and the NCI allowed that to happen. And people did pray and God responded.

And what touched me is, a lot of you communicated to us. And it was touching actually—I'm choking up, sorry. But it was touching to hear that you were praying and that you were concerned. And it was a beautiful experience. And I'm sharing this because all of us can call to mind times where we've basically experienced love. Because that's what this was. It was a collective expression of love towards one of our team members. And what we experience when we experience love is we have a sense of joy. And you all know what I'm talking about. And we have a sense of peace.

I want you to call that feeling to mind right now. Because we've all had those feelings where we have felt touched, where we have been literally choked up because we've experienced somebody else loving or we've participated in loving someone else. And I want you to understand that that is a state of freedom. That is a state of mental freedom when you're experiencing peace,

[00:10:00]

and when you're experiencing joy. And I want to contrast that to a different state.

And to illustrate part of that, I want to speak about a witness that testified last week in Quebec City: François Amalega. And for those of you who are not familiar with François, he resisted the mandates. All of the mandates—masking, curfew, vaccination—he resisted. Quebec was under a curfew; I think it was an 8 o'clock curfew. That's what the government called it. Remember, language is important. We could use other terms, like "martial law." Because what's the difference if, at a certain time, you have to be in your homes or face the consequences of the state?

So I'm told, on Valentine's Day, when Quebec was under martial law and had a mask mandate, that he went to the police station after the curfew, not wearing a mask: basically, announcing that his love, Freedom, was being held in the jail. And he was clearly making a political protest. So understand, he's attending at the police station after the curfew, not wearing a mask. Now the police at this point have a decision. They have a choice. Because they could have made the choice, they could have said, "Okay, this guy's making a political statement. We're just going to ignore him. We're just going to carry on our business. And sooner or later, he's going to get tired, and he's going to go home." They could have made that choice. But rather they made a choice to exercise power and to arrest him. And I don't know how long through all of his mandate resistance he spent in jail. But my understanding is it was a number of months. And I view him as—and he was—a political prisoner. There's no question he was resisting to make a political statement because he disagreed.

François was a political prisoner. And we have political prosecutions in Canada in 2023. I just expected, growing up, that they would be few and far between. I mean even liberal Western democracies, which I thought we were, has the odd political criminal proceeding.

But I hadn't anticipated that I would watch truckers, who were clearly engaging in a constitutional right to protest, being subject to criminal proceedings and civil proceedings, and having bank accounts frozen with the intent of setting an example for the rest of us: so that we will not do what they did and put ourselves on the line and subject ourselves to political prosecutions—basically criminal charges, civil proceedings, and having our bank accounts frozen.

And I have to say that it's really starting to bother me: that we are not supporting the truckers; that we are not creating a political uproar over what's happened. That we are not ensuring that their defences are financed. That we're basically not ensuring that they're

taken care of. I'm mindful of— We had a witness in Red Deer, Regina, who had come from Poland, and she had been at the start of the Solidarity movement. And they were small in numbers. And their leadership was— I keep forgetting the words she used. It wasn't "arrested," it was some other term which basically communicated that the state had separated them from their families. And they were no longer able to be leaders in the movement. And what the remnant did was took care of the families.

And we need to take care of our truckers. I'm having trouble today, so forgive me.

So let's get back to François Amalega

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because a couple of days ago, he was attacked on the street in Quebec City. And after he was attacked, he started the video on his phone. And the video he took you can see: he was kind of basically attacked a second time. He just made an attempt to catch the people who had attacked him on camera. And what you see is, is you see around five, it looks like males all in black, hooded, wearing masks so you can't see their faces. So you can't tell who the attackers are in any way. Now, this would not be a race attack upon François. We can't speculate about the motivation. My understanding is, he's thinking that this particular attack might be because of his activities in resisting having transvestites attend at schools and do story time. But that's just speculation.

And isn't it curious that he has been a visible, basically freedom fighter, standing up to challenge the government narrative peacefully. He attended as a witness at the NCI in Quebec City last week. And this week there is a rather alarming video of him being physically attacked, in Canada. And if that happened to any of us, we would be afraid. We would truly be afraid to have five or six hooded and masked people physically assault us. And as I was thinking about how I would be afraid, something else happened in Quebec City.

So basically, we got visited by somebody that I knew personally, and that person brought a friend with them. I was having a conversation with them, and they were talking about the very beginning of the pandemic. And they were talking about part of the experience I had forgotten about, where at the very beginning, literally it was changing so fast, you didn't know day to day what was happening. I remember I was living in Alberta and I happened to be in B.C. at the time. And I was wondering: Do I have to get back soon? Are they going to close the border? And they were saying, "Oh yeah, well, the announcement would be at noon every day." That's when you would learn what new restrictions were being imposed because it was just happening so fast. We were just, you know, "What freedom am I losing today?" And that got me kind of back into the experience.

And I want to take you back there because I actually want you to get back into that emotional fear and confusion that we experienced because we did cower in our houses. Do you remember that? Do you remember being told to stay home? And we stayed home. In the audience, I see people nodding their heads. We wore masks when we didn't want to, after we realized that they were of no benefit. We closed down schools, and dramatically, dramatically, affected our children in a negative way — and in ways that, for some of them, they will carry for the rest of their lives as a burden. We participated in police state rituals such as showing identity papers to be granted permission to participate in privileges being granted to us by our master, the state. We were in actual fear of our government. And you remember that. And worst of all—and our true shame—was our children watched this.

Our children watched us react in fear, live in fear, and participate.

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And we did it because we were afraid. I was afraid. I felt real fear.

You know, at one point I was worried—and this was before Rachel Notley in Alberta was talking about sending people to the doors of the unvaccinated—but I was concerned that the government was going to go door to door. And I see people nodding their heads. They understand. And we felt helpless. We felt like we had completely lost control over our lives. Now, do you feel that again? I want you to feel that again. I want you to feel that darkness again. And the reason why is I want to name it. Because you will call it fear. And I call it the "spirit of slavery," which is a very different thing. Because that feeling that you felt, that is what slavery feels like.

I'll say that again: that feeling that you felt is what slavery feels like. Because it is slavery. When you have the experience of slavery, you can't go against the wishes of your master. Because in your mind you're enslaved, you're afraid to go against your master.

So let's call a spade a spade. Let's call slavery, "slavery." And do you understand? Even just me now naming it differently, it should have a different feeling. Because when it's fear, you feel afraid. When it's slavery, you feel angry.

Now, you consented and you participated because you were afraid of the cost of freedom. And most of us are still consenting and we're still participating because we are afraid to pay the price for our freedom. So we cower in obedience, even now. I mean, we don't have mandates now. We're not told to wear a mask. We don't have a curfew. There's still vaccine mandates. There are still places where you have to wear a mask if you have to go into a hospital or a medical clinic. And why are we allowing that? Why are we allowing that lie to continue? We're still cowering. We're not taking care of our people subject to political prosecutions. We are still cowering in fear.

So let's go back to François Amalega. Because remember, he spent months and months in jail because he refused to cower in fear. I want to read to you something he wrote. And I think I'm going to read it to you twice, because it's too important not to sink in. He said, "I feel more free within the four walls of a jail cell, with a clean conscience, than I would standing outside while respecting the measures and collaborating with the lie."

I'm going to read that again: "I feel more free within the four walls of a jail cell, with a clean conscience, than I would standing outside while respecting the measures and collaborating with the lie."

François, in a cell, actually experiences freedom because he has peace of mind. He is freeing his mind. He does not have the spirit of slavery in his mind. So he actually will willingly take a jail cell to have that peace that comes from standing for your convictions in your mind, because he's going to reject the spirit of slavery.

Let's contrast that with you and me submitting to a curfew, wearing a mask,

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while showing our ID papers with a mind of fear and slavery. So who is freer in that scenario: François in a jail cell or you eating caviar after you show your identification papers at a fancy restaurant?

And more importantly, whose children are seeing the example that is going to enable them to live like free and dignified human beings going forward? And I hope for all those listening that that is a rhetorical question.

Now, I will advise the audience, or those participating online, that at the present time we are still waiting for one of our four commissioners to arrive, and she should be here shortly. Our rules permit us to proceed with three commissioners and then there will be a responsibility on the commissioner that is not yet here to watch the evidence.

[00:26:38]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 1: Dr. Denis Rancourt
Full Day 1 Timestamp: 00:40:18–02:17:39
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
I'm pleased to announce our first witness this morning, Dr. Denis Rancourt. Denis, can you state your full name for the record, spelling your first and last name?

Dr. Denis Rancourt
Yes, Denis Rancourt. Denis is D-E-N-I-S. Rancourt is R-A-N-C-O-U-R-T, and if you say Rancourt, that's fine.

Shawn Buckley
I'm so sorry. I mean no offence by getting your name wrong there. Denis, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Denis Rancourt
I do.

Shawn Buckley
Now, by way of introduction, you have a Bachelor of Science, a Master of Science, and a PhD from the University of Toronto. These are degrees in physics.

Dr. Denis Rancourt
Yes.

Shawn Buckley
You have been a Natural Sciences and Engineering Research Council of Canada [NSERC] international postdoctoral candidate in prestigious research laboratories in both France and the Netherlands.

Dr. Denis Rancourt
Yes.

Shawn Buckley
You became, and I'll just use their anachronism [sic], a national NSERC university research fellow in Canada.

Dr. Denis Rancourt
Yes.

Shawn Buckley
You were a professor of physics at the University of Ottawa for 23 years, attaining the highest academic rank of tenured full professor.

Dr. Denis Rancourt
Yes.

Shawn Buckley
But more importantly, and I will ask you to explain this point, as a researcher at the university you were a researcher in interdisciplinary research. So you weren't just tied to physics, and I'm wondering if you can please explain that for the audience. After that, you've been invited here today to speak about some things that flow from all-cause mortality data, and I'm going to ask you to launch into your presentation.

Dr. Denis Rancourt
Okay. It's very common for physicists to be more interdisciplinary than some other areas of science. I ran a large laboratory that did interdisciplinary research, meaning that we use the methods of physics and mathematics to analyze problems in everything from environmental science to planetary science to theoretical physics to biogeochemistry, including interactions between bacteria and minerals, in the environment. Those kinds of things. So I was the head; I was the lead researcher in a laboratory that developed techniques to study these problems. We wrote more than a hundred articles, in scientific journals, about these questions.

Shawn Buckley
Thank you. I'll ask you to go into your presentation.

Dr. Denis Rancourt
Okay. Well, before I put the slides up, I'd like to say a few things. And I want to start by giving you my conclusions.

I've been working on all-cause mortality in its analysis for more than three years. I've written more than 30 reports about it, detailed scientific reports; some of them are more than 100 pages long with many figures and graphs and detailed interpretations. I've come

to the following conclusions, and I will try to demonstrate how you must come to these conclusions by my material here that I brought today.

The conclusions are as follows: First of all, if governments had done nothing out of the ordinary, if they had not announced a pandemic, had not responded to a presumed pathogen, had done nothing other than what we normally do when we have a high season of mortality in the winter, then there would have been no excess mortality. Nothing special would have happened. That is a conclusion that I hold firmly from analyzing the data. So, in that sense, there was no pandemic that caused excess mortality. None at all. There was the usual ecology of pathogens: viral, bacterial, whatever you want to imagine. There's a huge ecology of pathogens that we live with. They're always there. We get sick. We recover. Sometimes we die. That's all true. But there would have been no excess mortality beyond the historic trend if we had just left things alone. So there was no pandemic in that sense.

The second point I'm going to be making is that the measures that governments applied,

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which I would think of as an assault: there were many different kinds of assaults against people. And those assaults definitely and quantitatively caused excess mortality in many jurisdictions and at various times during the pandemic period. Very significant deaths. In some jurisdictions, relatively little. And so on.

And the final point is that the vaccination campaign, the COVID-19 vaccination campaign itself, definitely caused excess mortality in definite peaks that are seen—that are directly associated with various vaccine rollouts of different doses to different age groups and in different jurisdictions. And you can see those excess mortalities immediately. There is no way to escape the conclusion that the vaccines definitely caused death in a significant number. And I'll give you what those numbers are in my presentation.

Shawn Buckley
Just before you start, I will advise the commissioners and the public that your CV has been entered as Exhibit OT-1a. I think it's 50 pages long. And you spoke about papers that you wrote that we have entered as Exhibit OT-1. The papers that you provided to us: those are available to both the commissioners and the public.

I'm going to ask if you are adopting those papers as true, as part of your evidence today.

Dr. Denis Rancourt
Absolutely. Those are all papers that I authored and co-authored, and everything in them is from me and is true to the best of my knowledge.

Shawn Buckley
Thank you.

Dr. Denis Rancourt
So I could move on to my slides now. That's just the header. I want to say a little bit more about my background. There are five areas of science that I'm an expert in as a result of studying these various questions.

One is nanoparticles, small particles in nature and in the environment. Even the new vaccines, the mRNA vaccines, are nanoparticles, surrounded lipids, and so on. I'm an expert in nanoparticles: their stability, their chemical reactions, how they form, how they disperse in a fluid, and so on. I've written scientific papers about this.

I'm an expert in molecular science, and by that, I mean chemical reactions of molecules. I worked in a prestigious national chemistry laboratory when I was a postdoctoral fellow, in France. I have done theoretical work on molecular dynamics. I know how molecules bind to various surfaces, to each other, and so on. I know a lot about the intimate details of molecules and atoms.

I know about statistical analysis. I've written scientific papers on advanced statistical analysis methods, such as Bayesian inference theory. I know about error propagation. I've written about that. I've taught it at the graduate level. All of these are areas of science I have taught to graduate students in every department I'm in. In science and engineering departments, I used to do a graduate course on scientific methodology which I had developed.

I'm an expert in modelling—meaning theoretical modelling. I've done modelling of the dynamics of environmental systems. And now I'm doing modelling with co-author Joseph Hickey on epidemiology: the classic theories of how things spread, the dynamics of that through a population. We have written two papers on that recently, and in both cases, the editors refused to even review them. We appealed one, and we won that appeal, and both have now been peer reviewed. And so I'm a modelling expert.

And finally, and not least, I'm an expert in measurement methods. I mean by that: How can we know things in science? There are a whole bunch of important measurement methods. They include diffraction; spectroscopies; microscopies, including electron microscopy; and various bulk property measurements. I have taught all of these methods at the graduate level. I had an electron microscope and several spectrometers in my laboratory when I was a lead researcher at the university.

That's my background. That's why I feel I can read a scientific paper and really understand what it's about. I do this work with several collaborators; we work closely. I want to name them here:

[00:10:00]

Marine Baudin; Joseph Hickey; Jérémie Mercier; John Johnson, who is a professor at Harvard University; and Christian Linard, who joined us in our discussions and in our work, very recently.

I have written more than 30 articles about COVID-related matters, large reports and articles. They are on my website. My website is very complete. It's organized by section: denisrancourt.ca. I prepared a book of exhibits for this testimony, which you have and is now entered as an exhibit. It contains almost 900 pages and many of the key articles for the conclusions of today. So this is just the index of that book of exhibits. The last one there, article number 87, is actually an article written in 2019 which is a very thorough analysis of geoeconomics and geopolitics since the Second World War. I think that gives the proper context to really understand, from a social point of view, what was going on here.

As I said earlier, these are my main points: There was no pandemic in the sense of causing excess mortality. It's the measures and the assaults that caused mortality during the COVID

period before vaccination. And then when they rolled out the vaccines, that caused definite excess mortality as well. All of this is based on all-cause mortality data, and I wanted to show you what that looks like.

This is all-cause mortality by month. You can do it by week, by day, and so on. But this is by month for the USA since the year 2000. Now, we've had this kind of data for more than 100 years in many Western countries. Because February has only 28 days, there's a little dip in February that you can see there, and that allows you to see where February is. You can see that the mortality is seasonal. In the northern latitude countries, it's always higher in the winter and then you come down to a trough of mortality in the summer. The y-scale here doesn't start at zero. You have to notice that; it's expanded. This goes right into the COVID period. So you can see that in the United States, that last one of a bluish colour there is the mortality in the entire COVID period, which is significantly higher than the mortality before, if you look at the historic mortality.

When the pandemic was announced on the 11th of March 2020, we start the COVID period there and we put that in a certain colour. Then you can add all the deaths per month for all the months of the COVID period, and you get the total deaths for the COVID period: that's the black dot that's higher than the others there. You can take the same duration period and move backwards in time and do that sum: that's the other black dots.

So the black dots allow you to see the historic trend of the mortality on the timescale of a COVID period, if you like. You can see that it increases very gradually. That's because the age structure of the population is changing. The baby boomers are coming of age to be older and are dying more, and you see those kinds of effects. But what you see also in the United States, this is for the entire U.S., is a stepwise dramatic increase right in the COVID period. That's the kind of data that we analyze. We can look at it by state (50 different states), by city, and by age group. That's the mortality.

This data cannot be biased. You're simply counting deaths irrespective of what people died from. There's no bias here. This is all-cause mortality. You've got that extra filter, which is by age, by sex, by jurisdiction, and as a function of time.

So it is very, very powerful data. This is the kind of data that allows you to spot heat waves, earthquakes, wars. Anything that will perturb the population to the degree that it will cause mortality is immediately seen in this kind of data. Just as a note, I want to make it clear that the various pandemics that were announced between the Second World War and before COVID, by the CDC, in Canada, where they estimated the number of deaths—none of those deaths are detected in all-cause mortality. In other words, there was no excess mortality related to the past so-called pandemics. That's clearly described in our papers.

We're still in the United States,

[00:15:00]

and now we're going to blow it up on the time scale. We're going to go from 2016 to the present. Now the data instead of being by month, is by week. There's a higher resolution there. You can see in detail the evolution of the all-cause mortality as a function of time, there. You can do that quantification. Just to show that you can go higher resolution here.

One of the very strange things in the United States is that for the first time in the historic record, there were peaks of excess death in mid-summer in the United States. In the southern states where it's very hot and where people's lives were basically dissolved and

they were dramatically perturbed in how they normally deal with poverty and heat, there were actual deaths—extra deaths—in the summer.

Now in the United States, when you integrate that all-cause mortality in the COVID period and then you look for social factors that correlate to that on a by state basis, this is the strongest correlation that we found for a single social factor. We looked at many, many. It shows a correlation of all-cause mortality integrated over the COVID period on the y-axis as a function of the fraction of the population that is living in poverty. This is what we call in science "technically a very strong correlation." The Pearson correlation coefficient is plus 0.86, which is unheard of in the social sciences.

And it's not just a correlation; it goes through the origin, which means it's proportionality. Which means that in a state that would have had no poverty there would have been no excess deaths during the COVID period. So there's a strong correlation to poverty, which is one of the pieces of evidence that allows you to say that this is not a virus. Because a virus, and COVID in particular, is said from clinical studies to kill mainly elderly people—and it's even exponential with age. We find instead that we correlate the things like poverty. But if you did this kind of a map, which I didn't bring, as a function of age—median age, or number of people living in the state, the fraction of the population that is over 80 or over 65, and so on—no matter how you slice it, there is absolutely no correlation with age, which is a definitive proof that this cannot be COVID as studied in clinical studies.

Shawn Buckley
Can I just stop you, Denis? So you're basically sharing with us that this chart is showing that people that had more poverty were more likely to die. And that's not a function then of a virus, it's a function of something else?

Dr. Denis Rancourt
That's right. Not just "more likely," as you would say, in a weak sense, if you were a scientist. This is the strongest correlation you'll generally see between a socioeconomic factor and something happening in the population. This is an incredible graph. This shows an absolute, not just correlation, but proportionality to the size of the population living in poverty. This shows that the COVID period, on the scale of the nation in the United States, killed the poor in proportion to how many poor there were.

The other strong population correlation factors are, for example, how many people are living with disability: are certified disabled, cannot function in society, and need to be supported by the state. The number of people with those programs in the United States is also a very strong correlation to whether or not you died.

And so the United States is a very special jurisdiction that has large amounts of both disabled, poor, obese, and people suffering from diabetes. All of these things correlate to whether or not you were going to survive the COVID period. And that is why the United States, in proportion to its population, had a much higher mortality than Canada did. So even if you take the population into account, taking the population into account, Canada had five times less excess mortality than the United States. Five times less.

In other words: if this was a virus, it refused to cross the Canadian/American border. It was presumably causing death in the U.S. to this degree but would not cross the border into Canada. That virulent pathogen did not act in Canada. So that is impossible,

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in terms of epidemiological theory. That is strictly impossible if you want to believe that theory. It's thousands of kilometres of border, two of the biggest economic exchange partners in the world. That cannot happen. So that's yet another line of evidence that this was not a viral respiratory disease pandemic.

Shawn Buckley
Can I just ask you one more question, and I'm sorry. But do we know what factors of poverty might have played in? Like might it have been that the poor do not have as good nutrition or don't access treatment or things like that? Like, are there any others?

Dr. Denis Rancourt
Yes. We tried to answer those questions in our large papers, and we concluded— Well, that's a very interesting and deep question. What we found was that this death was occurring mainly in the poor states in the south of the United States, where it's also very hot. And those are populations that normally get many, many prescriptions of antibiotics in the winter. So they have a high susceptibility to bacterial pneumonia infection, and they normally get treated. But during the COVID period, all Western countries cut antibiotic prescriptions by 50 per cent or more, including the United States. So they were not treating bacterial pneumonia. And these people always get them, always have this problem, and were not being treated.

And so we believe— And the CDC [Centers for Disease Control and Prevention] has agreed based on death certificates that a co-cause of death in the great majority of the so-called COVID-19 deaths is bacterial pneumonia. So we know that there was a massive epidemic of bacterial pneumonia. We know that it was not being treated up to standards whatsoever, and we believe that mechanistically, this is what killed the poor, obese, and so on. There were other factors as well, and we discuss them in detail in our papers.

Now, we're still in the United States here, and this is the per cent increase in mortality. It's the excess mortality expressed as a percentage of what the mortality would normally be by age group. This is now by age group, and this is before vaccination was implemented in the COVID period. So we're starting at 11th of March 2020 and going up to the end of 2020 before we start vaccinating.

We can see that excess mortality expressed as a per cent for the 10 most populous states in the United States here—the different colours—goes from something like 5 or 10 per cent for these zero to 24-year-olds and up to something like 20, all the way up to 40 per cent for the other age groups. So it's very, very high, and it's high across the board in relative amounts, expressed this way for all the age groups of young adults all the way to the elderly.

Then, if we keep those 10 populous states and look at what happens in the period where you were vaccinating, because the rollout was very rapid, you get a very different pattern like this, where the 25- to 44-year-olds are affected up to 60 per cent excess mortality on a relative basis. So the age structure of the mortality has changed now as you move into the vaccination period. That's the kind of analysis that you can do. This is just to illustrate.

So that's the United States. So remember, in the United States, you have this massive increase of mortality in the COVID period, there at the end. Remember this mortality versus

time. And remember that step where you have a regime of higher mortality at the end in the COVID period. Now let's compare to Canada.

Here's Canada in blue. Forget the red line for now. The blue is the all-cause mortality by week in Canada from 2010 to the present. What you notice is that there is no stepwise increase. There's virtually—nothing happened relative to the summer trough baseline, if you like. There's nothing special happening that's visible in the mortality. This is in heavy contrast to what you would see if something real and important happened like a war or, for example, the Great Depression, the Dust Bowl in the United States. These give large mortality increases. There's nothing like that in Canada.

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So nothing special happened in terms of mortality in Canada. At first look, coarse-grain looking. But now if we look at the details, we will see things.

Now I want to contrast that with what Theresa Tam and her co-authors said in a scientific paper. They actually said from a modelling study, a bogus model, that if they had not applied all the measures—masking, distancing, vaccination, and so on—that there would have been approximately one million extra deaths in the COVID period in Canada. So I represented what that would look like in red here in the COVID period. I distributed those million deaths uniformly, just a simple model to show what it looks like. And that's what the million extra deaths that they're saying they prevented would have looked like.

Now I have to explain: that is absurd. Nothing known historically can cause that kind of mortality. And to affirm something like this is absolutely ludicrous. For example, if that is true, then why did the measures not reduce it by only half? Why did the measures not reduce it by only 80 per cent? Why did we come down to a mortality that happens to be approximately exactly what you would expect historically? It makes no sense. There's one universe in a million where this could happen by accident. So this is absurd. This is the level of scientific propaganda that our government scientists are putting out these days.

Now we'll take a closer look at the mortality in Canada. I have now shown this on a scale where Y starts at zero, and we're seeing the all-cause mortality again. And now what I'm doing is I'm integrating over what we call a cycle year. So we go from summer trough to summer trough and we integrate the mortality. It's total mortality per cycle year, if you like. The integral points are there. And you can see a small increase relative to the linear historic trend in the COVID period for those two cycle years. Very small, but you can quantify it. And there's also details, of course. We'll look at those.

This is the same, but now it's on a different Y scale. So you blow it up a little more, and you can see it more clearly where the excess mortality is at the end. This is by cycle year again.

And now I'm showing it by calendar year. So actually, the last point there is the total number of deaths in 2022. This data for Canada just came out a few days ago and we made this graph. This shows that the excess mortality since the COVID period started in 2020, did not decrease whatsoever because of this huge vaccination campaign.

Remember, the vaccines were supposed to prevent serious illness—and that means prevent death. And there is no indication that this military-style vaccination of everyone reduced deaths whatsoever in Canada. In fact, 2022 has significantly higher deaths than the previous two years, one where you were vaccinating and one where you were basically not

vaccinating. So the deaths are higher now in Canada. That's the situation in Canada. They've created circumstances where the deaths are higher in 2022.

Now we can compare the all-cause mortality for Canada to the vaccine rollout in this graph. So the dark blue line is the cumulative number of vaccine doses administered to the population. You can see that when the rollout starts, you get an extra peak on the shoulder of that winter peak at the beginning of 2021. And that is a very strong peak, especially in Ontario, for people that are 59 years of age and older. And then you can see that the third dose rollout, which is this significant increase, gives you the highest winter peak we've seen in a long, long time. And there are other details.

So we can blow that region up and look at it again and label some of the peaks so that I can discuss them. That vertical line arrow pointing up is the start of the pandemic. That's when it was announced, the 11th of March, 2020.

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What I call peak A is a very important peak because it is a surge in mortality that occurred immediately after the pandemic was announced. But you have to understand this peak. We're going to look at it in some detail. It is very heterogeneous from jurisdiction to jurisdiction. It did not occur in several Canadian provinces. It was very prominent in Quebec. And so it depended what you were doing in those jurisdictions to fragile people who were in hospital and ICUs and care homes, whether you were going to cause deaths during that peak. We're going to look at that peak some more.

I can point some things out. That peak C is the one that arises because of doses one and two rollout. Peak E is the very high peak related to the third dose rollout. Peak F is a peak that occurs when they rolled out a booster to the elderly. And some of these peaks come out more significantly when you look at different age groups. But this is just to give you a broad view. And D is an example of a heatwave peak. This was a heatwave that occurred in southern British Columbia at that time.

Now we're going to look at peak A, what we've been calling the COVID peak, that arises immediately after the pandemic was announced. And that peak is absolutely huge in the United States. We're showing some of the states where it is the largest. And this time, all-cause mortality by time by week in fact is normalized by the population of the state. So you see that you get this complete overlap normally and the seasonal variations. So we're looking at Connecticut, Maryland, Massachusetts, New Jersey, and New York. We see that that peak that fires up right after you announce the pandemic is massively different from state to state. There were about 30 states in the United States that did not have such a feature. It's exactly at the same time whenever it occurs. And it's very, very different in magnitude.

That same kind of peak happens at the same time in different parts of the world. So there are hot spots when, just after you announce the pandemic, you get these massive peaks. They're shown here for Lombardy, Italy, and the region of Madrid, and an area in France, and so on. These peaks occur in very specific hot spots, but synchronously around the world.

Now, I want to insist on this: that—from an epidemiological standpoint—is strictly impossible. Because the time from seeding of an infection to the sudden and measurable rise of mortality is completely uncertain. It is a factor that is extremely sensitive to the details of the population, the institutional structure, and so on. It cannot be the same

everywhere; even if you fly seeds out by airplanes at the same time to everyone on the same day, you will not get peaks of mortality that occur synchronously. It is impossible. That time between seeding—depending on the size of the seed—and the maximum in mortality varies by many, many months; it can even be years. So that's impossible.

The first thing I said when I saw these peaks, as I said: this is not a viral respiratory pandemic. This has to be peaks that were caused in those jurisdictions that were hot spots. And in fact, in Lombardy, Italy, in that region in particular, they said, "Don't stay home, come straight into the hospital, we'll treat you." And they were putting two people per mechanical ventilator when they were sick enough. And they were doing horrible things, and there was a massive killing of people, I believe, in that peak.

Now, we're going to study that peak in some detail across Europe. I'm going to show you some maps. This first map is just to remind you where the countries are when you look at the other maps. But also, I put in blue here some borders. Those borders are interesting because you'll notice in the maps I will show you of the magnitude of that mortality peak mapped on Europe, that the virus—if it was a virus—absolutely refused to cross these borders. Absolutely refused. There's no crossing of these borders.

Of course, that's absurd. A viral respiratory disease is believed

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to spread, and it does not need a passport, and it does not respect borders. So that's yet another proof that this was not a viral respiratory disease pandemic.

Let's look at these maps. We're going to start in January 2020, before the pandemic was announced. What I'm representing here with the different colours is the intensity of the excess mortality integrated for January. So basically, January was an ordinary month and you're around zero for all of Europe. February, same scenario, nothing special is happening. Now we hit March, which was when the pandemic was announced and when this peak arose. And there you go. Those are the hotspots.

So you can see: northern Italy, large regions around Madrid and Spain, and so on. And what you'll notice is that you do not cross the border between Portugal and Spain. You do not cross the border between Spain and the south of France. You do not cross the border whatsoever into Germany: Germany was completely protected from this excess mortality at that time in the pandemic. Germany did not have these excess deaths whatsoever. And then as we go down off this peak, March into April, we're still on the tail of that large peak. Those regions are the same, basically, and those borders are not crossed whatsoever. And then we get into May and June and the peak is over. And you have to ask yourself, what **caused that peak?**

Well, we've talked about it somewhat. We are now looking at everything that was done in that period specifically that could have caused this excess mortality. What we're finding in many jurisdictions is that hydroxychloroquine, HCQ, had many, many prescriptions—a super-prescription of that drug in the jurisdictions that had this peak. Germany was not doing this and they did not have the peak. Spots that were doing it—counties, and so on, that had high prescriptions—had a lot of deaths. Now, this is not the only drug that had that peak.

So what basically was happening is: emergency MDs were told, "This is a pandemic, we don't know what it is. It's a new virus, do what you can." At the same time, there had been

the suggestion that hydroxychloroquine could be very effective. I'm not saying that's wrong, but I think that some people were very reckless in prescribing it to their seriously ill patients. And this drug has the property that it has a very narrow and well-defined window of utility for treating people. And if you go in excess of that, it becomes a toxic chemical. It is quite possible that in the jurisdictions that did not know how to use this drug— And we know they overprescribed it as much as two grams, so we believe that that's one of the drugs that would have caused this peak. Another one is various sedatives that were used often in combination with the mechanical ventilators. This is ongoing research that we're looking at.

Hopefully by now, I've convinced you that at least there exists evidence that there was no pandemic, and that it was the measures that were killing people before vaccination.

Now we want to look at vaccination. The first thing I want to say is that there is absolutely no doubt that the vaccines cause significant death. There are now dozens and dozens of autopsy studies that show a causal relationship between the vaccination and its effect on the cells and organs of the body, and that that would have caused death. There are many autopsy studies that show this.

Adverse-effect monitoring is showing a peak of death immediately following vaccination, in the first few days: a very definite peak of death, followed by an exponential decay of death that lasts at least two months. We showed this in detail in one of our papers.

There was a survey study done by Professor Mark Skidmore that just asked people, "Do you know anyone close who died that would have been due to the vaccine, just immediately after vaccination?" And on the basis of that scientifically-performed survey, they found that in the United States about 300,000 people would have been killed by the vaccine. There are many, many studies now showing that there are induced pathologies: meaning sicknesses, disease,

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related to having been injected. There are more than 1,250 peer-reviewed scientific studies analyzing and showing vaccine harm. And our work is to look at all-cause mortality, and we calculate what is called the "vaccine-dose fatality rate," meaning: What is the risk that you will die from being injected on a per-injection basis? That's what we're going to look at now.

This is a list of some of the recent autopsy studies, and there's some more there. Now we're going to look at the vaccine period.

Shawn Buckley
Doctor Rancourt, we will make your slides an exhibit [Exhibit OT-1b] so that the public and commissioners can access and actually see the references.

Dr. Denis Rancourt
Perfect. Thank you.

When we started looking at the vaccines and whether or not the rollouts could cause death, one of the first things that drew my attention to this is: four studies came out in various scientific journals about India. India is a difficult case because they don't publish national

high-quality all-cause mortality data. So you have to actually go on site and go into the various provinces and the various institutions and gather the data yourself to some degree. So there were four studies that did this, and they all found the same thing. They found that there was no excess mortality when the pandemic was announced. Absolutely everything was normal. And then all of a sudden, many, many months later, there was a huge surge, a massive surge of deaths. So they showed this and they explained that India had this huge peak in mortality. And none of the four groups of researchers mentioned that that surge in mortality was occurring exactly when the vaccine was rolled out, military style. And I said, how is this possible? How could they not even mention it? So I wrote an article critiquing them and pointing out that this is exactly when the rollout occurred. And therefore, it allowed me to calculate that those deaths were due to the vaccine.

I showed, I single-authored that one: 3.7 million people were killed in India by the vaccine, 3.7 million. And this is because they targeted elderly and sick people. India actually put out a list of 12 comorbidities of very sick people: if you had those, you should be vaccinated right away. They did something that was called a "vaccine festival." That's what the prime minister called it. And they said, "Go and get your sick and elderly everywhere and make sure everyone gets vaccinated." And they killed 3.7 million people. The vaccine fatality rate that I calculated for India was 1 per cent, which means that one out of every hundred injections caused a death in India.

Then we said, "Let's look at this for Western countries and for other jurisdictions." We looked at all the data we could from the UN [United Nations] and tried to identify countries that would be easiest to study at first. Australia jumped out at us because Australia is a country that had no excess mortality whatsoever during the pre-vaccination period and then a huge increase in mortality, a new regime of mortality, when they rolled out the vaccine. So we said, "Let's target Australia and see what's happened there." And you can see the integral value in the vaccination period jump up for Australia there on this graph.

And this is a blow up of it. You see mortality by week in Australia. You see the vaccine rollout. And you see that as a consequence of the vaccine rollout, there's the higher regime of mortality right there. We also see a peak in their summer, our winter. Remember, mortality is higher in the experienced winter. So in the Southern Hemisphere, mortality is higher during the period that is our summer, but it's their winter. And there's seasonality like we normally have. But here in the middle of their summer, they have a sharp peak right there. You can see it. And that coincides exactly with the very sudden rollout of the third dose of the vaccine.

I'll show that in detail now. Here's the rollout of the third dose superimposed on that peak of mortality for all of Australia. It is the same thing for each of the states in Australia. This is Victoria, New South Wales, Queensland, and so on.

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You get this rollout of the third dose and a peak in mortality that accompanies it. On that basis, we can calculate things—which I'll show you in a minute. But first I want to do a little bit of around-the-world of these kinds of correlations.

So this is Mississippi. Something happened that was very unusual and very sad in the United States: They decided that they needed to have vaccine equity. So large financiers and companies and pharma-tied interests decided that people were not being vaccinated enough in certain states in the United States, so they will have a vaccine equity program, which was highly funded.

They hired thousands of people and they went and vaccinated the most vulnerable people living in various homes. So in the poor states, you can see that vaccine rollout. You can see that increase in the cumulative doses being given there. That is the vaccine equity program. And then you can see that huge peak that is coincident with that in mortality for the 25- to 64-year-olds. Now we see that large peak, which is bigger than anything else, that coincides with vaccine equity in basically all of the poor states in the United States—so Alabama, and so on. In those jurisdictions where you get that state, you have the same vaccine-dose fatality rate as they had in India, so 1 per cent. It's massive for that peak.

This is a peak that occurred in Michigan coinciding with the initial rollout of doses one and two. And that same peak occurs, meaning the same properties occur, in Ontario, where it's very important.

Now, this is a summary of all this data. I'm getting to the end now. This is vaccine-dose fatality rate expressed as a percentage by age group. You can see that for the most elderly, it goes up to almost 1 per cent—even in Western countries. This is Australia and Israel, where they have really good data on a "by age group" basis, of both doses and mortality. We were the first to do this. This is the first data that was produced that shows that the risk of dying from the injection goes exponentially with the age of the person being injected. And the doubling time of that exponential is about five years. So for every five years in age, your risk of dying from the injection doubles.

And this proves that it was absolutely the opposite of what you should do, from a public health basis, to go and vaccinate the most vulnerable in terms of being elderly. The risk-to-benefit ratio is completely out of whack. You are injecting people that are at high risk of dying from the injection when you inject the elderly. And this is the first quantitative demonstration of that for Australia and Israel, where we were able to do it. You can blow up the bottom of that exponential, and you can see that the young adults are above the exponential, that holds for the more elderly adults, starting at around age 40. There is a plateau of risk of dying from the injection for young adults that is maintained.

And you see it if you do a semi-log. For those of you used to looking at these graphs on a semi-log basis, you can see that plateau in the mortality risk from the injection for the young adults there relative to— The linear part is the exponential part on this kind of graph. So you can see what people are talking about in terms of sudden deaths of athletes and young people in this kind of data.

This is just to show you for Israel, the coincidence between the various dose rollouts and peaks in mortality. Now, this graph here is for all ages. But it is even more noticeable when you do it by age group, you see? Look at the relationship here for the 80-plus-year-olds between when you roll out the doses and when there is a peak in mortality.

And this is for 70- to 79-year-olds.

And this is 60- to 69-year-olds.

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So you vaccinate and that starts a whole period of induced deaths as a result of that.

And this is 50- to 59-year-olds.

We summarized that data for Israel by calculating the vaccine-dose fatality rate by age group, by dose number. We showed that as you go to further and further doses, the risk of dying is higher and higher—even when you discriminate by age group like this. So again, that particular graph is not published yet, but that's coming out in one of our next publications.

And that's on a semi-log basis, what it looks like.

So this is my conclusion: Every jurisdiction that we've looked at—India, Australia, Canada, Chile, Germany, Israel, New Zealand, USA, and many others, including all the European countries that you saw—always gives us the same result. There is a risk from dying from the injection on a per-injection basis that is between 0.05 per cent—that's for all ages in a Western country—all the way up to almost 3 per cent for the most elderly people that are fragile. So we always fall in that range in terms of the risk of dying from these injections. Consequently, we can calculate that that must be a property of the vaccines. And therefore, on the scale of the entire world, given the number of doses that were administered, the vaccine must have killed approximately 13 million people worldwide.

In India, we know for sure. We quantified it: 3.7 million people were killed in India. In the USA, we now have good reason to believe—and different methods giving the same results, the surveys that I mentioned, our method, and so on—about 300,000 deaths in the U.S., compared to 1.3 million deaths for the entire COVID period. So a large fraction of the COVID-period deaths in the U.S. can be directly associated with the injections.

In Canada, we're still quantifying, but the number's going to fall between about 10,000 and 35,000 deaths that were directly induced by the vaccine. And remember, I showed you the graph for that. Those deaths are larger [in number], they're not smaller, when you vaccinate. That concludes my presentation.

Shawn Buckley
Now, this is looking at deaths. I'm just curious. So it doesn't show whether there's any benefits, it just shows that we have excess deaths. I know that sounds like an odd question, but it's just that the public messaging has been: the purpose of the vaccine, the benefits, were that it would reduce our symptoms or make the experience of having COVID less severe. I'm wondering if you can give us your thoughts on that public messaging.

Dr. Denis Rancourt
Well, I have been concentrating on data that is robust, that is bias-free— and that data is mortality, all-cause mortality. So I confine myself to saying everything I can say about mortality. However, I note that they are claiming many times that the vaccination would have caused less severe illness. Well, if that's not related to death, I don't know what is.

Shawn Buckley
Right, death follows severe illness, generally speaking.

I understand that this is just speculation, but your speculation is that the public claim about reducing severity of illness is likely not—

Dr. Denis Rancourt
Well, as a scientist who reads the literature extensively, I can tell you that the trials, the pharmaceutical industry trials that would have looked at safety and efficiency of the vaccines, are highly flawed. They're completely rigged. I think rigged is not an exaggeration. They exclude vulnerable groups, which are exactly the groups that are being killed by these injections. They exclude them from the trials. So you cannot know if particularly fragile, very elderly people would have been killed by the injection because it was never tested.

Shawn Buckley
My other question is, and I appreciate you have to wait for the data to be published.

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My understanding is vaccination intake has dropped, so fewer people, for example, are taking the boosters. Are you seeing any reflection in all-cause mortality with a less robust uptake of boosters?

Dr. Denis Rancourt
In most countries, excess mortality is now dropping and is coming back to normal. There's a subgroup of countries like Canada where, in 2022, the mortality is higher than it was even before. Those are countries of concern for us that we're studying now in detail.

Boosters, generally most of the population is refusing the more advanced boosters. Therefore, they're targeting the elderly more, supposedly to protect them. So that's part of the reason that we measure on average that the booster doses are more lethal—because they're also being given predominantly more to elderly people. But they appear to be even more lethal when you take age into account, as I showed today with these graphs, where there's somewhat higher risk of mortality with the higher doses. But all of this is occurring together, and sometimes we can't unpack the data enough to really answer some of these detailed questions.

Shawn Buckley
Thank you. Those are the questions I have. I'll see if the commissioners have any questions for you. And they do.

Commissioner Massie
Thank you very much, Dr. Rancourt, for this very comprehensive analysis. You did point to a number of conclusions that I think are pretty well-founded based on your analysis. But there are still more questions to be examined. For example, without getting into too much speculation, I was wondering whether you've examined causes for the targeted population of disabled, especially in the south of the United States, like Mississippi or other places, that also happen to be areas where the industrial agriculture is very, very active.

We know from many studies that industrial agriculture extensively uses glyphosate, which is in theory helping the yield, but that's something we can debate. But what we've learned from many studies that are coming in the last decade or so is that glyphosate is a very toxic component for the microbiota. We had a scientist presenting in Quebec City who was mentioning that there was a pretty good correlation with respect to sensitivity to all kinds

of infection, including COVID, as well as a propensity for people that had a bad microbiota to be more susceptible to vaccine toxicity.

I don't know whether you've explored that in terms of big numbers, and if you could at this point draw some sort of correlation between the exposure to glyphosate making the population much more susceptible to infection that if you don't treat, as you pointed out, will result in death.

Dr. Denis Rancourt
We did look in detail into glyphosate use on the U.S. territory. And we looked at maps of that, and we compared those maps to excess mortality maps and to poverty maps, and so on. So we did examine that in some detail. It's difficult because we're talking about correlations. We don't really know. We don't have specific patients where the presence of that toxic substance was analyzed in their blood, and we know that they died, and we know that they were injected. We don't have those things that you would have in clinical studies. So we're looking at correlations.

And what I can say is that it's difficult because there is heavy glyphosate use in some states that are very poor. So the two are together. But there is also heavy glyphosate use in agricultural regions which are not particularly poor and don't have a

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high prescription of antibiotics, for example. So it's very difficult to unravel. But I would say that we did not find clear evidence of a glyphosate effect. Let's put it that way. On the scale of the nation, looking for correlations, we did not find that.

Commissioner Massie
My other question has to do with the number of, I would say, disabled population in the States that, according to your analysis, seems to be much higher than what we have in Canada.

Dr. Denis Rancourt
Oh, yeah.

Commissioner Massie
And that could explain one of the differences we see between the two countries. But do we have in Canada a population that, even though low in number, could be in that category and that suffer more from the measures?

Dr. Denis Rancourt
Absolutely, absolutely. Oh, absolutely. I didn't say everything we've done. There are 30 articles. But in Canada, it's clear, just to give you a few examples. Even though the mortality is much lower than the U.S., still, quantitatively, there is excess mortality.

So for example, in Alberta, young men at the beginning of the pandemic, when the energy sector was closed down, have a very high excess mortality—above anything else. So there was huge suffering among young men in Alberta that is directly seen in the excess

mortality. This correlates with an increase in homicides, suicides, drug deaths, and so on. So there's tremendous suffering that can be induced from the all-cause mortality in Canada, young men.

Now, there were also many Aboriginal working in that sector. And so we looked at Aboriginals. We found that the highest mortalities among young men were in provinces where there were many Aboriginal people. And not just young men. So there is definitely a correlation in Canada between the fraction of the population that is Aboriginal and the excess mortality. We definitely see that. It's going to be in our next paper about Canada. So that is certainly a fragile group in the same way that disabled people in the United States are a fragile group. Absolutely. I'm sure it's co-correlated with things like diabetes, obesity, and so on. But yes, that's an identifiable fragile group in Canada. So young men whose lives were devastated by losing their jobs in the energy sector and Aboriginal are the two in Canada that we found that were most striking, let's say.

Commissioner Massie
Another question I'd like to try to put in perspective: the magnitude of deaths that are correlating with the vaccines rolled out in the States. And you and other people are coming with numbers in the range of 300,000 over a fairly short period of time. If you put that in perspective with the significant excess deaths measured in the States from the opioid crisis that took place over a much longer period of time— But clearly, that was so important, according to some analyses, that it did decrease the life expectancy in the United States.

So what would be your assessment of the death toll deriving from the vaccine in terms of life expectancy? And how would you compare that to the opioid crisis in terms of death toll?

Dr. Denis Rancourt
When we identify mortality that we conclude is due to injections, due to the vaccine, we actually see peaks that are synchronous with vaccine rollouts, whether it's different doses, and so on. Like I showed you. And that includes in the United States. We see peaks that are synchronous with the rollouts. That's one thing.

Now in order to see that, it has to be strong enough. So there have to be enough elderly people or fragile people that are injected, and so on. The equity program was just shocking in the United States where you really see the peak associated with that. So that's one proof, if you like—even in Canada and in the United States—that the vaccines are definitely killing people.

But the other argument is we always see the same death risk by injection. So we tend to believe that even though the United States is very complex in terms of its mortality—peaks in the summer, all kinds of things,

[01:05:00]

and certainly, these other factors that you mentioned—that we expect that the risk of death by injection would be the same in the U.S. That's how we obtain our global number, our global estimate.

Now to be clear, we studied the U.S. in great detail before we first quantified in so many countries this vaccine-death fatality rate. So now, we're more certain than ever that this is a

real number and that it is a given for these types of vaccines. So that's how we estimate our 300,000.

So when I say that the vaccine has caused death, I mean that the death occurred soon after the injection and gave rise to a statistical feature that cannot be there by accident. But that doesn't mean there were not comorbidity conditions. Of course there were. There's age and many different illnesses and if someone is highly exposed to glyphosate, and so on, a clinician would be able to tell you.

So you're basically challenging, I think, the number for vaccine deaths in the U.S. on the basis that there are other cofactors. Yeah, it's true, there are other cofactors. But I have become convinced that this vaccine-dose fatality rate between 0.05 per cent, all ages combined, all the way to 3 per cent for the most elderly, including in Western nations, is a hard number. Every time we do it. And remember: we're doing it for peaks that should never occur there, that are exactly coincident with vaccine rollouts.

Just to give you an example of how much resistance we're getting in this work: The four articles on India that didn't even mention the vaccine rollout. There was a fifth article on India that looked at Bombay, I believe, in more detail, the large urban centre. And they saw the same peak again, but they argued that it was due to the Delta variant.

Now, we looked at that. We were critical of it because when you look at what they actually did, they adjusted the virulence of the so-called presumed Delta variant in order to get the mortality that they were observing. So it was not an *ab initio* determination of the virulence of the pathogen they were proposing; it was adjusted virulence in order to explain the death. That's the level that they are pushing these variants. When I read the literature on variants, I think, wow, this is incredible because they're very small populations that are being analyzed and not selected at random whatsoever. They go to clinics. They're analyzed. And from this they use computer models to, they claim, tell us what fraction of the infections are due to a particular variant. And they make these wonderful graphs with computers. It's completely unreliable.

When you read the methodology that they're using, they admit in all the footnotes how unreliable it is. I am shocked to see scientists reproducing those graphs of how many variants there are and which variants are arising and the proportion of— Making these beautiful graphs straight from these websites that are funded by pharma. I'm shocked to see scientists using them and believing them and interpreting their own studies in terms of the prevalence of these variants. I think it is garbage science. That's my impression. It's not my direct area of expertise. You asked me a question, so I'm overflowing a bit. But I think that the variants stories are garbage. That's me. And I have direct experience of that with India.

Now, there were peaks in Australia. At the same time— If you believe the scientific literature, at the same time that the Delta variant was causing this peak in India, it was the Omicron variant that was causing something in Australia. But really, the peaks in Australia that they were concerned about were exactly coincident with the rollouts of the vaccine. So I did a deep dive into how they determined these variants and decided for myself that it was garbage, and that every time I needed to challenge it, I would: I would look at what they did, and I would point out the errors and the incorrect assumptions.

[01:10:00]

So we did that for India. And I could go on about— Every time I read scientific articles claiming things about COVID-19, I find huge errors. This is bias. It's not science. It's bias. Sorry, I'm going overboard here. I'm stepping outside of my all-cause mortality expertise, but I'm shocked at the degradation of science in general.

Commissioner Massie
Maybe a last question. I mean, your analysis is very thorough, but you're using methods that are pretty standard methods, right? So how is it that no other team has done similar analysis and generated data that would either confirm or challenge your data in a meaningful way?

Dr. Denis Rancourt
Well, there's not a lot in the peer-reviewed scientific literature. A lot of our work is also not peer-reviewed. But there are people looking. There are more and more ad hoc scientists, if you like, looking at all-cause mortality data. And some of them are making very useful comments.

Now, with my statistics background our group was able to develop statistical analysis methods that go far beyond classic epidemiology. Because the classic epidemiological view before COVID was to simply put, essentially, a sinusoidal curve through the seasonal variations and to try to extract something from that. It's not a sinusoidal curve; there's big problems with that. So we had to, in a sense, reinvent the wheel to develop more robust methods that include error propagation and everything. So we've done that.

But any trained scientists of the government or an academic researcher who knows about statistics and understands data can do this. And Statistics Canada does do good work on mortality and does quantitative work and error propagation, so they can all do it. But for some reason they don't want to see it. They don't want to— It leads you— The data leads you to concluding things like, "There was no pandemic," and "The vaccines caused death." And they don't want to see that.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good morning, Doctor. I have a couple of questions. You were, in your discussion, talking about different age stratifications and the effects of the vaccines and the peaks and what **not. But you didn't specifically talk about probably two of the most helpless—two of the most at-risk age groups—at least, not specifically. And that is babies, both prior to birth and after birth. Did you look at the incidence of death in the womb and death of babies throughout that time period?**

Dr. Denis Rancourt
No, we didn't look at it. We confined ourselves to all-cause mortality data that could be obtained on a per age group basis. For example, we have many countries where we can look at the zero to five-year-olds and things like that. But these are small numbers of deaths, relative deaths. You will remember one of the graphs I showed that the relative

increase in all-cause mortality for the youngest group was fairly small compared to the other age groups. So it's hard to detect quantitatively from this kind of method.

However, it's the kind of thing that's easy to do from clinical observations, right? All deaths are recorded and premature deaths, and so on. So other researchers using other methods should be able to do this very well.

Commissioner Drysdale
Yes. We heard testimony, I think it was in Quebec City, from one of the experts with regard to pregnant women getting the vaccines. I believe under questioning one of the witnesses said that it was conceivable that a pregnant woman through the course of her pregnancy could get three shots. The first one in the first trimester, the second one a month or so later, and the third booster just before delivery. They also talked about the correlation: I think it was a statistical correlation between the number of vaccine injections you got compared to the risks. Again, I'm guessing that you haven't looked at those numbers.

[01:15:00]

Dr. Denis Rancourt
Every time I read the safety evaluations done by the pharmaceutical industry in order to get these vaccines approved on an emergency basis, it's like I'm in a nightmare. It's incredible. That's all I can say.

Commissioner Drysdale
Well, one of the other things that came out in previous testimony was that doctors were seriously promoting the vaccines to pregnant women. We also heard that one of the reasons for that is they said pregnant women were susceptible to COVID. We also heard there were no or few studies confirming that pregnant women were. I'm wondering if you looked at the reported mortality rate of women in pregnancy. There are statistics available from Statistics Canada that report— I think the incidence of death prior to COVID in pregnant women was one in 15,000.

I was wondering if you looked at whether there was any kind of increase in that.

Dr. Denis Rancourt
Well, again, that's a specific area of mortality, if you like. Very targeted. And the numbers are small compared to an entire jurisdiction or by a whole age group. So I don't have the resolution to look into those things by the methods that we're using. But I have to say the following thing: When they justify these dangerous medical interventions on the basis that you may get COVID or that you're susceptible to getting the so-called COVID, you have to ask yourself, what the heck are they talking about? Because my all-cause mortality data, which is absolutely robust, suggests that there was no particularly virulent pathogen on the planet. It did not happen.

Now, clinicians and emergency people are wearing glasses where they look for it because they've been told. And they're seeing all kinds of things that they would see at other times if they'd been told the same kind of thing. So they're wearing their COVID glasses; everyone's getting kind of crazy. But in the end, there were not people dying in the street in most

places. There was no particularly virulent pathogen. People have to grasp that. There is no fundamental reason to do anything special. And this is now a completely firm conclusion.

I mean, if mortality cannot be used to draw this kind of conclusion, then we're living in a mad world where whatever they say is true. It's all about whether there was something that happened on the planet that killed people. I can look at all-cause mortality and I can see an earthquake in Chile. I can see a heat wave that lasted three days in Paris. I can see a World War. I can see the Vietnam War. I can see an economic downturn as causing an increased mortality. I cannot see any of the previously declared pandemics after the Second World War. They're not there.

So we have to reset our thinking and start to recognize that the virologists have been exploiting us and have been screaming fire where there's not really anything present, as far as I can see. If we can't go back and look at the actual data of who's dying, where, and when, and what does it correlate to, then we can't do anything.

Commissioner Drysdale
That kind of leads me into my next question. And that is, you were talking about estimated vaccine deaths in Canada and you put that number—estimated around 30,000 people. Being a statistician and interested in history, can you tell me when was the last time something happened in Canada that caused 30,000 deaths?

Dr. Denis Rancourt
Well, it sounds like a lot, but it's not a lot when you look from the perspective of all-cause mortality. In the sense that there's a seasonal variation and every winter far more people die than in the summer. So on that scale—and also the amplitude of that seasonal variation has been decreasing historically since the Second World War. It was much higher and it's been decreasing. It follows the health status of the population, the age of the population, but also the living conditions of the population.

It is dramatic to see in European countries, for example, how big it was just after the war and the very gradual decrease.

[01:20:00]

And then, beyond just the age structure changes, you can actually see large economic downturns and a shift in economics if you like: you can see that as a gradual increase in all-cause mortality. These are big effects. And so even though 30,000— From a forensic point of view, they killed maybe approximately 30,000 people. We're refining that number. They definitely killed people. This was a huge crime. But in terms of the scale of the mortality for the whole nation, it's maybe not that great.

Commissioner Drysdale
Well, perhaps I asked that question in the wrong way. Because you have an overall excess in mortality. And a portion of that in your presentation you said would have been caused by some of the measures, some of the other effects of the measures, and some of the vaccines. So in an all-cause excess mortality over that period of time, what was that number, plus or minus?

Dr. Denis Rancourt
Yeah, I think the mortality in Canada— Roughly speaking, because we're still doing the analysis for Canada in detail, I think even though the mortality on a per capita basis in Canada is much smaller than the U.S.—factor five, okay—the situation is similar to the U.S. in that there was a lot of mortality before the vaccine rollout. And then there's a lot of mortality that continues after the vaccine rollout, and there's a good portion of that mortality that's directly due to the injections.

I think that is generally true in Canada, as well. Like the mortality of young men in Alberta happened before the vaccine rollout. And the higher mortality in certain provinces is before the vaccine rollout. And that continues, there's still that trend. So the strongest evidence we have is when you get an actual peak in an unusual place that is directly synchronous with a rollout of a booster or a dose or something like that. It's similar in that sense to the U.S. But Canada is unique in that 2022 is a high mortality year compared to the previous two years. And there are only about 10 or 20 countries that are like that. Canada is one of them.

Commissioner Drysdale
You talked a little bit about Statistics Canada and we had witnesses in previous hearings that didn't use Canadian numbers. They talked about Australia, they talked about United States, they talked about Germany. And what they said was that the statistics available in Canada are not there and they are delayed significantly. For instance, Statistics Canada still has not released final numbers on mortality for 2021.

Did you experience issues with getting the detailed mortality numbers in Canada that this other researcher had?

Dr. Denis Rancourt
Yes. At the beginning of the pandemic, where I wanted to get to work as soon as possible, it was very hard to get good mortality data for Canada—even though many other Western countries, including the U.S., were putting them out very quickly. We wrote to the people responsible in Canada and basically, we shamed them. We said, "Look, here are the other jurisdictions. This is what they're doing. We're supposedly in a pandemic here; you cannot not put this data out." Within a month, we started getting data. I'm not saying we directly caused that, but we were among those that voiced very serious concern about their slowness. But they remain slow and behind many European countries and the U.S.

For example, I showed today the year 2022 for Canada. Well, that came out a few days ago, but it's been out for quite a while in most other places. So it's slow. And there are certain provinces on a by-province basis that really lag behind others. Manitoba is a good example. They're very slow. We still don't have Manitoba's data. That should be up to date. It's far from it. So when we make comparisons between provinces, we have to leave Manitoba out just because it's so darn slow to get the data. But the national data is reliable and it has just come out for 2022.

But most other jurisdictions in the Western world have many months more data. So Canada has been slow and I don't understand why that is.

Commissioner Drysdale
Mr. Buckley, after testimony previously, did we not send out an invitation to the head of Statistics Canada or a responsible person in Statistics Canada to attend these meetings and discuss this with us?

[01:25:00]

Shawn Buckley
Commissioner, I can't say from memory if we specifically sent one out to a Statistics Canada person, but I can get that over the break and report back.

Commissioner Drysdale
I appreciate that. Also, Doctor, your statistics deal with what has happened. And when we're talking about vaccine deaths, is it not reasonable to assume that if you're giving vaccines that are causing immediate death, there is a strong possibility, or a possibility that long-term deaths will continue to accrue because of that? And of course, we have no idea what that will be in the future.

Dr. Denis Rancourt
Yeah. In terms of answering that specific question, a more powerful approach is to look at adverse-effect monitoring. In one of our papers, we analyzed the VAERS [Vaccine Adverse Events Reporting System] database. In that study, which is among the studies that I've given you, we showed that there is an immediate peak that lasts a few days right after injection. And then we showed that there's an exponential decay, from the time of injection, of death that lasts at least two months. You cannot have an exponential decay with such an unusual decay time if it's not causally connected to the injection. We're sure of that.

Now, there are probably all kinds of other physiological effects and they may last a long time, and people are talking about accelerated cancers, and so on. What I can tell you from all-cause mortality is that there are many jurisdictions that from the time of the initial vaccine rollout, and where they're maintaining the vaccines, you enter a regime of higher mortality. It's a very definite regime of higher mortality. The summer troughs don't come back down to where they should be. It stays high. That is the case in Australia, Israel, many jurisdictions. So there are clean countries like that that allow you to conclude that there's probably a long-term resistant effect on the death.

And you have to appreciate that from jurisdiction to jurisdiction, it's extremely complex. The populations are different, the treatments are different, the pathogens are different, **everything's different. For example, it was a nightmare— We spent years analyzing the U.S. data just trying to understand why each state is so different. Finding the correlations that we did was a lot of work. It's going to be almost impossible from all-cause mortality to say that there are deaths induced by the injections that are a year later, for example. I think that's going to be impossible to say from all-cause mortality.**

So I think there, you have to rely on autopsies and things like that.

Commissioner Drysdale
I guess what we're saying is we're never going to know because, as we've heard from testimony, certain jurisdictions have forbidden autopsies on COVID-19 death patients.

When deaths go up in the long term in different areas— Of course, it wouldn't be a year later if there were rapid cancers or something else. You see that happening now, they wouldn't necessarily relate it to the vaccine. You would think that that would still be reflected in an increase in all-cause mortality, but I guess, due to the complexity overall between jurisdiction and jurisdiction and province to province and city to city, we're never going to know the answer to that.

Dr. Denis Rancourt
That's true, but I would add something else. When you study all-cause mortality, you quickly realize that it's a very robust feature of a population. It's really hard to get more deaths than usual. You have to have an earthquake or something really special. So you generally have a certain amount of death per population given the culture and the health status and everything. And that's very robust.

So any of these excess mortalities that we measure, that means something very dramatic is going on. And like I said, we've seen economic depressions, wars. We've seen those things directly. Everything that we see related to COVID looks like a societal transformation that was imposed. That's what we're seeing. It's really about the measures, including vaccines.

This was an assault against people, and it killed many people. That's really the conclusion.

[01:30:00]

I can't see how to get around that.

And the other big thing, which a lot of scientists have a hard time wrapping their heads around, is there was no especially virulent pathogen. There is no evidence of the spread of a viral respiratory disease. In fact, there is counterevidence that disproves that that could be the cause.

Scientists have got to look at our data and wrap their heads around that because many of their sentences start with, "They got COVID, we had to do something." "There is a high probability of being infected." "Which are the populations that are most at risk from getting COVID?" This kind of thing.

That thinking has to be reset. Otherwise, we're never getting out of this and they will keep doing this whenever they want. They will declare pandemics whenever they want. And they will assault the population in these kinds of ways anytime they want, if we don't start resetting it. The way to reset it is to use hard data that cannot be disputed— And that is mortality data.

Commissioner Drysdale
My last question. I wouldn't ask this of any other witness. And the reason I ask you this, Doctor, is because you are not only a statistician, you are a physicist, and that means a particular thing. Physics is a very fuzzy thing and you need to ask all kinds of basic questions and understand where you are going. You are a professor of business, as I understand as well, so you look at a broad range of things and causes.

And so my question to you is this: Why? Why did they do this? Why did they potentially cause the deaths of millions and millions of people worldwide? And I know the statistics numbers don't give you this answer, so I'm boxing you into a corner here, Professor.

But I'm asking: when you were looking at these numbers and you were seeing these conclusions, you must have asked yourself, or your team must have asked, "Why?" I would like to know what those discussions may have been. If you're comfortable—

Dr. Denis Rancourt
I don't know if I'll let you into that room.

One of the articles I included in my book of exhibits is an article I wrote in 2019, which is about geoeconomics and geopolitics since the Second World War. I believe that that really gives the proper analysis framework to answer a question like that. I believe that this was a military rollout of an injection. I believe that it was— They wanted to be able to practise and demonstrate that they could inject everyone. Many commentators have said, "Why would they want to inject people?" And injections are the most powerful bioweapon in the sense that you don't have to rely on transmission of a disease which could affect your own people and this kind of thing.

You're directly injecting the body of a person with something. That is a very powerful thing to be able to do. For the military to be able to roll out injections of an entire population is a very powerful thing. You can target certain groups, you can target certain jurisdictions, you can do whatever you want if you have a way of injecting everybody, in a military rollout, very quickly.

Now, therefore the injection itself can be a weapon. But also, it can be the antidote to a bioweapon. So it can be a way of providing an antidote to your population of a bioweapon that you have released. We're talking about biowarfare. In my view, this was an exercise in biowarfare. And the Russians have said that plainly. They have talked about the bio labs that are in Ukraine that they have now taken and have all the data for. They have talked about what's going on here. And they have given historic examples of bioweapons and what it looks like when they're used.

So this has been analyzed by other countries. Our media don't talk about it. But in my view, geopolitics did not disappear like they'd like us to believe. Geopolitics has been continuous and is the biggest wheel that drives the world. When you analyze it, you see what happened when the Bretton Woods Agreement was withdrawn from by the U.S. unilaterally. You see what happens when the USSR dissolved. You see huge tectonic shifts

[01:35:00]

in the economic structure of the planet and how populations are affected by that in Africa, Latin America, elsewhere—including Europe, Japan, and Canada. Canada had many social economic transformations as a direct consequence of the dissolution of the Soviet Union, and the accelerated so-called globalization that occurred immediately afterwards.

So these are the big trends and war is a big part of it. The Pentagon has said it is going to destroy China in the next 10 years. The biggest part of the Pentagon budget right now is to encase and encircle and isolate China. There's a military base and naval presence like we've never seen before around a country that is thinking, what do we do and how do we defend against this? And can we sign an agreement with Russia to have these supersonic weapons that destroy ships? This is the level that these people are thinking at right now. So, COVID is just part of that. It's just part of that. In my view. That is my view. I've dared to talk about it. I've analyzed it from my perspective, but it's just an opinion.

Commissioner Drysdale
Dr. Rancourt, I'd like to thank you for that testimony, your courage to give that testimony. It gives a perspective to this whole thing.

Folks sitting in the audience, including myself, when you're watching the numbers—and I have a numerical background, it has a certain meaning. But when you put it into human terms the way you just did: that's probably the first- or second-most chilling thing I've heard in the last 20-some odd days of testimony. Thank you, sir.

Dr. Denis Rancourt
My pleasure.

Shawn Buckley
Denis, there are no further questions from the commissioners. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

Dr. Denis Rancourt
It was my pleasure. It was my honour.

[01:37:30]

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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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 2: Natasha Gonek
Full Day 1 Timestamp: 02:17:50–02:59:45
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
So our next witness today is attending virtually, Natasha Gonek. Natasha, can you hear me?

Natasha Gonek
Yes, I can hear you. Can you hear me?

Shawn Buckley
Yes, we can hear you fine. I know that you have a slide presentation that also introduces you. But I want to, after I swear you in, introduce you a little bit. But can we start just by having you state your full name for the record, spelling your first and last name?

Natasha Gonek
My name is Natasha Marie Gonek. First name is N-A-T-A-S-H-A. Last name is Gonek, G-O-N-E-K.

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

Natasha Gonek
I do.

Shawn Buckley
So my understanding is you have a lot of experience in investigation and regulatory colleges. You have been a workplace health and safety advisor. You have worked at the Office of the Chief Medical Examiner as an investigator. You have worked at the Alberta

College of Paramedics as a senior advisor, complaints, and investigations person. You have worked at the College of Registered Nurses of Alberta as an investigations officer [Exhibit OT-6].

You are currently a consultant, advisor, and advocate, and you are here to share with us some of your thoughts and findings concerning colleges and changes in their disciplinary procedures. So I think I will just ask you to start explaining that to us.

Natasha Gonek
Great. Thank you very much. All right, so I'm going to share my presentation [Exhibit OT-6q], and I do have some additional appendices, so hopefully they'll move smoothly as I go through them. Can you see my screen now?

Shawn Buckley
We can see your screen, although— Yes, now we see your slide.

Natasha Gonek
So you went through some of my background. And I'd just like to add a little bit to what I've been doing since the end of my employment, for not consenting to providing my personal medical information, as an investigations officer.

I have been consulting, advising, and advocating for professionals, patients, and their families. You know, this has included advising in relation to regulatory complaints, union issues, patient care concerns, and other employment-related issues. The level of harm that I'm witnessing due to everything from the COVID measures— It ranges from patient death, neglect, refusal of care for not submitting to either testing or masking. You know, it's abuse. There are suicides, alienation, inappropriate care from regulated professionals, and refusal of care because of vaccine injury. And then disciplinary action by employers and regulators, and this is what I want to get into today.

Okay, so like many others have testified here, I've been gathering information and evidence since COVID came into the picture. As an investigations officer at the time, I really looked at what our role in the investigation is—

Shawn Buckley
Natasha, can I just stop for a second? Can you turn your volume down a little bit on your side? Because we're getting an echo coming back.

Natasha Gonek
Sure. Hopefully that helps.

Shawn Buckley
No, I think we wanted your volume turned down a little bit.

Natasha Gonek
Yeah, I did turn it down on here.

Shawn Buckley
That is a little better, I'm sorry to interrupt.

Natasha Gonek
No, that's quite all right.

The first thing I want to talk about is the actual role of a regulator because I'm not sure that the public is well aware of what these regulatory colleges are. So just a brief little outline of what the colleges do.

So the colleges are private, not-for-profit corporations. It does vary with the setup a little bit, province to province. I'm just going to speak in some generalities. They are designated to self-govern the profession in their province. In Alberta we have the *Health Professions Act*. And the very number one mandate and role of the college,

[00:05:00]

probably the most important thing for people to understand as I share information, is that "the college must carry out activities and govern its regulated members in a manner that protects and serves the public interest." It's for this purpose that the colleges are 100 per cent membership funded. They do not receive any government funding, and the regulators are to be independent from the employers in the industry, any stakeholders, and are not to operate as an extension of the government. They are actually there to provide the oversight of the professionals that they regulate.

And so the oversight during the pandemic as this started to roll out, when, as an investigator, I looked at it: we had more obligation to protect the public at that time and even more obligation to ensure that the public was properly informed and that members were properly instructed to continue with open discussions—to discuss what they were seeing on the front lines. And number one, to make sure they were still acting in the best interests of their patients no matter what direction they were being given.

So I have a slide here to bring up first, and it is from the Canadian Nurses Association. In Canada, the Canadian Nurses Association sets the code of ethics and standards of practice. And these are adopted across Canada by most of the provinces to ensure consistency. This organization has put out a document called "Nurses' Ethical Considerations During a Pandemic." And for the purposes of this presentation, I have just cut and pasted page eight of this, and I have highlighted some sections on it that are extremely important.

I want people to keep in mind some of the previous testimony that they have heard, especially from nurses who are being disciplined by their college, when I read these highlighted sections.

The Canadian Nurses Association code of ethics establishes dignity as a primary nursing value. They go on to say here:

> While nurses and nursing students are the primary whistleblowers in the healthcare system, too often they face negative consequences for speaking up about ethical issues in their practice. This potential for negative reprisal has a silencing effect on nurses' voices.

And yet, when we look further, there was a final report after the Ontario SARS Commission and they stated that:

> **Ethical practice is supported when health system administrators and governments listen to and act on the concerns raised by nurses, other care providers, and the unions that represent them. Nurses' voices are an essential resource in preventing and mitigating the harms a pandemic will cause to the dignity of people in their care.**

We've heard a lot about the actions and the harm of vulnerable people and this ethical consideration actually addresses this as well. It says:

> Vulnerable people, such as residents in long-term care, do not lose their right to be treated with dignity and respect, even in pandemic circumstances. In all situations, especially during a pandemic, it's essential that the health-care environments encourage nurses to use their voice. Such an environment "sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns."

They specifically identified the COVID-19 pandemic and said that "some nurses are speaking out through the media."

> Nurses must not be made to fear using their voice in this way. Because nursing is one of society's most trusted professions, nursing administrators, regulators, and professional associations all share the responsibility to support nurses in speaking the truth about what's happening at the forefront of the pandemic response.

I think that document probably echoes quite heavily with a lot of the people listening who've heard the stories and witnessed,

[00:10:00]

even in their own groups of people, the practitioners that are being disciplined for following the guidelines of those who write their code of ethics for their profession.

So the big question is: Why are the regulators choosing to operate in a manner that actually questions their ability to self-govern the profession in accordance with their legislative requirements? I've been asking this question from the beginning: Where's the direction coming from? And why are they just going along with that instead of properly advising the profession?

So when looking at the regulatory structure, the thing I'm actually going to address right now is some information that hasn't been presented, as far as I'm aware, before. I haven't seen it in any other testimony. And it's related to fees. The regulatory structure specifically keeps the colleges and the regulators out of setting fees. They must not set fees and negotiate for any of those treatments for service or act as an agent for that.

And so at this point, we're going to move into the first of the examples that I have on that.

This was a document put out by the Alberta Healthcare Insurance Program [Exhibit OT-6c]. So just a little bit of a background: healthcare professionals in many fields have billing codes and they're able to charge fees and that's how they're reimbursed for their services. Nobody's saying that there's anything wrong with that. These professionals, however, are

very aware of their obligation to ensure that they're only performing and billing for care that the patient requires and has consented to.

So the regulatory bodies in this case are responsible for ensuring that the regulated members are following proper billing practices and that they're investigating complaints related to improper billing or fraudulent billing. And the regulatory bodies would also be responsible for cautioning their members should the government put out a fee for service that may put their members into a position of a potential ethics or practice violation.

And there's an overarching principle that we look at when doing an investigation when there's a fee for service involved: Just because you have a billing code, just because one is provided and you can charge a fee for that service, does this mean you should? Does this mean they should have? And so when we look at, from an investigative standpoint, that being provided, it does raise flags here in relation to the fees I'm putting up now.

The Alberta Health Care Insurance Plan put out this COVID-19 Vaccine Awareness Program. Now, just prior to this coming out, our Chief Medical Officer of Health had publicly discussed the need to identify low vaccine uptake areas. And also, please remember: The Alberta government was offering in June of 2021, $3 million in a lottery, so three prizes of $1 million to uptake more vaccines into people. Later, in September of '21, it offered a $100 gift certificate for anybody who took the shots. So there was a lot of incentivization going on at the time.

This bulletin went out to physicians. Hopefully it's easy for people to read, but this came out July 2nd, 2021. And I would like to scroll down to the "Physicians in Targeted Areas." So this is where local geographical areas were identified by the Alberta Health Care Plan and the officials. And I'd like people to take note of who was being targeted directly with this billing code.

And I'll go into what the criteria was for the physicians. So the detailed notes of this were: "telephone advice and counselling to a patient or their agent regarding COVID-19 vaccine."

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And the billing code allowed them to bill $20 for that telephone advice. It was a temporary code to support COVID-19 vaccine uptake in local geographical areas where vaccine uptake is lower than 50 per cent. And those are those previously identified in the table above.

There were some criteria that the physicians had to follow: that this [fee] could only be claimed for a patient who had not yet received a first dose of the COVID-19 vaccine; and it could only be claimed when the physician provided the counselling or education to the **patient or their agent regarding COVID-19 vaccine, and that the physician or a qualified health care professional determined the eligibility of patients for the COVID-19 vaccine by accessing their immunization status, and that would be on Netcare.**

Now, when I saw this information come out—and it's not easy to find—it raised a significant flag in the process that was involved in being able to access and call these patients. So this is a position already where there's an imbalance of power between a physician and a patient. These are patients who are not asking to have their doctor look into their COVID vaccination record; they're not consenting to that. They're not consenting to the nurse accessing that record, or whoever that other agent might be with access permissions to determine their eligibility.

And then the phone call from the physician, where the patient hasn't asked for that to occur. Those are all very significant patient/doctor issues that really could lead to some pretty heavy coercion or the inability for a patient to feel like they can say no. It really does damage that physician/patient relationship if that individual did not want that consultation and did not want to be assessed in that manner.

Shawn Buckley
Can I just stop you for a second, Natasha? So this billing code is also for promoting the vaccination, not for giving advice as to whether or not you should be vaccinated. Am I right about that?

Natasha Gonek
That's correct—and this was not for providing the vaccination. This was simply for calling and providing education. It was their awareness program. It was for them to call and provide education to that patient.

Shawn Buckley
Okay, thank you. Go on.

Natasha Gonek
Then there were two other bulletins that came out from Alberta Health Care. One was July 16th [Exhibit OT-6a], opening it up, and it was also relaying information, and opened it up to all physicians in the province. These were also allowed to be retroactively claimed. And then I did find one more bulletin, August 17th, 2021, again related to the same program. And then they were allowing an extended time to be able to bill for that service. So the criteria did not change.

Now, the other billing code that I want to address is in relation to pharmacists. I'm not sure if pharmacists themselves actually had a code for calling people. However, I have spoken to many seniors who did inform me that they received a call from their pharmacy. They were told they were eligible to book their COVID-19 vaccine, and they had said they didn't ask for that phone call.

It would be interesting to be able to go in and see all the billing codes that were provided. And in that, it would probably be the easiest investigation to complete because anybody who was participating in doing this would be tracked based on all their billing, plus all their access to the system,

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where they're inappropriately looking into a patient's medical record without being asked for that assessment.

In relation to the pharmacies, the pharmacies had a program set up. And I will apologize for the look of this document [Exhibit OT-6j], but every time I open it, the document seems to degrade more. I'm not sure what that's about, but I've tried saving it about six times now.

This is a bulletin put out by Alberta Blue Cross. And there was a program set up in Alberta, Alberta COVID-19 Pharmacy Immunization Program. And there were a bunch of bulletins

coming out. And this one was from March of 2021, where the pharmacies could enroll to participate in this program. And they actually had to fill out a form and sign up, and there was some training involved for them and their staff to be able to be considered for expansion into providing vaccines. This document did not talk about any of the fees involved; however, when we moved forward into April of 2021, the next bulletin did indicate the fees that were coming [OT-6g].

And I'll just briefly say that pharmacies do administer publicly-funded vaccines and they are compensated for that. So that's not uncommon, that's not inappropriate; it is part of what they do. In Alberta, the publicly funded vaccines are influenza, pneumococcal, and DTaP, and the fees for those had just been increased to $15. There was a ministerial order in March 22nd of 2022 for the increase—a couple dollar increase for those vaccines. However, when we roll out to this pharmacy immunization program, we now go down and there's codes for everything, for every age group eventually, that were added. But here's the claims process. And it's first mentioned in this April publication that claims for COVID-19 immunization will be eligible for a $25 per service fee. There's a question here as to why, when pharmacies are already provided with the ability to provide these publicly-funded vaccinations, and they already had a fee schedule in place: Why was there a $25 fee added for pharmacies that actually provided the COVID vaccine? And only related to the COVID vaccine, there wasn't an increase across the board.

In May of 2021, there was an update to this [Exhibit OT-6p] and this update is quite interesting. Because here, they announced that Alberta Health has applied a premium of $10 per dose, increasing the fee from $25 to $35 for COVID-19 vaccination administration on a Saturday, Sunday, or statutory holiday. And they were able to retroactively bill for that increased fee. And you can see that these are Blue Cross documents.

Again, I haven't edited them; they're degrading on me for some reason. So there's not an issue with being reimbursed when they're providing care. But when you're looking at fees, you're looking at incentivization. And when you're personally witnessing advertising in your community and on social media for clinics: "this weekend we're going to have a clinic related to COVID-19 vaccine at such-and-such pharmacy." There were signs all over our neighbourhoods, there were signs on our social media pages, and there really needs to be a fulsome look at why. Why was this occurring? Why was the incentivization there? And why was there no oversight on this?

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And doctors and nurses and pharmacists who were giving vaccinations: What other incentives were they potentially receiving? I think that's also something that needs to be looked at quite heavily. When healthcare providers are given a code by the government, **when a professional is given that opportunity to charge for their service, they are then knowingly making a choice to participate and follow whatever the steps are in order to obtain that.**

I want to make that really clear: these aren't people doing this without the knowledge of what they're doing; without knowing that they should be considering whether what they're doing to access patient records and cold-call patients, or put in for those extra fees and run extra clinics on a weekend. They have knowledge of what they're doing. So I believe that there really does need to be an investigation that traces that flow of money.

And we didn't just see that in healthcare; we saw it with governments, with service providers, with foundations, institutes, employers. Were the professionals actually cautioned over their ethical violations by their regulators?

There's a federal document I'm going to share that actually links into some of this [OT-6t]. And I encourage everybody to go to their regulator's website and look at the communications that went out. There were very specific communications going out, directing physicians, directing patients, telling them there's very few exemptions for any of these mandates, and really giving inappropriate communication about what should be discussed, and that other members should report somebody if they see that they're discussing something outside of the given speaking points of their health agencies.

Now, this fund actually gives some overarching look at where some of this information and where some of these programs might have come from. And I'm not sure if anybody's ever looked at this page, but it was actually kind of stomach-turning to go through and see all of the agencies, the institutions, the educational institutes, and who they're targeting.

I wanted to bring this in because it might close some of the gap on what we're seeing here. And I'm going to identify just a couple of lines out of here: "Through the Immunization Partnership Fund [IPF], the Government of Canada is helping close the gap among populations with lower vaccine uptake by enabling informed vaccination choices." So that's the purpose of this fund. And I'm only going to highlight the first point on here because it states that "This funding is designed to protect Canadians from COVID-19 and other vaccine preventable diseases by supporting our health partners in three [priority] areas." And again, the first one is the most significant. It says to: "Build capacity of healthcare providers as vaccinators and vaccination promoters."

Now, let that sink in for a minute. I mean, this directly undermines the duty of care that healthcare providers have when handling their patients. This type of statement looks to the grooming, the funding of education programs for professionals, so that they're pushing pharmaceuticals and government messaging. And again, I encourage every Canadian to go look and see where their $45.5 million in funding went to. And I mean, you can just look at some of the first ones: Alberta International Medical Graduates Association. And they were targeting improving COVID-19 vaccine literacy acceptance among newcomers.

There are specific groups identified in here: native communities, black individuals. They have newcomers, they have long-term care targeted. They have youth targeted, pregnant women. The list goes on for pages and pages. Please go and look at your regulator's site

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and to some of these documents that I'm pointing out. I'm not sharing anything that isn't publicly available. Some of it's just really, really hard to find.

When we look at all of this, the biggest part here is: How did our regulators fail? The biggest part, the biggest question, and the biggest thing that I've seen in the people I've been helping, the patients that I've been helping, and helping guide in the system is: Whose interest did these regulators act on when they were directing their members to only convey the government and health authorities' messaging? And that is very clear on the regulator site.

And there are a few that didn't put out communications to their members. Well, your silence as a regulator there, if you weren't saying anything and thought that that was okay as well, it's not.

Shawn Buckley
Natasha we're getting a little tight on time. I'm just going to ask you to focus as we move along.

Natasha Gonek
Yeah, most definitely. So you know, there was interference in the physicians and in their ability to treat their patients and direct their care—as well as in other caregivers. These regulated colleges have a check and balance [function] for our system and that completely failed here.

The disciplinary processes have been compromised, and there hasn't been procedural fairness awarded to those who have complaints against them—and I've been a direct witness to that. So every complaint that comes into a college needs to be addressed. But it needs to be addressed from the merit of the complaint, the risks to the public, and the violations of that professional's obligations.

But the regulator's role really must come before the parroting of the health authorities, those medical officers, the government, and media messaging. Because if they're not providing a check and balance, who then is watching over and making sure that they're following their first mandate: to protect the public?

I'd like to just close by saying that government regulators and health officials as well as the media "armed" medical professionals—and professionals in other fields and employers as well—with messaging that convinced them that it was acceptable for them to violate their code of ethics, standards of practice, and the laws of our province and our country. And they did it all under the guise of public safety.

Those people then used their free will to choose to act as agents to inflict that harm—whether it was mental, physical, social, psychological, or financial—on their patients, families, employees, customers, or their friends.

The level of harm that I've witnessed in our population could and should have been stopped, had the governance part been doing their job. I think the public should really seek to have some independent multidisciplinary investigation teams assigned to conduct some audits and to conduct in-full, wholesome investigations. You know, if we're going to hold some accountability. And everybody's seeking accountability—

Shawn Buckley
Natasha, I'm just going to ask you to focus again, just because we're tight on time. Can I turn you over to the commissioners for questions?

Natasha Gonek
Most definitely.

Shawn Buckley
And the commissioners do have some questions.

Commissioner Drysdale
Good morning, how are you?

Natasha Gonek
Not too bad, how are you.

Commissioner Drysdale
I want to make sure that I understood what you said. Did you say that a normal vaccine, like when they give you something that wasn't the COVID vaccine, they get about $15, $14, $15 for that?

Natasha Gonek
Yes, that's correct. It was $13 and that was changed, in Alberta, to $15.

Commissioner Drysdale
Okay, so if a doctor was to give us whatever vaccine apart from the COVID, it was $15.

Now if I understood you correctly that in Alberta, if they gave you a COVID-19 vaccine on a Sunday, they got $35. And if they phoned you the day before, they got another $20. So they were making $55 a vax in Alberta under that program. Is that correct?

Natasha Gonek
So the $35 was for the pharmacy fee. That $20: there may be a fee for the pharmacist. I have yet to be able to find any fee schedules,

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they're really hard to find. However, that $20 fee was for the physician to contact a patient in relation to going for their first shot.

Commissioner Drysdale
So the doctor gets paid something for giving a vax, we just don't know what it is. And the $20 for the phone call is above and beyond that, is that correct?

Natasha Gonek
That is correct.

Commissioner Drysdale
You also talked about this federal program, and you showed one organization in Alberta—at least when I was looking at the slide—they got, whatever it was, $499,000. Did you look into the ownership of those organizations that were receiving the money?

Natasha Gonek
I have very briefly. But if you go to that site, you can see it's pages and pages and pages of organizations. And that's, again, one of those things as an investigator that I know I'm going to deep dive on when I have a few moments to do it. There's a very important link that, once I start diving into some of these documents, you see some of the organizations that are linked to it or people that are linked to it. And you see where that funding goes, you get that "COVID-19 to zero" kind of group. And you see there's pretty consistent funding when you start looking at the agencies. So yes, I haven't looked at it, but it is on my list to do.

Commissioner Drysdale
You also talked about programs. Generally speaking, we're talking about programs that were either from the Alberta government or the federal government, which were focused on promoting the vaccine. Did you find any programs, financing for doctors, to educate themselves about what was in the vax, what were the side effects of the vax, so that they could properly inform their patients, so they could make an informed consent?

Natasha Gonek
No, I did not see that. The only thing that I have found is, often on the regulator's websites or the associations' websites, they are linking back to Canadian government forms and documents. And it'll be deeply embedded in there.

Some of them are actually providing that link to the adverse event reporting system within Canada. I know the surveillance in Alberta has significant lists. I mean, it's probably 20 plus pages of adverse events that they're looking at, but nothing specific that educated doctors that I've found so far. It really is bumping them back to the Canadian guides that have been put out by Health Canada.

Commissioner Drysdale
In your words then, they were promoting— They were spending lots of money to promote it. They were spending money to inject it, but they weren't really promoting the—I don't know what you would call it—the owner's manual about the vax?

Natasha Gonek
Not that I've seen.

Commissioner Drysdale
Thank you.

Commissioner Massie
Thank you very much for your presentation. I'd like to summarize what I think I've heard from your talk, which is to some extent: If one agreed on the premise that we were in a very dangerous pandemic that needed to be contained using this unique approach, which is the massive vaccination, if one puts the right incentive in place—both positive to reward people that are going to engage in vaccination and to some extent negative for people that would do anything to undermine the vaccination—you end up with pretty good scores in terms of numbers of people being vaccinated.

My question is: To what extent does the regulatory framework call people to question the premise of this major social engineering that took place? And that to some extent on the positive side can show that a good collaboration between government and private sector can actually yield some very, I would say, positive results if your goal is really to deploy the vaccine rolled out?

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But on the other hand, at the get-go, what's the countermeasure that could actually question the premise of the whole enterprise? Is it something in the framework of the regulator or in the culture of people that are working in these environments that could or should actually question the premise?

Natasha Gonek
Well, in the regulatory framework, these regulators had the responsibility to question what was coming out from government, right? Their mandate to protect the public and regulate their members isn't just to adopt the government message and adopt the government programs and to push the implementation of them.

The only way that the regulatory framework works is if those regulators are able to critique and criticize and push back when there is, number one, the potential for harm, or if the messaging puts their members into the position where it may create harm. So, you know, the regulatory function in this case just completely imploded.

Commissioner Massie
Thank you.

Shawn Buckley
And Natasha, that being all the questions from the commissioners on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving evidence today.

Natasha Gonek
Thank you for having me.

[00:41:59]

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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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 3: Cathy Jones
Full Day 1 Timestamp: 03:10:07–03:33:33
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. As we recommence Day 1 of the Ottawa hearings, I'm pleased to announce our next witness, Cathy Jones. Cathy, can you please state your full name for the record, spelling your first and last name?

Cathy Jones
Catherine Frederica Jones; Cathy, C-A-T-H-Y J-O-N-E-S.

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

Cathy Jones
Yes.

Shawn Buckley
Now you're a fairly well-known media personality. Can you share with us a little bit about your career?

Cathy Jones
Yes, I'm from Newfoundland; and, as an actor and comedian and satirist and writer, I worked on CBC [Canadian Broadcasting Corporation] from 1986 in a show called "CODCO," where it wasn't strictly about the news. And then in '93, we started doing "This Hour has 22 Minutes." And I spent 28 years on that show—because I don't know when to quit, I guess.

Shawn Buckley
Right, so for people watching internationally, "This Hour has 22 Minutes" was a syndicated comedy program. You worked on that for 28 full years. Now, you were still there when COVID hit. You weren't there for that long. Can you tell us what happened to "This Hour has 22 Minutes" and, I guess, basically the CBC that you experienced when COVID started to hit?

Cathy Jones
Yes, well, 22 Minutes was just basically trying to comply with the mandates and the protocols that came down with the pandemic. In March, as we were leaving work in 2020, we were off for the summer. I heard talk of a pandemic that was happening. And I was like, "Really? Okay." I went back to work in the fall 2020, and I was a complete rebel with all of the rules and all of the stuff that was happening. It struck me as completely crazy-making that they would take my temperature to go into work. I fought this every day. I had a really rough time those last six months, and not because these people weren't trying to be kind and wonderful to me, but because these protocols— I found them insane.

First of all, I'm a person who comes from a background of natural health and working with my own body. And I would be a person that wouldn't take a flu shot because I'd be looking at the ingredients and stuff like that. So when I started investigating what was going on with the shots and what the PCR test was and all that, I was a pretty difficult person to deal with. Watching an audience watching comedy wearing masks was just like— I think there's an emoji on my phone of a giraffe with its brain exploding, and that was me.

I found it really, really challenging. Just before that I had been reading a book by James Nestor called *Breath*, about how it's important to breathe through your nose. The nose actually has all of these great qualities of having nitric oxide in it and these little hairs and everything, and the nose would block viruses. If we just breathe more through our noses, everything would be okay. The whole dismissal of the human body as capable of handling itself if it was healthy really jarred me. And I found it particularly offensive when people say, "Would you put that mask up over your nose please?" And I was like, "But the nose works!" You know, "The nose works for humans."

So the whole thing just really— I hung in. I really was not fired for not taking a shot or any of that stuff. I was going to be leaving anyway. I just left a couple of weeks early because I was just breaking down. When they would say, "It's time for your test," I would start to like, look around. At some points I would actually look at the vent in the ceiling and think, "Maybe I can go out through that vent!"

I was really finding it very irritating. I was shocked. I realized how many people have spent **their lives thinking "the doctor is right" and "the government is good."**

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And I was like, "the government has never made any decisions except for based on profit." And if you think this neighborhood should be preserved, if a guy comes in with money, they're going to build condos there. And your beautiful buildings are going to be gone. The government— All of a sudden people who should have a healthy— You know, we used to make fun of the government. But suddenly it was like, "They're right this time."

And you know, I think it's because of the fear, I think they made people afraid. I was listening to Robert Kennedy early on and he was like, "As long as people are afraid, they

will do anything. If they think they're doing the right thing, they will do anything. And a man will never believe a fact if his salary depends on not believing it."

There are all of these things that happened that I was insanely aware of. Of course, I was whipped up into somewhat of a frenzy. A lot of us, when we realized what was happening in this country, went into a complete overdrive that made our children get some help or something. Over the last three years, I think we've integrated the information and we've found a way to be within it. But it was a rough, rough couple of years realizing what was happening in this country. And being so shocked that more people—

It takes a long time to adjust to the fact that many people that previously I was intimidated by because they were "intellectuals," really didn't understand what was happening at all. It was really shocking to me.

Shawn Buckley
Right. You left the CBC early and you were very frustrated with the attitude they were taking. Now, after you left the CBC, what was your experience of the pandemic? You went back to Newfoundland.

Cathy Jones
No, no, I live in Halifax.

My experience was—and is today—that healthcare is in shambles. You only have to look at the documentary about Bernie Madoff to talk about regulatory boards. The regulatory boards have been asleep at the wheel forever, and everybody seems to be bought and owned. And I'm completely devastated by— Anytime that I turn on CBC and hear them whipping up the fear, it was just— The whole thing was crazy-making.

And then in 2021 finding out who was taking the shots, people that I loved, and being really scared for them. It's been a rough ride for many of us who saw what was going on. I feel like the media is complicit in a very disastrous scenario in this country.

Shawn Buckley
I just want to follow up on that because I understand your career was as a comedian, and yet you were at the state broadcaster for 28 years. So I imagine there was a culture there, and you kind of just vicariously would have known about their approach to journalism. We've heard from Mr. Rodney Palmer about a change, and I know we're going to be hearing from another witness tomorrow about a change.

And I'm just wondering, first of all, did you see a change in the culture with COVID at the CBC both when you were there and afterwards? And if so, what you thought about that?

Cathy Jones
Yeah, you know, we were free to be satirical. We were free to mock what was happening. I don't think a lot people see what's happening in this country. What kind of country do we live in, and what is Canada becoming, when we can't— It gets pretty serious if people have been cancelled.

I mean, I'm pretty exasperated with the lack of coverage of what's really going on in this country. I wasn't part of the journalistic side of things, and I prided myself on not listening to the news. Which was kind of like, that's just my style.
It's pretty disgusting what's happening:

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that doctors who have dedicated their entire careers to science have lost their jobs and been disciplined for speaking up about things that make sense; that doctors whose patients maybe have a better outcome but they aren't adhering to the rules are doing okay. But doctors who actually have better patient outcomes are losing their jobs because they actually want to be healers.

There's never been a more crazy-making time in the history of the world, I don't think. And I'm shocked that CBC is still— You know, I listen every now and then to see what they're saying, and I hear them being sort of chirpy and kind of podcasty when they say things like, "Hey, the battery for the electric vehicle is going to weigh as much as the world!" And then they're like, "But, I guess that's just the way she's going." I don't understand why we aren't going, "Hey wait a minute, let's do some journalism here, and let's figure out what's really going on here." We're not really doing any investigative journalism in this country anymore.

If Mr. Johnson gives a lot of money to the country club, you don't get up at the talk and go, "Look at that guy!" You don't make fun of your sponsors. And unfortunately, that's the way we've gone. And I've been horrified— If your brother did a B&E [breaking & entering], he wouldn't be able to get a job in this country. But criminal pharmaceutical companies who have paid the biggest fines in history are able to offer anything. I don't inject things from criminals, I just don't. And these people shouldn't be able to walk the streets let alone tell us, mandate their product.

This is a dangerous situation that we're in. And it freaks me out, yeah.

Shawn Buckley
You're starting to become active. You're starting to do things to kind of try and wake people up, reluctantly. But just tell us what's going on with your mind and the journey that you're experiencing there.

Cathy Jones
You mean, am I becoming an activist?

Shawn Buckley
Yes.

Cathy Jones
I don't know! Obviously, you can tell that I'm a neurodiverse person. I have severe ADHD. I find it hard to be concise. But you know, there's nothing else to do. What I feel is that a lot of people who have an intuitive sense of what's going on, we're not the typical intellectual "straight people" as I used to call them. We're actually kind of the rebels and the black

sheep. A lot of us who meet each other realize that we are— We're not the people in the family who would do things in a very sensible way.

What we need, I feel, is to come back with simple messages. Like the messages people are getting through the narrative, "Do the right thing," kind of thing. I think we need to come back with a campaign of advertising to battle the advertising like, we've got, "DuMaurier is the best cigarette for pregnant people." We need to come back with, "Hey, have you thought about this?" We need messaging. And I would like to connect with other activists in the East Coast and start these campaigns of information.

And I think we need to work locally. I think that there are so many things that our government does without consultation. They need to be brought up short on what they're doing. City councils and local governments, we need to start locally. They put smart meters on our house and interfered with our electrical system; they never asked anyone. They don't ask us when they've increased the electromagnetic fields with small cell microwaves. They haven't asked us in this country for a long time.

There's nothing to trust about this government. And I'm on board with— Everyone feels like, "What are you going to do? What are you going to do?" The truth is this government has never been our friend really, and they've just been pretending. Now their true colours have come out. They really don't care as long as they're making a ton of money. And as far as I'm concerned, the money is in vaccines and the money is in telecommunications. And the people's health can just—who cares?

So, I'm crazy, as you can tell. But the government made me that way. Two years before this happened, it was worse than smoking for old people to be alone, to be isolated.

[00:15:00]

Two years before this happened, children should eat more dirt. Suddenly, everybody's taking the microbiome off their hands, everybody's not breathing properly, and they're not allowed to express themselves. The whole thing horrifies me on such a level. The isolation of old people, all of it goes against human life. We need each other. We need to breathe each other in. We need to smell each other. We need to be with each other.

And Canada is proving to be full of classist, ignorant people. And I'm worried for Canada unless these people wake up. The only way they wake up is when they have somebody in their family who they can quite clearly see was injured.

And people think that they're in with these guys, I think Canadians think they're "friendsy-wiendsy" with these people. But the fact is in a totalitarian regime, which this is quickly becoming, you're nobody's friend, really. There's no play there. You'll never please a psychopath, right? No matter how fast you dance, there's nothing you can do. Eventually they come for you. And there's no way to win in this situation. They really need to be, like, knocked back a couple notches. And the Members of Parliament, I don't know where they are but, if they'd stand up for the people, they'd still have a job in the future.

They're not going to have a job in the future sticking with this guy. The guy who's the prime minister up there? That guy—he's approximating human behavior.

Now I said bad things about the prime minister, so I won't have much of a future.

Shawn Buckley
Well, thank you. Those are my questions. I'll see if the commissioners have any questions for you. And there are.

Cathy Jones
Oh, hi.

Commissioner Massie
Thank you very much, Mrs. Jones.

Cathy Jones
Yeah. Thanks.

Commissioner Massie
My question is— I kind of relate to what you comment on. My question is, there's going to be a next time. So how do we prepare for that?

Cathy Jones
Well, if the people that are starting to wake up now know that we are here. And we have studied protocols. I think that we need to come back together, you know? People need to trust—trust the black sheep of the family. Trust us. We're here.

I don't know what we do next time, but I hope—gosh, don't tell me there's a next time. Oh, God. You know, that's the crazy-making part of all this, is that, there didn't seem to be— I think you wear yourself out trying to talk sense into people. If we can turn the tide so that people do become aware that they're being messed with then we'll have more people going, "Oh, gosh." I mean, there are people in this country who really think that because of the false flag thing in Ottawa, all of those blue-collar workers and wonderful people that came together were actually—

This is crazy. It's crazy, so I don't know. What do you think we should do? What do you think? I know you're supposed to answer the questions too. What should we do?

I think we need to have a campaign that shows people that we humans can survive this. We don't have to roll over for these people. We need to work locally. We need to say "All the people who live on Whiteway Street will not have a 5G tower on our street." We need to go neighbourhood by neighbourhood and say to our city council, "by the way, you're not doing that over here." We need to work locally and we need to let people know what's really going on—that masking is really obedience training.

I don't know. I really think people want it to be over so badly that they don't want to even watch the National Citizens Inquiry because they think, "Oh, for God's sake, that's over." It is not over for so many people who worked so hard in this country on their careers—fire chiefs, paramedics, nurses, teachers. All these people who worked so hard in good faith in this country, to be shocked out of their minds at what happened to them.

[00:20:00]

I don't think people understand the fallout and the effect on the healthcare system and what's being dismantled here. And for what? This is not the world we want to live in. They're trying to digitize humanity, and we need to fight back, fight for being allowed to be in this world. We need to be little tiny rebels every day.

A woman told me to put on a mask the other day and I said, "Yeah sure, and you promise to get your head examined, okay?" And my friend was like, "Cathy!" You got to fight every day. I mean, what else are you going to do? What do you think we should do?

Okay, you guys ask the questions. "Ve vill ask ze qvestions." Okay. I don't know.

Commissioner Massie
Thank you.

Cathy Jones
Anybody else?

Shawn Buckley
So one last question and then we'll take a break.

Commissioner Kaikkonen
I'll make this an easy one for you. In terms of the smart meters, are you saying the smart meters are not so smart? Wink, wink.

Cathy Jones
Wink, wink.

Commissioner Kaikkonen
You mentioned those who are owned and those who have sold their soul in some regard, or they're bought. I'm just wondering: you're free. I wonder how we can take your freedom and liberty and be an example to those who are bought and owned and change their perspective that being a slave is not the answer?

Cathy Jones
Yeah, you know, I am free. But all of us who have spoken up are— Luckily, I have $100 in the bank to last me, hopefully, from saving. In this country when you're on TV you don't get royalties, you get bought out. But like a lot of people, I'll never do another comedy festival from CBC or another "Debaters," you know what I mean? I don't have a lot of sources of what I can do. I need to be independent, you're right.

I don't know. Yeah, I don't understand how I would convey that because I don't think people see it that way; because it comes down to security and feeding your family. But I do feel that a lot of people who refuse to see what's going on have been fooled into thinking that credentials really mean something. They don't know how to let go of what they think is their right in this country to have everything that they have. I think that the water is rising

and it has been for years. It used to be that only very poor people were treated very badly by this government. And then the water started rising, right?

It's going to rise so much that there'll be more people joining, and there'll be more people named "Karen" on our team.

Commissioner Kaikkonen
Thank you very much.

Cathy Jones
Thank you.

Shawn Buckley
Thank you. And we do have to take a break.

Cathy, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

Cathy Jones
Thank you. Thank you.

[00:23:25]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 4: Catherine Austin Fitts
Full Day 1 Timestamp: 04:06:28–05:24:50
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue day one of three days in the nation's capital, Ottawa, Ontario. I'm pleased to announce our next witness, who is attending virtually, Catherine Austin Fitts. Catherine, can you hear me?

Catherine Austin Fitts
Yes, I can. Can you hear me?

Shawn Buckley
We can hear you fine. Catherine can we begin, I'd like to ask you to state your full name spelling your first and last name for the record.

Catherine Austin Fitts
Yes, my full name is Catherine with a C, Catherine Austin Fitts, F as in Frank-I-T-T-S.

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

Catherine Austin Fitts
I do.

Shawn Buckley
Now, I want to introduce you and feel free to fill in after I'm done. It's just, the commissioners and many of the people that will be watching your testimony will not

understand that you operate in circles that are very high, and I want to stress that today. Right now, you are in the Netherlands, as I understand it.

Catherine Austin Fitts
Actually, today I'm in Switzerland.

Shawn Buckley
Okay well, thank you for correcting me.

You are currently president of Solari Incorporated, publisher of the Solari Report, and managing member of Solari Investment Screens LLC. You have served as managing director and member of the board of directors of the Wall Street investment bank Dillon Read & Co. You were the Assistant Secretary of Housing, and Federal Housing Commissioner at the United States Department of Housing and Urban Development in the first Bush Administration. My understanding is that the annual originations were roughly $50 to $100 billion of mortgage insurance servicing at the time, 320 billion of mortgage insurance, mortgages and property portfolio analysis, and pricing for 63,000 communities.

I'm just stressing that you're accustomed to dealing with big numbers and big organizations. You were president of Hamilton Securities Group. You designed and closed over $25 billion of transactions and investments to-date and led the portfolio investment strategy for $300 billion of financial assets and liabilities.

And basically, the point I'm trying to make is you travel in macroeconomic and political circles of the elite political class. Would that be fair to say?

Catherine Austin Fitts
Well, I would say I've certainly functioned in those circles. I would say that I function much more, not so much at a grassroots, but both at high and grassroots levels at the same time now. So I have a very wide breadth.

Shawn Buckley
Right. And it's interesting: we had a witness on before lunch who was stressing the need to find solutions locally and I thought of you immediately. So when we get to kind of solutions at the end, I'm hoping that you can share with us perhaps how getting involved at the local level can make a difference.

But my understanding—and I'll just ask you to give an explanation—but you basically see the COVID pandemic, not as a health event, but as a political and economic event. Can you share with us your thoughts on that?

Catherine Austin Fitts
Yes. So in 2019 the G7 central bankers voted on a plan called The Going Direct Reset. And what we've seen for centuries now, is every 75 or 100 years or so when the currency system gets long in the tooth, you get a reset.

And a reset is a reset of sort of the governance and management systems as well as the currency. So think of it as an economic event. And they voted on The Going Direct Reset, and we went into a reset.

If you want to do a radical re-engineering of how the financial system operates, both in governments and the private sector, obviously you can announce it and try and insist on everybody doing it, but that's not the effective way to implement. I think, part of what the reset was presented as was a health care crisis, which helped to drive and engineer many aspects of that reset, including significant centralization of the economy and much more assertion by the bankers of control of the national government. So I saw the pandemic as really, part of an operation to implement that reset.

Shawn Buckley
Okay, so just so that I understand: basically, the COVID pandemic had a purpose that was not a health purpose, but it was to facilitate the type of financial reset that we see every 75 to 100 years.

Catherine Austin Fitts
Right. And control system,

[00:05:00]

because what's very unique about the current reset is digital technology now permits for phenomenal central control. And we see the central bankers literally announce that they plan on changing us from a currency system to— They're basically talking about ending currencies and converting to a financial transaction control grid that will allow them to make the rules centrally and control centrally by controlling financial transactions.

So they are planning and have said so—that they're planning on essentially ending financial transaction freedom. And the pandemic, and whether it helps implement digital IDs or vaccine passports, is part of creating that financial transaction control grid.

Shawn Buckley
Now, many that will be watching your evidence today may not even understand what a digital currency is, and certainly would not understand the ramifications on their freedom and their privacy that a digital currency presents. And I'm wondering if you can give an explanation both of what a digital currency is and then the ramifications for both our freedom and privacy.

Catherine Austin Fitts
Sure. And I have to say I believe everybody in Canada knows what happened to the truckers, so they know what can happen with the digital currency. It's where government in that case asserts rules that say certain people can't transact, or certain people can't transact except with limits, or even bank accounts and assets get seized.

We have digital currency now. If you use a credit card, you're using a digital currency. If you make a bank transfer, you're using a digital currency. If you're not using cash, you're probably using digital currency. But what we see is an effort globally to implement something called central bank digital currencies [CBDCs], which according to the central

bankers, will allow them to have much tighter control of individual accounts and set the rules as to how money in an account can be used.

They insist that any money in your bank account is not only— It's not your money, it's theirs. They call it their expression, "central bank liability," so they think of it as theirs. And we've seen examples. For example, the nominee for the control of the currency several years ago in the United States had just published an article in the *Vanderbilt Law Review* saying: the great thing about central bank digital currencies, commonly known as CBDCs, is if we're concerned about inflation, you can just freeze everybody's bank accounts.

So one of the issues— The most important issue that comes out in your financial transaction is, we in the Western world practice a policy of taxation with representation. So the bankers may manage the monetary policy but our legislative representatives manage our tax proceeds and federal and national credit. And now you're talking about creating a financial transaction system where taxes can just be taken out of your account and you can't stop it, so you can have taxation without representation.

You're talking about— Think of it, if you're a Canadian, "We're all truckers now." You're putting together a system that can police and micromanage what you spend money on. So if they don't want you going more than five miles from your home, your money won't work more than five miles from your home. Or if they want to turn off the electricity on your car, if they want to turn off your bank account, they can and they can do it centrally.

Shawn Buckley
Right, so without there actually being physical cash, it all being digital. They'll have complete control—and basically be able to move us almost into a social credit-style system like the Chinese have?

Catherine Austin Fitts
Yes. So now what you do need is you need a smart grid in place. So they need the energy and electrical system components to make that work. And part of that is having satellites.

Whether it's the smart grid infrastructure in place or the payment systems and— Transformation of the central banks and the large banks and the Bank for International Settlements, which is the central bank of central banks. They need both a digital transaction system in place and a smart grid in place. And they've made extraordinary efforts in building that out during the pandemic.

Shawn Buckley
Now, one thing that you and I had discussed earlier, and so you've indicated that the COVID pandemic is really a political and economic event—

[00:10:00]

But really for people to understand that, I think they need to have you explain that there's kind of political systems and what's gone on with the money supply. And certainly, I expect that you'll be speaking to the U.S. experience.

Catherine Austin Fitts
Right. I'm much more knowledgeable about the U.S. I'm not knowledgeable about Canada, but I think a lot of what's happened in the U.S. has very much influenced and driven what's happening in Canada. So we're neighbours and we influence each other.

What happened in the United States in the pandemic is you had an explosion of wealth moving upward. When we started the pandemic in the United States, or if we go back to 1990 say, there were approximately 60 billionaires in the United States. By the start of the pandemic, there were 614. Within, I think, the first 12 months, the number of billionaires grew by 56 billion and wealth of the billionaire class grew by over a trillion dollars, estimated in the U.S. to be $1.3 trillion.

Some of that came from the fact that, as part of going direct reset, the central bank injected approximately $5 trillion into the economy. It was notable the way it was done, because it was injected— Instead of doing it through the reserve circuit, which is normally the way a central bank would inject money, it injected it directly into the economy. And what that did was that bubbled certain aspects of the economy at the same time the pandemic shut down others.

I'm going to grossly oversimplify just to help you understand how this worked conceptually. When I inject an enormous amount of money printed by the central bank into one group of people and, at the same time, I shut down all the businesses and the income of another group of people— I think, the estimate the first year was 75 million people lost their jobs— So if I inject a lot of capital available to the big companies and shut down all the small companies, then of course the big companies are in a position to significantly increase their market share by taking it from the small companies, and easily being able to pick up assets cheap. Because now people whose income has been lost or shut down or limited have reason to sell assets to generate money to survive.

So there was one fabulous moment on one of the popular media news shows where Rick Santelli, who covers the financial markets, was complaining that, in one shopping mall, all the little businesses were shut down on the theory that it wasn't safe, but in the meantime Costco was going gangbusters and everybody of course was going to Costco because all the small businesses were closed. And the other commentators were saying, "Well, yes that's science." It's science that it's dangerous to be in the small businesses but it's safe to be in Costco.

So you saw a double standard applied to the large publicly traded companies represented on Wall Street and small business. And it was devastating. I think the average after the first two years, with 34 percent of U.S. small businesses shut down and in San Francisco was as high as 49 percent. That's an extraordinary number of jobs—because small business is the job engine in the United States. So it set up two classes of characters and advantaged one very much and very much disadvantaged the other. And we saw an enormous shift in market share accordingly.

Shawn Buckley
Right, so we basically saw an incredibly large concentration of wealth at the top. And your position is that this was by design, not just some consequence of a health pandemic that hit the economy.

Catherine Austin Fitts
That's what I believe. If you look at all the efforts to implement pandemics in the past and you look at all the different steps made to plan them out, as well as the centralized control, it's very difficult to come up with a theory of most of the restrictions as relating to health as opposed to relating to re-engineering of the political and economic landscape.

Shawn Buckley
My understanding is you've done some research on basically— How there's a parallel political system in the West and basically there's not even an accounting of monies in the United States. And you've published—or there's a 2019 publication on missing money that we're going to make an exhibit in these proceedings [exhibit number unavailable].

[00:15:00]

Can you just share with us a little bit about that?

Catherine Austin Fitts
Yes. I was very concerned when I was Assistant Secretary of Housing with the extent of the mortgage fraud. And I was tasked with trying to clean up the Department of Housing and Urban Development and the mortgage insurance funds there after the S&L [Savings and Loans] Crisis and extraordinary losses in the mortgage funds. I became convinced that there was a form of systemic fraud going on.

And when I left the Administration, I went to work—having discovered GIS software—trying to map out how federal credit worked at a county-by-county level. What I discovered was there was an enormous gap between the official picture of what was happening with federal, whether it's spending or credit, and what was really happening in neighbourhoods on the ground. And it caused me to go back and look at the history of what's called the Black Budget.

From World War II on, we've had in the United States a series of laws and executive orders that make it possible for more and more of the federal budget to be kept on a quasi-secret or completely secret basis. And as that has happened, and also executive orders have made it possible to use those monies to fund corporations doing what used to be thought of as governmental—things that only highly secure military and intelligence could do—we've made more and more of this secret money accessible to corporations. And what I saw was that this money and this part of the economy was growing. I initially called it the Black Budget. And the Black Budget had grown and grown. And as it grew, more and more laws and regulations were changed to make that legal to do.

So, for example, one of the most important inflection points came in 2018, in October. During the Kavanaugh hearings, while everybody was very entertained about sort of the background check of our Supreme Court nominee, the House and the Senate—both Republican and Democrat—and the White House, who you thought at the time were fighting with each other, all got together and agreed to a new policy called Federal Accounting Standards Advisory Board Statement [FASB] 56, which basically said as an administrative policy that they could ignore the constitutional provisions, the legal provisions, and the regulatory provisions of financial management law.

If you look at our Constitution, there are two aspects of financial management described in the Constitution. One is that no money shall be spent unless it is approved by the people's

representatives, the Congress, number one. And number two, after it's spent, there shall be proper financial disclosure. And FASB 56 basically said a small secret group of people, by a secret process, can move as much of the federal budget and financial statements as they want private and secret—and no one can know what that is. So it basically meant non-appropriated money could be spent and there would be no disclosure.

And part of the problem is, if you look at how that is extended to corporations who do a large amount of business with the government and banks, so banks and corporations; if you combine that with the classification laws and some of the waivers available to private corporations through the government: essentially a vast amount of the U.S. securities market, in my opinion, does not have adequate disclosure to understand what the financial circumstances of those companies or those securities are.

We're really in a situation where progressively, particularly since starting with World War II but then a big change leap up in the 80s, we've seen less and less financial disclosure and more and more secrecy. And at this point, it's exceptionally hard for a citizen to understand how their tax dollar is being used or the money that's being borrowed in their name and where it's going.

Starting in 1998, I started to track— Again, I was tracking the mortgage fraud for the fact that large amounts of money started to go missing from the U.S. federal government. I had been told by one of the largest pension fund investors that spring, in the spring of 1997: he said they've given up on the country, they're moving all the money out starting in the fall.

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And I thought he meant they're reallocating the equity investment in the pension funds to the emerging markets. I didn't understand. He meant, no, literally we're going to have a financial coup. Because at the beginning of the next fiscal year, which was October 1st, 1997, which is the beginning of the 1998 federal fiscal year, huge amounts of money started to go missing. And it got worse and worse and worse.

There was a real effort before 9-11 to get to the bottom of what was happening and stop it. 9-11 changed all of that and money continued to disappear, with the largest amount that we know of disappearing in fiscal 2015: $6.5 trillion. And it was at that point that I was speaking publicly about the fact that the Department of Defense was missing $6.5 trillion in one year, which is many times its budget. And, you know, a little bit less than 10 times its budget at that point. And Dr. Mark Skidmore, who's a full professor at Michigan State University and does government and government budgets, heard me and thought I must be making a mistake. He went out and checked the financial statements and discovered, no, I was right, and called me and said, "What can I do to help?" And I said, "If you and your students would do a survey, it would help tremendously."

The two agencies where money was going missing was HUD [Housing and Urban Development], which was my old housing agency, and the Department of Defense, who has run the pandemic. If you look at who really ran Operation Warp Speed and the pandemic in the United States, it was the Department of Defense. So he went out and did a survey and discovered that $21 trillion was missing as of 2015. His study was published: it's up on our website. We have a whole website just dedicated to tracking the missing money. At that point, 21 trillion was missing from the federal budget. And interestingly enough, the official number of outstanding treasury securities on the federal balance sheet at that time was 21 trillion: same amount, which we thought was remarkable. It's up to about $31 trillion and the federal finances since then have continued to deteriorate. We just saw the interest

payments on the federal debt have now risen and are matching and passing the total defence spending for the year.

Shawn Buckley
I'm sorry, what figure was that?

Catherine Austin Fitts
The U.S. interest payments on the debt has now just crossed the total amount of defence spending each year. So with higher interest rates, the interest rate payments are exploding.

Shawn Buckley
And I just want to recap so that the people listening to your testimony can understand some of this. So actually, under the U.S. Constitution, there is not supposed to be money spent by the government without Congress approving the budget. And that there's also then supposed to be accounting of the funds that are spent. So, right in the Constitution are requirements basically for elected officials to control the money that's being spent and there to be an accounting to the people, am I right about that?

Catherine Austin Fitts
Correct.

Shawn Buckley
But basically, so much money has gone into the black budgets or parallel system of government that it's—I just want to call it nosebleed—there's just so much money and it's not being accounted for. So no one can actually know what's happening with the finances of the nation.

Catherine Austin Fitts
Right. I would call it a financial coup d'état. So that's a change of governance system by, you know, the "just do it" method. It's a coup but it's by financial means. I liken it to: you get fed up with the old system, so you start a new system; you move all the money, the assets into the new system and you leave the liabilities in the old system.

And then, you know, from 1998 on, whenever I would talk with anybody about why the missing money story was so important, I kept saying, "Look, if the way they deal with the retirement obligations and the health care obligations of the society is by not funding them, but moving the assets out of the system where the obligations exist, then ultimately, if you don't fully fund your obligations, you're going to have to extend the retirement age, drain or dilute away the benefits with inflation or depopulate or some combination. You have to abrogate your contracts, inflate the money away or, you know, lower life expectancy."

And if you look at what has been happening since the money started to go missing, if you look at all the policies—I call it in the United States, the "Great Poisoning."

[00:25:00]

We have seen a steady diminution of the life expectancy. And now that is accelerated during the pandemic. And I hate to sound as— I don't mean to sound callous but if you look at the decisions of how we were going to fund the retirement obligations, if you don't fully fund them financially and you move the assets out in a coup, then it is a mathematical formula that you have to lower retirement age or extend retirement eligibility or abrogate the contracts, which is just a mathematical requirement.

Shawn Buckley
Great. Or depopulate, I think you said.

Catherine Austin Fitts
Yeah, or depopulate. So if you do not fund your obligations then how are you going to explain to the people that you're going to abrogate them or change them, or—? Funding retirement obligations, including health care, is a mathematical formula and if you don't fund it financially then you need to change them or change the population.

Shawn Buckley
Now, you had spoken— You used the word "Great Poisoning" and you've indicated that started some time ago. Can you just give us some examples of the types of government policies that have made up this Great Poisoning that you're speaking about?

Catherine Austin Fitts
So, in the United States, there's been a steady debasement of the food supply. Food has become steadily less nutritious. Part of this, I think, is a combination of things, whether it's genetically modified food or pesticides. We've seen a steady deterioration in the quality of the food. We've seen a significant rise in environmental pollution and toxicity. We've seen a deterioration in many parts of the country in the quality of the water and sewer systems.

And with it, we've also seen inflation and monetary policy by the central bank squeeze many of the retirees and elderly in a way that, I think, reduces their quality of life and lowers life expectancy.

Shawn Buckley
Right, there's a correlation between poverty and lower life expectancy.

It's interesting, we just had a witness, Denis Rancourt, who is a physicist by trade, but interdisciplinary researcher, who just using excess mortality figures— Oh now I just lost my train of thought, so what were we just discussing?

Catherine Austin Fitts
Denis, I've seen several of his presentations recently and I think they're extraordinary. What he's shown is the really extraordinary rise in all-cause mortality in many areas of the world, including—he's done a breakdown of all the states in the United States.

Shawn Buckley
I recall where I was going, is that he was showing a correlation between poverty in the U.S. States and basically excess mortality during the COVID pandemic.

It's interesting, we had a different witness, Dr. Magda Havas, who was showing with U.S. data a perfect correlation between worse COVID outcomes and high areas of 5G. And she was postulating that that could be a stressor on the immune system, so another factor. So you're kind of listing these types of things as the Great Poisoning.

Catherine Austin Fitts
If you look at what I consider to be the Great Poisoning, I consider it to be lots of different things. But one of the ways to significantly reduce the populations on a slow and steady basis is to increase toxicity levels and lower immune system. And then each person dies of their own individual weakness, but it's really, it's almost a pandemic of toxicity.

I would say one thing. When I explained to you that the president of the largest pension fund in the country said they've given up on the country, they're moving out all the money starting in the fall, I believe what he was referring to was the effort by the financial establishment to get a budget deal in 1995 and their inability to do that. You had a shutdown and a very messy political system. I think that's when they decided that this balance of power between the banks and the Congress— So Congress running the fiscal house

[00:30:00]

and then the bankers running the monetary house and that, in essence, democracy doesn't work. Because in the democratic process, the guy who hands out the most money wins and it's impossible to get a financially responsible solution.

I think the conclusion was, "Okay, let's move the assets into a new system. We'll move the liabilities back, then when we're basically in a position to reset the old, we've protected the assets; the bankers will take control and run both houses." And so it literally is a financial— it is a coup d'état because you are ending national sovereignty and putting the world under a dictatorship of the bankers, so to speak. And I think that was the plan.

Now, what's interesting is the deal, the budget deal in 1995, did a crash and burn. It was literally the next month that the predatory lending took off like a rocket and the FDA approved oxycontin and if you look at the extent to which the pill mills and the predatory lending targeted the same neighbourhoods; we also saw the private prison effort target the same neighbourhoods. I think what I call the Great Poisoning was off and running and I think it was intentional.

Shawn Buckley
Right, so at the same time you see three policies that are very destructive: predatory lending, oxycontin basically starting the opioid pandemic, and private prisons being established within the United States.

Catherine Austin Fitts
Yes, I have an online book called *Dillon Read & the Aristocracy of Stock Profits* about the extraordinary increases of narcotics trafficking in those communities. At the same time,

enforcement efforts to round people up often put them in private prison, where they would work at low cost for big corporations. So, you know, I describe a whole wave. At that time, it was targeted in the poor neighbourhoods. If you look at what happened, the pandemic—It basically was a way of rolling up a very similar process into the middle and upper middle class.

When I was a child, I grew up in an African-American neighbourhood in West Philadelphia. And we used to call it the "beatdown." And literally what we saw with the pandemic was the "beatdown" simply move upscale.

Shawn Buckley
Right. My understanding is that you view the pandemic basically as an exercise in depopulating to cancel the contract to fund pension and health care.

Catherine Austin Fitts
I see the pandemic as an exercise in re-engineering the economy out of small business and concentrated into large corporations—mostly publicly traded companies. So one, a consolidation of business market share and employment under central control and a consolidation of capital. So whether it's centralization of business market share, centralization of capital, but also enormous centralization of political powers.

And unfortunately, it comes with both an extraordinary amount of monetary or central banking largesse combined with extraordinary criminal conduct. For many, many years, if you read my online book, the one I just referred to, *Dillon Read & the Aristocracy of Stock Profits*, I'm talking about criminality by Wall Street and Washington that is supported in every county in America. So the corruption is deep. And I've always said crime that pays is crime that stays.

And unfortunately, we have now built globally in the financial system an extraordinary dependency on war and on organized crime. And you have way too many people making money from helping other people fail, as opposed to making money on helping other people succeed.

Shawn Buckley
Now, the description you just gave about economic matters: that could occur without them having to vaccinate us. They could have done a pandemic, they could have shut down the small businesses and kept the large businesses open without necessarily vaccinating us.

What are your thoughts on what we consider to be in Canada vaccine mandates and pushing this vaccine?

Catherine Austin Fitts
I looked at the vaccine mandates from a different point of view because, for many years, I worked as an investment advisor. And many of my clients came to me because they had been touched by

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what I would describe as healthcare fraud, a lot of it associated with vaccinations. So they had had their finances terribly harmed by vaccine injury and the cost of vaccine injury. You can see a vaccine injury in a family can literally wipe out generations of savings; that can be very, very destructive.

And I had spent a lot of time researching and trying to understand why we wanted to inject poisons and why pharmaceutical companies were being allowed to do so much harm with less and less liability over time. And I have come to the conclusion, and this is a personal opinion— At one point, the chief financial officer at Moderna described the mRNA technology, because these are not really vaccinations, they're gene therapy. He described the mRNA technology in the Moderna and Pfizer injections as an operating system.

Just as the tech billionaires rose to great wealth by putting an operating system in your computer and then getting you to update it regularly with viruses and then presumably giving intelligence and military a back door so that they could do complete surveillance, this is the basis of much power and much wealth. I truly believe that there is a good possibility that the leadership believes that they can use gene and mRNA technology to literally install an operating system in all of us and use viruses to get us to update them just like they do on our computer.

Shawn Buckley
Right, so another mechanism of both finances and control, ultimately.

Catherine Austin Fitts
Right. Here's the question: If you've promised throughout the G7 nations, several generations, if you've promised them retirement savings, if you've promised them health care and they're watching billionaires lead more and more and more luxurious lives, how are you going to inform them that you've abrogated, you're going to abrogate your obligations to them? Right?

And so putting in a system of financial and physical controls, including using mind control technology to influence how they feel. So when the World Economic Forum says it's 2030 and you have no assets and you're happy, how are they going to make you feel happy when they've stripped you of your assets? Quite a trick.

But there is a reason to have complete control. And, one of the reasons to have complete control is digital technology allows you to do that. You know, it's very hard for people who feel empathy to fathom that anybody would want that kind of control. But make no mistake about it, the single most financially successful business in the history of the world, in my opinion, is slavery. Slavery is an enormously profitable business and has been.

And if you look at the problems that, you know, the risks that came with slavery that caused us to cancel the African slave trade, I think digital technology has solved those risk issues. And I absolutely believe they believe they can load an operating system into our bodies. If you go to Solari, my website at Solari.com, and you look at an article— Just do a search for CBDCs and you'll get an article called, "I Want to Stop CBDCs—What Can I Do?"

And your number 11 action is "bring transparency." And I list four or five of my favourite videos that show you what the central bankers say about what they're going to do with CBDCs and how much control they have. Because they are saying this openly and explaining it.

One of the videos is a speech by Richard Werner, who's the top academic scholar in the world on central banking and banking in Malmo, Sweden in May in 2020—describing one of the top central bankers in Europe, explaining to him that CBDC would be a chip and they would put it in your hand. They are talking openly about chipping humans to make them both, it solves the problems they ran into before slavery. So you have a digital ID for everybody who's implanted and then you can turn their money off and on.

Shawn Buckley
Right. And actually, this is central bankers saying that this is the plan.

Catherine Austin Fitts
This is Richard explaining that a central banker,

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who's one of the top central bankers of Europe, telling him this. Now, there's another video that is my favourite, it's 56 seconds. It's Agustín Carstens, who is the general manager of the Bank of International Settlements [BIS], which is leading globally the push for BIS all around the world. They have innovation centres that they place all around the world in a partnership with the Fed. What he explains, and this was in October 2020 in an IMF [International Monetary Fund] payment panel, the fact that they will be able to make the rules of how you can use your money and they will be able to control and enforce them centrally.

Shawn Buckley
So basically speaking about what we see as the Chinese social credit system. If you're not, you make the wrong post on the internet, then all of a sudden you can't take the subway to work in the morning, type thing.

Catherine Austin Fitts
Correct.

Shawn Buckley
It's interesting, I don't know if you're aware, but when the federal government was seizing people [bank accounts] that donated to the truckers, it put an incredible chill on Canadians and their trust on the banks. And I think it's probably done irreparable harm for our international banking sector.

Catherine Austin Fitts
Right. And the same is now happening in the United States given what's going on with the banks right now.

Shawn Buckley
Now as bleak as this sounds, my understanding is that you are optimistic. And one of the roles of this inquiry is for the commissioners to come up with positive recommendations on changes that need to be made. And I'm wondering if you can share with us why you're

optimistic and the types of things that can be done to try and get our institutions and freedoms back?

Catherine Austin Fitts
I'm optimistic because if you look, clearly our economy and our financial system need a reset. One of my favourite performance artists is Tina Turner and she starts one of her songs saying, "We can do this nice or rough." And I would describe the current reset as rough. And I can see why the people who run the system find it to be safer for them. But I also think there are ways of doing a reset which can be much more market-oriented in solutions and much more decentralizing.

The problem with a decentralized reset, although it has the potential to create far more wealth than the current reset, it's going to require our system be governed by meritocracy. And it is going to require transparency. So if you look at the extraordinary secrecy that the, you know, sort of the governance system on the planet has enjoyed for the last 50 years, that secrecy is going to have to go away. So, we need a lot less secrecy and a lot more transparency, and that's going to lead to more meritocracy.

Having really studied the economy bottom up, community by community, I know it is possible to do a reset that is much more wealth-building and can result in a very human society. So it is possible. What it's going to require is basically rejecting the current reset. And that means, if you look at all the centralization that's occurring, the building of the smart grid, the creation of CBDCs, the institution of all the different digital payment system controls— If you look at who is doing that, we're doing that. The people who will end up as the slaves in the digital concentration camp, we're the ones who are building it. And we have the power to stop building it. We have the power to just say "no" and pull out of the control grid.

We can throw out our smartphones, we can refuse to adopt the digital ID. If you saw what happened with vaccine passports, there was an extraordinary effort to not comply and to not adopt. Because we're building the digital concentration camp and we have the power to see where this is going and to stop and pull out. And that's one of the reasons I wanted to come today. Because I think what you are doing is so important; you're showing people where this is going. And if every one of us can say, "You know something? I don't want to be in the control grid and I don't want to help build the control grid and I'm going to back out."

So if you read our article, "I Want to Stop CBDCs," there are lots of things to do. But one of the things we love to recommend is everybody use cash. So let's walk back the digital systems and start to rebuild some health into the analog systems.

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What we're watching in our networks is an explosion of people using cash and sort of rebalancing and saying, "Well, wait a minute, a healthy system is part digital and part analog, let's rebuild and protect the analog because we need both." So that's one thing everybody can do.

The other thing you can do is start—everybody reach 10 other people and start talking about local solutions. Because a healthy reset rebuilds our decentralized economy. Look around you in your local area. Where are the opportunities to build great relationships with other people and start to build, whether it's food, energy, shelter, alternatives both for bartering real assets but then also making financial transactions locally without your

national currency. And finally, where are the opportunities with your local and regional governance to start protecting sovereignty? If you can't protect it at a national level, there is a great deal you can do at a regional or local level.

We have a wonderful new article by Richard Werner called "Why Tennessee Should Start a State Sovereign Bank." We have one of the states in the United States, North Dakota, that has a sovereign state bank and protects the citizens and businesses and banks in North Dakota to a much greater degree than any one of the other 49 states. I would encourage you to take a look at it. We wrote it about Tennessee, but it applies to any regional area.

There's a great deal— We have a whole wealth of materials. I do one interview with Senator Frank Nicely of Tennessee on sovereign state banks and protecting financial transaction freedom at the state level. You see several of the states moving to do this. Texas has started a buoyant depository. Tennessee has just authorized the treasurer to buy $100 million of precious metals.

Anyway, there are hundreds of actions and we describe them in all of these interviews and in, "I Want to Stop CBDCs—What Can I Do?" But I assure you, for everybody listening to this, there are many, many things you can do to protect yourself and your family. Because remember, each person who backs out of the control grid and becomes more free makes it easier for the rest of us. So start with you and your family and start by protecting yourself from the incremental steps. Just remember, one of my favourite quotes is from Bobby Kennedy who says, "Nobody ever stopped tyranny by complying."

Shawn Buckley
Now, just so that I'm sure that I've understood you correctly, so there's a section at Solari.com "What can you do?" that basically lists these things. Some of the things that you've suggested are, let's get out of the control grid, so start operating with cash as an example. Basically, create local networks of wealth and then also find out at the local level, how you can take control of things.

I know one thing that's happening in Canada is the rural municipalities are imposing strict control of how many animals you can have. That you have to put a fence around your rain barrel and crazy things. And it's actually having the positive effect of getting rural people enraged and finally involved in their local government. And that's the type of thing you're speaking about, is we can no longer sit back and not be involved in our local governments. And try and find local financial institutions that are independent. So in the province I'm at in Alberta, there is in Calgary one that it's gold and silver backed, for example. This is the type of thing that you're talking about is get out of the control grid.

Catherine Austin Fitts
Well, here's the thing: the middle of the road is going away. And you have the most powerful people in the world who want to centralize complete control. And throughout society they have allies who see it in their best interest to help them. And then we have other people who are busy, they're raising kids, they're running businesses, they don't have time for politics.

And now what they're starting to realize is, "Wait a minute, I can't stay in the middle of the road. The road is parting and I've got to go with freedom or I've got to go with slavery." Which is it going to be? And I am going to have to get involved because this is going to be

trench warfare at our local and regional governments and national governments and we need to find our allies and do everything we can to protect our freedom.

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Shawn Buckley
Thank you. I'm going to just ask you one more question and then I'll turn you over to the commissioners. But you had indicated that you were thinking that a decentralized economy has much more opportunity to create more wealth than a centralized economy. And I'm just wondering if you can explain your thoughts on why that is?

Catherine Austin Fitts
Sure. If we had an economy where we were simply trying to optimize economic performance, some things would be centralized and some things would be decentralized. It's not an either/or. But if you look at many of the economies around the world—but certainly at the United States economy—a lot is centralized in a way that is not economic. And you see this primarily through the use of the federal credit and budget.

I would regularly find neighbourhoods where, for example, HUD was spending $250,000 per unit to build public housing. But $50,000 could rehab a defaulted property in the HUD foreclosure property. And if you simply took five of the defaulted properties and rebuilt them, you get five homes for the price of one.

Or we were doing something in a community. We were paying somebody essentially what would cost us $55,000 a year to have them in HUD housing on food stamps and welfare. But in fact, we could teleport jobs digitally into that community and have them working as taxpayers for relatively minor investment in their education. We were paying people to not work while we were paying contractors in Washington $125 per hour to do things that somebody in that community would love to do and could be trained to do at $20 to $25 an hour.

So you had these enormous arbitrages where it would be highly economic to decentralize. But the problem was that, that centralization was great for throwing contracts into large companies, which helped their stock go up and that helped political contributions or simply facilitated central control.

If you go throughout—for example, in the United States—the federal credit and the federal budgets, what you'll find is there's extraordinary opportunities, particularly given the blessings of technology, to decentralize to make things much more economic.

But again, I just have to share one story. When I was Assistant Secretary of Housing, I'd been asked to bring in some of the people who'd been working on housing policy, who were sort of leaders in the industry. And they were meeting with the new secretary and some of his assistants. And finally, one of them is Jim Rouse—wonderful housing developer who started the Enterprise Foundation—turned and said to the Secretary, "But you're Republicans. I thought you wanted to decentralize; why are you proposing all highly centralized solutions?" And one of the assistants said to him, "Yeah well, we're here now." Meaning, "if we control the money centrally, then we have more political power."

Shawn Buckley
That speaks volumes.

Catherine Austin Fitts
Well, one of the great solutions for all of us is if we could have financial statements. Everybody who buys a publicly traded stock is required to get an annual report of financial statements, saying here's what we did with your money.

If we could have financial statements and there's no reason why we can't, other than secrecy and how desirable and profitable it is. If we could have financial statements for the areas for which we vote for political representation.

In America, if I could have a financial statement that showed all the sources and uses— essentially financial statements for government taxes and expenditures contiguous to my congressional district or contiguous to where I vote for county representation. To hold our representatives accountable, we need to see how the money works contiguous to the area that we vote for. And there's no reason we can't have that other than, of course, it would end a lot of the secrecy.

But if you could make it available, the opportunity to improve and re-engineer the money for a much more environmentally healthy world— Make no mistake about it, whatever our environmental problems, the number one cause of our environmental problems is a debt-based fiat currency. Now, a well-managed fiat currency can be fine,

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but the debt is a killer. And we've run the monetary policy in a way that is destined to destroy the environment.

The idea that putting on more controls solves the environmental problems is ridiculous. That's just another excuse for more central control. If you want to solve our environmental problems and the secrecy; and start making governmental disclosure available; and kill the debt system and move to an equity system: not only will you solve our environmental problems, but you'll make money solving our environmental problems.

Shawn Buckley
Okay. Catherine, I'm going to turn you over to the commissioners to see if they have questions, and they do have questions.

Catherine Austin Fitts
Okay.

Commissioner Drysdale
Good afternoon, and thank you for your testimony. When you were talking about the government reducing population in order to reduce their financial obligations, when you were talking about that, I was thinking about what's going on in the United States and Canada from an immigration standpoint. Canada is now immigrating about a million people a year into a country of 38 million. If that was the United States, it would be 10 million. I

don't know what the numbers are in this United States. And the United States has an open border and we don't know how many people are coming across—millions.

How does that square with the seeming policy to reduce our obligations when they're bringing in millions of people—and very often unskilled people—into the country? How does that work into that strategy?

Catherine Austin Fitts
Those people are not the people that they have retirement obligations to necessarily. You have to look at it on a person-by-person scale. But if you have a person who has a pension fund and certain kinds of insurance policies and obligations for lifetime health care and also has the right to vote, you are replacing them with someone—particularly if they're young—who you haven't had to educate and is ready to go to work in a variety of ways and for which you have significantly less liabilities. So as a matter of solving a series of different problems, it's a very different profile than the person whose life expectancy is diminishing.

Commissioner Drysdale
Taking that answer and listening to one of the other testimonies we had this morning, they were talking about the actions during the COVID pandemic— The actions of the governments, the vaccines had killed millions and millions of people.

When I listened to that and I listened to what we're talking about now—about replacement of entire populations—and when I listened to what you were talking about a little earlier, and what you were saying was that the government was picking winners and losers and essentially eliminating small business and centralizing power and giant corporations, monopolizing it: Aren't we talking about fascism? You know, when the government colludes with big business, they eliminate areas of the population, they murder millions of people—potentially, at least according to some of our testimonies—isn't that what we are talking about, global fascism?

Catherine Austin Fitts
We are talking about global fascism. I think that is correct except when I think of fascism, I think of examples of fascism historically. And if you look at the powers that the fascists had—so for example in World War II or the communists in China—they did not begin to have the invasive technology that this group has.

Some people call it a technocracy, and a technocracy is implementing control at a much more invasive level. So I call entrainment technology and subliminal programming a form of mind control technology. The ability to do surveillance on people's thoughts and inside their homes with all the different surveillance systems. So we're talking about something much more high-tech and invasive. Fascism used force to control people physically, now you're talking about using invasive technology to brainwash them in ways that was inconceivable 20 years ago.

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I think of this as something far worse than fascism. I literally believe where they're going is slavery.

Commissioner Drysdale
What happens to populations historically and particularly in the 20th century—what happened to populations of civilians when these types of systems took over countries?

Catherine Austin Fitts
There's a wonderful chart. And I have it—I'm trying to remember where I have it linked, I have it linked several places on my website. But if you go, there's a wonderful group in the United States called Jews for the Preservation of the Ownership of Firearms. And they have a genocide chart on their website. I'm sure if you go to their website and do a search for genocide, you'll find it. And it shows you throughout history the many, many times they were able to basically confiscate the guns or achieve gun control, and then the genocide that followed.

And there's an author who studied a lot of genocide named Rommel who I would recommend to you. But what you find is when you can implement these extraordinary central controls, you then get impoverishment and genocide.

And I just was watching—I don't know if you've seen it—there's a scandal in the United States. It was a story broken by several people, but I think one of them was "60 Minutes," about the fact that the largest private equity firm owns a company that does cleaning of slaughterhouses and is using young children who appear to be illegal immigrants. But they're using 13/14-year-olds to clean slaughterhouses, including at night, in a way that's sort of burning their hands because of the acid and cleaning products and the kids are falling asleep in school and being reported by the teachers. And they're basically using child labor in a way that looks to me almost like slave labour. And this is a practice that's going on in the United States and it's clearly an institutionalized practice by a company owned by the largest private equity firm in the country, in the world.

So this is— I hate to say this, this is darker than just fascism.

Commissioner Drysdale
We see there's a number of other things going on in Canada that you may or may not be aware of either: state-sponsored euthanasia is here in Canada.

Catherine Austin Fitts
Yes, I've seen some of the information about that and somebody just sent me one of the songs that's promoting it.

Commissioner Drysdale
I mean, when we were still in lockdown in Canada and many of us could not travel, the Canadian government announced the highest quarterly rate of immigration into this country since World War II.

All of these things are— I guess my question is, and I'm thinking out loud here because you really made me think about a lot of things: Is there any limit to the atrocities that a government with overarching power and control, particularly of a hypnotized mass, is there any limit historically to what they'll do?

Catherine Austin Fitts
Yes. But that limit is coming off thanks to technology. The digital technology is giving them powers that they've never had before, and the invasive technology like mRNA and the other kinds of biotech technologies.

But I will say, first of all: I'm a Christian and I believe there's a spiritual component to this. But I also believe that one of the reasons that things have gotten so bad is for many decades— So I first started to warn people in 1998. It's basically 25 years that I've been working on warning people. And it's only been recently, in the last year or two, that I'm starting to see very capable professional people—the kind of people who have the skills to do something about this—finally recognize how absolutely psychopathic the current secret governance system is. And I used to have a wonderful pastor who'd say, "If we can face it, God can fix it." And I assure you, because there's so many of us who are building the control grid, we have the power to do something about this and really change the trajectory and move this into a completely different reset.

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But it requires enough people facing it and saying something. Because I never worry about where these guys are going—because I'm not going to live in that world. I'm going to die fighting for a human civilization. I don't want to live in their world. And that was the decision I made in 1998 and I'm perfectly happy with it. And you can see why.

But you don't want to live in their world either. I think it's time for as many of us as possible to dedicate ourselves to building a human civilization, because there's no point. People always say to me, "Well, what are the chances we can win?" And I say, "Well, if we go with the flow, we have zero chance. If we commit to building a human civilization, I don't know if the chance is 1 per cent or 50 per cent, but it's better than zero."

I think there's a tremendous advantage in facing how absolutely dark we have allowed it to get and then proceed to say, "Okay, where do we go?" If you look at how centralized this is, it's what the English poet said, "They are few and we are many."

Commissioner Drysdale
Thank you for your wisdom and perspective.

Shawn Buckley
And there are further questions.

Commissioner Massie
Thank you very much for your very, I would say, lucid analysis of the whole situation we're in. You still want to provide us with some hope. And my understanding is you based it on the awareness that some people are growing to really appreciate the dire situation we're in and we have to get our act together and build community and thrive for sovereignty at the whole level.

But the world being what it is and the technology being so powerful, as you pointed out: one would hope that at some higher level we create some powerful institutions for resistance. I'm old enough to have seen the assassinations of John Kennedy and Robert Kennedy live on TV. At the time I was a kid, I didn't know what it meant. And it seems that

the United States and the world has not completely come to terms with the meaning of these tragic events.

And I'm wondering why now, if through maybe Robert Kennedy Jr., the spirit of the American freedom that has made this country such a great country could actually attract enough support from the population in order to make a difference at that level. What is your thought on that?

Catherine Austin Fitts
I would say two things and then let me talk about RFK's campaign. If you study the economy, one of the reasons for my profound optimism is words cannot express to you how expensive tyranny is. Our economy is so poor compared to what it could be if we were free to just optimize economically. The wealth potential of freedom combined with new technology, if we get the risk management right, is extraordinary.

And centralizing this way is very, very destructive of wealth. I'm an investment banker, I love to create wealth, and the opportunity—the thought of building a society where you could let that wealth really grow and happen is very exciting to me. I know, I have a sort of mathematically conceptual understanding of what is possible in terms of wealth creation. And that's one of my reasons for optimism.

Tyranny is just fantastically expensive, as is secrecy. I mean, it's very profitable for the billionaires but it's very wealth-destructing.

The other thing is, I think the closer and closer the people running the centralized systems get, the more and more they're going to risk killing each other. It's the only thing I can say. You're not creating a culture— You're creating a very psychopathic culture and it's not the kind of culture that holds together through thick and thin over long periods of time.

My favourite Bible story is the story of Gideon. And if you come to Solari, I have a great interview with Thomas Meyer about the story of Gideon.

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It's a story where Gideon and his army attack and throw the Midianites out of Israel. The Midianites are so hateful and suspicious and so competitive, they kill each other. So I'm not so convinced we're going to win as the people trying to centralize control are going to end up kind of killing each other.

I think that RFK's candidacy in the United States can do extraordinary things, so I'm very hopeful, because I think it can resurrect the excitement and the love for the kind of values that you were talking about. He has a great book called *American Values* about his family values and he does do a good job, I think, of trying to live according to those values and teach them. So that's one thing I think he also has done, he and his colleagues, because he has a very deep and very talented team. I think they can do a lot to help people understand what's going on and why it doesn't have to be this way. So just as a way of bringing transparency, it can be very powerful.

He has built many workarounds the corporate media over the last 10 years. And now we're seeing the market share shift out of the corporate media and into those workarounds. And if you look at his market penetration, just through media, it's extraordinary and I think will be very good.

Now where does that go as a political matter? I don't know, but simply at a minimum bringing the kind of transparency and reminding us of the potential that we have if we resurrect our values and we don't let the lawlessness cause us to lose our love, has the potential to make an incredible contribution. If you look at the polls, it already has. And it's completely shifting the narrative to a real conversation about real problems and real corruption and real lawlessness and what are we all going to do about it?

So, I think it's going to be a very— At a minimum it's going to be a very positive contribution. And among other things we'll finally face the fact of what happened. You know, in the 60s there were four assassinations that basically shut down a lot of political discourse in the United States. And going back and looking at what happened healing from those, I think would be incredibly valuable to the American people.

Commissioner Massie
Thank you very much, Madam.

Commissioner Kaikkonen
Thank you for your testimony. I have a comment and then I have a quick question. For the last three years, a number of businesses in Canada have been shut down by oppressive government legislation and mandates and lockdown measures. And many of those people who ran those businesses have lost their life savings, their family investment for years. And now, three years later, we have Canada Revenue, the equivalent of IRS in the States, sending demand letters for taxes that the CRA has assessed them and says that they owe. And yet they don't have a business; their business was shut down.

I'm just kind of thinking about that in the context of what you have said here. And I'm just wondering, in terms of fighting back something that Canadians can do: a week and a half ago, CRA, Canada Revenue Agency, said that they're not going to accept any cheques. I'm going to assume that if everybody in Canada sent cheques next year when they're filing their income tax, that would be a way of fighting back in terms of peaceful civil disobedience.

But my question is, you have really great ideas and I love the idea of building a local community and networking with one another, but I'm just wondering: How do we filter that down to our education system where our students are being taught everything but how to work within a community and to strive for the best that they can be?

Catherine Austin Fitts
So, what you've brought up is the importance of the taxation system. If you go to Solari, we have at ourmoney.solari.com/taxation, my general counsel and I wrote a very long piece on the fact that we're going to have to find a way to re-engineer our taxes. If we continue to pay taxes to governments that send out IRS agents to target the people who've been destroyed by their mandates, there are no solutions.

If we continue to fund school boards that destroy the educational opportunities for our kids,

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that can never work. So the question is: How do we, within jurisdictions, whether regional or local, assert control of the taxes and make sure the tax money is spent in both lawful ways but also productive ways. And that's the toughest nut we have to crack. And it takes real organization at the local level and at the regional level to do it. But that's what we're going to have to do.

Now there are many tactics that we can use short of organizing. One of the things we propose is organizing escrows to make sure our money is spent lawfully. But short of that there are other ways to do it. I always tell everybody who's trying to deal with their local school board to think of this as asymmetrical warfare. And instead of trying to debate with them on the issue upon which you've gotten involved over just simply do an audit and find out, where they're breaking the rules on the money and go there. There are all sorts of ways to get power and leverage over a local government institution if it's not obeying the law. But it takes real work, and that's the challenge.

I don't see any way— I would really encourage anybody who's interested in these very important questions to go to ourmoney.solari.com/taxation and look at our analysis of what can be done now. It's U.S. centric, but you'll be able to translate some of those ideas into ideas for Canada.

I would also say there's a wonderful book called *Harvest of Rage* by an author named Joel Dyer. It describes the same exact game that they did to the farmers in the United States after the 1980, sort of [bulker] slam on the economy. And he describes the same thing. They got these businesses to take on all sorts of debt and they pulled their subsidies. They had a recession then they default on their debt and then they send the IRS in to go after them on taxes for writing down the indebtedness. It was the same exact game.

And what's important is a broad-based coalition of citizens realize that these business owners have been targeted and this is not a legitimate enforcement. This is what we call an "op," it's an operation, and we need to organize to help protect them.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
And there being no further questions. Catherine, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and assisting us today. Your testimony has been very helpful.

Catherine Austin Fitts
Well, thank you and thank you for all your efforts. Just remember, transparency can make an enormous, enormous difference. So what you're doing is very important, and I'm very grateful for the opportunity to know you and be part of it. So you have a wonderful day.

Shawn Buckley
You too.

[01:18:23]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 5: Dr. Stephen Malthouse
Full Day 1 Timestamp: 05:25:38–06:08:20
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Wayne Lenhardt
Our next witness is Dr. Stephen Malthouse and I see him on the screen. So hello, Dr. Malthouse. There, you're on our screen as well. If you could give us your full name and spell it for us and then I'll do an oath with you.

Dr. Stephen Malthouse
Stephen Malthouse, S-T-E-P-H-E-N M-A-L-T-H-O-U-S-E.

Wayne Lenhardt
And do you promise that the testimony you will give today will be the truth, the whole truth, and nothing but the truth?

Dr. Stephen Malthouse
I do.

Wayne Lenhardt
Okay. You've been active in all sorts of ways. I think you've been a practitioner on Vancouver Island. Before we get into that, we've just heard Catherine Austin-Fitts give us a talk. I understand that you have just come back from Europe, where you've attended many functions over there. So I think it would be very appropriate if you could give us at least a small snapshot of what you're seeing over in Europe. And I'll leave it to you to either do it after your main testimony or do it now, but I think we'd find that very interesting.

Dr. Stephen Malthouse
Well, this was the third International COVID Summit, which was held in Brussels, in Belgium, and it was a three-day conference. Doctors, experts of every field, were invited from around the world to attend. And it was really focused around a presentation in the

European Union, which occurred on Day 2, in which 30 physicians and experts of other fields all spoke to the European Parliament, to the members there, but it was livestreamed out to the world. And in fact, my understanding is that there were more views of that livestream than had ever happened in the European Parliament in its history.

And what it was designed to do was to really present the whole COVID story from beginning to end. There were no holds barred. By that I mean that the speakers were invited to tell it as it is, and it was coming from personal experience and expertise and knowledge of the science. And it told quite a different story than what we're hearing as the general narrative about COVID-19 and what happened. So really, it was an attempt to tell the truth and get it out there. The conference was three days long. The first day was, in fact, a closed session among doctors and, again, experts from all over the world.

We had quite a few coming from Canada and the topics ranged from anything from the science of COVID, to vaccinations, to geoengineering. Many topics were discussed and we had some lively discussions among the people that were attending. It was a lot of fun.

And then the third day was dedicated to the media. There was the opportunity for media to ask questions, to have individual interviews with the speakers, the people that were attendees. And we had three panels at that time. And interestingly enough, those three panels, which contained about eight people at the front table, were very engaging in working over different topics, including how to prevent this from happening again.

So it was an excellent opportunity in many ways for doctors and epidemiologists, scientists, experts in many fields of life to come together to meet each other and to work over things. But also, to try to get the word out through the European Parliament, and to let those members in the Parliament themselves know what, I would say, the real scientific community knows about what's happened the last three years.

Wayne Lenhardt
Perhaps I'll just stop for two seconds and just say to the commissioners: do you have any questions for Dr. Malthouse relating to that? If not, we'll move on to his presentation.

The two groups that I think you've been associated with, or perhaps even had a hand at starting were, called Educate Before You Vax [Vaccinate] and also Justice for the Vaxxed. I think on that note you have a presentation with slides, so I'm going to let you launch into it and proceed [Exhibits OT-13, OT-13a].

Dr. Stephen Malthouse
Thank you very much. Well, first I'd like to perhaps introduce myself because many people may not know me. I'm a family physician from the west coast of Canada. I've been in the practice of medicine for 45 years in Canada. And I've worked in many different situations. I've worked in urban and rural situations. I've worked in emergency departments. I've done some palliative care. I've done some overseas research, particularly in the field of pediatrics.

[00:05:00]

And I do have a special interest in integrative medicine, which is the sort of seamless combination of both conventional and alternative medicine. I was a founding president of the Canadian Integrative Medicine Association; and also during these last few years, I was a

founding president of the Canada Health Alliance, which is a group of practitioners across Canada, including also volunteers. We have about 5,000 members. The Canada Health Alliance's mandate is really to help create a better medical system in Canada.

I've worked here on Denman Island, which is a small island off the coast of Canada, for about 13 years and I took a sabbatical in January 2020. I didn't really realize what was coming our way but I soon found out. And like most doctors, I was planning on being called back to work in some capacity, expecting a tsunami of death and suffering from the COVID-19 illness, which was coming out of China. But it didn't take long before we realized that that was not going to be the case exactly.

Before that, even in the early days—in February, actually in March and April—it became clear that our public health was not doing all that they could, particularly with regard to vitamin D, that we should have supplements to vitamin D for all our long-term care facilities. And in fact, Canadians should be taking vitamin D to prevent respiratory illness, which is what we thought COVID was.

So I sent letters up to different places trying to get some attention to the fact that we could give people vitamin D, and we could reduce the risks of infection. Also looking at what was coming out of China, we had vitamin C being used intravenously. So I called around to our local hospital and a few other people to see if, in fact, we had stocks of vitamin C for intravenous use in the hospitals, which we didn't.

I made some inquiries about vitamin D. In fact, I sent a letter to our public health and long-term care with evidence of the research on vitamin D and respiratory illnesses and how vitamin D supplements, at least to attain a healthy level of vitamin D in the blood, could be beneficial. That was ignored. In fact, the message was passed up the line and, essentially, they laughed at it, saying that people in the Comox Valley—not just doctors—think that vitamins can cure everything. So that's where that ended.

I also at the time was the president of the Canadian Integrated Medicine Association or CIMA. And if I could share my screen, I'll show you a few things which I think you'll find interesting [Exhibit OT-13]. I hope you can see this. Here we go.

When we saw this coming, actually in May, the Canadian Integrated Medicine Association created a statement policy on this. And I put it up here because it showed that vitamin D, which we subsequently learned was very helpful for treating COVID, at least preventing it from becoming serious: We knew this way in advance, and we put this out as not just a policy, but we put out a media press release.

There was no pickup of this in the media whatsoever, which was not entirely surprising because it was still considered alternative medicine. But the evidence in [using] this for deficiencies and people's nutrition was documented with studies and so forth. And I think if we had done this in the early days, we would have prevented a lot of the problems that came along.

The evidence became more and more clear that all these public health policies that were being pushed on us were not really valid; they were not based on any science. And that would include masking, social distancing, isolation, asymptomatic spread of a disease: all these things plus the subsequent effects of the policies that were being mandated that were causing overdoses and suicides. Increasingly, we were seeing the psychological effects on people—particularly on children, who were supposed to mask themselves so they didn't kill their grandparents. I mean, we started seeing this, and so I actually wrote some

material in our local newspaper called *The Grapevine,* and telling it how it was, and trying to get some community meetings together so we could discuss these things.

As you may know, across the country, whether you were living— In whatever province you were in or even if you were traveling in a car across the country, the number of people that were allowed to congregate in one location varied from province to province and this does not make any sense.

[00:10:00]

And so I tried to get the people together on Denman Island, where I live, to talk in an outside situation. And as soon as I put an invitation into our local newspaper for this, I found that I was getting a call from the College, from Dr. Puddester, who was in charge of complaints. And he said, "Yeah, you can do it, but you got to be careful. You don't say you're representing the College, that sort of thing." And he'd already had two complaints just from my insert into the local newspaper.

So we had two meetings. It was quite interesting, and a lot of people had questions. We tried to answer as many of them as we could.

And before I come to this, I'd just like to say that we also had some things by public health put in our local newspaper which were really not based on any science whatsoever. One was that the vaccines, which were coming along, were going to put us back into good health and protect this virus from spreading; and we were going to return to normal; and they were safe and effective. None of that had been shown, of course, in any of the studies, which as I'm sure everybody in the audience knows, were abbreviated and lacked appropriate animal studies.

When I saw this in our local newspaper, I wrote a letter saying that this doesn't make sense. It's not based on anything. And in response to that, I had 15 doctors—not all of them even actually worked on our island, but on the two islands, one, ours, Denman Island, and Hornby Island nearby me—write a letter saying essentially that all 15 of them did not agree with me. Essentially, that was all the doctors other than me on the island. And that they themselves were waiting to get their shot when it came around. And that they trusted the CDC [Centers for Disease Control and Prevention] and Dr. Bonnie Henry, who was our chief public health officer here in British Columbia; that they trusted her and they thought that the vaccine was going to get us all back to normal—and that it was the best way of preventing spread.

Of course, you know, a vaccine that does not prevent transmission cannot get herd immunity at all. So time went on and then we had masking in the summer. And then I wrote **this letter in October 2020, to Dr. Bonnie Henry, our chief public health officer. By that time we knew— We knew quite clearly that all the measures that they had been using were fraudulent. In other words, when I say fraudulent, I mean they were not based on any real science. And I wrote this letter to her pointing out that the evidence, that contradicted all her policies.**

This was in October 2020. And that's when the proverbial you-know-what hit the fan. I started getting complaints from the College asking me to defend what I'd said, and that I shouldn't be speaking about a colleague like this and so on. It was— I thought it was a pleasant letter but it just really asked her to reverse her policies because none of them were based on science. And that's kind of how it started with me in terms of the way my career went.

We did some further things after that. I think that that letter was important because I got a lot of things back from people saying that it actually validated what they were thinking despite everyone telling them they were crazy. And I think for that point it really did some good in that I got quite a few letters like that. But also, after that, a group of people on the Island—Vancouver Island—decided to send out my letter to Bonnie Henry with a cover letter from me. It was sent out to maybe a third of the doctors in British Columbia, mostly in the lower mainland of British Columbia. And the cover letter said to doctors that, "if you think something's a bit fishy here, please reach out and contact me." And some did. There's how I met quite a few really good doctors, including Dr. Hoffe, Dr. Kindy, and many others in fact—who I'll talk about later when I talk about the tours that we did.

But I just wanted to read you a letter that I got back from one of my colleagues. This is from a Dr. Michael Vance, who, I believe, lives in the Okanagan in British Columbia. And this is what he said after he received a copy of that letter from me. I think this will give you maybe an impression of the pushback that we have from our own colleagues.

He said, "Attention Mr. Malthouse," he didn't call me Doctor: "First of all, please do not refer to me as your colleague ever again. Secondly, I will be lodging a formal complaint to the CPSBC," which is the College of Physicians and Surgeons of British Columbia, "and state that you constitute a danger to the public. I've also begun to reach out to the rest of my colleagues to do the same. I know you are close to retiring. Thank heavens for that.

[00:15:00]

So this may not matter to you but it is my professional duty."

And then he went on to give me a psychological assessment of why I was doing this. He said:

> You have traveled along in this life looking for validation and respect, and my guess is that it never quite came to you. My suspicion is that you've always been a bit inadequate, probably stemming from childhood experiences or inadequacies as a young adult. You're near the end of your career and one might imagine you sitting down to rest, and you suddenly get divine inspiration and hope that you can change the course of your mediocrity. You wanted to change the world—or your world at least—and make a difference for once. You imagine that a letter reflecting YouTube videos, blogs, and alternative media sources to the person who actually has authority and respect, i.e., Dr. Henry, would change her mind, and, if not hers, your letter would influence the public enough that it would change something about our COVID-19 response. But then when nothing happened, you followed up with a **letter to your colleagues with the same wishful thinking that finally, this time, you will be able to make an impact in this world, and make a name for yourself.**
>
> **Alas, it would be so hilarious if this was in a comedy sketch, if it weren't so sad.**

It goes on in that sort of vein. But I think this gives sort of an impression of how this letter to Dr. Henry had an effect on other doctors in our province. I would say that this is evidence that these doctors are not doing their homework. In fact, they're not doing proper research. They've all come to believe that any vaccine is safe and effective no matter what, so they don't do their homework and they're just following the guidelines without thinking it through. But it also shows a bit of a knee-jerk reaction that doctors had towards their

colleagues who were stepping out and speaking up about what they found to be inaccurate in the science that the public health people were calling upon to make their decisions.

Other things that I did, I got involved in creating these "Canadian Doctors Speak Out" videos. I think this was the first time that any doctors put out a video here in Canada, where there were quite a few of us on these videos. And we really each took a part in talking about how COVID is not something you need to be frightened of. Here's a way to treat it, prevent it. And then when it came to the injections—particularly when they were going after our children with injections and masks and isolation—we spoke out against that. I think I was the first person in British Columbia, with my letter to Dr. Henry, to actually stand up and say that things were going awry in public health. It was a danger to its own citizens.

And of course, there were lots of things happening. The College called me up, and I had to have an interview with them. I had the Canadian Medical Protective Association, which is kind of like our insurance for most doctors against malpractice. I asked them to help me out, but I did not find that their lawyers were actually aggressive enough. By that I mean they seem to know all the secretaries of the College by first names, and you know what that means. And so I ended up essentially letting them go and hiring Rocco Galati. Many of you may be familiar with him; he's a lawyer based in Toronto. And we actually had our few minutes with the College.

Normally, they invite a doctor to come to the College to have an interview to explain what they've been doing. And it really—it's been like being led out over the quicksand unless you know what you're doing. And when we had our 10-minute visit, which was supposed to be longer of course, but we asked that it be recorded. The College said, "We don't record these meetings." And the reason again is that the doctors don't like it, which I found hard to believe. Mr. Galati, who was representing me, said that, well, even the highest courts in the land say that, with today's technology, there's no excuse for not recording these meetings. They said, "Well, we're not going to record it, and you're not cooperating." We said, "We're here, we're cooperating. We just want it recorded." And they said, "Well, we have nothing further to say," and we were done. I think that's a good example of a lawyer showing his teeth.

Then after that, I had no further meetings with the College. Although things are still in process. I did have to put in a suit against them regarding free speech because, as you know, both colleges—the Ontario college and the British Columbia college—were saying that doctors could not speak against public health at risk of having their licences revoked.

And of course, there were hit pieces as well against me and some of my colleagues in the press. Personally, I feel it was good advertising for what we were trying to get out to the public because there's no other way of getting things out through the mainstream media.

[00:20:00]

And in fact, I was de-banked by the RBC, Royal Bank of Canada. The reason was unknown. In fact, they would not tell me the reason, but they gave me two months to take all my accounts out of the Royal Bank of Canada, the RBC.

Excuse me. I have a bit of a cold. That's why I'm not in Ottawa. I would have preferred to be there to be able to testify in person, but it wasn't meant to be.

Then there came a time where they were starting to push these vaccinations, these COVID shots, down onto our children, taking it down as far as five-year-olds. And we knew that it

was going to go down to the six-month-olds; we could see that in the wind. It was pretty obvious to those of us that were searching to look. But this is what Bonnie Henry said. She said— I'm not able to quite read it on my screen because it's blocked, give me one second here.

This is verbatim: "Like all COVID-19 vaccines in Canada, vaccines for children are free, safe and effective. When you get your child vaccinated, you protect them from severe illness from COVID-19 and reduce the spread and infection in your community."

Well, this was completely against what all the science showed. If we look at the children, we call them children between zero and 19. And in fact, only 15 children had died during the entire pandemic—so-called pandemic because, you know, there was no increased all-cause mortality during 2020. It wasn't until the vaccinations, so-called COVID shots, were rolled out that we started seeing the death toll mount, and the amount of suffering and adverse events from those shots were causing so much harm.

But before that, there actually was no pandemic. And in fact, you could hardly even find any children that didn't have serious comorbidities or pre-existing medical conditions that had died with a positive PCR test—which we all knew by that time was completely fraudulent. Because the number of cycle thresholds that they had used for this was about between 40 and 45 right across the country. And we know that anything above 25 was not going to give you accurate results. So we had so many false positive tests that it completely made the test useless. But even the founder of the test, the person that created the test, stated before he died in 2019 that this test was not designed to diagnose viral illnesses.

But as you can see from this chart here: the number of children that died across Canada with a positive PCR test was so small that statistically, it was zero. Also, we knew that this was not a safe shot. If we look at this, there were more injuries— This is just 2021 after the COVID jab was rolled out. We started to see this incredible increase in deaths reported to the Vaccine Adverse Events Reporting System [VAERS] in the United States, which really only collects between probably about 1 per cent—maybe a little bit more, maybe up to 5 per cent—of the injuries that are caused by the vaccinations.

And look at this rise in vaccine injuries. We knew it wasn't safe. So "safe and effective" really was kind of going out the window. And we'd already known about all these young adults who have been killed by the shots, and so we felt that something needed to be done about this. What I did is I kind of thought we needed to get on the road. And so I spoke to Kari Simpson of Canadian Voters Association, who helped to organize a series of doctors' tours. We went ahead and did six tours: three tours to talk about the vaccines and children, and three tours to talk about the vaccine injuries which had already occurred and for which people were being gaslit.

This is a map of the places that we went in our tours. We went to about 30 cities, some of them a couple of times. And this is what we spoke about in the first part of the touring. We started in December of 2021 going out there—and it was a little cold in a lot of places. You know, some places were really pleasant. And these are some of my colleagues that joined us on the tour. And this is an example of some of the places we stood outside in minus eight degrees temperature and talked to the public. But the public also came. They were desperate for information.

[00:25:00]

They would come and stay for two to three hours outside in the freezing cold, standing there listening to us talk. And we've got to hand it to them. That's Canadian spirit for you.

We had a lot of people who were out there supporting us. We actually had a bunch of trucks that gave us a little convoy on a couple of occasions, in fact—into the towns, and so on. So as we were talking to the audiences, we noticed that, over a bit of time, the audiences started changing. Not so much changing as we started noticing the questions were starting to change a little bit—because more and more people had the shots and they were wondering how they could take care of themselves or their family members who had been injured.

And they also seemed to be grieving deaths of many people in the family. We had one young woman who spoke who was crying in front of the audience telling us that she'd had six family members who had died from the shot. It seemed that some communities have been more affected than others.

I should just mention that getting into hot water was pretty easy for doctors. And I just want to put a shout out to those doctors that came on this tour because most of them, they knew what was going to happen to them if they joined us out there speaking to the public. But we knew that the government was not doing the job. They were not doing what they're supposed to do. And the College was fighting—well, persecuting—doctors who spoke out. Instead of protecting the public, they seemed intent on harming the public by not allowing them to be informed and to make informed decisions about what they were going to do for their health.

Informed consent is really impossible if you don't know what the contents of the vaccine are. Because not knowing that, you can't really make a proper judgment whether to get it or not. So everyone was really was being coerced into getting these shots. Or they were being, I would say "brainwashed" is a good term—but at least misinformed to the extent that they thought these shots were good for them, good for their families, and would protect other people.

We started seeing this come up pretty soon after we had started our first tour. So we changed the tour. And in September 2022, we decided to go out and try to give some hope to people and also to tell them that they were not wrong—that actually their injuries were stemming from this COVID shot. Because many people would get the shot then they would go to their family doctor, who would say, "No, it's not the vaccine, the vaccine is safe and effective." And then they would be told, "I don't know what's wrong with you, go home and let's see what happens later."

If they tried to get referrals to a neurologist for example for a neurological injury, sometimes when they heard that it occurred after the vaccine had been given to the patient, they would not be accepted into the specialist's list. It's as though nobody wanted to touch this hot potato of vaccine injury. And still, the slogan of "safe and effective" was being bandied about by our public health.

So what we did is we branded a big bus like this, "Justice for the Vaccinated," and we started going to the different communities. This is our team here, the first team anyway. And then the team changed as we went along. We had this on the back of the bus.

The bus really became like a museum, I would say, or a tribute to people who had had the shot and those that had died. We put posters on it like this, and people were asked to come and sign on behalf of people they knew or family members—or they themselves if they had

been injured after the COVID shot. And when we started driving along with this, between communities, we noticed we'd get lots of thumbs up from other drivers; people would start honking their horns to us, even truck drivers would give us a toot.

We became quite known. Whenever we pulled into a parking lot, people would come to the bus to talk to us and about what had happened to them and to tell their stories—because they were finding that there was no place else that they could do that.

This is Dr. Hoffe. I'm sure many of you know him. Dr. Hoffe, who was on most of the tours with me: we're putting up pictures of people who had been injured severely or died from having had the COVID shots.

[00:30:00]

And this is Kari Simpson. I think she needs a special shout-out because she was one of the main organizers of this through Canadian Voters Association. And without her, we would not have been able to do these tours.

But you can see we had packed audiences everywhere we went, pretty much. As the word got out, the bus became covered in signatures and stories. And we had a lot to tell people; we had a lot to tell them. We had the opportunity. We spoke for two to three hours usually per night. We spoke every night, and we had lots of discussion afterwards. People would come up— I think Dr. Hoffe, we used to drag him out of the venue in the end because he had so many people who wanted to ask him questions.

And we also had guests come. We had different people, doctors speak. We had doctors in the audience but often they would not want to be recognized, and they might come in and leave early. But we did have some doctors locally who spoke up. And you can recognize Dr. William Makis there on the right. And there's also a woman there, right next to the sign, who came up and spoke as a vaccine-injured person and told her story.

We had people come on the stage who would tell us what had happened to them after they'd been given the COVID-19 shot, and the injuries they had sustained, and what their experience was when they went to talk to their doctors about it. How many of them were just told to go home and suck it up, or, "it wasn't the vaccine, and I don't know what's wrong with you." And "It's all in your head." It was a common story. As I mentioned, we had lots of people come and attend, and I just wanted to show a little brief video here. Hopefully it will work. I will see.

[Speaker on the video Dr. Malthouse shows asks how many people know someone who was vaccine injured, requests that they give a show of hands.]

Dr. Stephen Malthouse
I'm not sure you could hear the video very well but those were people who knew one or more people that had been injured by the COVID shots, and a lot of people had two hands up. And because of that our audience was getting quite large. Before that question, we also asked how many people knew someone who had been injured or died from COVID itself—and only a few hands were put up in the audience. So it was becoming very obvious that the COVID shot was much worse than the disease itself.

And we travelled all over the place—we went to 30 different locations. We had quite a time on the bus. It was tiring. Here's a little picture of our support squad, trying to get revived.

And no, that's not an intravenous line running across there. But it was tiring. We went to someplace every night to put on this presentation.

This is the last tour. Just as we were ready to finish up our fifth tour, three for the "Educate Before You Vaccinate" and two of the "Justice for the Vaccinated"— Because, you see, "Justice for the Vaccinated" was the idea that everybody was a victim, whether you were vaccinated or unvaccinated. Our enemy was not each other. We were trying to bring people together and to give them solutions, but the first step is they had to recognize that they were a victim whether they've been vaxed or not. And that their enemy was somebody else; that essentially, it was the government and public health that seemed really intent as far as I can tell, on trying to kill and maim people. And still seem to be intent on doing that. That's my personal opinion.

But then we heard that in Regina, they were going to have the Grey Cup and we thought this was a great opportunity for us to go to Regina and to talk to people about athlete collapse after having the COVID shots. You can see that, after the shots were rolled out in 2021, December 2020 and onward actually, a lot of athletes around the world had dropped dead suddenly on the field. And no one was really paying attention to this. And this was true for little kids as well: children were dying as well on the fields. People were dying in football practice all over the show.

In fact, my licence was suspended in March 2022. And the reason it was suspended by my college

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was because I was writing vaccine and mask exemptions for people across Canada and allegedly attempting to bypass public health policies.

Well, you know the public health policies were such that, unless you had two shots from two different manufacturers and had near death experiences from both, you would not be exempt. It was pretty much like that. And if you had an allergy to one of the ingredients— even an anaphylactic reaction, in other words, to something like polyethylene glycol (PEG)— then doctors were informed that we were to send you on an urgent basis to an allergist, and that allergist was supposed to assess you and determine whether you could have the shot or not. And invariably they assessed you that, "Yes, you could," and they would send you back to the doctor and say, "Yeah, go ahead and give the shot but divide into five parts and give five different little shots of the same substance and stand by with adrenaline just in case."

So you know, I have no regrets in signing those exemptions. In fact, I think there may be a **small hockey league that was created in Ontario because of those. I'm actually quite proud that I probably saved some lives. Particularly when kids were forced to get these shots just to go out and play sports. And you know what it's like for teenagers, they want to be part of the crowd or even teens looking to make some athletic endeavor their career. I feel proud that actually I was able to protect them to some extent.**

But we decided, "Hey, we're going to go to the Grey Cup." And so we got the bus rolling and we headed out from Vancouver. We were joined by the team as we went along. And, as you know, we were actually, it was a bit prophetic: we went out there to tell people about athletes dropping dead, and subsequently we did see Damar Hamlin of the Buffalo Bills, who did die twice on the field and was resuscitated. It's interesting when they interviewed him as to what his doctors told him the cause of it was. He said, "um, that's something I

want to stay away from." In other words, he was not willing to discuss the reason that his heart stopped beating.

And I'm just going to show a little video because it tells you a little bit about how we approach this issue.

[Dr. Malthouse plays a skit of Dr. Hoffe and Dr. Malthouse on their Grey Cup tour, restarts after 35 seconds due to poor audio.]

[Video skit] Dr. Charles Hoffe
Hey, Steve.

[Video skit] Dr. Stephen Malthouse
Hi, Charles! How are you doing?

Dr. Charles Hoffe
I'm doing well.

Dr. Stephen Malthouse
What are you doing?

Dr. Charles Hoffe
I'm just playing a bit of football.

Dr. Stephen Malthouse
Me, too! Me, too.

Dr. Charles Hoffe
No, but your football is looking a little strange.

Dr. Stephen Malthouse
What do you mean? It looks okay to me.

Dr. Charles Hoffe
No, no, no, no. This looks a bit swollen, I'd say.

Dr. Stephen Malthouse
Well, I never noticed any difference. Let's compare.

Dr. Charles Hoffe
Yeah, yeah, look.

Dr. Stephen Malthouse
Well, what's— What do you think? Wait a minute! I think my football has got myo-football-itis.

Dr. Charles Hoffe
Did it get a jab?

Dr. Stephen Malthouse
Yeah, it had two COVID-19 jabs and a booster.

Dr. Charles Hoffe
No wonder it's swollen.

Dr. Stephen Malthouse
Yeah. Whoa, I never knew that. And you know, it's amazing how you can play football and you don't even know you've got a swollen one.

Dr. Charles Hoffe
That's—that is very dangerous. Well, I think we should tell some people about this.

Dr. Stephen Malthouse
I think we should. You know what? We're doing this little skit because we're showing how people can get inflamed hearts after the COVID-19 shot and not even know about it. And it's kind of like the football is an analogy. You know, those COVID-19 shots cause inflammation of the heart or myocarditis, pericarditis. And you know, more than 50 per cent of the people that get it don't even know they have this disease going on in the body.

Dr. Charles Hoffe
And that's very dangerous because that inflammation, that swelling of the heart, causes scarring in the heart. And when they get out on the field and the adrenaline and the noradrenaline is going, it puts them into a fatal arrhythmia and they drop dead.

Dr. Stephen Malthouse
Yes. And you know what? The ones that die, even when they try to resuscitate them, more than 75 per cent cannot be resuscitated because of the severity of the disease in their hearts. And the thing is they don't even know it.

Dr. Charles Hoffe
And you didn't even know that your ball was swollen.

Dr. Stephen Malthouse
I had no idea. Well, I'm not going to get another one of those boosters.

Dr. Charles Hoffe
I don't think you should. I'm glad you've woken up.

Dr. Stephen Malthouse
Yeah.

Dr. Charles Hoffe
Yeah, yeah.

Dr. Stephen Malthouse
Thanks, Charles. Nice to see you.

Dr. Charles Hoffe
Thanks, Steve.

Dr. Stephen Malthouse
Ciao!

Dr. Charles Hoffe
Yeah, take care!

Wayne Lenhardt
Perhaps that's a good time to stop and ask the commissioners if they have any questions.

[00:40:00]

Okay. Sorry, Dr. Malthouse, is there anything you wanted to wrap up with before I interrupted you?

Dr. Stephen Malthouse
Yes, first of all, I want to thank the doctors. In fact, I want to name the doctors that came on the tour. I'm sorry if I'm a little bit over time but I think this is important. I wanted to thank Dr. Charles Hoffe, Dr. Daniel Nagase, Dr. Anna Kindy, Dr. Rachel Maurice, Dr. Sofia Bayfield, Dr. Kevin Sclater, Dr. Biz Bastian, Dr. Eric Payne, and Dr. William Makis, who all presented on our tours; and also, our organizers, Kari Simpson, Shelly Semmler, Dennice Pearce, Elizabeth Chapman, and Cris Vleck.

I just also want to thank the communities and the hosts that organized our events and put us up. It took a lot of effort. I want to thank the pastors, because many of them opened their churches to us. I think in the beginning, when we weren't allowed to congregate anywhere, we had a lot of public health people trying to shut down the venues, phoning them up and threatening them. And I want to thank those people that gave testimony.

I'd just like it to be known that those doctors that talked on our tour, they knew what they were getting into. In other words, they knew the risks that the colleges would be after them, and they were willing to risk their livelihoods to be able to speak out on behalf of their patients. And what else? I just wanted to say, just briefly, that really there were two pandemics: there was the fake pandemic, which is really the psyop, and then there was a real one, which was caused by the public health issues. Similarly, there are really two wars going on here. One is the war that we see on the surface, in which we're being attacked in many different fields with the full court press, whether it's food or whether it's the shots or whether it's lockdowns, or finances, religion, education in our schools.

But also, there's an inner battle, too. And that inner battle is really what we call an integrity test. It's where people are being asked to stand up. And I just hope that— I just want to speak to my colleagues, other doctors that know what's going on and haven't really stood up for their patients. I just want to say that when your opportunity comes, I hope that you take it and not choose to sit down, and rather that you choose to stand up.

Thank you very much for having me.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, I want to thank you for your testimony and for all that you've done with your colleagues. Thank you.

[00:42:49]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 6: Sheila Lewis
Full Day 1 Timestamp: 06:08:43–06:54:50
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
Our next witness is attending virtually: Sheila Lewis. Sheila, can you hear me? If you can, I can't hear you because your mic is muted. Now I can see you. And can you talk just so I can see? Oh, there we go. Sheila, thanks for joining us. I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

Sheila Lewis
My full name is Sheila Annette Lewis, and my first name is spelled S-H-E-I-L-A. Last name Lewis, L-E-W-I-S.

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

Sheila Lewis
I do, so help me God.

Shawn Buckley
Now, Sheila, I have to explain to people that you and I need to proceed with caution because you're under a court order, aren't you?

Sheila Lewis
Correct.

Shawn Buckley
In fact, you're basically under a gag order.

Sheila Lewis
Correct.

Shawn Buckley
So you can't mention the name of an organ, that you're going to not mention but kind of talk about today, is that right?

Sheila Lewis
Yes.

Shawn Buckley
And you can't mention the names of doctors?

Sheila Lewis
Correct.

Shawn Buckley
And you can't mention the location of hospitals.

Sheila Lewis
Correct. Or the name of the hospital.

Shawn Buckley
Right. Or the location, too, or its name. So we have to be very careful because actually you and I could be violating that order if we don't. But I want to be clear. And when you're giving your testimony, that basically, you have truthful information about your health condition, and what specific treatments you need, but you are under a court order preventing you from telling your whole story with us.

Sheila Lewis
Correct.

Shawn Buckley
Now can you tell us, as best you understand it, how this court order came about, basically gagging you from speaking about some things?

Sheila Lewis
One of the doctors in the transplant team—in the lower court, the first court case I had—mentioned and stated to the judge that she had received a threatening email. I didn't see it. She didn't have it to show the court. But anyway, she stated she had got a threatening email, and she was scared for her life, as she stated. And I guess they asked the courts to put a gag order—to hide their names, and location, and what we mentioned—against me in order to protect them.

Shawn Buckley
How many doctors are involved in this lawsuit?

Sheila Lewis
I believe there's five or six.

Shawn Buckley
Okay. So one out of five claims to have received an email that's not produced to you or the court, and there's a gag order covering all five?

Sheila Lewis
Correct.

Shawn Buckley
Without violating the order, I'm going to lead you a little bit. And just so that the people watching your testimony understand, leading is where the question kind of suggests the answer. And we're just doing that so that we don't inadvertently violate the court order. It's a severe restriction on Sheila's ability to testify, but we don't want to violate the court order.

You have a life-threatening condition?

Sheila Lewis
Yes, I do.

Shawn Buckley
When did that develop?

Sheila Lewis
It started in June of 2019, when I found out.

Shawn Buckley
Okay. And because of this life-threatening condition, you were told that you needed something. Don't mention the organ, but tell us what you needed.

Sheila Lewis
I needed a transplant. A double organ transplant, that's what I needed.

Shawn Buckley
Okay. And I will just indicate for the commissioners that a copy of the court order has been entered as Exhibit OT-5. When you need an organ transplant how do you get on the list?

Sheila Lewis
By doing a very thorough series of tests from head to toe. When they say head to toe,

[00:05:00]

believe me it's head to toe: there's a lot of testing.

They go through, they test all your organs to make sure they're healthy and in good working order. They test everything: your bones, your blood, your bone density, CT [Computed Tomography] scans. They do everything you can imagine. They test to make sure that you will pass and be able to get through this organ transplant, which usually takes, they said, eight to ten hours for this transplant.

Shawn Buckley
Okay. And I just want to make sure that I understand. So you basically have to go through an entire range of tests to make sure that your other organs are all good and you're strong enough so that you a) survive the surgery and then also, it wouldn't be a waste of time: you would survive it.

Sheila Lewis
And your heart is a big one too. They test that, make sure there's no blockage. You've got to go into day surgery for that. If there's a blockage, they have to put a stint in. And I was told, if there is blockage, I probably wouldn't get the transplant.

I had absolutely no blockage and they said my heart is very strong. So yeah, I was really, really happy when I heard that. I went through a lot of testing; I redid all the vaccinations as well, the childhood vaccinations.

Shawn Buckley
And how long did this testing take?

Sheila Lewis
The testing for my organs and whatnot and to make sure my body was in very healthy condition: it took pretty much the year. By the time they did them all, spread them out and did everything, it took a long time.

Shawn Buckley
Okay, so you basically went through a year of testing to be able to qualify to get on the organ transplant list and the testing went well.

Sheila Lewis
Very well. Yes, very well.

Shawn Buckley
Okay. Did you smoke, drink, or do any drugs, or anything like that?

Sheila Lewis
I've never done drugs in my life, I've never drank, I think maybe when I was 16 or something like that, I drank beer or something, and I didn't like the taste of it. And I tasted— I think back then it was Kelly's wine or something, and it was absolutely atrocious. So that kind of just threw me right off the alcohol. And then I had alcohol in my past—not by me—and that put a big damper on it. So I just never got into the alcohol.

Then I had children. I dedicated my life to my kids and my work and whatever. And smoking, yes, I did. I smoked cigarettes, but I quit smoking in 2015. I was just tired of smoking, didn't want to do it anymore, so I just quit in 2015.

Shawn Buckley
My understanding is that you were considered to be a very good candidate for transplant.

Sheila Lewis
Yes, they told me I was ideal—that's the word they used. One of the doctors looked at me in one of the meetings that I had with them in Alberta here. She had mentioned that I was an ideal candidate for a transplant. They said they actually looked forward to transplanting me because I was in such good health other than the organ that I need, and they said they couldn't wait to get it done.

I was happy. I was so excited. It meant if I got the transplant, a gift of life, that I was going to live, possibly; and further my life; and go on. And I was really happy.

Shawn Buckley
Now, my understanding is that, in going through this process to get on the organ transplant list, they wanted to know if you had completed your childhood vaccination schedule.

Sheila Lewis
Yes, they did. They couldn't find my records.

Shawn Buckley
Okay, so tell us what happened. Because that was one of the requirements, so tell us what happened and what you did.

Sheila Lewis
They couldn't find my vaccination records from my childhood. So they called me up and told me I would have to get all my childhood vaccinations. And I'm, "Oh my gosh, that's a lot of vaccinations again." They said, "Yes, but it needs to be done if you want to transplant." And I said, "Oh, definitely." I said, "Well, just schedule them up and get them to call me, and I'll go get them done."

It's exactly what I did but it took a year: it took a full year. I remember we started it in January—I believe it was January 2021.

[00:10:00]

And in December, I got the very last. There was one needle that took three—there was three parts to it. Something telling me it's hepatitis B maybe. Or one of the, I think, hepatitis C or hepatitis B. But any way, I got the last one in December of that year. Because they had to span them out every three months, it took a year to get all my vaccinations from childhood, again. I got them all done.

Shawn Buckley
Right. My understanding is you were vaccinated as a child, but because they couldn't find the records of that, you consented to go through all those vaccinations again.

Sheila Lewis
Yeah, because I wanted my transplant.

Shawn Buckley
Okay. Then the COVID vaccine came along. And can you tell us what occurred with the COVID vaccine?

Sheila Lewis
COVID vaccine, COVID-19. They called me up one day and they said— It was just after it was rolled out. And they said they would have to have a meeting because at that point they weren't sure if transplant patients needed to get the COVID vaccine.

Shawn Buckley
Can I back you up and just ask you kind of the position you took towards whether you were willing to get the vaccine, and why you made the decision that you did?

Sheila Lewis
Well, that goes with what they said to me when I get in the office. When they called me up and told me they would have to sit around the table and make a decision whether transplant patients that needed organ transplants would need to get this COVID vaccine. So I said, "Okay." In a couple weeks they called me back, and they said I would have to get it.

When I was in the next visit in the office, I asked one of the doctors—he's actually the top doctor that I see a lot, or seen a lot of. And I asked him, when he spoke about how I would have to get it if I wanted to continue on with a transplant I said, "How safe is this vaccine?" And he looked at me, and he didn't even blink. He said, "One hundred per cent safe." And I said, "There's no data. Hasn't even been out very long, there's nothing on it, we don't know anything about it. How could it be 100 per cent safe?" He said, "It's 100 per cent safe." He said he'd bet his life on it. I said, "Okay."

I went home; I thought about it. I told him I'd get back to him. But when I did get back to him— I got searching in the meantime online, there wasn't a whole lot out about it. And I just kept putting it off and putting it off. The more I put it off, the more I found out, the more I didn't feel good about it. It was just a gut feeling, just something— I don't know, because I've never ever said no; I wanted this transplant so bad; I've never said no to them.

It was a hard, hard decision. It was either, "Well, you either take it or you're going to die." That's basically what it come down to. And I knew it was no good. They didn't even do the testing on it— They stopped all testing. It's supposed to go through a series of tests. And not only that, a vaccine takes years to come up with—a safe and effective vaccine. They certainly didn't take years, unless it was done long before.

Shawn Buckley
Okay, so you had looked into it and first of all, you became suspicious when the head doctor just assured you, "100 per cent safe," and that made you suspicious. And then as you looked into it more, you became more concerned.

What happened? They're telling you that you need this to stay on the list and you weren't willing to do it. So what happened?

Sheila Lewis
I kind of guess at one point I said, "Yeah I will, I'll take it" because I was terrified not to get the transplant. And then I wouldn't go get it, and then when he called again in a couple weeks, he said, "Did you make your decision?" And I said, "I just can't take it, it's not safe.

[00:15:00]

I know it's not. And there's so much coming out now."

It was at the point then when Pfizer was told by the Supreme Court of Canada [sic] that they couldn't hide the secrets for 75 years—or the data for 75 years, which they wanted to. That they would have to do a dump every month. And that's when it started coming out. I was researching the heck out of it all, and that's when I started finding things out.

And I just said, "No way."

And then in the lower courts— But I guess that's down after; I won't get into that yet. But anyway, yeah.

Shawn Buckley
They weren't willing to bend at all?

Sheila Lewis
No, not at all. It's either I take it or I die. That's exactly what they told me.

Shawn Buckley
Okay. Now, was basically the problem, if you refused to take it they would take you off the list?

Sheila Lewis
Correct. They said, "no transplant."

Shawn Buckley
Okay, now this is an important question. Tell us, what happens if you're taken off the list?

Sheila Lewis
When I'm taken off the list, I go to Status 0. And what happens when you get on the list first, you go to Status 1, that's the first step of getting on the list. They called me; they said I'm on the list. It was like heaven opened up. I was so happy when they told me that. Then they put me up to Status 2. Status 2 is the highest you go on a donor list. And it means that you progressed and you need one right away—a transplant as soon as possible. When they take you off the list, they take you from Status 2, to the top of the tier, right down to the bottom, which means 0, and you're inactive. They are no longer looking for an organ for you.

Shawn Buckley
Do you know if it is possible to really get back on the list again once you're taken off?

Sheila Lewis
It is if you're at Status 0, but it's not if they remove you all together. And the only reason I'm not moved, in a sense, is because I have court action—like, going through court.

Shawn Buckley
Right, okay. Before we go into the court proceedings— Because they just made these rules themselves, right? This wasn't a provincial rule. This was just a local hospital rule. Am I right about that?

Sheila Lewis
As far as they tell me, yes.

Shawn Buckley
Okay. And am I also right that some hospitals don't require hospitalization for organ transplants?

Sheila Lewis
Correct. There's only two major cities in Canada—and that's Alberta and Toronto—that perform the organ transplant that I need. Other hospitals perform other transplants but not the organ that I need.

Shawn Buckley
Okay.

Sheila Lewis
I was told by my transplant doctors in 2019 or early 2020 that there's only two hospitals that does this. And that's Toronto and Alberta.

Shawn Buckley
Okay. You're now facing a life and death situation because, if they take you off the list and you go to a zero, likely you're going to die. Am I correct about that?

Sheila Lewis
Yes, I'm at zero now. I have been for a long time, two years.

Shawn Buckley
But you started court proceedings to try and get your ranking back. Am I right about that?

Sheila Lewis
Correct. Two years ago, yes.

Shawn Buckley
So your life basically depends on the court proceedings.

Sheila Lewis
Correct.

Shawn Buckley
My understanding is that the Justice Centre for Constitutional Freedoms basically stepped in to help you.

Sheila Lewis
Thank goodness, yes.

Shawn Buckley
Do you recall your lawyer's name?

Sheila Lewis
Allison Pejovic. Forgive me if I'm saying it wrong, Allison, I know you're watching, but forgive me if I said your last name wrong.

Shawn Buckley
I think it might be Pejovic, right?

Sheila Lewis
Yeah.

Shawn Buckley
Right. And Allison was a volunteer at our Red Deer hearings, so the NCI knows Allison. The JCCF basically stepped in to help you, likely without charge. Am I right about that?

Sheila Lewis
That is very correct, yes.

Shawn Buckley
I just bring that up for those watching because it's important to support groups like that.

Sheila Lewis
Yes.

Shawn Buckley
So that people like you have a chance.

[00:20:00]

Sheila Lewis
Yes. They gather donations in order to help people like myself and other people that need legal proceedings, need a lawyer. They step in and help, and society donates to the JCCF in order for them to do this, to help people like me.

Shawn Buckley
Right, because you didn't have the resources to hire a lawyer yourself.

Sheila Lewis
No, definitely not. It costs a lot, a lot, a lot of money.

Shawn Buckley
Okay. My understanding is you brought a constitutional case basically arguing— I haven't looked at the pleadings, but I know you would have argued your section 7 right for life, liberty, and security of the person, amongst other things.

So you guys brought a constitutional argument. What happened in the Court of (now) King's Bench?

Sheila Lewis
Basically, what it came down to was that they went with the Bill of Rights, and they agreed with the doctors that I should get the vaccine in order to get a transplant. They also agreed with the doctors to put a gag order on me. And I lost. It didn't matter. It was no longer my choice, my body. I lost, plain and simple. They went with the Charter.

Shawn Buckley
Okay. So you're basically going to court saying, "My life depends on this transplant, and the only reason they're saying I can't do it is because I won't take a vaccine." And you would have been pointing out that the vaccine is very new. And the court basically said, "Too bad." You can literally— I mean, the effect is, you can die or take the vaccine. Am I right about that?

Sheila Lewis
That's correct.

Shawn Buckley
And if you took the vaccine, you still would be at zero and have to work your way back up?

Sheila Lewis
No, they would reinstate me, they would have to reinstate me. That is true.

Shawn Buckley
It's the lower court that then also issued the gag order, am I right about that?

Sheila Lewis
Yes.

Shawn Buckley
Your life depends on this. So you did the only thing you could do, you appealed.

Sheila Lewis
That's correct.

Shawn Buckley
What happened in the Alberta Court of Appeal?

Sheila Lewis
Pretty much the same thing, but in the Court of Appeal the judges had stated that they didn't know if they could or should intervene—that's what was stated—in a medical procedure, from the lower courts. So they stayed with the decision that the lower courts made and dismissed, but kept the gag order in place.

Shawn Buckley
Okay. So your life depends on them actually looking at this on the merits. And the Alberta Court of Appeal would have known that, am I right?

Sheila Lewis
Correct.

Shawn Buckley
But rather than choose to look at it on the merits, they said, "Well, we shouldn't interfere," and just upheld the lower court's decision.

Sheila Lewis
That's right.

Shawn Buckley
How did you feel about that?

Sheila Lewis
I really had a lot of hope in the appeal court, I really did—the Court of Appeals, I guess. I was hoping upon hope that somebody had a heart and some kind of, I was going to say "brain." But some kind of compassion or something. But I guess not.

I was angry; I was very angry. But I also was angry when I'd seen the Minister of Health from Alberta. When the decision come down from the Court of Appeals, the Minister of Health stated on Twitter that he agreed with the Court of Appeals' decision to stay with the Charter for the doctors and say I had to get the vaccine if I wanted the transplant. Jason Copping agreed with him. I was really angry about it; I was hurt; I was scared. I didn't know what my next move was.

All I wanted to do was to live. I didn't want to hurt anybody.

[00:25:00]

And I didn't want to go to court. I never went to court in my life. All I wanted to do was be able to breathe. And I did everything that the doctors asked me to do.

I'm sorry.

Shawn Buckley
Take your time.

Sheila Lewis
I did everything in my power to do what I was supposed to do. And I didn't drink and I didn't smoke and I didn't do drugs and I took all my vaccinations. I ate healthy. I've lost some weight. I didn't need to lose hardly any; they said I didn't need to lose any. But you know I did my exercises; I went to the programs; I did everything. All I want to do is live. I want to see my grand babies raised. But it's not going to happen now; they just won't bend. For no reason at all they won't bend. It doesn't matter what I do or how hard I try or if I have natural immunity. It doesn't matter; they just won't bend.

Shawn Buckley
So even if you had natural immunity.

Sheila Lewis
Which I do.

Shawn Buckley
Oh, so you've been tested? You've already had COVID. And you have natural immunity and they still will not bend.

Sheila Lewis
That's correct. They wouldn't do the test. I asked the head doctor in the transplant team to do a natural immunity test on me twice. And he refused. He said they don't do it anymore. And I said, "Well, can you just file the paperwork with the lab, the requisition? And I'll pay for it, I'll do whatever." He said, "I'll see what I can do." So I waited again. And in a couple weeks he did a Zoom call with me and I asked him about it. He said, "No, we don't do it anymore." I said, "Okay."

Then a lady I know; the name is Tanya Rollins; she's a wonderful lady from BC. She knew who Steven Pelech was. He is the one who does the natural immunity test from Kinexus, and she got a hold of him. He reached out to me. Long story short, he sent me the test. We did the test. I sent it back in. They did the testing. Three weeks later come back that I have high—he said extreme—antibodies to COVID-19. So yes, I've had COVID twice.

Shawn Buckley
But I just want to make sure I understand. So you have been tested. There's no doubt in anyone's mind that you have had COVID, you beat COVID. You have natural immunity. You have antibodies to COVID in your blood.

Sheila Lewis
Extreme high levels. He said more so than most people—that's what he said on the report. And he said I should not ever get a vaccine. Because I have such extreme high levels of antibodies to COVID-19, he said I should never get the COVID-19 vaccine of any kind. Because of the millions and millions of nanoparticles that will go through my cells and damage my cells. He said it would do a lot of damage to me. And another scientist told me about a spike protein in the vaccine that will do a lot of damage as well because I already have a damaged organ.

Shawn Buckley
Now, how long does this gag order last?

Sheila Lewis
As far as I know— I don't really know a lot about the gag order, but I know it lasts until I'm gone, I guess. I can never, ever mention.

Shawn Buckley
So it goes on until you're dead or something else happens at a different court. Because you've done the only thing—

Sheila Lewis
Pretty much. I guess if I have a new case with a different lawyer altogether and a different case altogether,

[00:30:00]

I guess the new lawyer wouldn't have the gag order on him. But I have the gag order on me until I'm gone.

Shawn Buckley
So because your life depends on it, my understanding is you have applied for leave to the Supreme Court of Canada.

Sheila Lewis
Yes.

Shawn Buckley
And my understanding is that the Court of Appeal, all three judges ruled against you.

Sheila Lewis
Yes.

Shawn Buckley
So you don't have a right to appeal; you have to actually ask the Supreme Court of Canada if they would accept your case.

Sheila Lewis
Correct. And that's the process we're in now. And I guess— My lawyer mentioned to me last evening that they are looking at the case now but have not made a decision.

Shawn Buckley
So you guys have applied for leave to the Supreme Court of Canada, and you have not yet heard from the court whether or not they will choose to hear your case.

Sheila Lewis
No, not yet.

Shawn Buckley
And if they don't choose to hear your case, that's the end, isn't it?

Sheila Lewis
That's the end. And I'm taken off the list altogether. And if, like you mentioned before, if I'm taken off the list altogether, I'll never get back on. Because they won't put me back on.

Shawn Buckley
Okay. So they've left you on the list solely because you have court proceedings going. But if the Supreme Court of Canada refuses to hear your appeal, you will be taken off the transplant list. Is that right?

Sheila Lewis
That's correct. Yeah.

Shawn Buckley
What is your life expectancy right now without the transplant?

Sheila Lewis
It ain't long. It's not long now. I'm on about 25 liters per minute of oxygen. I have three machines, oxygen machines going. Each one is at 10. I wear two hoses 90 per cent of the time. If I just walk a few steps, go to do the dishes, I have to have a face mask on with a bag and hold oxygen so I can press it every so often to get a little bit extra. I can never finish a pan of dishes or whatever. I can't cook anymore. Can't make a bed. I really can't do anything anymore.

I'm sorry. You just feel useless.

Shawn Buckley
Don't be sorry.

Sheila Lewis
Like you're just here, and there's nothing— It's like nothing nobody can do to help you.

When you can't breathe it's one of the most scariest, scariest things in the world—when you can't breathe. If you laugh you lose your oxygen, and if you cry you lose your oxygen, and if you move you lose your oxygen. So you have to be void of emotion of any kind because you're scared to lose that oxygen. And it's an awful way to be, an awful way to be. **Because one time when you laughed, or you cried, or you reached out for a hug, you could do all them things. You no longer can do it because you're going to not be able to breathe if you do.**

So help me God, that's all I wanted—was just a transplant. I was hoping to get the gift of life and be blessed to get one. I didn't do anything wrong. I just couldn't take that vaccine because it was going to do a lot more damage. And I know it was going to when the scientists, or the science tells you that it's going to.

[00:35:00]

Why take it? It's going to do you in before the transplant is going to do you in. At least without the vaccine you got to live a little bit longer, but with the vaccine, you're not going at all. The science tells us that. Because my organs already critically damaged and the vaccine is going to do the rest in. So why take it?

Shawn Buckley
We sure appreciate you sharing with us, Sheila, so that we can understand what you've gone through. How has this been for your family?

Sheila Lewis
It's really hard. It's really hard on my boys, especially because they're the ones that see it every day. They go through it every day with me. They rearranged their life so one of them could be at home at all the time: one in the daytime, one in the evening. They do everything. They've learned to do dishes and cook, make beds, everything I can't do. They vacuum, they scrub. They're actually wonderful, wonderful, wonderful young men.

For them to go through every day and watch me. Because basically what they're doing is watching me die. And it's got to be tough. And they never say anything. And they never complain. And they never, you know, give up, and they never get angry. They're there 100 per cent of the time for me. And what better children can you ask for than that?

Unfortunately, I didn't have any girls. I had all boys. I had four boys and they're great boys. I'm blessed in that area. Anybody that has children, hang on tight, and don't forget to tell them that you love them every day because they're pretty precious people. Because you never know when the day is going to come that you can't, so make sure you hang on tight to them.

Shawn Buckley
Sheila, before I ask the commissioners if they have any questions, is there anything else you'd like to say?

Sheila Lewis
Yeah, these doctors: there's no reason why they can't give me the transplant, there's none. I have natural immunity, very high levels of natural immunity, as I stated. There's no reason why they can't. Natural immunity is much better than any vaccine ever out there. So there's no—to me, and it's just my opinion on it—there's no other reason. And everybody has stated: scientists, there's doctors that state it in courts. There's, you know, the doctor that **does the testing for natural immunity: they've all stated I cannot have this vaccine.**

So what's stopping them? Your guess is good as mine. But there's something evil in this world or in this country even, that's happening. And I know a lot of people don't agree with me, and I'm sorry if you don't. But for the love of God, look at the science. But these doctors, for whatever reason, they won't bend. And I've pleaded with them, and I've asked them to please give me this transplant—or at least try to look for the organ that I need. I always said they were great people; they really were. They were great doctors. And what happened I don't know, surrounding this vaccine. I have lots of questions. But there's no reason why they won't give it, so why won't they?

[00:40:00]

There's no science surrounding the fact that they won't give it to me. There's something else wrong here, and it comes from the top. And I know it does. I mean, doctors and nurses are losing their licence[s] if they speak out about it. I mean, when does that ever happen in history? You know something's wrong and something's got to be fixed—fast.

There's a lot of people dying and it's not just me. I'm not the only one that was refused the transplant because they chose not to get a vaccine. There's a lot of people in Canada, and I always said I was fighting for them. Because they deserve to get their transplant just as much as I do. It doesn't matter what organ it is, dear God, there's a lot of people that need help. And I feel for every one of them because I know what I'm going through, and they're going through the same damn thing. They need help and they need a lot of prayers.

Whatever these doctors are doing: they're evil. There's no other word for it. You're evil to let people die for no reason. I always thought a doctor took their oath, the Hippocratic oath: Do No Harm. Well, there's an awful lot of harms going on. And I'm going to plead with you: please, please, for the love of God, give people their transplants. They're not asking for anything else; they just want the gift of life. If it's there and it's possible, please give it.

I don't want to die, God help me. I'm so sorry.

Shawn Buckley
Don't be sorry.

Sheila Lewis
One thing I said I wasn't going to do was this when I come on. But I guess when you talk about it, emotions unfortunately get in the way.

Shawn Buckley
We appreciate your honesty. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen
Sheila, you have a purpose. And as difficult as this may seem right now, you are standing in the gap for every other Canadian who is experiencing the same—and standing up and fighting for justice and compassion in our country. Your testimony is a reminder that our government has lost— has forgotten how to govern. Your testimony is a reminder that our courts have lost their way in terms of justice. I don't know if you heard the woman here, but she's in the audience. And she said that we are praying for you in the name of the Lord Jesus, and we are. Keep looking up. And know that your testimony has given us a further purpose at the National Citizens Inquiry to continue to share the real-life experiences of Canadians. You matter.

Thank you for your testimony.

Sheila Lewis
Thank you. And thank you for your prayers.

Shawn Buckley
Sheila, there aren't any more questions. And the room is full, and there's people watching you live online. And I think I could safely say that every Canadian watching is very ashamed to be a Canadian right now. And on behalf of the National Citizens Inquiry,

[00:45:00]

we sincerely thank you for testifying, and you will be in our prayers.

Sheila Lewis
Thank you. Thank you for giving me the opportunity to speak on the National Citizens Inquiry, Shawn. And thank you for everything you guys have done. I appreciate it. And stay safe. Go home and hug your family.

Shawn Buckley
You can't see, but there's a standing ovation for you, Sheila.

Sheila Lewis
Thank you. I appreciate it.

Shawn Buckley
Thanks again, Sheila.

Sheila Lewis
God bless the people in Canada.

Shawn Buckley
God bless you.

[00:46:12]

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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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 7: Kristen Nagle
Full Day 1 Timestamp: 06:55:30–07:17:37
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Wayne Lenhardt
Our next witness is Kristen Nagle, and I think I have you on my screen. Kristen, can you hear me?

Kristen Nagle
Yes, I can.

Wayne Lenhardt
Okay, thank you. Oh, I was also told to say my name up here. I'm Wayne Lenhardt. So just as long as the commissioners don't make me take an oath!

Anyway, if you could say your name, please Kristen, and spell it for us. And then I'll make you take an oath.

Kristen Nagle
It's Kristen Nagel, K-R-I-S-T-E-N N-A-G-L-E.

Wayne Lenhardt
And do you promise that the testimony you'll give will be the truth, the whole truth, and nothing but the truth, so help you?

Kristen Nagle
Yes.

Wayne Lenhardt
Just to do a quick intro, you got your nursing degree in 2006, and your nursing licence. And you've been a nurse ever since. And things were going fine.

One item that should be mentioned is that, in 2018—interesting fact—the nurses union actually won a challenge to the wearing of masks during your employment, to the point you didn't have to do that anymore. Which is interesting as to what they did when COVID came along. Could you perhaps pick it up at 2018 and tell us what happened after that?

Kristen Nagle
Sure. It was several years of fighting with—our union fought for us—and it was because during flu season, from November till April, if you did not receive the flu shot you would have to wear a mask throughout your whole shift, whether you had symptoms or not.

So we fought for years. And finally in 2018, through our nurse's union, we won. The union proved that the masks were discriminatory and did not stop transmission of viruses. And we no longer had to wear a mask during flu season if we did not receive the flu shot.

Wayne Lenhardt
Two years later, what happened?

Kristen Nagle
Two years later I was shocked to see when they mandated the masks—not just masks but now goggles for virus that we had to wear throughout our entire 12-hour shift. We were handed four masks total for the shift to rotate through and everyone complied. After years of fighting to not have to wear a mask for this very purpose, right on the unit, everyone was back to putting on masks and this time, no end in sight.

Wayne Lenhardt
Okay, so what happened in your employment as the mandates came into force? Which would have been, what, 2020, 2021 in there? Just perhaps give us a timeline as you go.

Kristen Nagle
Yeah. March 2020 is when really things kind of got really heavy, I think—around the world, in Ontario, and in the workplace where I was working. I worked as a neonatal intensive care nurse. And yes, we had to wear the PPE—so the masks, the goggles—and a lot of restrictions were put in place on visitors.

Working in a neonatal intensive care unit, we have premature babies that are 23 weeks old. And sometimes they're in our unit up to 100 days or more. Parents had to wear a mask the entire time they were with their baby at their bedside. And we know from the 1960s Still Face Experiment that that's detrimental for a baby's development for anyone.

Parents were also— Only one parent was allowed at the bedside in 24 hours. A premature baby is a very scary, detrimental time, and they had to take in all that information by themselves and be alone and isolated at the bedside. They weren't allowed to share that with a partner.

If a mother had to have a C-section, even though there is a whole bunch of personnel in the room, the husband was not allowed to be in the room with his wife during the C-section. He was not allowed to witness the birth of his baby or support his wife. If the mother was put under general anesthetic, both parents missed the birth of their baby.

Sometimes we would have antenatal mothers and pregnant women that were in high risk, that were there for weeks, if not months at a time. They were only allowed one individual the entire time. They had to choose one individual that could come in and out of the hospital to see them, to visit them. And so that would mean going without seeing family, friends, loved ones, sometimes even their own children for that time.

[00:05:00]

It was quite sad, what was happening. I was speaking out about it. I'm also a holistic nutritionist and a mother myself. And I was seeing the harms that was happening. And being a holistic nutritionist, I knew that there was preventative measures. You know, there's things that you could do. You could—there's vitamin D and C and, you know, a whole bunch of things you can do through nutrition and things like that on a holistic approach.

I was speaking out about this to my colleagues. I was living life normally outside of work. I was not living in fear because I knew that the measures that they had in place—the lockdowns, the masks, the isolation—were actually causing more harm than good. My colleagues did not like that I was living my life this way and would put in complaints about me to management, saying that I was not wearing proper PPE. Because when I was sitting at a desk by myself, I'd put the goggles on my head to do charting, so that I could see. Apparently, that was scary for them.

I ended up being suspended from work in November of 2020 for being insubordinate for not wearing proper PPE. Prior to that, I had spoken out in September of 2020 at City Hall as a delegate about the harms of masks on children. After doing that, I received a flood of emails from parents about how their children were coping, which they were not, through this. Remember, the schools were shut down. They closed down the playgrounds, they closed programs and activities, and completely isolated children. And I was getting floods of emails from parents—of some as young as six years old, talking about how they hate their life and they were using parents credit cards to try and pretend to cut their wrists.

So I continue to speak out. And I'm feeling very emotional from that last testimony. It just reminded me of why we were speaking out, as well for the children and for all Canadians. I ended up hosting a freedom rally in my hometown in November of 2020. And CBC News picked up on that and completely defamed me. It was "LHSC NICU nurse Kristen Nagle puts premature babies in danger." Said I was a reckless nurse and of course, you can just imagine the slander that came from that.

My entire reputation and character was destroyed in my community. I was put under indefinite suspension at this time and then placed under investigation by the College of Nurses of Ontario. By this point, it was a 600-page disclosure of social media posts, things I had said, talks, and then reports from colleagues and people in my community that had written in about me after I'd spoke at City Hall in the rally.

So from then—no longer working, under investigation—I found another nurse, Sarah Choujounian, who was speaking out in Toronto. Her and I connected with six other nurses from the United States. We formed Global Frontline Nurses and we traveled to Washington,

D.C. in 2021 to speak at a health and freedom rally at the Supreme Court. This just so happened to be January 6th. I will admit that I was politically naïve. We just wanted to share what we were seeing: the harms that were happening from lockdowns and public health measures and what I was seeing in the community with children. We just wanted to do what nurses do, which is advocate for the public and to protect them.

When we flew home from Washington, D.C., Sarah, and I were both deemed domestic terrorists for the storming and rioting of the Capitol. We were terminated from our jobs and we were internationally defamed at this point. We received incredible amount of hate through social media, through other avenues that could reach us. And it was quite—it was a really hard, dark time. The RCMP even came to our house to ask about our involvement in the storming and rioting of the Capitol. I had nursing colleges teaching their students about me, about accountability and what not to do. "Don't do what Kris Nagle did in storming and rioting at the Capitol." So it was— Yeah, it was pretty dark.

However, after all the hate, a bunch of love and support came in. And many from nurses from around the world supporting us and wanting to speak out. But I think what a lot of people don't realize is that on December 16th, 2020, the College of Nurses of Ontario put out a statement

[00:10:00]

saying that nurses were not allowed to speak out about masks, social distancing, anti-vaccination, or anything to do with public health measures or they will be reprimanded and their licence revoked. This silenced nurses from speaking out and coming out and saying what they saw wrong.

We had this flood of support come in, anonymous, and so we decided to host a press release on January 25th of 2021. It was the first virtual press release that we had nurses, doctors, and other healthcare professionals come in. And we got testimonies from all across Canada: from nurses and PSWs [personal support workers] and healthcare professionals about what they saw happening in 2020 and 2021, the start of it. Empty hospitals, the emergency not busy, very slow, and then the harms that were happening to elderly patients.

I should say that, even in my unit, they told our respiratory therapists that they would have to float down to adult ICU because it was going to get so busy that they were going to need the extra help. And they never left our unit. They never had to float down—because ICU never got busy. They closed down an entire gynecology wing outside our unit as well for COVID overflow. And we did not see one single patient on that floor, it just remained empty the whole time.

So that was after January 6th, where we were defamed and we created Canadian Frontline Nurses. We kept going. Another nurse, Kristal Pitter, she was the first one to be defamed in the media and was put under investigation as well and terminated from her job. We held a rally, a protest in front of the College of Nurses of Ontario, to let them know that they would not silence us. We would not be bullied. We would not be scared from protecting the public and doing our job, which is advocating and protecting and doing what was right. So we held our rally on April 14th of 2021.

Sorry. She was doing good [the witness is tending to her baby]. She slept throughout the whole process. I'm trying to kind of continue on as best as I can, so I'm sitting on the floor.

Wayne Lenhardt
Okay, take your time.

Kristen Nagle
So we held that rally in front of the College of Nurses. It was the first ever regulatory body protest to take place.

Wayne Lenhardt
You got to participate with the truckers I think at some point, did you not?

Kristen Nagle
Yes. Yes, we did. We spoke across Canada, bringing awareness to what was happening all throughout 2021. We held the national hospital rallies September 1st and September 13th, which was all across Canada. It was in support of healthcare workers about the mandates because it was jab or job. We wanted to bring awareness to what was happening to the healthcare workers and that many were going to be terminated. And tens of thousands across Canada had been, whether it was termination, sick leave, mental health, or early retirement.

Yes—after the hospital rallies, we were again defamed, put under another investigation. So three investigations by our college at this point. We were defamed by the media. This time we actually were concerned for our lives and our children's. We were doxed: the threats were quite vile at this point and even threatening our children. All across Canada, it was the same statement: that we interfered with ambulance access; we stopped cancer treatments from happening; and we assaulted healthcare workers. Which was not the case, because we were there in support of healthcare workers.

So yes, after that, you're right, I was involved. We had a Canadian Frontline Nurses truck there. I was there personally every day at the convoy: boots on the ground, interviewing truckers, people that were there, listening to their stories about why they came, what brought them there, what motivated them. And I was there right till the very end when the police violently removed all the peaceful protesters from the streets. I myself was pushed down to the ground by an officer at that time.

Canadian Frontline Nurses and myself, we did put forward a lawsuit at that time too. We were the first one to put forward a case against the federal government for wrongfully invoking the Emergency Measures Act.

Wayne Lenhardt
I suppose the pinnacle for all of this was when you attended the rally at the Capitol in the U.S.

Kristen Nagle
Absolutely.

Wayne Lenhardt
And then you were labeled a domestic terrorist and you had a visit from a couple of RCMP, if I recall our discussion.

Kristen Nagle
Yes.

Wayne Lenhardt
And then did anything come of that?

Kristen Nagle
It did not,

[00:15:00]

because there was no involvement, so there was nothing to come of it.

Wayne Lenhardt
So as far as your job goes, you basically have had no income from 2020. Am I correct?

Kristen Nagle
Yes, you're correct.

Wayne Lenhardt
And you were terminated in early 2021 for that incident in Washington D.C.

Have you gotten any tickets along the way for this activity of yours?

Kristen Nagle
Yes. I received 11 summonses throughout 2021 as well as one $880 fine. The summonses were for going against the *Reopening Ontario Act*, speaking at protests and rallies. One of them so happened to be Easter service mass April 25th, 2021. I was attending the Church of God in Aylmer. And that case, that summons has since gone to trial. And I was found guilty and fined $10,000 plus court costs of $2,500 for attending church at that time.

We are appealing it. The judge would not allow the appeal to go forward without the fine being paid, so I have to pay the full amount of the fine before the appeal will be heard. Four others of those events are going to trial, so they're still pending four trials coming up. And then, yes, we have three ongoing lawsuits with our Canadian Frontline Nurses organization, which are quite large.

Wayne Lenhardt
I think I'm going to stop at that point and ask the commissioners if they would like to explore anything via questions. Yes, Ken.

Commissioner Drysdale
Good afternoon.

Kristen Nagle
Hi.

Commissioner Drysdale
When I was listening to your testimony and—obviously it's still very much in my mind, the previous person's testimony.

Kristen Nagle
Yes.

Commissioner Drysdale
And I think you said that the CBC had done an attack piece on you. Various media groups did, and then you were getting threats.

Kristen Nagle
Yes.

Commissioner Drysdale
You were getting hate email and threats.

Did no court intervene on your behalf and issue a gag order to the CBC or to any of the media outlets that slandered you? I ask that question because in listening to Ms. Lewis's testimony, one of her doctors claimed that they got one piece of email, a hate email, but didn't produce it in court. And yet she got the protection of a gag order.

Did you get the protection of our courts against this hate mail or this threatening mail you got?

Kristen Nagle
No. At one point I was scared. Especially after the hospital rallies, because they painted us, they actually stated— People believed that we had blood on our hands. That we, you know, hurt people. And I did actually think people were going to come after us. They posted our home addresses; they told people to show up. And it became scary about where I could go in public and where it would feel safe to go out, where I'd be welcomed or not.

But interesting enough— We unfortunately did not have a legal team when CBC put out that hit piece, that original one about me in 2020. But we did have a legal team in '21 with the hospital rallies. And we did put out a libel defamation lawsuit against Canadian Nurses Association as well as Together News Media, and they turned it against us. They used the slap-motion, the anti-slap, and they put that against us. And we lost. So it worked in their favour—to protect their voice and not ours.

Commissioner Drysdale
Were you surprised when the RCMP showed up on your doorstep? I'm assuming you thought they were there for your protection and they were accusing you of terrorism? Is that what they were accusing you of?

Kristen Nagle
Yes. Because they had reports that we were domestic terrorists and we were involved in the Capitol event, and so they were investigating who we were. And yes, I was surprised. I had two young boys at that time; they would have been five and two, I think. And yeah, we were all there together. And it was scary and very off-putting, absolutely.

Commissioner Drysdale
So obviously right now, you're making it known that you've been threatened and you've got hate mail and people are threatening you and you're afraid.

Do you expect that the law enforcement will come to protect you and offer you protection?

Kristen Nagle
I don't expect that of them, no. I used to have an officer that would— I got to know his first name and he'd knock on our door 8:00 in the morning to hand me my summonses that I got throughout '21. And after what I experienced in Ottawa, with looking directly at some of the officers in their eyes and filming them,

[00:20:00]

I was very close to them. I don't expect to have the same protection. No, I don't expect that.

Commissioner Drysdale
How much confidence do you now have in our legal system?

Kristen Nagle
Very little at this point. Very little. I've seen— Yeah, with even my one appeal—I'm trying not to say too much about our current legal cases. The one appeal, we put in an application for the appeal to be heard without the fine being paid. The Crown prosecutor suggested I pay $5,000, my lawyer suggested $500, and the judge came back and said he wanted all of it paid—the full amount. So $12,500 before the appeal will be heard. Still disciplining many of us.

There's a case going on right now with Sarah Choujounian where she's in disciplinary hearing with the regulatory body. And this is about social media posts that were put up. We're fighting for this under Canadian Frontline Nurses as well. We're fighting to get nurses back their voice because they've been silenced. We're supposed to be the last line of defense for the public; we're supposed to stand up to doctors; we're supposed to ask questions; we're supposed to critically think. This is what we're trained to do and they 've taken that away. And if nurses can't speak out, if nurses can't advocate for you, then I don't know who will anymore in that system.

Commissioner Drysdale
Thank you very much.

Wayne Lenhardt
Are there any more questions from the commissioners?

I think that's a no. So on behalf of National Citizens Inquiry, I want to thank you very much for giving us your testimony today. And good luck with the tickets in the future. Thank you again.

Kristen Nagle
Thank you very much. Thank you. Bye.

[00:22:40]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 8: Madison Peake (Parts I and II)
Full Day 1 Timestamp: 07:17:52–07:25:05/07:44:31–07:46:09
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

PART I

[00:00:00]

Wayne Lenhardt
Next up, we have Madison Peake. So Madison, if you could give us your full name and spell it for us, and then I'll do an oath with you.

Madison Peake
My name is Madison Peake, M-A-D-I-S-O-N P-E-A-K-E.

Wayne Lenhardt
And do you promise that the evidence you'll give will be the truth, the whole truth, and nothing but the truth, so help you God?

Madison Peake
I do.

Wayne Lenhardt
Okay, a little bit of background. You're 21 now, and you've just gotten your degree this year, a Bachelor of Science in Psychology. But you were at Nipissing College when the mandates came out and you were still working on that degree. Is that correct?

Madison Peake
That's correct.

Wayne Lenhardt
Maybe I'll just let you start and tell me what developed as the mandates came into force in—I think that would have been in, what—2020, '21? Tell us what happened, and I'll bother you if I need to.

Madison Peake
Okay. So in 2020, when the pandemic started, I was 19 years old.

I have three younger siblings and I'm testifying today to speak on behalf of my family in terms of the psychological turmoil that we were under throughout the past few years. So at 19, I was home alone when the pandemic was declared.

Wayne Lenhardt
The vaccine mandate didn't come in right away, but it did come in for students at some point. Am I right?

Madison Peake
Yes.

Wayne Lenhardt
You would have been forced to take the vaccine, but you applied for an exemption, correct? Tell us about that.

Madison Peake
Yes. My post-secondary institution required that all students be vaccinated to be on campus. I immediately applied for an exemption under religious reasons.

And I felt really guilty about even doing that because I knew that so many others were not being accommodated. I still don't know to this day why I was granted the accommodation, but I was granted the exemption while many others weren't. My institution constantly put out emails that were—

Wayne Lenhardt
Your exemption was on religious grounds, correct?

Madison Peake
That's right.

Wayne Lenhardt
And although you were concerned you wouldn't get it, they did give it to you at some point, did they not?

Madison Peake
They did.

Wayne Lenhardt
But also, your mother and father were employed, so what was happening to them?

Madison Peake
Yeah. My father worked for a private company full-time from home. His company put into place a mandate that all employees be vaccinated, regardless of where they were working. He was told he should apply for an exemption. He did and it was denied. He applied for the same religious exemption that I had applied with to my post-secondary institution. And so he was left from November of 2021 to March of 2022 wondering if he would be let off, but in the end he wasn't. Our whole family was struggling at that point with severe mental health issues. This was the first time my siblings and I had to face possible financial issues.

And especially I'd like to speak to what happened with my mom. She was able to keep her job, but she underwent a severe mental break in January 2022.

Wayne Lenhardt
And there are three younger siblings as well as you in the family, correct?

Madison Peake
Yeah. So my mother had a major anxiety attack.

Wayne Lenhardt
Did anyone end up on medication during all of this stress?

Madison Peake
Yes. I ended up on anxiety—anti-depressants. And my mother was dysfunctional at this point because she was concerned for her kids in the face of the mandates. So I escorted her to the doctor. I really didn't know what to do. We tried telehealth. And we ended up fighting to get her in an in-person appointment at our family doctor.

[00:05:00]

And at that point, she was prescribed medication and also given leave from work for two months.

Wayne Lenhardt
And you dropped out for a semester, correct, so you could look after parts of the family?

Madison Peake
Yeah. I made the decision at that point that I needed to drop out, so I withdrew from my courses for that term.

Wayne Lenhardt
What about church services? What can you tell us there?

Madison Peake
Part of the complication, mentally, for all of us: our faith community was stripped away. As many people were, we were barred from attending our church. My teen brothers weren't able to play badminton at the club anymore. My younger sister and my brother were no longer welcome at the volunteer symphony locally because they were unvaccinated.

Just without these community supports we all were just crumbling. And we still describe it to this day as some of the darkest times, our darkest days. The only thing that brought us through it was that our family unit was very strong. One of my brothers, at 17, lost 30 pounds at this time. I ended up taking him to the doctor to assess his mental health.

Wayne Lenhardt
And for a good while there, it looked as if your father was going to lose his job. Although it turned out that he didn't, but if that had happened, it would have been pretty catastrophic for the family, correct?

Madison Peake
Yeah. We weren't sure what we were going to do. Earlier on in the pandemic, we were debating whether at least the breadwinners should get vaccinated. The culture at school was so intense in terms of pushing the government's— We were silenced.

And the university did not give scientific sources for their reasoning for the mandates that they put in place.

[00:07:13]

PART II

[00:00:00]

Wayne Lenhardt
We're back. Just so everybody knows, we were off air just because we lost our internet connection.

So Madison, I'm going to start you back where I asked you the question as to what we could easily do to have made that situation of yours better?

Madison Peake
I would have hoped that our leaders and our institutions would have allowed for discourse. Allowed for conversation without silencing. Allowed for us students to critically think and investigate, and to not treat us as dumb by just giving us slogans—but giving us scientific reasoning, scientific studies, to back up what they were saying and what they were forcing us to do.

And I'd also— I think, for the future, it'd be important for all of us to self-reflect on how we've treated people the last few years. Whether that was actively treating people, saying things, or just passively watching as it unfolded.

If we can have compassion for the individual rather than some abstract greater good, that would probably go a long way. It would make us feel more supported as youth and as young adults.

Wayne Lenhardt
Any last questions from the commissioners? No.

Okay. So Madison—

[Livestream cut off again].

[00:01:36]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 9: Mallory Flank
Full Day 1 Timestamp: 07:49:07–08:38:00
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. We apologize: the internet has gone down now, I think, three times in the last half hour, so please be patient with us. Hopefully things will go okay from here on.

Our next witness is Mallory Flank. Mallory, I can see you. Can you hear me?

Mallory Flank
I can hear you.

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

Mallory Flank
It's Mallory Flank: Mike, Alpha, Lima, Lima, Oscar, Romeo, Yankee, and then Foxtrot, Lima, Alpha, November, Kilo.

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

Mallory Flank
I do, yes.

Shawn Buckley
Now, Mallory, you're here to share about your experience with the vaccine. I'd like to start by asking why you chose to get vaccinated.

Mallory Flank
I was actually mandated for the vaccine in Alberta. It was required for all healthcare professionals. So in order to work, I had to be vaccinated.

Shawn Buckley
And I'll just back up. I forgot to introduce that. So you were a critical care paramedic deployed overseas. You were also a medical student.

Mallory Flank
Yes.

Shawn Buckley
Yeah, so when you say it was mandated, you mean as a health care worker it was mandated for you.

Mallory Flank
Yes, it was mandated for me.

Shawn Buckley
Okay, so that's why you chose to get vaccinated. Can you tell us when? Or I can lead you on that if you want. I know it's May 14th, 2021.

Mallory Flank
It's been just over two years now. It was definitely May 14th 2021.

Shawn Buckley
Tell us what happened.

Mallory Flank
Within ten minutes of getting the vaccine, I had an anaphylactic reaction to the vaccine. I started off with hives, hoarse voice, started coughing, had some stridor, which is that nice high-pitched squeal that comes out when your throat starts to swell. My tongue was swollen, face was swollen.

Thankfully, we had some medication and stuff with us, so we were able to mitigate most of the reaction right away. Following that point, I ended up having more reactions. The following day, I ended up going into the ER, utilizing epinephrine.

Shawn Buckley
I'm just going to slow you down. So the first day you're having these reactions. What, in addition, started happening the second day?

Mallory Flank
The second day the reaction was worse, so in that sense— We kind of weren't really expecting it to go like that but the reaction was infinitely worse, to the point where I had to use an EpiPen. After that happened, we went to the hospital.

Upon getting into the hospital—I was kind of rushed in on that one—I was given more epinephrine, a bunch of antihistamines, some steroids, and then watched for a bit and then sent home.

Shawn Buckley
Okay, so you end up in the hospital that day, so that's May 15th. Now my understanding is basically you were in the hospital every day until you were admitted, like May 15th to May 20th. Can you kind of walk us through those days and tell us what happened?

Mallory Flank
For sure. So essentially the same things was happening, except they were just randomly coming on. We weren't really understanding what was going on. On a daily basis, I was ending up having to use EpiPens. Because of course I was sent home with epinephrine from the first time I went to the hospital. So the Sunday, same thing happened again, ended up back in the hospital, ended up getting kind of the same roll, with the steroids, the antihistamines, more epinephrine, sent home. That happened every single day.

And then we switched up hospitals because we were told to avoid our community hospital because they weren't well-equipped for airway issues. So they said if there are any airway issues, try to go past and go to a bigger facility. So that's what we did. And on that one, I think it was three EpiPens on the way into the hospital.

Shawn Buckley
So I'm just going to slow you down. Prior to being vaccinated, would you be using EpiPens?

Mallory Flank
No.

Shawn Buckley
Did you even have EpiPens?

Mallory Flank
No.

Shawn Buckley
Okay, so the hospital is sending you home with a lot of EpiPens.

Mallory Flank
A prescription for unlimited.

Shawn Buckley
Okay. Just for those that would be watching your testimony that aren't familiar with what an EpiPen is, can you explain to them what an EpiPen is and why it's so important?

Mallory Flank
For sure. So this is what it looks like.

[00:05:00]

But the EpiPens are set with a specific dose amount of epinephrine. The epinephrine is designed to kind of help take down the swelling. That way your airway—like, if you can't breathe, it should take it away enough that you're able to get some air in. It's not an end-all be-all, though. Like, I've had to use upwards of six plus. There was one day I think it had ten. So it's equipped to stop reactions but at the same time, it is a very limited time frame that it does it in.

Shawn Buckley
I'm just going to slow you down again. Like, if somebody— We hear about people that are allergic to bees, where they're going to die if they get— That's what they have to carry with them every day in case they get stung. And if they don't get that in, they're not going to be able to breathe.

Mallory Flank
Yes, that's exactly it.

Shawn Buckley
You were experiencing this up to ten times a day, where you wouldn't be able to breathe unless you used an EpiPen?

Mallory Flank
Yes.

Shawn Buckley
Yes, okay. I just wanted people to understand how serious what you're going through is. I'm sorry, I'll let you carry on, but I think it's important that people understand. This is actually life and death if you don't have an EpiPen.

Mallory Flank
Yeah, I would have died if I hadn't had an EpiPen with me. Even now, I have to carry six with me at any given time. So it's very important to have around. In that first week, we ended up bypassing and going to a different facility. Same thing kind of happened there. Same medications given, several rounds of Epi, discharged again. I went back the next day,

actually by ambulance—because I had a massive reaction trying to get a prescription for antihistamines that was given to me the previous day. And when we went in there, the poor pharmacist: she was actually on the phone with the GP that was assisting with what was going on with me, and getting orders, and then throwing us medication that could be injected. So like, injectable Benadryl, several EpiPens, then called EMS, went in by EMS; they gave, I think, two rounds of Epi in the ambulance, went back once we got to the hospital, another round of epinephrine, more IV antihistamines.

And then at that point, I had a scope that was done about three hours past being treated. So of course, they just saw redness and whatnot in there, but I was supposed to be admitted on that one. I was told by the ER physician, who was the same one as the previous day: unfortunately, this time when he saw me when I came in, he's like, "Oh, it's you again." And kind of rolled his eyes and then didn't treat the situation as seriously as the previous day. Which I don't understand what happened, with this change in mentality for it. However, in there again, the nurses were advocating for me. I kind of hung out in there. Reactions happened a couple of times. I was treated for two of them and then another one happened and they were kind of hemming and hawing about actually doing any treatment. We ended up being treated for it eventually, but again, then discharged afterwards. He changed his mind, so he discharged me again. And then finally on the Friday, I was admitted to the University Hospital.

Shawn Buckley
So that that would be May 21st by my count.

Mallory Flank
Yes.

Shawn Buckley
And your vaccination was on May 14th. So basically, for seven days you were having to go to the hospital every single day and then finally they just admit you.

Mallory Flank
Yeah, my partner injected me with Epi in the middle of the night because I didn't wake up to my airway being compromised. The high-pitched squeal from the stridor woke him up.

Shawn Buckley
How long were you in the hospital before you were released?

Mallory Flank
I was in the hospital for seven days, five of which were in the ICU.

Shawn Buckley
Okay, so tell us about that. I mean, ICU, that means you're on death's door with like a one-on-one nurse.

Mallory Flank
Yes. I had initially been put into what they call iCare, which is like an intermediate version of it where I'm completely monitored, but the nurses aren't one-to-one. But I had so many calls with the medical emergency team because I needed epinephrine and immediate intervention for reactions that it got to the point where I was too unstable to be able to sit there in that area. Because that team was called, I think, six times prior to me being put into the ICU.

So they brought me down to the ICU so that I could have that close monitoring. So when a reaction happened, they could be right there and they had everything available to them instead of being locked up in cabinets.

[00:10:00]

My partner did have to come and treat me a couple of times. He had medication with him. Because in ICU they don't have the stuff immediately available. And because of that, any delay of course causes bigger issues. When they weren't able to source the medication, they weren't giving me the medication I required on time, that kind of stuff: it all kind of compounded and then reactions would start to happen. And then of course, the med team would be called, the team would come in, and then they would treat according to what they had; or just watch, whichever, because most of the time we had it treated with Epi by the time they got there. And then finally, after having to tell one of the physicians exactly what our background was and what my background was, he finally went, "Oh, she's like me, just without the certificate." And this is coming from an ICU physician. And he said, okay.

Shawn Buckley
I'm just going to slow you down there for a second. So what are you reacting to? Because it's your throat that's swelling, am I right?

Mallory Flank
Yeah.

Shawn Buckley
What are you reacting to where you're needing this constant epinephrine?

Mallory Flank
We did find out a couple of months later that I do have a severe allergy to the S1 protein. That is what was causing the reactions.

Shawn Buckley
I'm going to slow you down. This protein is in the vaccine, right?

Mallory Flank
It is. And it's what is developed by the mRNA vaccine so that you can create the antibodies to attack it, which means your antibodies also have a component of it. So as long as there is even a tiny version of the S1 protein in my body, I will react to it.

Shawn Buckley
So for two weeks, you could die at any time, except you're getting these EpiPens. And it's death by suffocation. What was that experience like for you emotionally and mentally?

Mallory Flank
It's scary. I mean, I've transported really sick patients. I've been a part of people with anaphylactic reactions and that kind of stuff. But I was not ever anticipating to be someone to experience something like this. To have it happen so frequently, on a daily basis, is scary. I don't know what's going to happen. Even now, I don't know what's going to happen. When it does happen, you fear for your life. I hate to say this: I've kind of gotten used to it a little bit. It's not as right in your face, but that initial phase is so scary. I didn't think I would ever see my children grow up. I thought the last time that I spoke to them, prior to going into the ICU, was the last time I would ever see them again.

It's just, it's a horrible, horrible experience. It's so incredibly difficult to put into words what it's like. I guess, to showcase it would be the equivalent of, you know, in the movies where mobsters and stuff like that, they'll put a plastic bag over somebody's face and then you can see them trying to suck in the air and there's nothing there and they're panicking and scratching at their neck? That's what it's like. Even now, I have to do this to pull my shirt and stuff away from my neck as it swells. Like, you can probably see now my neck has actually swollen a little bit. But it's very, very scary. And it's scary for people around you that know you too, especially when your hands are tied and you can't do anything to help.

Shawn Buckley
Do you mind us discussing the email you sent me earlier today?

Mallory Flank
Not at all.

Shawn Buckley
Okay, so basically, you knew you were going to be testifying. And you basically were communicating that you're having a bad day and you might actually have an attack while you're testifying, which is why you have an EpiPen right there. It's just because otherwise, you could die in front of us.

Mallory Flank
So yeah, I thought I would give you the heads up just in case. You hear my voice is changing a little bit. I've got an EpiPen, I've got even IV Benadryl and I have half bag of fluid that's behind me that's still running.

Shawn Buckley
I'm sorry, I didn't even notice. So you have an IV bag behind you that's running, so it's dripping into you. What's in the bag?

Mallory Flank
It's just a saline at the moment, but I have drawn up medication, Benadryl—

[00:15:00]

the injectable version—because I have a central line still in.

Shawn Buckley
Okay, so can you just show us that again for the camera? So this is normal for you, right? To have an IV line into your arm so that you can inject Benadryl directly into your system rather than have to ingest it because your throat will be constricting.

Mallory Flank
Yes, and to provide fluids and whatnot. After a reaction, most often I'm not able to eat or digest stuff. And the more reactions that happen, the worse that gets. I can't break down pill capsules, I drink a lot of the medication. The IV stuff works infinitely faster as well, because I don't have time with some of them where I've gone unconscious in less than thirty seconds. Even the other day, somebody was smoking outside and the door was partially open, and the smoke came in. I ran to the door to close it, managed to close the door, and then just collapsed down because I was so dizzy. My dog had brought me an EpiPen and helped me with its administration. So it is dangerous. Like, it's scary and dangerous and little things set it off. So it's difficult to live with.

I'm thankful for having the central line in right now because it's what is saving my life when it comes to having to administer medication quickly.

Shawn Buckley
And I just want people to understand: it has been a full two years since your single shot.

Mallory Flank
Yes, two years. Now it caused autoimmune disorders. So essentially, it's a secondary mast cell activation syndrome where my body attacks itself. It also causes me to be reactive to pretty much everything in my environment. They call it being allergic to life. Prior to this, I had three allergies to medications. Now—

Shawn Buckley
Right, okay. So when you say three allergies, you mean you were allergic to three drugs?

Mallory Flank
Yes.

Shawn Buckley
So you weren't allergic to cats or dogs or pollen or anything like that. You were able to go out and do whatever you wanted?

Mallory Flank
Yes.

Shawn Buckley
Until May 14th, 2021.

Mallory Flank
Yes.

Shawn Buckley
And then you haven't had a single day off?

Mallory Flank
That single day. And now, every single day, I have reactions. It doesn't stop. I'm on a lot of high-dose antihistamines and medications to try to suppress the mast cell response; lots of supplements, specialized diet. I get exercise-induced anaphylaxis, so I have to be careful. My heart rate can't go above 110, otherwise it causes a reaction. Stress will cause it, environmental stuff. Like, the smoke right now is predominantly what the issue is. And even yesterday, the smoke in general has been pretty bad. But it causes, again, reactions that require epinephrine and Benadryl.

Shawn Buckley
I'll just slow you down. Because you live in Alberta and people here in Ottawa and people online may not understand that there are forest fires happening in Alberta, and so there's smoke in the city you live in?

Mallory Flank
Yes, almost the whole province is on fire. We're well coated in smoke and ash across the province. It's pretty bad here at this point. I think we're on, "very severe" is the risk level for us. It's a ten plus.

Shawn Buckley
Now, you've told us that you've got mast cell activation syndrome, which basically makes you allergic to life. I wanted to just, before we go on: you had an episode where you actually became allergic to your own hair?

Mallory Flank
Yes.

Shawn Buckley
Can you tell us about that and then I'm going to pull up some photos from your website.

Mallory Flank
For sure. It was August 2021. I had been progressively becoming more allergic to stuff as we went along, so I would all of a sudden have reactions to random things that I had never been allergic to ever in my life. And then at one point, something weird was going on. I was

developing, like, sores and stuff on my head around my hair follicle. And it turned out that the mast cells were actually attacking my hair follicle,

[00:20:00]

so I still have some bald spots from it. But because of that my hair would fall out. We just kind of went to the point where, like, "Well, we'll just shave your head and see what happens," which helped exponentially because even my hair touching my neck or my face would cause swelling in that area. It was completely out of the blue. Now I use shampoo that has Benadryl in it to kind of mitigate that aspect, but it was, again, something that we didn't even consider and something that's so odd, right; it's the epitome of your body attacking itself.

Shawn Buckley
Okay, I'm going to pull up some pictures. David, if you want to put the exhibit up that I have on the computer at the lawyers table up. So now you have a website because you want to share your story with people. And we've entered your web page as Exhibit OT-12. And can you just explain to us these two pictures here? And then I'll scroll down to the next two pictures.

Mallory Flank
For sure. The first picture is my daughter and I. This is before getting the vaccine, so it is in early 2021. And the following picture is partially of a reaction. So that's some of the swelling that's from a reaction. And it is after my head was shaved. From the looks at the back, I was in the hospital at that time. So that is a photo of me in the hospital having a reaction with my face swelling up completely.

Shawn Buckley
Okay.

Mallory Flank
And at this time frame, my weight can fluctuate up to 30 pounds in 24 hours from just swelling alone. This is, again, one of those incidents that— I had been put on steroids as well, so it didn't help. This actually makes that part infinitely worse. So that is—yes, just a lot of swelling.

Shawn Buckley
Okay, so I'm going to scroll down. And I'm thankful that you had sense of humour, even doing the Dr. Evil pose.

Mallory Flank
I had to.

Shawn Buckley
So share with us these two pictures.

Mallory Flank
The first one is a picture towards the end of my time frame when I was working overseas, so that is late 2020.

Shawn Buckley
And that's when you're working basically as an emergency paramedic overseas.

Mallory Flank
Yes.

Shawn Buckley
A critical care paramedic.

Mallory Flank
Yes. And then, the next picture is two days after we had shaved my head, when all the swelling had gone down out of my face. So we had taken a picture that just had a "before" and "after" of what had happened. We're joking around because, I mean, it's weird having a shaved head when you've never had one before.

Shawn Buckley
Right. And so for the swelling, I'll just scroll up so people can compare. So everyone, just have a look at the Dr. Evil shot, and again, it's important to have a sense of humour. So you see the difference there in swelling. That's why you put those pictures on your website, as you wanted us to understand—or just anyone to understand—what you were experiencing. So David, you can take that down so we can see Mallory again.

So Mallory, you told us about mast cell activation syndrome. My understanding is you also have POTS, and can you tell us about that and what that stands for?

Mallory Flank
Sure. So POTS is, again, an autoimmune disorder. It is a disorder where your nervous system, its automatic functions don't function as well. So it's Postural Orthostatic Tachycardia Syndrome. So postural, meaning changes in position make my heart rate go extremely high. If I go from laying down to sitting or standing, my heart rate could go, say, from fifty to one hundred and thirty. The blood doesn't return as easily back to my heart to be able to get to my brain. So then of course, it causes a lot of dizziness. You get a lot of kind of pressure in your head. Sometimes I've passed out from it. You get, like, a tinnitus sound afterwards. So you get that high-pitched, like, whistle for quite a while in your ears. It can cause extreme pain in your head with that pressure. And then finally, say, if I were to sit down or return to the previous position, it would go away within about thirty seconds.

[00:25:00]

But again, each time I have to get up I now have to get into a position and wait in that position in order to be able to get up into another position. So if I'm laying in bed, I have to sit up and wait, and then I have to stand up and wait, and then I can go and walk around. So it's very frustrating, but—

Shawn Buckley
Okay. I want to now talk about your interaction with the Alberta health care system. Because my understanding is that for the first time in your life, you got calls from AHS, which stands for Alberta Health Services. They never call you for any other purpose, but they call you for the purpose of your vaccination. And can you tell us about those calls? And then I also want you to tell us about doctors filling out reports and whether you found those reports to be veracious.

Mallory Flank
Okay. So the calls that I got, the first two were from a nurse who was calling in regards to the vaccine reaction. So she got all the information down. She found out that I was still having reactions on a daily basis and that we were kind of trying to find help to deal with it. She called a second time just to see if I was still having reactions and then to see if anything else had progressed. She was lovely. She did say that the immunologist would potentially call if they thought it was an important aspect for them to make contact on.

The immunologist did call several months later. And at the time, I was in really bad condition. I was having multiple reactions per day. Even when she called, I had just had a reaction, so I was exhausted in speaking with her. And on that phone call, she, as I was speaking, she'd be like, "mm-hmm, mm-hmm, mm-hmm," and then I would get interrupted and she would say— One of the comments was, "Well, there was a woman in ICU that had a reaction to the first shot, but she received her second shot successfully." Which to me, at that time, that didn't really pertain to the situation. Also, everybody's different. Chances are that woman and I do not have the same physiology or had the same response. We don't know why she was in ICU, the whole nine yards.

Shawn Buckley
Right. So just to be clear: she actually told you to get the second shot, didn't she?

Mallory Flank
She did, yeah. She told me that I needed to get the second shot. She wanted me to schedule a second shot with her right there. She said, "Well, if you are that so scared about this, I can have the pharmacist split the dose in half and I can stand there and watch while they give it."

Shawn Buckley
I just want to make sure that I understand what you're telling us: so you've basically become completely disabled, where you're only alive on a daily basis because you're jabbing EpiPens into yourself, and the immunologist is telling you to go and get a second shot?

Mallory Flank
Yes.

Shawn Buckley
Had this immunologist ever seen you as a patient?

Mallory Flank
No.

Shawn Buckley
Just phoning from AHS and telling you to get a second shot?

Mallory Flank
Yes, and then she phoned my GP at the time as well.

Shawn Buckley
To tell your GP to tell you to get a second shot?

Mallory Flank
Yeah.

Shawn Buckley
Now, my understanding is that you have concerns about some of the reports the doctors have written. Can you share with us that?

Mallory Flank
Yes, so when I was admitted into the hospital for a month, the majority of the time, the physicians wouldn't be around when reactions happened. However, the reports that went in said that, "Oh, yeah, she had all these reactions. We didn't see anything happen on our full assessment. So we think that, we don't know exactly what's going on and she's administering EPI three times a day all of the time. She's administering Benadryl all of the time. So we think that she has an addiction to Benadryl. We have concerns that this is psychiatric in nature." And essentially, it was a lot of, "We saw nothing happen."

Now, when you look at the nurses' notes, the nurses' notes document all of the swelling and documents that they were unable to get a hold of the physicians. It was documented that they were not able to get medication orders because the doctors refused to give them. There were times that it was documented that I didn't have a reaction,

[00:30:00]

and yet because medication was withheld for so long for the reaction, I was out—vomiting everywhere in the room, not able to breathe, and just everything is coming out. It was ridiculous. Completely swollen, my eyes swollen shut.

The reports that went, those are the progress notes that the physicians do. And those are the notes that go to the specialists. Those were sent to the specialists. They didn't include the fact that psychiatric evaluations had been done and we had been told that everything was fine, that the reactions were actually happening, that they couldn't have been induced in any other manner. Like, it's not psychiatric in nature. So it was really frustrating to see that they had actually changed everything, hadn't assessed me.

None of the physicians actually did a full assessment, barring one: one out of the nine did a head-to-toe assessment. The others, even if they came up to talk to me and they would document that they did a full assessment and what they found, but there was no assessment actually completed.

Shawn Buckley
We're getting a little short on time. But I want a full answer on this next question, and then I'm going to lead you on some financial stuff. I want you to take your time on explaining the impact on your children and on you because it's affected your ability to care for them, and I want you to share that with us.

Mallory Flank
Yes. So my daughters— Starting off, we didn't really know what was going on. I unfortunately was unable to look after them because of how sick I was, so I lost a lot of parenting time. Plus, some of the reactions happened in front of my kids. One was because my daughters had cats at the time and I, all of a sudden, was a little bit deathly allergic to cats. And her jacket was in the bathroom and I had gone into the washroom for maybe ten seconds and had a massive reaction, came out, and I was having a hard time breathing, I was turning grey, my lips were blue, and my daughters were right there in front of me. So my partner of course explained what was going on. He put an IV and treated me and we asked them to go in the other room and then he went and he spoke to them afterwards.

We've had to try to normalize what's going on with me because of the number of times I've had reactions. So they're very well-versed now with EpiPens and stuff like that. And that's just— I mean, general knowledge-wise, it's wonderful. But I have been kind of pushed on by the court system and by my ex—in the sense that me being the way that I am, they don't want to deem it as being normal—that if I have to treat something, the kids can't ever see anything that's happening. I can't show them when I'm sick. I can't show them that I'm having a reaction, all because it shouldn't ever be normalized that this is happening.

These are permanent issues.

Shawn Buckley
I just want to stop. So you're in family court and the family court's basically telling you: you can't live the life that you have now been dealt in front of your kids?

Mallory Flank
And if I have to go away for treatment if it's for an extended period of time, I would have to reapply for things like parenting and whatnot when I come back.

I've lost so much time with them, the more I react, the sicker I get, and then I can't look after them. It's horrible to know that they're so close yet I can't be with them because I'm too sick to be able to facilitate what they need.

Shawn Buckley
Just hang on a second. We've lost sound, so just hang on a second. Can you talk again? I think we've got it back. There we go.

Mallory Flank
Like even this week, I've had to give up parenting time because of the smoke and I can't leave the house, so I can't facilitate anything for them. If people come in and out,

[00:35:00]

it brings smoke into the house and then I have anaphylactic reactions, so it's a very difficult balance. My daughters want, like, to bring friends over and they love animals and whatnot. Of course, we have parameters in place for safety purposes. We're able to mitigate a lot of the stuff so that they have some normalcy for everything.

But again, at the same time, things like wildfires and stuff like that, things that I can't predict, I end up losing parenting time because of it because I can't facilitate being a parent. I miss that time. I can't advocate for what they need. And then it goes into the court system as, "She's too sick to do this and do that, is she well enough to make decisions, is she well enough to actually be a parent?" And it's hard to hear that because this isn't something that I asked for to begin with. Like, nobody would ask for something like that. But it came off of me doing what I thought was right at the time I'm mandated so that I could facilitate bringing income to support our family.

And then all of this stuff happening and me not being able to see my daughters, having to go and stay with my parents in a different province, having to seek out-of-province care—again, time frame away from my kids. And my partner has lost jobs; my parents have had difficulty with this as well. And then to see what happens on top of that? Like, my daughters saw me almost die a couple of times. They're eleven and thirteen, so they were nine and eleven at the time that this started. And that's not something a kid should ever have to see. They should never have to see their parents go through something like that in front of them over and over again.

At that time, of course, we didn't have control over it. The reactions were much worse and we couldn't anticipate when they were coming. Now it's easier and it's trackable. But to have them see that and have to deal with that and not know. When I talk to them on the phone, they can see one of the reactions happening or, if I'm not feeling well, have them worried. Because they don't know if they get to see me again even in the hospital. There was one really bad reaction that wasn't treated properly to begin with. I thought that was the last one that I was going to have. I thought that the conversation I had with them three days prior to that was the last one I would ever have. It's horrible.

Shawn Buckley
I'm just going to rush through the financial stuff, just so that it makes it into the record. But you had been employed by the U.S. government in casualty evacuations for a special evacuations medical team—basically, you know, war zone stuff. And you were also a medical student. And because of this you can't work and you couldn't be a medical student. Your parents have basically used up an enormous amount of their savings to help you out. You've paid over $200,000 out-of-pocket for treatments and you're still extremely sick. And it's really too expensive for you to live on the small disability pension that you're now on. So this has just been a financial disaster for you and your family.

Mallory Flank
Yes, absolutely. It's destroyed everything; we've lost all that we have. We used all of my pension that I had built for years, used all of that to pay for medical. Like you said, my

parents' retirement fund, again, used all that for medical. I still have to pay out-of-pocket for stuff; like I need to see a specialist in the States, that again comes out of pocket. Nothing has really been covered. Only recently— So it's only been a few weeks that I was actually approved for the provincial disability. Then this is two years later and it's off of course, the diagnosis overarching being post-vaccine reaction syndrome. And like,

[00:40:00]

how do you expect to function? My costs for medication alone: we're sitting over $8,000 a month.

Now of course, a lot of it is covered. It's not all covered. But I require specialized purification systems, specialized water treatment systems, all of the stuff that can be used in the house for cleaning: that stuff has to be specially ordered. When it comes to clothing, shampoo, conditioner, that kind of stuff, personal care items: all has to be specially ordered. There's nothing in our life that I can use that is commercial. And we've tried and tried over and over again to be able to find ways around it that were cheaper, easier, that kind of stuff, and we can't, so life—

Shawn Buckley
And Mallory, I'm just going to, for time, cut that short. And I'm going to ask the commissioners if they have any questions for you. And they do.

Commissioner Massie
Good afternoon, Ms. Flank. Thank you very much for sharing with us your very touching horror story with a touch of humour. I mean, I appreciate that you still struggle to keep up with that.

My first question is: Did I understand well from your testimony that they were asking you to get a second shot? Does that imply that they didn't appreciate the seriousness of the side effect from the first shot? Did they acknowledge it at all?

Mallory Flank
There is no acknowledgement whatsoever on what I said and what was documented for what was going on. It was just a blatant "uh-huh, uh-huh." You could hear kind of writing down a few things. And then, "Okay, so we're going to schedule your second shot." And there was no ask or no follow-up of, "Hey, maybe we need to get you in to see her," whoever, as an immunologist, to kind of nail down what was going on; or go to one of the adverse vaccine reaction clinics. There was none of that. After that conversation with her my report was removed from the provincial system. And that's when nobody can find it anymore. No physicians have been able to access it since that point. It was like I didn't exist. So the reaction didn't exist. Moderna didn't find out, actually, until a couple of months ago when I contacted them.

It was a blatant, "You're getting the second shot." And any way to get it done was how it was going to happen.

Commissioner Massie
So does that follow that the healthcare system will never compensate for vaccine injury in your case?

Mallory Flank
I'm not sure. I mean, vaccine reactions happen all the time. They've happened with every vaccine. We should have been learning from this one, not just blockading what was going on with it. There was a huge stigma attached to it. There still is. It's not as bad as it was before but during that time frame, as soon as anyone found out that this came from the vaccine, I wouldn't get treated or I would be treated completely differently. And it became really frustrating. And the fact that we couldn't actually get proper treatment was also a big component of it. It has, I guess, assisted in making me permanently like this.

But the Alberta government, of course, is who approves the disability stuff. And when my application went into H, which is the disability component, it went in as post-vaccine reaction syndrome, and that is what I was approved on. So I think the acceptance is there from that side of things. But it'll be a matter of still working through and it's practitioner-dependent. So it's a little bit difficult, it's hit or miss if I end up going into the hospital. But now I carry out a wad of paperwork and assigned protocol and stuff like that so I'm treated properly. Versus having to explain everything over and over again and then getting the dodgy, "Oh, maybe we'll get psych down and we'll get them to talk to her first" and whatnot.

But yeah, I don't know if it'll change anybody's mind. I'm hoping that the province takes it into consideration as to what's going on, that there are a lot of people that have had issues. So that recognition, I'm hoping, will come fully—like come full loop—but it is up to those who are in charge and those who want to encompass and learn.

[00:45:00]

But you can't learn unless you accept and acknowledge, so—

Commissioner Massie
What's the prognostic for your current situation? Is there any hope that this will improve over time with any specific treatment? Or is it something that is completely, for the time being, not well-understood?

Mallory Flank
Right now, they're saying it's not well-understood because I have a kind of an off-variant of mast cell. It's a very multi-level immune response, so they don't really know what's going to happen. They do know: now that it's been like this for two years, we haven't really seen improvement unless I can live completely free of any type of allergen or trigger. Not exacerbated in any way, the symptoms can kind of resolve. I still have reactions, but they don't escalate as quickly.

But then if I'm exposed over and over again, it starts getting back to the way it was right at the beginning. So it's very hit or miss right now. There are treatments. If I had actually been treated in hospital properly in the first month, I would have been completely fine. This wouldn't have escalated to the point that it is right now and become permanent. There are treatments that will suppress my immune system. I still haven't been able to get access to them because no one will take my case.

It's a little hard when you can't get someone who's actually willing to look at the fact that it did come from the vaccine. And that it is a huge problem and that there are tons and tons of symptoms and it's dangerous. Still waiting on that fact to be able to access the proper testing and the treatment to go with it. With that treatment, it could potentially allow me to come off of some of the medications, live a little bit more normally. I still have to be well aware of the allergens and triggers and still have a lot of safety mechanisms in place, but it could have a better effect for me. Outside of that, there isn't anything else. I will be like this for the rest of my life. And we don't know how long that actually is.

Commissioner Massie
I'm wondering: When you took the decision to get vaccinated because of your work that you didn't want to lose, but you had already allergy conditions before the vaccination. So were you specifically warned that under those conditions, you might experience more side effects because of your previous condition?

Mallory Flank
No, not at all. There is no warning of it. We did a ton of research on the vaccines. The reason I used Moderna was because Pfizer couldn't guarantee that there wasn't penicillin or sulfonamides in their vaccine. And I had allergies to both of those. So we stepped away from that one and utilized Moderna.

But not once was anything ever said that that would cause any extra reactivity. We did find a study afterwards that showcased people with those types of allergies. Especially female had a higher incidence of severe reactions to the vaccine, which would have been nice to know ahead of time. But again, it was a small group of individuals off of one of the primary studies. But nobody said anything here. It was actually, in the U.K., it was part of their algorithm where it was one of those, "Yeah, you need to see somebody before you get it." Here it was just, "Get vaccinated."

Commissioner Massie
Thank you very much.

Mallory Flank
Thank you.

Shawn Buckley
So Mallory, there being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story today. It's been very valuable.

Mallory Flank
Thank you very much. I appreciate your time.

[00:49:19]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 10: Adam Zimpel
Full Day 1 Timestamp: 08:39:00–09:03:50
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Wayne Lenhardt
Our next witness is going to be quite unusual; let me explain what's going to happen first. This is a fellow who is severely disabled. He is in a wheelchair and we're going to put his picture up on the screen. And what he does is: I can ask him a question, he will hear it, and then he types into his computer. The computer then becomes a person and takes the typed message and gives it to us audibly. So I'm going to be leading him more than I normally would. I'll try to give a question with some information in it that he can answer "yes" or "no."

So that's what's going to happen now. I believe he is on the feed right now. There's a picture of him up there. So let me do an oath with him first.

Adam, your name is Adam Zimpel, spelled A-D-A-M Z-I-M-P-E-L. Do you promise that the testimony you will give today will be the truth, the whole truth, and nothing but the truth, so help you?

Adam Zimpel
Yes.

Wayne Lenhardt
That was a yes into the phone. Okay, let me just explain who you are to the commissioners and then we'll see how we can do this. You're a 39-year-old man who's severely disabled. And in early 2020, you got a job working as a travel agent, which was your dream job. Is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
Thank you. The clicking that you hear, by the way, is his typing on his computer. Because of the COVID in 2020, there was a declaration of a state of emergency in Ontario. And at that point, you basically lost this job as a travel agent, is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
Thank you. At that point, your life routine significantly altered in the sense that you lost all of your personal support workers and your mother had to become your primary caregiver. Is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
Because you would work from home as a travel agent, in the evenings you normally would like to go out and socialize. But once the mandates came in, that was taken away from you. Is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
You never did get the so-called vaccination and you refused to take it. And at this point, you are still not so-called vaccinated. Is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
As the lockdown continued and the passport system was rolled out, not having taken the jab, you would not have been able to do much in the evenings even if you had been able to go out. Is that correct?

Adam Zimpel
Yes.

Wayne Lenhardt
I think it's pretty obvious that you've been impacted far more than most people would have been impacted by this, these mandates and whatnot.

At this point, I think I will let you tell us anything else that you would like. We will listen for the computer clicks. At this point also perhaps,

[00:05:00]

the commissioners could be thinking of any questions they might have. Perhaps you could do that for us. And if you have your mother or someone there, perhaps she could indicate to us when you're done.

Adam Zimpel
I like to eat at a local restaurant—like, neighbourhood. That was brutally taken away. Even McDonald's was deemed dangerous. During the weekend I like to go downtown, that was

[00:10:00]

deemed unhealthy. While altering routines is hard for any person, in the disabled, it is especially unbearable.

Wayne Lenhardt
How do we get the question? Did you get what he said?

Adam Zimpel
My mother and I were never afraid of the virus. We even drove to

[00:15:00]

empty hospitals at the height of the supposed pandemic. No ambulances to it. Nowadays, there are a lot of ambulances because of the safe and effective vaccine.

Wayne Lenhardt
Okay. I have three questions from the commissioners.

So let me ask the first one and then we'll stop and get your response. Did your support workers stop coming because they were afraid of the virus? I'll say that again: Did your support workers stop coming because they were afraid of the virus? Okay, go ahead.

Adam Zimpel
Yes. I asked who is

[00:20:00]

the doctor from [inaudible] strategy ordered them. I made the mistake of letting them go. I think it is the biggest mistake of my life.

Wayne Lenhardt
Okay. Thank you for that. Okay, I think we have your answers here.

So given the lateness of the hour, thank you very much for your testimony on behalf of the National Citizens Inquiry. And we wish you the very best in the future with your job search and all the rest of your situation. Thank you again.

[00:24:53]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 11: M Tisir Otahbachi
Full Day 1 Timestamp: 09:04:13–09:25:27
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Wayne Lenhardt
Mr. Tisir Otahbachi. I hope I didn't mangle that too badly. I'm Wayne Lenhardt and I'll be asking you the questions today. Could you spell your name, your full name, and then I'll do an oath with you.

M Tisir Otahbachi
First of all, hello everyone. My full name is Mohammed Tisir Otahbachi.

Wayne Lenhardt
Okay, and could you spell that for us?

M Tisir Otahbachi
Yes. So it's written, my first name is M, space, T-I-S-I-R, and my last name is O-T-A-H-B-A-C-H-I.

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

M Tisir Otahbachi
I will tell you one trillion billion per cent the truth and exactly what I've been through and what happened with me so far.

Wayne Lenhardt
Thank you. Maybe I'll just start you in 2021, where I think your issues happened after the vaccine. So maybe just tell your story and I'll stop you if I need to.

M Tisir Otahbachi
Since the Government of Canada put many restrictions on everybody, on Canadians, preventing us going to grocery shopping, going to hospitals, working, and doing many things, so we had to take the vaccine. And they were pushing us indirectly or directly to take the vaccine. And as soon as my wife—she was pregnant at that time—has regular visits to her doctor and the hospital, we had to take the vaccine. So on 15 of July 2021, I took the first shot of the COVID vaccine, Moderna. Ten days later exactly, there is a tiny, small bubble that started on my right hand, and that bubble has a yellow liquid.

At the beginning, I never recognized or thought that that bubble is because of the COVID vaccine at all. I went to the pharmacy because I don't have any family doctor or any other doctor—either in Quebec or any other province. I went to the pharmacy and then I saw the pharmacist and then they gave me, like, a syrupy cream to apply three times daily on it. I was doing that but unfortunately, that bubble was getting bigger and bigger every day.

Until 13 of August 2021, I got my second shot of the Moderna COVID vaccine. Then 48 hours later exactly the whole of my body—almost the whole of my body—got the same reaction. And my body was feeling: if you take your body, your full body, and just throw it out on the fire, that's the feeling of my body, how it was.

At that time actually, I went to the hospital to get in a hospital. And I waited for almost 23 hours without seeing any doctor. They asked me just to wait outside on the seat and there's no doctors to see at all. When we asked the receptionist over there, she said, "Now, 9.5 hours left to see a doctor." If we like, if I like, I can go to any walk-in clinic or to any other clinic to see a doctor.

So I gave up. I went back to the pharmacy again. And then the pharmacist checked on my body, my hands. They gave me different creams from over the shelf and the pharmacist told me, "You have to see a doctor as soon as possible, because there is something wrong going on in your body".

Then here, my journey started. I was looking for a doctor, for any family doctor or any doctor in Quebec. And I think it's much easier to win a lotto of $20 million than to find any family doctor or any doctor in Quebec.

[00:05:00]

So for eight months, I was looking for any doctor in Quebec, with the help of some people that are working at the government in Quebec. But nothing happened. It was with negative results.

In September 2021, I was unable to work. I used to work as a mover, like moving furniture, and a Uber driver. At that time actually my body was burning. I was unable to take a shower, wash my hands, my body, for more than 18 months so far.

So tell me please: Who is in the world can handle that? But I did handle it.

Wayne Lenhardt
Okay, so to summarize then. The problem was you had some sort of a skin reaction. Were you able to shower and take baths and that type of thing?

M Tisir Otahbachi
I was using water wipes, 99.9 per cent for the babies, to clean my body.

Wayne Lenhardt
Have any of those symptoms resolved yet? Are they still bothering you?

M Tisir Otahbachi
They are still bothering me. Because right now, I'm living on an injection, it's called Dupixent. And I have to take this injection for the rest of my life. I have to take it twice a month. So once I take an injection, it gives me some relief for 10 to12 days. And then after that, if I don't take the second or the next one, the reaction—it gets back exactly as the beginning. Like, I feel I never get anything or any improvement.

Wayne Lenhardt
Do they know when the symptoms will resolve, or do they think it will be for four or five years but they're not sure?

M Tisir Otahbachi
So, this is— Actually after that, after I gave up in Quebec to find any doctor, I started borrowing money from my dad to go and see doctors in Ontario: Ottawa city exactly. I've seen many doctors in Ottawa. Once I was going there and I was telling every doctor that I got that reaction after the COVID vaccine, most of the doctors were saying like, "No, this is not because of the COVID vaccine; don't say it's because of the COVID vaccine, the COVID vaccine is very safe." And I was telling them "I got it after the COVID vaccine." They said, "No. Just take this prescription." And every doctor was giving a different reason for my condition and gave me different prescription and I was buying all that from my pocket.

Then one of the doctors I've been to in Ottawa: she was yelling at me once I told her I got this after the COVID vaccine, 10 days after the first shot. Her face turned, like, aggressively and she looked at me like this and then she said, "Don't say that it's because of the COVID vaccine! No, it's not because of the COVID vaccine!" That day, actually, I was crying. I got back home and I was crying. I was super frustrated.

Then in 2022, one of the people working at the Government of Quebec, she arranged for me an appointment with a doctor in Quebec, just to sign a paper for the compensation and for the treatment of Dupixent, to start getting that. I went to him. It was a walk-in for only a one-time visit. I went to him. I told him my story. He looked at me, he told me— I'm going to say exactly what he said and that's the truth, one million per cent. He told me, "I'm so sorry to say that that topic is very sensitive for me and I cannot sign any paper because I might lose my license."

[00:10:00]

And I told him: "This is my life." Then he said, "I cannot do anything, I'm so sorry. But leave the paper that you have right now, I'm going to go over just to read what you have."

Here, I give up. Then after my baby daughter was born, they found a family doctor for her very far away from where we live, in Ontario. It's around 100 kilometres. The doctor that we've been to, the family doctor of my daughter: the first visit, he looked at my hand. I

never told him anything. He told me, "What you have in your hand, did you get it after the COVID vaccine?" I told him, "Yes." I was crying at that moment. And then he told me, "Okay, I'm going to refer you to a doctor here in Ottawa. Hopefully he would help you."

He referred me to a doctor here in Ottawa. And then that doctor, he checked my body, everything. After he's seen all the medications, ointments, capsules, creams, tablets, all the prescriptions I've been taking, he told me: "Look, I'm going to tell you something very honest and you have to accept it and I'm very sorry for that. I strongly suggest that what you have of the symptoms, it's because of the COVID vaccine, Moderna. And right now, the only option that we have: you have to take a Dupixent injection twice a month until we see what could happen."

And then after many months, they send a request to the government. Nobody was responding at all, nobody was listening. I was trying to contact with many people at the Government of Canada, Government of Quebec. Nobody was listening to me. I went to the media. Because that's my health. I was suffering, I was dying.

Then after that, from nowhere, I have no idea. There's, like, something that's called Freedom Support. They called me and they asked me to give me the injection of Dupixent. So right now, I'm taking that injection. He said, "For now, I can say you have to take it at least, minimum, four or five years. You could take it more—for the rest of your life. We have no idea." And that's it, that's what happened with the doctor here in Ottawa.

Then after that, I found a doctor in Quebec who was far away from me—a 13-hour drive—to sign the paper for me of the compensation. He told me: "Even this case, it's a permanent case. And for the Dupixent injection, it's the best option to have it right now because there is no final treatment."

I gave up at that time. The only option was—or the plan B—was for me to just finish or final my disaster. My wife, she's originally from Morocco. So we made the decision to travel there to Morocco and to try to find any final treatment for my injury.

I went there, I've seen three different doctors. And then they told me the same thing, after they gave me different medications—medical medications and natural treatments as well. Nothing worked at all. And then they told me: "Your condition, it's a lifetime condition. Dupixent, it's a good option for now. It gives you some relief. Yes, it doesn't end the problem at all." They gave me a very big example. One of them, he said, "You know, the person who was addicted to drugs and every day they have to take like a special quantity? Your body should be addicted to Dupixent every two weeks. You have to take it right now for the rest of your life. Because there's no options unless Moderna or Pfizer or those companies who made the vaccine, they make or invent a special treatment for the side effects that happened because of the vaccine."

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

[00:15:00]

Anyone?

Commissioner Kaikkonen
Thank you for your testimony. I just wondered: the reaction that you got from the doctor when she yelled at you. Do you think maybe she's been hearing a lot that it is because of the COVID vaccines and that was why she reacted the way she did?

M Tisir Otahbachi
She was reacting like this because I was mentioning that I got that reaction after the COVID vaccine. And once I mentioned that, she stopped me. She said, "You have to listen to me. I'm not going to listen to you anymore."

And she started yelling at me. She said, "Don't! You have genetic problems. You have allergic—" something else. She started making many excuses and many reasons without giving me any test. She just wanted to make different excuses. And just the reason of the COVID vaccine, she just wanted to take it away from my case. And I never had any skin problem in the whole of my life. You can check that with my medical history with RAMQ [Régie de l'assurance maladie du Québec].

Commissioner Kaikkonen
And then my other question is, do you think that the healthcare system is broken, given the number of doctors or the doctors that you tried to seek out, and maybe that the public health authority should have been focusing on that part of life? Because you're not the only one in Canada without a doctor. They should have prioritized differently and gone after looking for doctors for people.

M Tisir Otahbachi
I would like to say something, but I hope from everybody not being upset with me. In Canada, we have the worst healthcare system in the world. To find any doctor, if you are sick— I've never seen, I never expected that to happen in Canada, like, one of the best countries in the world.

We're going back home. Like, for me, I gave up here. I went to Morocco. A lot of people, they go back to their homes to have treatments even if they are sick from something simple as a virus. Here the healthcare system, it's super, super, super, super, super negative. It needs a lot of improvements. There is no doctors. It's impossible. Like when I told, like, everybody about my wait at the hospital for almost 23 hours, nobody believed that. It's a disaster.

I don't know how we going to continue our life and our future like this if there is not any kind of improvements. And I know that's in not only in Quebec, even in other provinces like Ontario or like many, many, like almost everywhere around Canada.

So yes, Canada has the worst healthcare system. And actually, after what I've been through right now, I'm super disappointed. I'm super frustrated because I never expected that to happen in such a country like Canada. I never. I'm so sorry to say that.

Commissioner Kaikkonen
Thank you very much.

M Tisir Otahbachi
You're very welcome.

Commissioner Kaikkonen
Thank you.

Commissioner Massie
Thank you, sir, for your testimony. I had a question about the symptoms that you experienced, that you couldn't get serious consideration that it could actually result from the vax. And then out of the blue you come across a doctor that seems to acknowledge that. So my question is: Do you know whether this doctor had seen similar kind of symptoms before associated with the vaccine? And do you know of other people that would have a similar condition, like yours?

M Tisir Otahbachi
The doctor that said, "I strongly suggest what you have of the symptoms, that it's because of the COVID vaccine," he told me, "I've seen different people have this kind of reactions because of the vaccine, but yours is the worst so far I've seen."

And after my story was posted in the media, there is thousands,

[00:20:00]

thousands, thousands of people around Canada: they did contact with me via social media and by emails. They are talking about the same reactions. But unfortunately, and that's the worst part, their doctors— Even some of them, they have family doctors for more than 20 years, 15, 16 years. When they went back to them to say that we got this because, after the COVID vaccine, that reaction, their doctors cancelled their files after 15, 16, 20 years of being their patients. Just because they said this was after we got that reaction, after the COVID vaccines.

I got shocked of what's happening. It's unbelievable. It's totally unbelievable that Canada: something happening like this in our country here.

Commissioner Massie
Thank you, sir.

M Tisir Otahbachi
You're very welcome.

Wayne Lenhardt
Any other questions? No? Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and giving your testimony today.

M Tisir Otahbachi
Thank you so much. Thanks. Have a good afternoon.

[00:21:21]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Witness 12: Louise MacDonald
Full Day 1 Timestamp: 09:25:48–10:17:15
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Shawn Buckley
Our next witness is attending virtually, Louise MacDonald. Louise, can you hear me? So Louise, if you can turn your camera and your mic on, that would be great. There you go. I can see you. Can you speak so I can see if I can hear you? Okay, so can you speak again?

Louise MacDonald
I can hear you now.

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

Louise MacDonald
Louise MacDonald, L-O-U-I-S-E M-A-C-D-O-N-A-L-D.

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

Louise MacDonald
Yes, I do.

Shawn Buckley
Now, you're here to actually share with us your analysis of government data. But I want to give a bit of your background, so just to introduce you. You were a manager at Sobeys for 25 years.

Louise MacDonald
Yes.

Shawn Buckley
And you managed the deli department, which did, yearly, a million dollars in sales.

Louise MacDonald
Approximately, yeah.

Shawn Buckley
Yeah. And you had to reconcile the accounts.

Louise MacDonald
Yes.

Shawn Buckley
So basically, you had to track all the money going in and out, to reconcile them.

Louise MacDonald
Yeah.

Shawn Buckley
Through that experience for a quarter century, you developed very strong analytical skills.

Louise MacDonald
I had to.

Shawn Buckley
Right, and you smile.

Louise MacDonald
Yeah.

Shawn Buckley
Okay. Also you had the misfortune, in 2015, to have acute kidney failure caused by a medication, and—

Louise MacDonald
Yes.

Shawn Buckley
That then set you on the path to researching medications because you had to be extremely careful.

Louise MacDonald
Correct.

Shawn Buckley
Okay. So you became familiar with researching medications. When the vaccine came along, you noticed that it contained polyethylene glycol, and that's something you need to avoid.

Louise MacDonald
Yes, it was in the medication that caused my acute kidney failure.

Shawn Buckley
So because of your background in analyzing things and your interest in the medications, you started collecting and collating government data on adverse reactions.

Louise MacDonald
Yes.

Shawn Buckley
You prepared a little presentation for us. I'm wondering if you can just launch into that and share your findings and your thoughts.

Louise MacDonald
Okay, so when I was doing the research, I came across Canada's website. What better place to find out the ingredients of the vaccines and as much information as possible. All the screenshots I'm going to share today are from the Canadian government website. They are from the case by vaccination status report, the vaccine adverse event reports, and a lot of screenshots are from NACI [National Advisory Committee on Immunization] statements.

I'm just trying to find where everything is. I know we're short for time, so I'm going to start not where I'd originally planned. Actually, no I will. Just bear with me.

Shawn Buckley
You're just looking for the screen share, I presume. And while you do that . . .

Louise MacDonald
Sorry, yeah.

Shawn Buckley
I'll just indicate that Louise had shared with me that she took an entire year documenting what she's synthesized for us as a presentation today [Exhibits OT-7 to OT-7l. Slide names are included in square brackets throughout this transcript as a guide to the exhibits].

Louise MacDonald
Sorry, I'm not very good with Zoom and technical stuff.

Shawn Buckley
Now, there you go. We've got screen sharing.

Louise MacDonald
Yeah.

Shawn Buckley
And we've got a slide that says "Since Dec. 14, 2020."

Louise MacDonald
[Government of Canada (GoC), Health InfoBase, Case by vaccination status report, as of December 25, 2021]
This is the case by vaccination status report and it's the report for December 25th 2021, at the top.

Now this is how the government reports the case by vaccination status, and they used data collected since December 14th, 2020. Now that immediately raised a bell because in December 14th, 2020, next to no Canadians were fully vaccinated. Down at the bottom where there's the yellow #2— I just want to make a point that there's only one fully vaccinated category. And then,

[00:05:00]

when I saw #3, the gray columns—those are the number of unvaccinated cases, hospitalizations, and deaths compared to the fully vaccinated, not yet protected, and partially vaccinated. That almost had me second guessing whether I should get the vaccine.

[GoC, Health InfoBase, archived page, Percent of people vaccinated, as of May 29, 2021]
So I did a little bit more research. And up until May 27th, 95 to 100 per cent Canadians weren't vaccinated. So it overinflated the unvaccinated numbers.

[GoC, Health InfoBase, Case by vaccination status report, 12 months of data, up to December 25, 2021]
This is how the Government of Canada reports it. So the top one is 12 months of data. If you look at the graph down below, the unvaccinated cases were counted for the full 12 months. Fully vaccinated was only counted for about five, five-and-a-half months. So it made me think "Well, it's not really the same playing field that you're comparing 12 months to 6 months."

[GoC, Health InfoBase, Case by vaccination status report, for Dec 18 to Dec. 25, 2021]
So this screenshot is the same report. So the week of December 18th to December 25th, 2021. Now this chart shows only one week of data, which is highlighted in the [vertical] red line below.

[GoC, Health InfoBase, Case by vaccination status reports, comparing charts of 12-month data with 1-week data]
Now when you look at the charts together and compare them together, it's totally different. So the top graphs [#1] show the unvaccinated cases to appear to be so much higher than the fully vaccinated. But when you just show one week of data [#2] where 75 per cent of Canadians were fully vaccinated and 25 per cent weren't, that week 97 per cent of cases were in fully vaccinated Canadians.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of January 30, 2022]
So because the fully vaccinated were getting really high, they divided the fully vaccinated into two categories on January 30th [2022].

[GoC, Health InfoBase, Vaccination Coverage, Figure 2. Cumulative number of people who have received COVID-19 vaccine, as of May 22, 2022]
And then, they started comparing unvaccinated to fully vaccinated and boosted. So again, they're comparing 17 months of unvaccinated cases to only five months worth of data for fully vaccinated and boosted because they were only just fully vaccinated and boosted for five months.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of June 5, 2022]
And then again on June 5th 2022, they split the fully vaccinated categories into three again. This also divides the numbers, divides the percentages, and grossly overinflates the unvaccinated numbers.

Shawn Buckley
Just so we're clear. The unvaccinated would include people that are not fully vaccinated. So they could have had one shot. Or they could have had two shots but not cleared the 14 or 21 days or whatever after the second shot.

Louise MacDonald
Oh, sorry. I'm just going back.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of January 30, 2022]
In January [2022], they reported cases not yet protected and partially. If you look down at the bottom left corner.

Shawn Buckley
Okay, so it is broken up at that point.

Louise MacDonald
It is broken up at that point.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of June 5, 2022]
But when they split it into three [fully vaccinated], they stopped reporting the cases not yet protected and the partially vaccinated. But they still counted the numbers. So from here on in, any of my numbers are excluding the partially vaccinated and the not yet protected.

[GoC, Health InfoBase, Vaccination Coverage, Figure 2. Cumulative percent of people who have received a COVID-19 vaccine, as of September 11, 2022]
When they did this, they started comparing the unvaccinated, which is 21 months worth of data, to people that had the primary series completed and one booster, in the red—only six months worth of data. And when they were compared against people that had the primary series completed plus two additional doses, that's only four months worth of data.

[GoC, Health InfoBase, Case by vaccination status reports, Comparing 20 months of data with 4 weeks of data, as of September 25, 2022]
This is the last updated case by vaccination status report on the government website. The top one shows how the government reports it since December 14th, 2020. They're using 20 months worth of data,

[00:10:00]

and it makes the unvaccinated look like a big problem. Now in the middle graphs, this is just four weeks of data. From August 28th to September 25th, this is how it looks and this is with the three primary-series-completed categories separate. Now when you go down to the bottom graphs, this is the same four weeks, August 28, 2022, to September 25th, 2022. This is the unvaccinated compared to the three primary-series-completed all together. It's quite a different picture from the top one.

Shawn Buckley
Now can I ask you a question? I appreciate that the government . . . [connection lost] thousand or anything like that so that we could compare between the categories for a specific population size.

Louise MacDonald
No, not on any of the reports that I've seen.

Shawn Buckley
Okay.

Louise MacDonald
[GoC, Health InfoBase, Case by vaccination status report, Figure 1, as of September 25, 2022]
When they did divide it into the primary-series-completed categories and they stopped reporting the part-vaxxed and the not yet protected, they still counted those numbers. So just to give you an idea: of the cases, 6.2 per cent of the cases were not yet protected or partially vaccinated; 7.7 per cent of the hospitalizations were not yet protected or partially vaccinated; and in the deaths, 8.1 per cent. Just to give you an idea of the amount of cases that are missing. I could only do percentages because they didn't give the numbers.

Okay, so I'm going to go back to the next presentation. It's going to be on the safe and effective vaccines. I've got to go back. Sorry about this. I'm really not good with . . .

Shawn Buckley
Actually, we understand and appreciate that. When you were showing us the COVID cases, did they change how they were classifying COVID cases? Because some witnesses have told us that early on, if you had a list of symptoms, you would be classed as a COVID case; then later, when PCR tests became available, you would be a case. Some have suggested that they would run more cycles on an unvaccinated person than a vaccinated person, which would change the numbers again. I'm just wondering if you ran across any information there or did they not clarify things like that?

Louise MacDonald
Over the two-and-a-half years that I dabbled in this, I heard a lot of other people saying that the cycles are that and all these other things. But I only ever concentrated on case by vaccination status and the serious adverse events. Any of the data that I'm going to show you and the numbers are regarding serious adverse events only.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, AstraZeneca]
So this is the little presentation on safe and effective. So AstraZeneca Vaxzevria COVID vaccine was, I believe, approved around September 2021. They say, "All COVID-19 vaccines . . . are proven safe, effective and of high quality."

[GoC, Health Canada Statement, March 24, 2021]
Again, on March 24th, 2021, Health Canada issued a label change and guidance on the AstraZeneca COVID vaccine. They state, "Health Canada reassures . . . that the AstraZeneca COVID-19 vaccine continues to be safe and effective . . . ."

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2022]
This is the vaccine safety report from March 3rd, 2023. It's the last one they updated. On the bottom [connection lost] . . . and that equals one serious adverse event

[00:15:00]

in every—on average—every 2,923 doses administered [AstraZeneca]. Now I don't know what's classed safe and effective, but I don't think I would be wanting to put that into my body.

Now in the middle there, where it says 841 and 1,782, the original report has "Not applicable."

[GoC, Health InfoBase, Table 1. Cumulative number of COVID-19 vaccines doses administered by vaccine product and dose number, as of March 2023]
Now, they did have those numbers and where I got the 1,782 is on this report on a different page on the Canadian government website. This is where I got the number of doses administered.

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2022]
So I calculated it, and on dose three, there was one serious adverse event in every 118 doses administered. There were only 1,782 third doses administered. I still think that's 1,782 too many. Thank God, there was only 28 fourth and fifth doses because they were

one serious adverse event in 14. So for the 28 doses administered, there was two serious adverse events.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, Moderna]
So this is the Moderna Spikevax COVID vaccine. And again, approved by Health Canada: "All COVID-19 vaccines . . . are proven safe, effective, and of high quality." Now this includes, on the right-hand side, the Spikevax Bivalent, the original/Omicron BA1 and the original/ Omicron BA4(5). So these are proven safe and effective and of high quality.

[GoC, archived page, Public Health Agency of Canada, NACI Statement]
This is the NACI statement. NACI is the National Advisory Committee on Immunization, and they advise the Public Health Agency of Canada (PHAC) on everything to do with COVID.
This was released at the same time, and it states, "There are currently no data on the efficacy, immunogenicity or safety of the Moderna Spikevax Bivalent . . . COVID-19 vaccine . . . ." Then they go on to say that the benefit "may outweigh any potential risks that are unknown . . . ." If you don't know the efficacy or immunogenicity, then how do you know the benefit? And how can you determine that the benefit outweighs the risk if the risk is unknown?

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2023]
This is the vaccine safety report, and this one gives the serious reporting rates for vaccine, dose numbers, and for the Moderna Bivalent. The serious reporting rate is 32.96 serious adverse events for every 100,000 doses administered. That equals one serious adverse event for every 3,033 doses administered.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, Janssen Johnson & Johnson COVID-19 vaccine]
The Janssen Johnson & Johnson COVID-19 vaccine. Now this one, "All COVID-19 vaccines . . . are proven safe, effective and of high quality." Approved for Health Canada.

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2023]
Now this one, again, is at the top, March 3rd, 2023. All this data is still on the internet. For all Johnson & Johnson's Janssen COVID vaccine, the serious reporting rate was 148.05 per 100,000 doses administered. That equals one serious adverse event in every 675 doses administered. I don't see how that could be proven safe.

[GoC, Health Canada Statement, September 1, 2022]
And again, so "Health Canada authorizes first bivalent COVID-19 booster" dose, September 1st, "safe and effective."

[GoC, Health Canada, News Release, October 7, 2022]
Again, October 7th, COVID vaccine booster with the bivalent vaccine, Omicron vaccine, "safe and effective."

[GoC, PHAC, Summary of NCAI's Updates, November 3, 2022]
On November 3rd, 2022,

[00:20:00]

the update says, "Vaccine effectiveness has not yet been established for the bivalent booster products."

[GoC, PHAC, NACI Statement, Safety and Ethics, November 2022]
Now the next few screenshots are all on the NACI statements. So this one is "The risk of myocarditis and . . . pericarditis associated with additional doses is currently unknown."

[GoC, PHAC, NACI Statement, Efficacy]
"Currently, there are no estimates of vaccine efficacy available for the Pfizer-BioNTech Comirnaty . . . Bivalent [vaccine]."

[GoC, PHAC, NACI statement, Summary of evidence on Pfizer-BioNTech Comirnaty]
"There [is] currently no clinical evidence on the safety, immunogenicity or efficacy of the Pfizer-BioNTech Comirnaty . . . Bivalent . . . vaccine in children 5 to 11 years . . . ." And these kids were recommended to get the dose.

[GoC, PHAC, NACI Statement, Fertility, Pregnant Women]
Now, this one is on the Vaxzevria, which is AstraZeneca's. It states, "It is unknown whether VAXZEVRIA may impact fertility in humans. No data are available in humans." Below that, "The safety and efficacy of VAXZEVRIA in pregnant women have not yet been established." They were advised to get vaccinated.

[GoC, PHAC, NACI Statement, Additional Considerations and Rationale]
"There are currently no data available on the efficacy, immunogenicity or safety of [the] bivalent Omicron-containing mRNA . . . vaccines in adolescents 12 to 17 years of age."

I have thousands of screenshots like this.

[GoC, PHAC, NACI Statement, Currently authorized vaccine: Pfizer, December 12, 2020]
"There['s] currently insufficient evidence on the duration of protection and on the efficacy of [the] vaccine in preventing death, hospitalization, infection and reducing transmission . . . although studies are ongoing."

[GoC, PHAC, NACI archived page]
"Summary of evidence [of] an additional dose of COVID-19 vaccine following a 2-dose [primary] series." "There['s] currently no data on the efficacy [or] effectiveness . . ."

[GoC, PHAC, NACI, The risk of myocarditis]
"Currently, the risk of myocarditis/pericarditis in children following immunization with the . . . Pfizer . . . vaccine is unknown."

[GoC, Health InfoBase, Approved vaccines]
These vaccines [AstraZeneca, Janssen, Moderna] are still approved for use in Canada, and these vaccines are still being mandated to government workers.

The last little presentation I have, I will cut some of them out because I know we are very behind.

Shawn Buckley
Before you jump to the next presentation.

Louise MacDonald
Yeah.

Shawn Buckley
You're giving us the numbers that are reported as serious adverse reactions. Do you know how robust that data is? So for example, in the United States, there have been estimates done of how inadequate the VAERS [Vaccine Adverse Event Reporting] system is, in that hardly any get reported out of the total number of deaths and serious adverse reactions.

Do you have any idea in Canada how many adverse reactions or what percentage of adverse reactions actually make it into that database?

Louise MacDonald
Well, I'm not an expert. I don't know that answer. I've heard lots of stories. I've heard doctors say less than 2 per cent. But I'm not an expert. I don't know the answer to that.

Shawn Buckley
Okay.

Louise MacDonald
These numbers that I'm giving you are the numbers that have been reported. So they're at least this high. Again, I said all the numbers that I'm giving are for only the serious adverse events.

[GoC, Health InfoBase, Vaccine Safety, Definitions, February 11, 2022]
Now on the Canada Health InfoBase website, "An event is considered serious if it results in death; is life-threatening, an event or reaction in which the patient was at real, rather than hypothetical, risk of death at the time of the event or reaction; or requires in-patient hospitalization or prolongation of an existing hospitalization; it [could result] in persistent or significant disability . . ." [connection lost]

[GoC, Health InfoBase, Vaccines for COVID-19, Reported side effects following COVID-19 vaccination, up to and including March 3, 2023]
This is the report that I stumbled on when I was researching what were in the vaccines. This is the beginning of the webpage. When you go down further,

[00:25:00]

you get a summary of the data for that report. I just want to make a little note. It says there was a signal of ischemic stroke in people 65 years of age and over. And it says—and I'm make a note of this—"The signal has not been found in other vaccine safety monitoring systems in the [U.S.], nor in other countries, including Canada." That'll come in handy later.

[GoC, Health InfoBase, Vaccines for COVID-19, Figure 1. Number of COVID-19 adverse events reports received and total doses administered in a 4-week reporting period, up to and including March 3, 2023]
So down further, this shows all the historical reports. So each column represents a report. Then down below that, it says, "Figure 1: Text Description."

[GoC, Health InfoBase, Vaccines for COVID-19, Figure 1. Text Description]
When you click on that, it takes you to this report. This is basically all the historical reports. So each line here represents a column in this chart here [previous slide].

Now, I went over this data every day for two years. And every time they update the new report, they say that these numbers can change to reflect any delays in reporting serious adverse events. This might be a little bit hard to explain. So the middle column that's highlighted in red is for cumulative serious adverse events only.

So every week or every month this report comes out, I noticed that these changed. I started having a really hard time tracking because I could say, "Well, if I remember correctly, it wasn't that the week before." And I would go back the week before and sure enough, I was correct. It wasn't that. So this was updated every report.

So the column in the middle here highlighted in red, I put it in a spreadsheet.

[Louise's spreadsheet, Monthly serious adverse event reports]
March 3rd, 2023. In the black highlighted one, those are all the numbers. So here in this one [previous slide, Figure 1] is January, February, March, April, and May down—and the numbers. The box in red [Figure 1] is this box in black [spreadsheet]. So every column in this spreadsheet represents an updated report.

[Louise's spreadsheet, Weekly serious adverse event reports]
From January 2021 to April 8th, 2022, these reports were weekly. Now, each column represents the updated numbers and the [yellow] coloured columns represent the number that changed from the week before. So it was pretty consistent from January 1st, 2021, to April 8th—all except for those three red columns—serious adverse events were updated to include these numbers. And some of them were quite high: 200 added in one report.

[Louise's spreadsheet, Breakdown of the monthly serious adverse event reports]
Then they went to monthly reports, and this is a breakdown of the monthly reports. Now on the left-hand side is April 1st [2022], and these are the first monthly reports. Again, each column represents one month's updated data, the historical data. Now from April 1st, May, June, July and August 19th, those numbers continued. Those are serious adverse events that were added or updated in the historical reports.

On August 19th, something really strange happened.

[Louise's spreadsheet, Enlarged monthly vaccine serious adverse event reports, red columns]
From August 19th [2022] to March 3rd [2023], most recently, these numbers started to be updated and these are the numbers [red columns] of serious adverse events that were—removed—from these historical reports.

[00:30:00]

[GoC, Health InfoBase, Vaccine Safety Report, Figure 2. Serious adverse events, up to and including March 3, 2023]
This one here is a little bit further down on the same report. This is the breakdown of the vaccine doses: the serious adverse events by vaccine and dose number.

[GoC, Health InfoBase, Vaccine Safety Report, Figure 1. Text Description, Serious adverse events, up to and including March 3, 2023]
This is the last vaccine adverse event report that was updated March 3rd, 2023. Now for all doses administered that month, the serious adverse event reporting rate was 36.83 per 100,000 doses administered. That equals one serious adverse event for every 2,715 doses administered. That was for the most recent month. I'm not an expert; I'm not a

vaccinologist or a doctor. I don't know what "safe" is. But one serious adverse event in 2,715 doses administered. I'm not getting that.

That wasn't a one-time event either.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events up to and including November 11, 2022]
So this is the report for November 11th [2022] and these are the updated historical numbers for January 8th [2021]. And that's even more. So the reporting rate of 37.57 per 100,000 doses administered, that equates to one . . . [connection lost] [in] 1,715. The first month of the report of the vaccine rollout was one in 2,661.

Now these aren't the original numbers reported.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events reported for January 8, 2021]
So for January 8th, 2021, these are the original numbers that were reported. So 10 serious adverse events in the middle in the top chart, and 338,423 doses administered. This equates to one serious adverse event for every 33,842 doses administered. That could be "safe," I'm not sure.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events reported up to and including November 11, 2022]
But one year and 44 weeks later, the number of serious adverse events, the first arrow, tripled to 31, and the cumulative number of doses administered dropped by, I believe it was around 255,000 doses. So we went from one serious adverse event every 33,842 doses administered to one serious adverse event for every 2,661 doses administered.

Shawn Buckley
For the same reporting period.

Louise MacDonald
Yeah. So this goes back to how many were added since the original report. And, like I said, basically, it took one year and 44 weeks to have the last serious adverse event that happened on the first month of the vaccine rollout to be documented. This again, is not a one-time event.

Shawn Buckley
Can I ask—

Louise MacDonald
Sorry?

Shawn Buckley
You had spoken earlier and showed us some charts. You've told us how numbers get added. So let's say for January 2021. If they're reporting in February of 2021, let's say they have—I'm just making figures up—they have a hundred cases. I can understand that as the year goes by that cases that haven't been processed or were held up in the provincial side trickle

in and so that the number goes up. But what I don't understand is you've been talking about some numbers going down and that doesn't make sense. How do reports get pulled out that had been . . .? [connection lost]

Louise MacDonald
Subtracted? All I know is that this is the data.

[00:35:00]

Up until August 19th [2022], they were added. And then, after August 19th, the cumulative number of serious adverse events started to decline, right up until the last report.

Shawn Buckley
Right, so the total number was higher in August of 2022 than it is in March of 2023.

Louise MacDonald
That's right, yeah.

Shawn Buckley
And no explanation by Health Canada as to why they removed reports.

Louise MacDonald
No, no. Why they were added— Well, obviously, they said that the numbers in the historic reports will change to reflect any delays in reporting in the previous weeks, but there's been delays. . .

Shawn Buckley
Well, like I say, I can understand the numbers going up because of delay. But I can't see the numbers going down because of delay. That's what's confusing me.

Louise MacDonald
Well, it confuses me, too. I don't know why. I don't know why it is. But these are just the numbers. I'm just reporting what the Canadian government is releasing. So how they're subtracting them, I don't know. Again, like I said, it's not a one-time event.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events for Feb 12, 2021, up to and including March 12, 2021]
These are the original numbers reported for February, which is the second month of the vaccine rollout. The serious adverse event reporting rate was 22.86. Now, that still to me seems a little bit high. It equals one serious adverse event on average for every 4,374 doses administered.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events for Feb 12, 2021, up to and including February 11, 2022]
Now, one year later, the serious adverse event reporting rate more than doubled. It is now 50.83. So these were added on to the original reports. A reporting rate of 50.83 is the

equivalent of, on average, one serious adverse event in every 1,967 doses administered. That's all vaccines.

[GoC, Health InfoBase, Vaccine Safety Report, archived page, Serious adverse events up to and including July 23, 2021]
This will be the last one for the change. So July 23rd, 2021, the original cumulative total of serious adverse events was 2,672.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events, up to and including August 19, 2022]
And one year and four weeks later, on August 19th, 2022, that number is now 4,283. That's an additional 1,6[11]. . . . [connection lost]

Shawn Buckley
Louise, you just froze. We'll just give a sec to see if Zoom catches up with us. So we've actually had our technical difficulties today, and usually they begin in the morning. So today, at the end of the day.

I'll just ask David, Do we still have internet? For those watching, we're just doing a reconnect. We're almost done with this witness, but we'll see if we can log her back in and finish her evidence.

Okay, so are we still online? Okay, so we've lost the ability to have Wi-Fi, so we've lost this witness. I think, fortunately, we were close to the end, but we'll just wait another moment to see if we can get her back as the commissioners might have had some questions.

And there we go. Louise, we had some internet problems at our end and you had just frozen. We lost you for a little bit. Now, we've run out of time, so I'm wondering if there's something important for you to sum up. And then I'll see if the commissioners have some questions for you.

Louise MacDonald
Yeah, I'm almost done.

Shawn Buckley
Okay.

Louise MacDonald
[Louise's Chart, Time it took to document last serious adverse event (AEFI)]
Okay, this shows how long it took to document serious adverse events. So from January to August [2021], it was over a year,

[00:40:00]

up to one year and 44 weeks, to document a serious adverse event. If it's taking that long to document them, how can any safety issue be triggered that they're unsafe?

[GoC, List of authorized drugs, vaccines and expanded indications for COVID-19]

May 11, 2022, the Janssen, Johnson & Johnson's vaccine, was authorized for a first booster dose . . . [connection lost]

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events, up to and including April 29, 2022]
. . . 888 doses administered. Two weeks later, that vaccine's authorized as a booster dose [See previous slide, List, May 11, 2022]. Like I said, if it's taking a year to document serious adverse events, then it's just mind-blowing. I'll pass that one; we don't need that.

[Louise's spreadsheet, Updated adverse events before and after August 19, 2022]
So this is the last screenshot. This is from January 2021 up until March 3rd, 2023. It shows the numbers that were updated that are yellow to August 19th. And then after that [a decline in numbers in red]. These are still on the website. If you want to, you can check all this stuff.

[Louise's spreadsheet, enlarged, blue column, November 11 and December 9]
And the last thing. November 11th and December 9th was the only report where there was no serious adverse events added or removed [blue column].

Shawn Buckley
Okay. So thank you for that presentation. I'll ask the commissioners if they have any questions.

Louise MacDonald
You're welcome. Yeah.

Shawn Buckley
And there are questions.

Louise MacDonald
I would imagine.

Commissioner Massie
Well, where to start? Thank you very much for your presentation. I will have to probably go back to it in order to get a better picture. But one of the things that I notice in your analysis is, well, first there's a lag in reporting. Sometimes, it goes up and down. We don't know why.

Louise MacDonald
Yep.

Commissioner Massie
Do you expect to get a final picture on what the number will be or do you see lately that it's still fluctuating?

Louise MacDonald
I could give you my opinion. But this is two-and-a-half years of 8 hours to 12 hours a day of studying these. I have tens of thousands of screenshots of this data. Like I said, I'm not an expert. But to me, it shows that they underreported serious adverse events and delayed up to one year. It took one year and 44 weeks to document a serious adverse event. How can any serious adverse event be triggered if it's taking a year to document them? Obviously with these numbers, approving a vaccine for a booster dose when you get one serious adverse event for every 888 doses administered, I just don't know what to say.

How can they be approving them with that safety record? If they're taking one year, 44 weeks to document, how can a safety issue be triggered?

Commissioner Massie
My other question has to do with the AstraZeneca vaccine that has been removed in many places because the serious adverse event was deemed to be too high.

Louise MacDonald
Yeah.

Commissioner Massie
It's very difficult to pinpoint the exact number, but I thought the number that I've seen, at least from Europe, was like much, much higher than this one in 888 that you're mentioning for J&J, so—

Louise MacDonald
No, no, that was Janssen's, the 188.

Commissioner Massie
Yeah, but I'm talking about, if that's the number that they are using to recommend a booster for J&J, and the number for AstraZeneca was way lower than that when they removed it . . .

[00:45:00]

Louise MacDonald
Yeah.

Commissioner Massie
I fail to see the rationale or the scientific basis to make that kind of a recommendation.

Louise MacDonald
Well, if they're making the recommendation and the serious adverse events haven't been reported yet because it's taking a year to report them, then— I seriously, I just don't know what to say. It shouldn't be taking over a year to document serious adverse events. . . [connection lost] . . . so this is administered.

But the Janssen's vaccine, which is one serious adverse event in 888 doses administered: there never should have been a second, third, fourth or fifth dose administered. But because the delay in documenting these serious adverse events is up to a year and 44 weeks, that's why it's being allowed or being approved. They're not documenting the serious adverse events when they happen.

Commissioner Massie
We've seen from another presentation that there's been, I would say, measures put in place to increase the rate of vaccination by partnering with pharmacy and giving bonuses to doctors in order to accelerate that. If we measure the rate of vaccination we accomplish in Canada, we can see it's a success. I mean, we get a fairly high rate of vaccination in Canada, probably due to the—I would say—efficient deployment of all of these measures that have been put in place to accelerate that.

In order to get the number that you spend thousands of hours to compute and maybe get a more on-time, I would say, assessment of the safety of the vaccine: Could you recommend something that could have been done in order to get to these numbers on a more regular basis?

Louise MacDonald
Well, yeah. Don't threaten doctors with their jobs for speaking out about vaccine injuries. If a vaccine injury comes through, put it through. They should all go through. One hundred per cent of vaccine injuries should be recorded. And apparently, if I'm not mistaken, do they not have to be— a serious adverse event has to be reported . . . [connection lost] . . . Story after story of doctors being fired for reporting adverse events. If these are the numbers that they are reporting, I would hate to see if 100 per cent of the vaccine injuries were documented.

Commissioner Massie
Thank you very much.

Louise MacDonald
You're welcome.

Shawn Buckley
Louise, I'll just indicate before any other questions that you live—for the commissioners and people watching—in the Maritimes. When you're talking about hearing reports of doctors being fired for submitting adverse reports, that's in the Maritimes area.

Louise MacDonald
Yeah, well, I know Chris Milburn was . . . [lost connection] . . .

Shawn Buckley
[Missing words] . . . have any other questions.

Louise MacDonald
Thank you.

Shawn Buckley
You know, Louise, they don't have any further questions. But you've spent a lot of time and you've screen-captured a lot of information. I'm going to suggest that you maybe—you and somebody else—figure out some way of collating and making that available for other researchers.

Louise MacDonald
Oh, I will. I actually have every vaccine safety report,

[00:50:00]

every number, every vaccine by dose number, every case by vaccination status report, all in Excel spreadsheets.

Shawn Buckley
That's quite incredible. I'm just suggesting that you could be of great service to making a point of making that public and available.

Louise MacDonald
I've been trying to make it public and available. But I keep getting my social media accounts shut down for misinformation for reporting the Canadian government reports on vaccine injuries.

Shawn Buckley
Well, now we know what to think of government reports.

Louise, there'll be no further questions. On behalf of the National Citizens Inquiry, I want to thank you dearly for attending and—

Louise MacDonald
Thank you very much for having me.

Shawn Buckley
And thank you for all the research you've done. One of the things that we've been trying to do is to encourage people to take action. And you, for the last two years, have wanted to dig down and discover some truth. You've been of great service, so I just want to thank you for that.

Louise MacDonald
Okay, thank you, and I will. It's literally tens of thousands of data that I will have to find a way to have—

I will send them to you. And somehow, I'll get them documented on the NCI website [Exhibits OT-7 to OT-7l].

Shawn Buckley
Thank you.

Louise MacDonald
Thank you very much for giving me the opportunity to share this.

Shawn Buckley
Thank you, Louise.

Louise MacDonald
Okay.

[00:51:35]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 1**

May 17, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 1 Timestamp: 10:17:23–10:21:12
Source URL: https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html

[00:00:00]

Ches Crosbie
Thank you, Shawn. Thank you, Commissioners. Shawn has asked me to close off today, and those who have watched my closings on prior days would know that I don't take long, and I also like cartoons and memes. So, David, if you would put up the meme of the day.

Through the course of these hearings, we've been turning up the heat on those who would like to keep their activities shrouded in darkness: government, government figures of authority, and Pharma. You can go on down the list of suspects. If you know anything about *The Lord of the Rings* trilogy and Tolkien— the Ring of Power, you can only see the coded script on it when you heat the ring and then you can decode what's there. The script, according to this translation, is one lie to rule them all— fear, possibly? Be afraid. One lie to find them— the vaccine passport. One lie to scare them all and in their terror bind them— mass psychosis?

This is not finished. This is not finished. I think what I sensed—and perhaps all of us sensed who paid attention to the testimony, in particular, of Denis Rancourt and Catherine Austin Fitts earlier today—we could sense that there was more script not yet visible, yet to be decoded, on that ring that has to do with vast underlying geopolitical forces and vast movement of tectonic plates in the world of finance, where, we were told by Catherine Austin Fitts, they are busy denuding the real economy, the visible economy, and leaving us with debts and transferring assets into the criminal economy.

Somewhere the truth lies when we stitch together that kind of analysis of what we're seeing in the financial system that Catherine has been documenting for 25 years now and what Denis Rancourt, a brilliant scientist, is able to detect applying his techniques to the world scene. I won't try and stitch it together any further right now.

But what we've achieved in these hearings is we've been turning up the heat, turning up the heat, and turning up the heat on those who want to keep the truth hidden from us. Eventually, we will fully decode the evil behind the script by turning up the heat. But in order to keep turning up that heat, we need the help of all the volunteers out there and all of those brave citizens who've helped us by funding the efforts of the National Citizens

Inquiry. We exist only because of your generosity. Please continue with that generosity. Thank you.

Shawn Buckley
Before we adjourn for the day, I'll just indicate for those present and those watching online that we are starting earlier tomorrow. So, we're going to start at 8:30 AM EDT instead of our usual start time of 9 AM, so we'll see everyone at 8:30 EDT.

[00:04:22]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
OTTAWA HEARINGS

Ottawa, Ontario, Canada
May 17 to 19, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 00:33:43–01:09:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence the second day of proceedings in the nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-led, and a citizen-financed group that have decided to appoint independent commissioners and march them across the country.

We had no idea how ambitious that vision was and soon learned that it was something that we couldn't do. But it's happening, and it's happening because you're participating: you have volunteered, you have encouraged, you have donated. You have allowed this to happen. And if you have been watching the NCI proceedings, I've been saying—and everyone agrees who's done it—that if you watch a single full day of the National Citizens Inquiry, you will never be the same again. It changes you. Yesterday was no exception. The witnesses that we had, some of them, will be with us—their testimony—for the rest of our lives.

I'd like to start this morning, Commissioners, by stating my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. Before we move to our first witness, I'd like to share some opening remarks. I ask that you bear with me today.

We're having to interview witnesses, and we're having to see them testify day after day. And it's frankly emotionally exhausting at times. All of us that have been following these proceedings are aware of that. I was particularly touched yesterday by the testimony of Sheila Lewis. If you recall, Sheila is the one who needs an organ transplant, is under a gag order, so she can't tell us what organs she needs transplanted, nor can she identify the doctors or the hospitals involved. But she was on the stand yesterday, literally sobbing. She was just saying she wants to live. Her life is in the hands of a group of doctors that made a policy—and it's just their policy; they can change it. But they made a policy decision that she could only have the organ transplant that her life depends on if she gets vaccinated for COVID-19.

The irony is that she has had COVID. She has had her blood tested and she is filled with antibodies to the COVID-19 virus. She has strong natural immunity. We have had doctors explain to this Commission how actually someone in her position shouldn't be vaccinated because the vaccine would not be helpful, and, in fact, could be dangerous for somebody in her position. Any concern that she would get COVID-19 is non-existent. Because we've also had witnesses tell us that natural immunity is more robust, and we've seen government data to support that.

So she asked, and I asked, how can people do this? How can they basically be making decisions and taking actions that are leading to the deaths and the suffering of a large number of people? We had a gentleman on the stand yesterday who could not find a doctor to admit that it was vaccine injury. We've had witness after witness basically giving shameful testimony about how people that are vaccine-injured are being treated in our healthcare system.

When I ask the question—how can we do this?—I'm asking it as a rhetorical question because I know the answer. It comes down to personal responsibility and fear. The fear one is interesting because I've indicated in other openings how fear is a weapon used against us.

[00:05:00]

The minute you start to feel fear and you start to have that chemical reaction that you have no control over, you have to start training yourselves to keep that link to your logical mind and understand that you're having a physical reaction, that you can't control it. But you can keep connection to your logical and rational thinking.

But what I thought of this morning, we've had doctors explain that their colleagues, some of them, have gotten vaccinated knowing they shouldn't for health reasons but saying things like, "I've got kids in private school, I've got a mortgage, like I've got to do it." There's financial fear. We've had witnesses back out because they're concerned about economic repercussions. And so the thought came to me this morning that we need to understand that our debt model is part of our slavery framework.

We live in a society that is self-based and greed-based. The phrase—keeping up with the Joneses'—we all know what that means. If you drive an old rusty car, you're going to feel self-conscious. Why? Because we're taught to privilege people that display wealth, and we have been encouraged. The system is designed for us to pursue things and to have a lifestyle that we can't afford, so we go into debt. And then we find ourselves in a situation where we actually have no room to move when we're placed in that ethical dilemma: where to do the right thing would actually put our family and our children at risk economically. **And so, going forward, I think we have to understand that we cannot allow ourselves to be dependent upon not just government but also institutions like banks for our well-being. I just want you to understand that our debt-based model is deliberate. We have participated in it, and we've participated in this drive to look like we have wealth, to fit in, to not be "less than."**

I've spoken before about personal responsibility, that people will do terrible things to other people—in the Second World War, rounding up Jewish people, locking them into a church, and lighting the church on fire, or lining them up in front of a pit and executing them. We will do those things—the authorities know—things that we would never do on our own if our personal responsibility is taken away. I spoke about this in Toronto.

I first became aware of this idea in the Dostoevsky novel, *The Brothers Karamazov*. There's a chapter about the Grand Inquisitor—so the Spanish Inquisition, and Christ had returned. So the Grand Inquisitor is having a conversation with Jesus. And the idea comes up that people will do atrocious things if someone else takes the responsibility for their actions. Himmler, who was the head of the SS, understood this and in one of his speeches—I think it was before the Night of the Long Knives—but it was a speech before they were being sent out to murder people. And he literally said, "You're not pulling the trigger. I am." He understood that if he took the personal responsibility from them that they would follow his orders. It's why when we got to the Nuremberg Trials after the Second World War—when people were saying, who did atrocious things, "I was just following orders, I was just following orders"—we had to, from a legal principle, establish that following orders is not an excuse for harming and murdering people, as if that had to become some new legal principle.

In fact, I wonder going forward when we get our institutions back, if anyone who has committed a heinous crime, who says, "I was following orders," if the maximum penalty should be double in that case. Because as a society, our worst problem that we're facing right now—

[00:10:00]

the most harm is being caused by people following orders. And we structure our laws actually to protect ourselves.

The doctors in Alberta, I'll take them as an example; it's the province I live in. Their college told them you are not to treat early-COVID. I know of one doctor who volunteers with the NCI who voluntarily gave up his licence to practise because, for ethical reasons, this person was not willing to be part of an organization that would tell physicians that you cannot treat early-COVID—because it is unethical and it is going to lead to death and it's going to lead to harm. But it's an example of personal responsibility being taken away from the doctors. They're being told by their college that they "can't." So now, they're just following orders and well, "I'm helpless. I will lose my licence." These are lies. But it explains how we find ourselves in a situation where people that we have entrusted with our very lives and health have turned against us.

And it's still happening. I can't think of a single institution in Canada that is now working for the people again. Name me one institution in Canada that has stood up during this COVID experience to protect us: to act as a shield between us and the government; to act in the public interest. And it's still happening. Here we are in May 2023 and vaccine-injured people are being treated as lepers and second-class citizens and shamed and humiliated and left to suffer by our medical system. Their existence is being denied. It's like we can't admit they're there. They're an inconvenience to us because we can't admit that the vaccine caused injuries. Because we're still pushing it on children. We're still murdering children. The attack is still happening. We're still censoring doctors. They're still afraid. Professionals are afraid to follow their ethics and do their job.

So we know that this spell that we've been under, it's literally like people are asleep. And language is deliberate; when we use language, the truth sneaks out. I've done a lot of criminal law and I think of statement analysis where most people lie by omission. There are simple things that people can't hide. When they're lying, things happen: they drop personal pronouns like clockwork. We cannot—you know the word, Freudian slip—we can't hide the truth. It comes out in different ways. We can obscure it. But our language speaks volumes.

And isn't it interesting that in the freedom movement if you don't know somebody or where they're at, but you're starting to think, "Oh, just wait a second, maybe they do know what's going on," you ask them, "Oh, are you awake?" We ask each other when we're feeling each other out: "Are you awake?" That's not an accident. It tells us that there are people among us, and we know that, that are asleep. They're literally asleep: They're having a dream. Their eyes are not open. They do not see what is going on. So that tells us the spell is still in force.

There's two problems that these people who are asleep are having. First of all, they still believe. Many of them actually still believe the lie. The other problem they have—and we need to pity them for this, but many people who are awake still have this problem too; denial is a great self-protection mechanism—is they just want it to get back to normal. "Don't hold this Inquiry." "Don't reveal the truth about what happened." "We don't need to figure out how not to do this again." "Just stop. We just want to get back to normal. We just want to forget this happened and go back to normal."

That is a delusion because there is no normal to get back to.

[00:15:00]

That is a complete failure to understand that we are in right now "the Great Reset." Now, what the Great Reset looks like at the end depends on us. But we know when we hear people like Klaus Schwab saying, the Great Reset—the leaders are using the term the Great Reset—it's not something that's going to happen in the future. It's something we're in right now; we are experiencing. There is no going back to the way we were. Our past is done. It's finished.

Just on the vaccine alone. From the evidence we've heard, we can predict that there will be more people becoming disabled. I recall Ed Dowd using the data of the working population in the United States, traditionally, the healthiest people, that the number becoming disabled—well, the percentage isn't rising, although it's dramatically higher than it was pre-vaccination and alarmingly high. It's levelled off, but it's still there. We're experiencing more and more people at a very high rate of what should be our most healthy population becoming disabled and the deaths will follow. So we'll peak with disabilities first and then we'll peak with deaths. But we're still facing it. These people that we heard from yesterday with their lives literally—literally—being destroyed. It was hard to believe what it would be like to have their experience. We're going to have more of those.

The problem of sterilization caused by the vaccines has not been dealt with much in these proceedings. We were hoping to have Naomi Wolf testify, but she wasn't available for the date of the Ottawa hearings that we had wanted. But it appears that's another issue going **forward that we're going to have to face. It's interesting, I have a friend in Alberta who is a health care practitioner who's been reporting to me that if a child dies *in utero*—so while the mother's carrying the child—it used to be that the hospital would take care of that and get the dead fetus out, and then it would be recorded in our statistics. But the mothers are now being sent to abortion clinics for that to be done, so it will not be included in our statistics. So we're hiding information.**

I saw a disturbing billboard about a month ago in Alberta. There's a support line for mothers who have miscarried to phone. So it's now, obviously, enough of an issue. This is happening in large enough numbers that there are now billboards telling mothers that they can get support for this. I've never seen anything like that in my life and it tells us that we're still there.

Catherine Austin Fitts testifying yesterday, and we've heard it from other people, telling us this isn't an accident. This is planned, what we're going through, this Great Reset. The world leaders tell us. Google the term. Well, no, don't Google it; DuckDuckGo it because you'll get different results because of the censorship. That in itself should tell you volumes. This isn't an accident; it's an attack.

It came up during her testimony, one of the commissioners said, "Well, we've had more immigration than since the Second World War." We're going to have a witness testify today about seeing, during the pandemic, just tons of immigrants arriving while we were all locked down. It's almost like the population is being replaced as part of the Reset. So we've been taken down. We have been judged. And understand that they can't stop—you can't pull that trigger and call the bullet back. You can't stop because otherwise, we will get control of our institutions again and we will hold them accountable.

So we have to expect that what we're experiencing will continue.

[00:20:00]

And what we're experiencing is that our government and our institutions have become the weapons against us. Catherine Austin Fitts referred to it yesterday as "the great poisoning." She spoke about our food supply and how it's basically become a weapon against us. She spoke about 5G and cell towers. We've had Dr. Magda Havas speak about that. But understand that our wireless technology, it could be done safely, but it's not done safely. It's done in such a way that reduces our health and reduces our lifespan, and this is deliberate. We are facing economic collapse. We're in it now. It is likely because they're telling us that we're going to have starvation.

We've already seen religious prosecution in Canada. We have called some of the pastors who have been jailed as witnesses, and that is not going to stop. We're literally in a situation where you need to prepare both physically and spiritually. Physically, I think you need to get out of debt, you need to have extra food, you need to have currency. I'm not here to give advice on that, but you need to be prepared because we are entering the next phase of this information war, and you need to act accordingly. We also need to prepare ourselves spiritually, and I'm going to go back to the evidence of Sheila Lewis yesterday.

Again, she was the one whose life depends on an organ transplant, and she's going to die. She's the one that was sobbing and telling us she just wants to live: she wants to see her grandchildren grow up. That's all she wants. She told us that this was evil, that what was happening to her was evil. As if evil is a tangible thing. And the thing is, evil is a tangible thing. If you open your eyes and look around, you will see it. We've seen it in these proceedings. You can hear it. You can taste it.

I've spoken several times about my opinion that the way back for us are what's called the first and second commandments in the Bible. I've explained that they're not just the basis of our legal system. But it's important for us to understand as we find ourselves in a situation where our government is adversarial to us, where institutions have become adversarial to us—that's because we actually moved away from the principles upon which our society and our legal system is based. When you move away from your foundations, your society falls. And I've explained to you how the second commandment, basically, is the foundation of freedom. Both of those commandments are intended for freedom. I'm going to explain that a little differently, and I think some of you are going to be shocked by how I end this.

There was a deliberate decision to remove God from our society. We all know that we can't speak about God. That it's almost like a conspiracy theory hat or you're a climate denier or you're an anti-vaxxer. God needs to be separated from our society: He needs to be removed from the schools. He needs to be removed from our institutions. This was deliberate. We have been taught to put ourselves first, and we live our lives to put ourselves first. We all do it; we've all been taught to do that. Our society is based on greed. I have two trucks. I have an old truck with 447,000 kilometres on it that's rusting, and I have a 2012 truck. Well, if I'm going to pick somebody up from the airport, I'm not using my old truck. Why? Oh, because I'm worried about being judged. I'm just using that as an example, and you all know what I'm talking about. Our society is based on greed, which is putting ourselves first.

[00:25:00]

We also view God's law or following God as restrictive. And that is the greatest lie. I'm going to explain that to you, and you're going to go, "Oh, my gosh. I see it; it's our greatest lie."

For those of you who have no idea what I'm talking about when I say first and second commandment, I'll just tell the story. It comes up in different ways. But when Jesus was on the earth in Israel, it was a rules-based society and it had become oppressive. It was a religious rules-based society. They actually referred to it as The Law. It wasn't meant to be restrictive. It was meant to be helpful. We're all aware of the Ten Commandments: don't murder, don't steal, don't commit adultery. Well, that was the beginning. But there was just rule after rule, and it actually had been turned against the people. So it was extremely, extremely restrictive. But it gave the religious leaders power over the people.

Then this Jesus comes along. He's talking about the law but in a way that's freeing—in a way that actually serves the people—literally that becomes so popular, he can't move around. He has to, at times, get into a boat and cross a water body just so that he's not surrounded by people. And the religious leaders are going crazy: "We've got to stamp this guy out." He's a political threat to them. So they plot several ways to try and get rid of this guy. But one of the ways was, they were going to ask Him a question. They were going to get Him tied up in a legal argument.

So they decide, "Well, let's ask him what the greatest commandment is, and it almost doesn't matter how he answers. Then we can argue with him and just show people he's not as clever as he thinks he is." Because they knew the law; they were the lawyers, so to speak. So they ask Him, "Teacher, what's the greatest commandment?" And He gives them an answer. He says, "Well the greatest commandment is to love the Lord your God with all your heart, all your strength, and all your mind." Now Jesus was out of the trap. He was out of the trap. That first commandment comes up in other places in the Bible but basically love God first, not self. You see, we're a self-based society now. But you're not supposed to put **self first; you're supposed to put God first.**

Now understand, Jesus was out of the trap. But he continued, and he didn't have to continue. He said, "And the second commandment is to love your neighbour like yourself." Basically, to treat others like you would like to be treated but further than that because he used the word "love." Now that is following the second commandment and the reason why every single Western liberal democracy—which have been the freest societies that we are aware of in history—they're based on the second commandment. Because if you teach your people and base your laws on the principle that you treat others like yourself and you don't put yourself first—God goes first—then you're not murdering each other. You're not stealing from each other; you're not sleeping with your neighbour's wife because you don't

want your wife sleeping with another neighbour. Basically, you have a freer and more civilized society if you are putting other people first.

So understand—because remember, I told you the greatest lie is that following God is restrictive. Well, if you believe that you have to be first, then—"Oh jeez, I don't want any restrictions on myself"—you misunderstand, completely, that actually you are more free. When you love God with all that you are, you're no longer putting yourself first. That's how it works: you're not number one anymore. And then, you're forced to realize that you're just one of His children. We are the same; we're together. Do you see how, all of a sudden, it's not adversarial? So when you're not first and you're just one person following God, we're just all His kids. We're all together; we're all the same. It's not about us anymore. That's why the first commandment serves us,

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and I've already explained how the second commandment leads to our freedom.

Now here's where it gets interesting. Because one of the popular myths to get people to hate God and think that the first and second commandments are just crazy is—"Well, this is all fire and brimstone and judgment." So I want to describe how the New Testament refers to judgment. What are we going to be judged on if this is fire and brimstone? I probably can't go through this without choking up. It's just so touching.

So you would think if God's real— Because in the New Testament, it says that at the end of time, Jesus is basically going to separate the sheep from the goats, much like a shepherd which separates the sheep from the goats. The sheep are the people that lived right, and the goats are the people that lived wrong. You'd think the touchstone would be, "Well, you murdered and you stole and you're totally unethical." No, no, no. That's not how He's going to judge us.

You know what He said? Well, He's going to turn to the sheep and He's going say:

> When I was hungry, you fed me; when I was thirsty, you gave me something to drink; when I was a stranger, you took me in; when I was naked, you clothed me; and when I was sick, you took care of me.

And the Bible says:

> Well, these sheep are going to say, Lord, we never, ever saw you. When did we feed you or clothe you or take care of you? And Jesus will say, when you did it to the least of these—meaning anyone else—when you did it to **the least of these, you did it to me. And then, He's going to turn to the goats and He's going to say, when I was hungry, you didn't feed me; when I was thirsty, you didn't give me anything to drink; when I was a stranger, you didn't take me in; when I was naked, you didn't clothe me; and when I was sick, you didn't take care of me. And they're going to say, well, Jesus, we never saw you, so what are you talking about? Obviously, we couldn't have fed you or given you something to drink or clothed you or taken care of you when you were sick. And He's going to say to them, well, when you didn't do it to the least of these, you didn't do it to me.**

So the whole point—the whole point—of these commandments and our basis of our society, is to take care of each other. So when we have Sheila Lewis on the stand, sobbing

and begging the unnamed doctors—that she can't name because she's under a gag order—saying, "I just want to live. I just want to see my grandchildren grow up, that's all I want," she doesn't understand why they will not reverse their decision. They're not feeding her when she's hungry. They're not giving her a drink of water when she's thirsty. They're not taking her in. They're not clothing her. And they're definitely not treating her when she's sick. Do you see how this serves us?

We can use these as the basis for understanding how we are to proceed going forward because it's all about standing together. You have no choice. We're in this together. You are not alone. You're not alone. And we have a task. You can't avoid it. We're in the Great Reset. And we're going to decide whether those that have pushed us into this get to decide the outcome or whether the outcome is going to be one based upon the first and second commandments. You have a choice. This is a historical moment.

There are times when a generation is asked to define who they're going to be. What are the history books going to write about this generation? I think of Churchill, remembering how he was so stirring in his oratory. In the darkest days of the Second World War, when he's saying,

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"We'll fight on the beaches, we'll fight on the streets," he had a phrase. He said, "If the British Empire lasts for a thousand years, they'll look back and say that this generation was their finest hour out of a thousand years."

We're there. It's this hour. It's this hour for Canadians. Our actions will define whether this will be referred to as our finest hour or will we be a footnote in history of a civilization that fell to its knees without a whimper. I'm participating. I'm volunteering. I'm putting my neck on the line because I want the history books to say this was our finest hour.

[00:36:13]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 1: James Corbett
Full Day 2 Timestamp: 01:09:56–02:25:20
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
I'd like to call our first witness of the day, who is joining us virtually from Japan. So, James, can you hear me?

James Corbett
I can hear you. Can you hear me?

Shawn Buckley
Yeah, I can hear you. I'll ask our AV person to turn your volume up a little bit. I'd like to begin today by asking you to state your full name for the record, spelling your first and last name.

James Corbett
My name is James Corbett, that's J-A-M-E-S, Corbett, C-O-R-B-E-T-T.

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

James Corbett
I do.

Shawn Buckley
Now, James, you are an independent journalist. You have the Corbett Report, which is an independent, listener-supported, alternative news source, and it operates on the principle of open-source intelligence. You've got a different history in your background, and I have to

tell you that I've heard from several people comments about you that are just full of respect for the work that you do and the integrity of your research. So you come to us with a very good reputation, and we're pleased to have you join us today.

And you are here to discuss with us some kind of global issues, like the Global Pandemic Treaty, the International Health Regulations, and One Health. And I'm just going to let you march into the presentation that you've prepared, and then we may have questions along the way and certainly afterwards.

James Corbett
Okay, excellent. Thank you for that. Thank you for inviting me here to talk about this. I think this is incredibly important and, in fact, in some ways goes to the heart of what all of the craziness of the past few years has really been about. So I hope I can do it justice. I do have a presentation prepared, but obviously please do interrupt and ask for clarification at any point you need to.

In order to start in on these subjects, I think we need to establish some ground facts. And so, it would help probably to know what is the World Health Organization [WHO]. And for those who don't know, the World Health Organization was founded as a specialized agency of the United Nations in 1948 specifically to promote, quote, "the attainment by all peoples of the highest possible level of health." And it proposes to achieve this task by acting as, quote, "the directing and coordinating authority on international health" work. All right, excellent. That sounds noble. It sounds like something that people could get behind. But as always, the devil is in the details.

So some questions that might arise, as we hear these words that come from the founding Charter of the World Health Organization: What is health? And who determines the highest possible level of health, let alone how to attain it? These aren't idle questions, as I know you know from the very impactful harrowing testimony that you have heard over the course of this Inquiry.

The answers to those questions really do go to the heart of what we are facing: what we have seen over the past three years, certainly, and what we might see again in the future if we allow this to continue—lockdowns, mandates, travel restrictions, forced medical interventions and procedures, and rule by decree of governmental or presumed health authorities.

So this is an extremely important subject. And I just want to lay that out before we start diving into the details. Because although the worst of the COVID hysteria may or may not be behind us, I think the real battle is only now beginning. And that battle is a battle over **the definition of, and the declaration of, and the ability to govern over the next, quote-unquote, "the next pandemic," which we are constantly assured is right around the corner. So this is an incredibly important issue.**

So today I want to talk about two separate but related processes that are taking place under the auspices of the World Health Organization. One is, well, it's being referred to officially as the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response [WHO CA+], which is a very, very long roundabout way of not saying Global Pandemic Treaty. But they, I think, specifically do not call this a Pandemic Treaty because the word "treaty" brings with it certain legal obligations and would require ratification by legislatures, at least in those states where they have constitutional procedures for governing the signing treaties.

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But conventions and agreements are covered under the WHO Constitution itself, which grants the governing body of the World Health Organization, the World Health Assembly, the power to, quote, "adopt conventions or agreements with respect to any matter within the competence of the organization," which when ratified, will oblige each member of the WHO—which for the record is almost every nation-state on earth, of course, Canada, no exception there—would oblige them to adopt those conventions or to notify the WHO's Director-General of rejection of those, or reservations to those, stipulations within 18 months.

So that's kind of the framework for why it is not being called a Global Pandemic Treaty. But at any rate, this treaty, in all but name, is being drafted behind closed doors right now. This process has been going on for the better part of a year now and is expected to be unveiled with an agreement or other instrument at the 77th World Health Assembly, which will be taking place next May.

In the meantime, they are having closed door briefings and sessions that are not open to the public in which they are negotiating the text of this document. There is an entire bureaucracy that has been set up to handle this process of the drafting of this not-a-treaty called the INB, the Intergovernmental Negotiating Body. And that has held, I believe, a couple of hearings now for public input into this process. But all that means is that accredited institutions and organizations that get permission can Zoom in and basically make a short presentation about their feelings about what the treaty should include. Very few people given a chance, of course, to speak out against the process itself, and I think that's instructive in and of itself. But the meat of the negotiations of this draft treaty are taking place behind closed doors, and there is very little transparency on this process.

We do have a zero draft of this treaty that was unveiled earlier this year [February 1, 2023] and that we can at least see the text that they started with from ground zero, which gives us some insight into this process. It includes increased tools for epidemiological genomic surveillance and integrated One Health surveillance systems, which might raise the question, what does any of that mean? And those are good questions, but unfortunately not ones you will find the answers to in this zero draft of the treaty. Because in the definitions section of the zero draft, you will note that, for example, it says, under definitions, "'One Health surveillance' means . . ." And then, of course, that's left blank because they have not come up with a definition of One Health surveillance yet, but it is included in the text of this zero draft [February 1, 2023]. They talk about the need for integrated One Health surveillance systems without telling you what One Health surveillance means.

Other such things like that abound in this document. There are obligations for member **states to, quote, "tackle false, misleading, misinformation or disinformation." And I think given the events of the past few years, we know exactly what that looks like and what form that takes. As someone who had his YouTube channel of nearly 600,000 subscribers scrubbed for daring to talk about such things as the philosophy of science and other things related to the events that are going on, I know firsthand what that legalese text implies.**

The zero draft also includes verbiage about control over when, where, and how a pandemic is declared within each member state's borders. So it says, quote, "the INB is encouraged to conduct discussions on the matter of the declaration of a 'pandemic' by the WHO Director-General under the WHO CA+ . . ."—which is what they're calling this not-a-treaty— ". . . and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments."

So yes, even the process by which a pandemic will be declared by the World Health Organization under this new treaty, or whatever they're calling it, is left open to negotiation. And again, negotiations which we do not have access to as lowly members of the public who will simply be subjected to whatever rules end up getting forced into this document.

I think that should be concerning in and of itself. But actually, it's in some ways, maybe even worse than most people realize. Because at least at this point,

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the World Health Organization does not officially declare a pandemic to have started or over. There is no official declaration of pandemic. There is an official declaration of a public health emergency of international concern (PHEIC), which is a different declaration altogether.

People might have heard recently that the WHO has declared the pandemic over. But that's not quite true, as even the fact checkers will, in this case, correctly tell you, "No, they declared the end of the public health emergency of international concern," but they did not say that the pandemic is over. So this document is at least putting on the table the possibility of literally a declaration of pandemic by the WHO Director-General, in particular, which is interesting for reasons that relate to that PHEIC.

But let's delve into the other side of this. Because as it says in that text, talking about this rule of the WHO Director-General declaring a pandemic, it says, "including interactions with the International Health Regulations." And that is the other document that I want to talk about. One is this treaty, which they are not calling a treaty. The other is amendments to the International Health Regulation.

Shawn Buckley
James, can I just slow you down for a sec before you go to the International Health Regulations. Because to some of the people that will be watching your testimony today, this will be brand new. So you're basically saying that we should be calling this a "Global Pandemic Treaty," what they're negotiating. But even the title—they're using words to kind of confuse so that we don't understand what it is. And that this is being negotiated behind closed doors, so it's not a public process. Is that right?

James Corbett
That is correct in substance. Obviously, it's my supposition that the unwieldly title contributes to the confusion around this process. But it is not supposition that the word "treaty," specifically brings with it certain legal obligations that I think are being obviously avoided in this lengthy appellation.

Shawn Buckley
And then I just want people to understand. So when you're saying definitions are left blank—when laws are drafted or treaties are drafted, they'll actually put a definition in and then start using those words. So the definition is very, very, very important. So when James is saying, "One Health surveillance"—which sounds very Orwellian—or "One Health surveillance systems," saying these terms are being used, so they have a specific meaning. But the text that's been released, they're not telling us what the meaning is.

So I just want people to understand how important that point is that James has brought up. It makes it impossible for us reviewing the text that has been released to really understand the significance. And I can tell you, having drafted legislation for government, that when you actually already have a term, you have a definition in mind. You know what that term means; you're not throwing it in there for good measure. So to me that's quite concerning what you brought up.

And also, just slow this down before you move on. You're telling us there's actually provisions in there to deal with misinformation. So they're already anticipating censoring information that goes against what they say?

James Corbett
That is the certainly the implication. There is no language, at least in the zero draft, that's been provided to the public to specifically say how member states are committing to tackling false, misleading, misinformation or disinformation. But I think we've seen exactly how that has been done over the past few years, including direct governmental interference in social media. For example, trying to censor—not trying, but actively censoring people who go against the pronouncements of any declared public health authority. So I think that's essentially what is being declared.

But specifically, it's from Article 17, paragraph 1 [zero draft, February 1, 2023]: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation," which is an interesting addition.

And just to clarify, yes, Chapter I, the Introduction, Article 1, Definitions and use of terms. They do have in the zero draft [February 1, 2023], four of the terms defined. But they leave "pathogen with pandemic potential," "One Health approach," "One Health surveillance," "infodemic," "inter-pandemic," "current health expenditure," "universal health coverage," and "recovery" are all left undefined at this point.

Shawn Buckley
Interesting. Okay, sorry for interrupting, please continue.

James Corbett
Valuable things to elaborate on.

[00:15:00]

All right, so let's talk about the other process that is going on. And I think, again, supposition, this is another part of the deliberately confusing nature of this process. In addition to this treaty, or whatever they're calling it, there is a proposal to amend the International Health Regulations. So what are the International Health Regulations?

Back in 1951, the World Health Assembly, the governing body of the WHO, adopted the International Sanitary Regulations, which was an attempt to consolidate the multiple and overlapping international agreements that then pertained governing quarantine procedures and other international health controls—that were, at that time, a series of bilateral deals between various countries and that was quite confusing, obviously, for an

increasingly globalized society, international trade, et cetera. So that was consolidated into this International Sanitary Regulations. And that was ultimately turned into the International Health Regulations in 1969. And those IHR, International Health Regulations, were amended in 1973 and 1981.

At that time, the entirety of the International Health Regulations covered specifically six diseases, but specifically focused on three of them: cholera, yellow fever, and plague. But after the SARS-1 hysteria of 2003, there was a push for amendment and sweeping reform of these IHR, International Health Regulations, to take into account the new and novel diseases that could appear in the future. So that push led to the adoption of the last round of amendments to the IHR in 2005. So that is the most recent edition of the International Health Regulations. And that was the addition of the International Health Regulations that introduced that aforementioned public health emergency of international concern, which is a specific declaration that is made ultimately by the Director-General of the World Health Organization.

Although, supposedly, theoretically, there is an independent advisory board that advises the Director-General whether or not to declare a public health emergency of international concern for any emerging virus or pandemic, or what have you. And that independent advisory board, really—according to what I think the drafters or, at least, what was presented to the public—it was the advisory board that's ultimately making this decision, and the Director-General just gives the rubber stamp to their recommendation.

Of course, that turned out not to be the case with the declaration of the monkeypox public health emergency of international concern last year, in which, according to reports, apparently, the Director-General Tedros broke the deadlock in the advisory panel by declaring that it was a public health emergency of international concern. And it's interesting that it's even portrayed as a deadlock when, in fact, the majority of the independent advisory board recommended against declaring a PHEIC.

But what is a PHEIC? Why is it important? What does it do?

Essentially, the declaration of public health emergency of international concern opens up a number of powers for the World Health Organization up to and including—as was reported back in the mid-2000 "teens" during the *Ebola* public health emergency of international concern; it was reported even in Newsweek and other places—that the powers that are unlocked by such a declaration could even include, conceivably, NATO boots on the ground in order to enforce quarantines or deliver medical aid or intervention, or what have you.

So this is a significant declaration. And of course, it also brings into effect a number of contracts that are signed for various governments that ultimately obligate them to purchase prophylactics, including vaccines or whatever else may be available for the declared health emergency. And that became a significant factor in the first ever declaration of a PHEIC back in 2009, during the swine flu pandemic, which ultimately ended up being a less deadly flu season than regular. But that being what it is, the declaration of PHEIC obligated countries around the world, including, of course, in Canada, to purchase swine flu vaccines that, ultimately, a lot of them ended up getting destroyed, unused. But whatever, at any rate, it was there. And an awful lot of money was made on the back of those vaccines.

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And an independent investigation from the Council of Europe the following year, as well as a British Medical Journal investigation, found that there were serious conflicts of interest between the independent advisory board that advised then WHO Director-General Margaret Chan to declare that PHEIC and the very pharmaceutical manufacturers who ended up benefiting from that declaration. So that's kind of the context of this International Health Regulations and what's on the table.

This current round of negotiations for further amendments to those IHR include a grab bag of proposals of potential amendments. Some of the ones that pop out immediately include the idea of striking out the words, quote, "full respect for the dignity, human rights, and fundamental freedoms of persons," from the IHR principles, giving WHO greater authority over surveillance monitoring and control of health threats—including greatly expanding the PHEIC power with proposals suggesting giving the Director-General the authority to declare not a public health emergency of international concern but an "intermediate public health alert" where a public health event does not actually reach the threshold of declaration of PHEIC but "requires heightened international awareness" and preparedness activity.

So, whatever that means.

Granting the WHO the power of a global emergency health legislature, including proposals to potentially change the currently "non-binding" and "standing recommendations" on medical and/or non-medical countermeasures to address a PHEIC that the Director-General shall issue to WHO member states after a consultation into binding recommendations. So they are actually proposing to change that wording from non-binding to binding, which ultimately does make the WHO into a de facto government, at least, public health emergency legislature.

It includes proposals for working with partners to establish a Global Digital Health Certification Network, which is intended to enable member states to verify the authenticity of vaccination certificates issued under IHR, as well as other health documents. And proposals to expand the scope of the International Health Regulations to cover not just demonstrable ongoing public health emergencies, but all risks with a potential to impact public health.

In other words, this is an astounding power grab that is, again, represented in these two parallel processes: the treaty that they're not calling a treaty and the International Health Regulations amendments that are separate processes, that are being run by separate governing bodies, but that, as the WHO states, could overlap. And there are meetings that again are going on behind closed doors as to whether or how these two processes should merge. Or maybe there should be two separate processes. Maybe they should continue with one of them, but not the other. It's all left completely opaque at the moment.

So those are the two processes. And in order to understand, I think, what's really on the table, we have to understand the overall idea behind the concept of public health in general and where it is going in the future. I'll pause for a moment in case you need any further clarification on anything I've presented so far, though.

Shawn Buckley
And actually, that's a perfect time for pause. It's interesting. We had a witness yesterday, Denis Rancourt. I don't know if you're familiar with him. He's a physicist by training but had been a full professor for years at the University of Ottawa and an interdisciplinary

researcher. He's presented on all-cause mortality using Canadian and U.S. data. And one of the points he brought up a couple of times was, in the past when pandemics were declared be that avian flu or swine flu or whatever, there was no indication in all-cause mortality that there was ever a pandemic. So, in other words, you couldn't see it. But he says you could see a heat wave for three days; that would show up, other things would show up.

But actually, every single time a pandemic had been declared, there was no rise in all-cause mortality. So basically, the implication is that these pandemics are declared when there is no public health emergency. And here you are telling us that basically, countries like Canada would lose their sovereignty so that if a pandemic was declared by the World Health Organization, we would have no choice but to allow them to basically counter some pandemic. Are we hearing you correctly about that?

James Corbett
Member states are already obligated to do a number of things under the WHO Constitution,

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including implementing the conventions and agreements that are decided upon by the World Health Assembly. So really, there are already obligations that are in place for Canada, as we've seen, I think, through the course of the past few years, let alone decades. That in fact, for example, there is a stipulation in the existing International Health Regulations that all countries have to comply and actively assess their compliance with the International Health Regulations and pandemic preparedness generally. And Canada, as you may or may not know, actually, the Government of Canada posts on their website, occasionally, their updates as to their self-assessment of their compliance with the International Health Regulations. So there are already stipulations in place. I think the proposed amendments just give the potential for these obligations to expand.

Shawn Buckley
It's interesting. So that explains why, I mean, it seems that most of the world, certainly the Western world, followed kind of one plan. And James, what I've always found interesting—and this is just my thinking—but let's say we were facing a serious threat by a virus and we've got to figure out what to do. It would seem to me you'd actually want different countries trying different things so that you could see what works and allow different theories to be tested.

But we basically have entered a world where one organization has the power to decide how we deal with a serious threat. And if they get it wrong, then the whole world will face the consequences of that. Because that's the flip side. But if they get it right, well, great; all's well and off we go. But if they get it wrong, it means the catastrophe is magnified. But basically, that's where we're at legally.

James Corbett
I concur wholeheartedly. I think that gets actually to the real heart of the philosophical issue, let alone the legal issue, that we're facing here—which is the question of the centralization of power over "public health" in fewer and fewer hands. And, in fact, that's kind of how I'm planning to end this presentation. But perhaps we should cover One Health before wrapping up with that.

Shawn Buckley
Sure, can I just ask one more thing? Because you just went over it quickly. You were saying they were striking out some principle. Can you just read that text slower for us? I think it's important for us to understand.

So there's principles in the current International Health Regulations. So it means, principles—just so that people hearing your testimony understand—they're supposed to be what guides the interpretation and application of these regulations. So they're kind of fundamental to what our goals are. But please share with us what is being removed or being proposed to be removed as a principle.

James Corbett
Yes. So the text that is being proposed to be struck out from Article 3, which is the principles of the IHR document, is ". . . with full respect for the dignity, human rights and fundamental freedoms of persons." And the proposed alternate text—again, people can find this on the WHO's own website; they have a post of the proposed amendments [IHR proposed amendments, WHA75(9) (2022)]. The proposed alternate text: instead of ". . . with full respect for the dignity, human rights and fundamental freedoms of persons" is ". . . based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." I will let you parse that for yourself. But, anyway, that's what they want to replace the text with.

Shawn Buckley
I think George Orwell would be proud of that one.

James Corbett
I concur.

Shawn Buckley
Yeah, please continue this. And I can just share with you that I believe everyone is finding this very interesting and we haven't had somebody speak to us about these issues. So we certainly appreciate you sharing with us.

James Corbett
All right, so what we have heard, so far, I think is fairly concerning. But actually, where I think this is going demonstrably is even more concerning. And what this is raising the spectre of, is the concept of the One Health approach or One Health agenda, which is being adopted by many different health authorities in many different countries. The CDC in the United States, the World Health Organization is talking about it. In fact, there's an entire institutional framework that's taking place, taking shape around it.

One Health: that phrase was apparently coined in the wake of the SARS-1 events,

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back in 2003–2004, to discuss the threat of emerging diseases—diseases emerging from animal populations and the contact of animal and human populations, so zoonotic diseases.

And that concept started to come on board that public health is not just about your individual health as a human being, it is about the health of nature, including animals. So the CDC, for example, defines the One Health approach as "a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment."

So again, I think like the founding principles and definitions in the World Health Organization Charter, this is language that is designed to sound very appealing. But I think quite quickly starts to get into some very interesting philosophical areas, shall we say.

So I think we have to recognize what is being done here is a rhetorical move to essentially make every corner of the globe, every natural resource, every plant, every animal, including every person, as part of an interconnected web that forms this new definition of public health: One Health. And so, embedded within this idea, within this concept, is if we have a centralized, specialized agency of the UN, like the World Health Organization, which is in charge of coordinating international public health, we need some sort of centralized control that will have jurisdiction essentially over every one of these constituent elements—every habitat, every resource, every animal, every plant, and every person—in order to coordinate not public health but international One Health.

So I think we see where this is starting to go. And of course, it doesn't just involve the World Health Organization. Again, by its very nature, this is such a broad concept that it applies to every nook and cranny of every bureaucratic infrastructure in at least the UN panoply, as evidenced by the fact that the World Health Organization has just joined a quadripartite coalition—consisting of the Food and Agriculture Organization [FAO] of the United Nations, bringing in that food concept that was referred to by Catherine Austen Fitts; the United Nations Environment Programme [UNEP], bringing in the spectre of Rio Summit and UNFCCC [United Nations Framework Convention on Climate Change] and the IPCC [Intergovernmental Panel on Climate Change], et cetera. The World Organization for Animal Health [WOAH] and the World Health Organization have now combined forces to tackle this One Health approach idea. And they have set up a new "high-level expert panel," to coordinate activities on One Health, which is defined as "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems."

So again, this sounds laudable. But it is predicated on a devaluing of human life in order [inaudible: 0:33: 19] equity, which I guess we're supposed to assume is always, in every context, a wonderful word—equity with nature. So humans have to be devalued to the point where we do not prioritize human health over the health of, say, an animal species or something along those lines. And I think people understand where that concept is going or where it could go. But at any rate, that is the One Health approach that is now being fostered under the auspices of not just the WHO but a number of international organizations.

Shawn Buckley
So that's how we end up locked down in 15-minute cities and eating crickets.

James Corbett
Unfortunately so, or at least I believe that is part of the plan. So yes, as you indicate there, this is not just about the concept of health as we tend to think of it—as in you feel sick and

you go to the doctor and you get some medicine, or something along those lines. It has to do with every aspect of your life: where you live, how you live, what you eat, et cetera, et cetera. It would be difficult to think of any aspect of your life that would not come under the purview of this One Health idea.

Shawn Buckley
That's quite striking actually. So did you have more to share?

James Corbett
I can talk about the next steps in this process.

So with regards specifically to the International Health Regulations, again, they are being proposed to be adopted at the 77th World Health Assembly next May by a simple majority vote.

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And so, given the scope of the Constitution of the WHO and specifically Article 21, the amendments of the IHR—when and if they are adopted—will come into force within all member states within 12 months of adoption unless a state proactively files rejections or reservations within a 10-month period after the adoption. At any rate, this is a very, very short timetable and I think, again, the momentum is on the side of the bureaucratic meddlers here, shall we say.

As regards to the treaty, that they're not calling a treaty, that would require—I think there are different interpretations of this—but I have read that it would require a two-thirds majority vote in the World Health Assembly with each member state being able to sign and ratify the treaty in accordance with their own domestic laws.

But, as I say, I think overall, the World Health Organization Constitution, as it is written, is interpretable in ways that would suggest that any World Health Organization member state is obligated to enact whatever convention or agreement is signed. So, again, I think that there are different legal opinions of what this is. But I think we have a very narrow window in which to act. And I guess the question for Canadians is, what can be done or what should be done?

So I guess on the most basic legal/political level—obviously, given the fact that a formal registration of concern is required to at least stop this from being automatically implemented in Canada within one year of its adoption—then obviously, I think, politically, people's energy should be directed in that direction, at least at this moment. And there are movements afoot in a number of different countries right now not only attempting to preventatively get their member states out of this process for the negotiation but actually to withdraw from the WHO altogether. And I note that there was a press conference on the steps of the U.S. Capitol just this week involving several U.S. congressmen, I hear 21 of them, actually, were there demanding a complete withdrawal of the United States from the World Health Organization.

So that is, I think, at least a sign of the type of political movement that could be happening if people were engaged and aware on these issues. Although, obviously, the Canadian political context may be a little bit different than the American context. And I think one thing that we could be assured of is that the establishment media would ignore or denigrate such a

political movement, to the extent that they acknowledged it at all, in the exact same way as they did with the Freedom Convoy.

But more to the point, I think, perhaps more hopefully, I see the formation of communities of interest—public and private membership associations and other organizations—forming on the basis of the principle that human beings have natural bodily autonomy, and medical interventions cannot be enforced or forced upon anyone against their will. And so, I think the idea of people coming together on that basis, including doctors and other medical professionals and regular people, coming together on that basis to form their own sort of splinter medical system, to me, seems the more thoroughgoing approach here, not recognizing the diktats of centralized health authorities.

However, obviously, nothing is going to change unless and until there is a widespread recognition among Canadians, and people all over the world, of the fundamental underlying issue: What is "health"? And who gets to define that word? Who gets to describe what a health crisis is, and what states, let alone individuals, must do in the event of a declared health crisis?

These are the fundamental questions. And who controls those powers? Which really raises, I think, the fundamental underlying question of all of this. Because what I've been describing with regards to these powers that are coming into view might raise the spectre of medical martial law—essentially times of suspension of regular law in which health authorities essentially act as martial authorities, being able to dictate law into law just by saying it. Which is exactly what we saw over the past few years.

But I think it's even worse than that. What we are seeing is the erection of an infrastructure

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for a new paradigm of governance: the biosecurity state. And if you are unfamiliar with the writings of Giorgio Agamben, he is a famed and noted Italian philosopher who has been writing about this subject for the past few years. I highly recommend his work, including an article he wrote in March of 2020 called "Biosecurity and Politics," where he identified this as the crux of the issue. He wrote, "the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity)." And I think that is the spectre of what we are facing: the imposition of medical interventions in the name of health but essentially as a new paradigm of governance that we are looking at.

And so, I think we need to fundamentally question the need for health authorities' centralized control over the medical system rather than the idea that people can choose for themselves what medical interventions and what medical precautions they are willing to take or not take. And also, the acknowledgement that with our fundamental right of bodily autonomy comes with it our right to essentially ignore and to go against the outward imposition of dictates and obligations by any presumed health authority. So, any treaty, any convention—International Health Regulations—that are signed that do not recognise, fundamentally, informed medical consent and the right to bodily autonomy, it's null and void.

Shawn Buckley
James, I'm just going to step in if you'll let me. It's interesting. So you're telling us stuff. And I've just, when I do have time to see non-mainstream media, you hear about International Health Regulations and that this is going on. But I can tell you personally, I've not heard this type of detail that you're providing. So basically, Canada is walking into the situation where really our entire sovereignty could be given up in the name of this One Health initiative where everything from our food supply to our complete medical system to our freedoms could be dictated from an outside source. That's basically what's happening and we're not hearing anything about it.

James Corbett
Yes, I think it is already happening and yes, we are not hearing about it.

Shawn Buckley
Are you aware of a single group or anyone that is on this issue in Canada that should be given some support, or we could be directed to?

James Corbett
There are a number of individuals and independent media that are talking about these issues. But in terms of actual coordinated political movement on this front, I don't know. As I say, I live in Japan, so I am not in touch with any particular group.

Shawn Buckley
No, I was just asking because if you're not aware of one, then perhaps that there's a need that needs to be filled here and that's important for us to know.

Also, it's interesting, just as the National Citizens Inquiry has been moving about province to province, I ended up being out for dinner with some of the people involved in the NCI, including local organizers in Vancouver. And sitting to my left was a person from Quebec that lives on a fairly sizable acreage, he is telling me that his chickens have to be registered and he's only allowed three chickens. And then somebody living on a farm in BC is saying, "Oh, I have to register every cow, every sheep, every chicken," like, the amount of control. And then I have a personal friend in Alberta who's being told that, well, any water body, they have to have a fence this size and that would include their rain barrel. Like, it's just, all of a sudden, this micromanagement of rural properties and animals being imposed from above, which makes zero sense unless there is an effort to basically have total control over food supply and animals and rural properties. And it sounds like this would be connected.

James Corbett
I think it is. But on that note, I think that the pushback that we're seeing from Alberta, from Saskatchewan, the Alberta Sovereignty Act [*Alberta Sovereignty within a United Canada Act*], or whatever these things are being called—which I'm not following the passage of these bills closely—but I understand would essentially be a declaration of the provincial government's right to exclude federal authorities from butting in on their jurisdiction,

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which, of course, health is actually a provincial jurisdiction not federal.

Shawn Buckley
Right, okay. I'm going to turn you over to the commissioners to see if the commissioners have questions. And they do.

Commissioner Drysdale
Good morning and thank you for coming and providing your testimony.

You know, we've completed 22 days of testimony across the country at the NCI right now, and it's like a large jigsaw puzzle that seems to be coming together. And when I was listening to your testimony, it reminded me of some testimony I think we had in Vancouver, and one of the witnesses held up a document that they said was prepared by Theresa Tam. And what it was is that the climate emergency was the biggest threat to human health in Canada. And I kind of wondered about that. But are you aware of that document? And does that kind of fit in with this whole WHO control and pandemics that you're talking about?

James Corbett
I am not familiar with that document in particular, but I am certainly aware of many pronouncements along those lines that have been made over the past few years. And I certainly do see that as absolutely a fundamental part of the One Health agenda. I think the preparation of the public for the idea of a climate crisis, climate emergency, and ultimately lockdowns on the basis of such an emergency has been foreseen, has been talked about, has been openly written about by a number of people and institutions, the World Economic Forum and others, for years now. And so I definitely see that as part of the unfolding One Health agenda.

Commissioner Drysdale
And I forgot to mention, and I don't know whether she still is, but I know Theresa Tam was the head of one of the WHO health committees. I can't quite recall which one it was, but I believe it just started a few years ago, and again, I don't recall whether she's still the head of that or not. But it certainly, it goes right along with what you're saying.

We had another witness in, I think it was Vancouver, and she was an expert in international law and human rights. And in her testimony, she had demonstrated how Canada, during the pandemic, had violated, or allegedly violated, a number of the human rights, which are guaranteed under the UN treaties, underneath a number of health treaties. And it's just interesting, then, how these human rights guaranteed under similar documentation by the UN are being trampled on by the health care directives that are being contemplated or being implemented by the WHO through the UN. Are you aware of that contradiction between human rights treaties and what you're talking about here, the proposed WHO?

James Corbett
Yes, in a sense. But I think that the legal documents and constitutions and other things that presumably we are ruled by, or that constitute the rule of law, are not really worth the paper that they're written on, generally speaking. And in fact, that's, of course, I would say, exactly what we've seen over the evisceration of the *Canadian Charter of Rights and Freedoms* over the past few years. In fact, Giorgio Agamben, who I mentioned earlier, wrote an entire book about *State of Exception*, talking about that issue and exploring it from the philosophical and jurisprudence and historical angle, that there is always a moment of

aporia in these constitutional documents that essentially allow for the declaration of some sort of emergency that says all the rules are aside.

And I would note specifically with regards to the United Nations and the *Universal Declaration of Human Rights* that it propounds, they all sound wonderful and woolly until you get to Article 29, paragraph 3, which says, "these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations." Essentially, yes, you can have all these wonderful rights unless and until the United Nations says you can't, and then you can't. So I think those are the types of legal trickery that are played in these documents.

Commissioner Drysdale
Well, I think that's why you rightly pointed out definitions and the grab bag of words that were in definitions. And Canadians, if they aren't, should be very much aware of how their constitutional rights or their *Charter of Rights and Freedoms* was completely neutralized by what seemed to be innocuous words,

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high-minded words.

I mean, if we're not aware of those things now and scared to death about these definitions that go on and on and on and could mean anything. But it seems, to me, that you're saying that this is a common practice, that they put in these kinds of words they can manipulate any way they wish.

James Corbett
I think that is the case. As I say, I would definitely direct you to Agamben on that issue. He has written extensively about this, and it is demonstrable in a number of documents. And there is, generally speaking, some sort of emergency clause or an emergency act, a public order emergency, for example, that can be declared that will suspend basic constitutional rights.

Commissioner Drysdale
The last thing. You know, when I was listening to your presentation and also listening to some comments made by Mr. Buckley, it reminded me of what's happened so many times in the past. I mean, in Soviet Russia, they got a hold of the food production and they murdered or starved to death 20 million Ukrainians, I can't remember what the number is; they argue about what that number is. In China, they did the same thing during the late 1950s and early 1960s, and they took control of all of the food production. Are we seeing that same thing happening today in Canada and in the Western world, but more importantly, at least to me, in Canada?

James Corbett
I would say, anyone who isn't paying attention to the consolidation of the food supply in the hands of fewer and fewer corporate interests—but also governed over by an international institutional infrastructure, the Food and Agricultural Organization and other associated institutions—if you're not concerned by that process, then you're probably not paying attention.

And in fact, the consolidation is getting worse and worse as we step forward into the Great Food Reset, which has been declared. And that involves such things as lab-grown meat to try to cut down on the horrible pollution that we know that actual regular farming and ranching are wreaking on our environment. Except for a recent report—that may or may not throw any kind of spanner in those works—that apparently, the lab-grown meat will be 25 times more energy- and resource-intensive than regular farming. I wonder if that will in any way derail the plans.

But at any rate, this is definitely a part, again, of that One Health agenda and that One Health approach. And the consolidation of the food supply in the hands of a few corporations cannot be ultimately for the benefit of all humanity. There is, at the most basic level, a very obvious financial incentive for corporations to do this. But from the perspective of people who are literally thinking about trying to manage the human population in general, there could be no greater choke point for doing that than by controlling and manipulating and rationing the food supply.

Commissioner Drysdale
You know, historically speaking—except for a handful of people at the top, some of those names that we know—central planning, state Soviet-style planning, has never been successful. I mean, have we not learned our lesson in history? I mean, the 20th century was predicted to be the century of the masses, mass control; there were a number of books written in the late 1800s about that. And have we not learned our lesson?

We had a witness yesterday, we talked about the definition of fascism, and these are not their words, these are my words. They were talking about us going into fascism on steroids because, you know, in the past, they never had the technological and electronic control and brainwashing that we have today. I mean, have we not—will we not—learn our lessons from history?

James Corbett
Unfortunately, it doesn't seem so. And, actually, history would give us the proper terminology for this because people are grasping around for historical precedents and political analogues—and they talk about fascism; they talk about communism. What they should be talking about is technocracy, and that was a movement that was quite popular in the United States and in Canada in the 1930s. In fact, Elon Musk's Canadian grandfather was a prominent member in the Canadian technocratic political movement who ultimately ended up fleeing Canada and going to South Africa, but that's another story.

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But technocracy was an idea that was predicated on the idea, not of a fascist system, not a communist system, but the control of society, the engineering of society, at a scientific and technical level by technical experts who would decide—who would calculate—the entire energy inputs and outputs of the entire economy and base the economy around that calculation. And they would issue energy credits to the people who would then use those energy credits to purchase items. And that was a truly bizarre and crazy idea in the 1930s because it would have required systems for continuously monitoring and surveilling every transaction in the entire economy in real time, which, of course, didn't exist in the 1930s.

That technology exists now. And although the historical technocratic movement and Technocracy Inc., which was one of its products, has not exactly disappeared, but it's

certainly not a prominent political part. But I think that ideology is still around and that really starts to explain some of the directions that we're heading.

For example, the concept of carbon rationing and the concept of universal basic income, and some of these other concepts that are floating around, are at base technocratic ideas that have been adapted and adopted for the terminology that appeals to us in the 21st century. But I think if we don't understand that history and where that idea developed from, I think we will not truly be able to understand what is happening until it's too late.

Commissioner Drysdale
Well, yeah, I mean, we now have state-sponsored euthanasia. We have the state holding back life-saving medical procedures from a lady who testified yesterday because she wouldn't comply with something, you know, a procedure that had nothing to do with the transplant. We have state-based racism, where they're pitting every different group of people against each other, regardless of what measure you want to look at. We have unprecedented propaganda, 24 hours a day. People are acting like cyborgs where they carry a device in their pocket and they think because it's not under their skin, they're not a cyborg. But even in this room, we hear the phones ringing and beeping and clinking and clanging. I mean, from what I understand from you, and I understand from some of the other witnesses, this is at an unprecedented level of control. And therefore, we as a human race are at an unprecedented risk to their will. Can you comment on that statement?

James Corbett
Yes, let me underline and underscore exactly what you're saying there. For any of the Commissioners who do not know about it, I would wholeheartedly exhort you to look into Policy Horizons Canada, which is an arm of Canadian government that a few years ago produced a document on biodigital convergence, which talks exactly about what you're talking about: ultimately towards the creation of that cyborg-intermediate species, whatever we are becoming with this increasing adoption of technology, where they actually talk about the ways that at the medical level, we will be more and more merged with machines. And again, you have to read this document in its own words; don't take my word for it.

But one of the things that they talk about in the document is the breakdown of the philosophy of vitalism, which is the idea that there is actually a real and meaningful distinction between organic life and inorganic matter. And they say that those lines are blurring because now people and animals and plants are engineerable, and we can put various biomechanical devices inside of them, and we can tinker and alter them.
So the actual distinction between life and nonlife is beginning to break down. And they, I believe, frame that in a positive context in their documents. So yes, these are some very fundamental questions that we're facing.

This agenda is really about much more than simply public health. I think this is about the real question of the definition of human: What does it mean to be human? What is the value of human life itself? And obviously, it does raise the spectre of eugenics and other really terrible ideas from history. Ultimately, I think you could trace it back to Malthus and the fundamental Malthusian idea that there are too many people and that we must get rid of some portion of the population so that we can continue to live. Those fundamental philosophical wrong turns, I would say, continue to haunt humanity.

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And that is the direction in which I think all of this institutional momentum is heading.

Commissioner Drysdale
Thank you, sir.

Commissioner DiGregorio
Thank you so much for your testimony today. It's been a while since I studied international law, a number of decades, I guess, back in law school. But my understanding was always that international law isn't really a set of rules that are imposed on countries, but it's more a set of agreements that countries reach with each other about how they're going to behave both with each other and internally.

And so, I guess with that framework in mind and thinking about the treaty that you've talked about today and the International Health Regulations—should we be thinking about these documents, and these amendments to these, as things that really Canada is signing up to be binding and to be bound by? Or should we really be looking at these as something that maybe just will give our politicians legal cover: if they want to implement things that maybe aren't in the best interests of Canadians, but they can then turn to and say, "Well, but it's the law, we've signed up to this"?

James Corbett
There is absolutely an element of that. And I think the underlying principle that we have to understand here is that, exactly right: there is nothing that would stop Canada from tomorrow declaring we are not part of the World Health Organization and making it so by fiat. It can be done. And of course, there is actually a process for withdrawing from the World Health Organization, et cetera. But what would happen if Canada just simply declared themselves to be out of the World Health Organization? Well, then by decree, it could essentially be manifested in reality. Because as you say, there is no international courts that could adjudicate this in a way that they could impose rules from the outside. It has to be done to some extent willingly.

So yes, it is important to keep that in mind because I think that is part of what I'm gesturing towards: not just with the political solution, but the political solution as a manifestation of that change in public perception and public consciousness—that, in fact, actually, it is what we are deciding.

Now, of course, there could be and presumably would be many different knock-on effects in terms of Canada's relation with the United Nations, and with various other states, et cetera, if they were to make such a declaration. But at the end of the day, it is essentially a choice that each member state makes.

Commissioner DiGregorio
Thank you.

Commissioner Massie
Thank you very much for your root cut analysis of this very, very complex situation. It actually goes in many different dimensions in terms of the definitions, as you mentioned. The One Health, to me, evoked immediately this notion by a lot of technocrats that they

really dream of a one-size-fits-all solution because they think they know it all, right? And if we just listen, then everything would be fine.

It seems, to me, as you pointed out, that we are living a paradigm shift in terms of governance. But to some extent, it seems to me that since the dawn of civilization, there's been a kind of a dream by rulers to control everything. It was not possible sometime if they had more control by fiat with soldiers and stuff. But nowadays, the main way to control is information and the connection of people across the world. And because it seems to be able to connect in a virtual world with internet and stuff, I think that people in the ruling class, the technocrats, think that it's now possible to actually control the world because they have technology that will allow them to do that.

So we are sort of back to the same sort of conflicts between what I would call the subsidiarity principle as a model of governance versus a top-down governance with wise people that know it all and will do it for our own good. The issue I found in terms of fighting that, and you've mentioned a few areas where we could actually be more active and combat it, is that human beings, being what they are, no human being is infallible and can actually fall prey to corruption. Some people are more susceptible to that than others, but in the end, if you have good institutions,

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this will actually keep that under control to some extent.

So as you move the control or the regulation or the exercise of power in any area higher and higher, what is going to be the control mechanism to ensure that the wise people on those boards are smart enough and, I would say, honest enough to do the right thing? And if they don't, then what? Who's going to be the arbiter that says, "Guys, you're not doing the right thing. We need to change you. We need to take care of your conflict of interest." Who's going to rule that? That to me seems to be the issue. And I don't see any solution to do that in a really high-level, international governance where the people there are not elected. Where's the accountability in this system? And is it possible to do it effectively?

James Corbett
It has always struck me as a kind of a strange conundrum that we can recognize that people are inherently fallible at the very least and corrupt, corruptible at any rate. And yet, those from that very same pool of fallible and corrupt people, we should be able to pick people who will then rule over vast swaths of humanity for the best interest of all. It's always struck me as a strange contradiction in terms.

But the question ultimately, I think, answers itself. Because as you say, as we get further up that ladder towards more and more centralized control, by fewer and fewer people, over more and more of the globe's population with less and less accountability, obviously there is less and less mechanism for there to be actual control when people start to act in fallible and corrupt ways. So the obvious answer to that is—well, then, we need to decentralize and get down closer to a local level where people have more accountability over what's going on.

As was raised earlier in the questioning, I think it's important to understand that the idea isn't that that would somehow solve the problem of corruption or fallibility. Of course, there would still be problems in various places. But there would, at the very least, be a plethora of different alternatives that people could turn to. Well, if I don't agree or like this

particular paradigm of governance, well, there's this other one just over there. And I think the expansion of basically the competing systems of control, at any rate, competition is generally good. And it is, I think, good in the concept of creating positions of power and control.

Of course, I, being myself, I tend to take that to its logical conclusion, which is, ultimately, power should be decentralized all the way down to the individual. But I know that's seen as a radical idea for many. At any rate, I would be happier if the institutional momentum was going in the opposite direction and less power was being ceded to the centralized authorities rather than more.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning, James. Thank you for your testimony. I tend to judge organizations by the mantra that you use, and I noticed that you mentioned DIE, diversity, inclusion, and equity. So when I think of that from the WHO perspective, I think of Taiwan. And I don't want to get into the one-China-two-states issue. But I think of Taiwan wanting to apply to be a member of the WHO since 1971. They've continued to make that request, and they continue to be denied. And then I think of your testimony that there should be a parallel kind of movement for democracies of people who are free.

Would it be possible, and just kind of taking all of those thoughts together, and make it a possibility for Taiwan and Canada to agree to move forward as a free and democratic society where persons have personal autonomy and continue to work outside of WHO, instead of Taiwan trying to become a member? I know in 2022, they were looking at observer status, but even as an observer status, as you allude, we don't really have input and the opportunity for feedback. So I'm just wondering, would that be a starting point if we could get democracies outside of WHO, who were rejected, to start the movement?

James Corbett
It certainly would be a possibility. In fact, often, I find it interesting that we get so normalized and conditioned into the status quo

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that we forget that there was a time before the status quo.

So thinking, for example, about the International Sanitary Regulations that became the International Health Regulations—as I say, there was a vast sea of bilateral and trilateral and other deals between various nations for quarantine regulations and other medical procedures that pertained at that time. And it was seen as just this horribly complex mess—Well, we have to sort out, you know, where is this coming from? And what needs to be done with it? and blah, blah, blah—rather than just one overall International Health Regulations that all of these states will agree to, and it'll make it easier.

But in fact, the very same technologies and other things that are being talked about now—that could make, for example, digital health certificates, i.e., vaccine passports, feasible—is the very same technology that would make those types of bilateral relations, Canada

agreeing to work with Taiwan and "we will set up this particular regime of health regulations and controls, and whatever, between our two nations." Imagine if Canada did that bilaterally with every country that they traded with or had relations with: Why would that be difficult in this technological age where knowing the process for importing goods, or whatever, can be obviously put into an app and put on everyone's phone? It wouldn't be a difficult thing to do in this case.

But now we've been so trained into the idea that it must be handled in one overarching International Health Regulations that governs almost every state on the planet. Why? So I think we do need to interrogate that fundamental assumption. And it should be noted that there are alternate organizations to the World Health Organization that are out there.

The World Council for Health and other things, which are predicated on the idea of individual human autonomy, bodily autonomy, health freedom, et cetera, rather than the principles of the World Health Organization. It's just most people don't know about the World Council for Health because they don't have the funding of the pharmaceutical industry and others behind them.

Commissioner Kaikkonen
And then my last question is just about Taiwan itself and how they managed through the pandemic. When you think of Taiwan being a little bit bigger than Vancouver Island and housing 23 million residents, I'm just wondering, somewhere in the pandemic when I checked on how they were doing, they had eight deaths. And I just kind of think that maybe we should be following what they were doing. And so, when we talk about health and WHO being mandated to protect our health and then still rejecting Taiwan, as a viable example, I just wonder what your thoughts are there.

James Corbett
Well, as I understand, you did hear testimony from Denis Rancourt, and I have interviewed him about the mortality statistics surrounding the so-called pandemic, et cetera, that, as he testifies, indicates that there was no identifiable wave of deaths that were attributable to some novel virus, et cetera. So, at any rate, I think that does show something about the way that we count and order these statistics could have an effect on how the country managed them.

But even if we were to accept at face value just the terms of the World Health Organization and other presumed health authorities about how to measure these statistics, I will note that the Independent Panel for Pandemic Preparedness and Response has an interesting admission on their recommendation report, which is available on their website: Namely, **that they look at the different measures that different countries took for pandemic preparedness before this so-called declared pandemic took place. And they plotted them against, at least, the reported death rate in each country. And you can look at the graph that they came up with, which shows that there was absolutely no correspondence whatsoever between the compliance with various pandemic preparedness ideas that are being propounded by the World Health Organization and the ultimate outcome in terms of measured death rate from the pandemic.**

So, I don't take those statistics seriously, but those are the official statistics. And you can look at them and see that, for example, Canada, highly compliant, getting a 93 out of 100 score for external evaluation of pandemic preparedness and yet having one of the top death rates in this graph. So it shows that whatever they are proposing in terms of pandemic

preparedness and in terms of how we should position ourselves for the future is demonstrably, quantifiably, according to their own statistics, clearly made-up nonsense. So I don't know why we should be putting any faith whatsoever in these proposals from the World Health Organization and others about what to do for pandemic preparedness.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
James, those are the Commissioners' questions. There being no further commissioner questions, on behalf of the National Citizens Inquiry, I sincerely thank you for joining us today and sharing this information.

James Corbett
Thank you for the opportunity.

[01:15:35]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 2: Rodney Palmer
Full Day 2 Timestamp: 02:25:33–03:14:10
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Our next witness today is Mr. Rodney Palmer. Now for those of you that have been following the National Citizens Inquiry, Mr. Palmer testified as a witness at the Toronto hearings. He has come back today to testify about something that's come up since then, but I will introduce him again.

Mr. Palmer, can we start by having you state your full name for the record, spelling your first and last name.

Rodney Palmer
My name is Rodney James Palmer, R-O-D-N-E-Y P-A-L-M-E-R.

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

Rodney Palmer
I do.

Shawn Buckley
Now, you're not a journalist now, but you were a journalist for 20 years. You had been a general assignment reporter for *The Globe and Mail* newspaper. You've worked as a daily news reporter at the *Vancouver Sun*. You were a CBC producer and investigative reporter. From 1996 to 2004, you were a foreign correspondent and bureau chief for CTV News based in India, Israel, and China and, in fact, in that role, you participated in reporting on the SARS pandemic as it first came out in China, as I understand it.

Rodney Palmer
That's all correct, yes.

Shawn Buckley
Okay, now you're here today to add to the testimony that you've given earlier, so I'll just let you launch in [Exhibit OT-15].

Rodney Palmer
Since my first testimony in March, there was quite a big story where Twitter decided, basically, at the behest of Elon Musk, to label the CBC's Twitter page as government-funded media. And this, to me, wasn't that surprising. He'd already done it for the BBC; he'd already done it for National Public Radio. And the CBC is government-funded media: it receives its funding from the government; it is media. I wasn't that surprised by it.

The 16th of April was when it was done, and the next day, the CBC paused its Twitter activity and made quite a big fuss and a public announcement that it didn't like being labelled government-funded media, which I found a little bit surprising. And there was an announcement made on the CBC website which quoted Brodie Fenlon, the CBC's editor-in-chief, the top journalist at the CBC, saying, "According to Twitter, 'government-funded' media means 'outlets where the government provides some or all of the outlet's funding and may have varying degrees of government involvement over the editorial content.'"

That, specifically, what he objected to and what the CBC brass objected to was not being called government-funded media but Twitter's definition of that—meaning the government is involved in the journalism. The next day, Mr. Brodie Fenlon wrote on his blog explaining why they've paused the CBC News Twitter accounts: "Editorial independence is a bedrock principle of CBC journalism." And then he had three sentences: "We are beholden to no one. We report without fear or favour. We act only in the public interest."

It seemed to me that this was right out of a Marvel comic, where somehow the CBC was the *Justice League* and had these great principles, and I knew all of these to be false. When I read it, I was quite concerned about this. He went on to say that "while CBC/Radio-Canada is publicly funded," there is "no —" and he emphasizes " zero — involvement in our editorial content or journalism." No involvement. Zero involvement. I did an entire testimony for an hour and a half here that showed that they're basically carrying out government propaganda. I described the transition of the CBC News & Current Affairs from a news-gathering organization into a propaganda organization on behalf of the Trudeau government during the COVID period.

So I knew this not to be true, what Mr. Fenlon was writing. Especially because I keep hearing the same experts on the CBC—this is what tweaked me to it initially, as a listener and a viewer. They were going to independent experts over and over and over again, and these people did not sound like the scientists I've come to know and work with in the last 10 or 20 years in my business. These were people who had clearly had corporate media training: the type of people who begin an interview with, "Well, that's a very good question. I'm so glad you asked it." This is somebody who's had training. Politicians speak this way. Scientists generally don't. People pushing a product on behalf of a company talk that way when they're in the media.

The one at the centre, Professor Timothy Caulfield, is a great Canadian. He is a Canadian Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and

Policy] at the University of Alberta in Calgary [sic] [Edmonton]. And for people who don't know, the Canadian research chairs are at every university, and they're funded entirely by the Canadian government.

[00:05:00]

Something like $140 million every year pays for these research chairs to be representatives as the greatest in their field in their area, which Mr. Caulfield has held that position for some time.

On April 2nd of 2020, however, just a couple of weeks into the emergency, Mr. Caulfield was granted $380,000 of government money to push a government agenda. This came from the Government of Alberta and the Government of Canada combined. And specifically, what he said he was going to do was focus "on misinformation around cures and treatments for COVID-19." Well, two weeks into an emergency, there is no misinformation: there is only information, and scientists are looking for any information they can get worldwide. But Mr. Caulfield, a law professor, was going to focus on misinformation about cures and treatments. And he took $380,000 from the government to do it. And this is how he did it: he went on the CBC and talked about the government policy—whatever the government wanted to say, that's what he was saying.

One of the first appearances was in May of 2020, where he appeared with Nancy Carlson, the CBC TV Edmonton six o'clock news host. This is one of the most important people in journalism in all of Alberta. Nancy Carlson brought him on and said, "You have a very impressive resume. Calling you an expert is incredibly valid," as if she was trying to convince herself of this line. She didn't say he'd received $381,000 from the government to push the government COVID response agenda. That was not mentioned. That was suppressed information; that was a lie by concealment. She said, "Everybody watching, this is a chance for you to get the facts right from an expert." Now, Mr. Caulfield is not a scientist and doesn't pretend to be one. He wasn't introduced as one. He was introduced as a law professor and said, "Today we are debunking all of the myths around COVID-19."

I didn't know three or four months into it that there were myths. I thought there was just lockdown, distancing, getting my groceries at a certain hour, wearing a mask when I didn't want to. And Mr. Caulfield came on and said, "Do not take hydroxychloroquine." I don't know how he knew that this was a drug that people shouldn't take. He also said, "Don't think you can boost your immune system in any way." This is when people were taking vitamin D3, vitamin C, quercetin, zinc. These are the things that were recommended for boosting the immune system, and Mr. Caulfield said, "Don't think you can boost your immune system." And Nancy Carlson didn't tell her viewers on CBC Edmonton that he was speaking on behalf of the government.

About a year after that, in April 2021, they upped the ante. Professor Timothy Caulfield, the Canada Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and Policy] at the University of Alberta, helped to form an organization of actual scientists called ScienceUpFirst. And they had a foundational grant of $1.75 million from the federal government's Immunization Partnership Fund whose mandate says that it is important that as many Canadians as possible get vaccinated against COVID-19. This is ScienceUpFirst, the organization, a new organization.

Mr. Caulfield appears in October of 2021 when people were starting to realize that ivermectin was preventing COVID, treating early COVID, and helping people get out of the intensive care units much more quickly. There were many, many studies emerging around

the world showing this. And there was a push to suppress ivermectin that, I understand from witnesses who have been here at this Inquiry, was designed so that it would appear there was no medicine so that it could satisfy an American requirement for the emergency use of a vaccine that was not fully tested. And so he's on this political show called "The House" with a guy named Chris Hall. And Chris Hall is an amazing CBC reporter, host, anchor. I liken him to Freddie Van Fleet of the Toronto Raptors. He was steady as she goes. Chris could do anything. And he ended his career as the host of "The House."

And in his last season, he betrayed Canada by allowing Tim Caulfield to lie to them about ivermectin. And Chris actually uttered the words, "Have we heard the end of ivermectin overdoses yet?" Meaning, are Canadians going to stop overdosing on ivermectin? Well, Chris apparently didn't know that nobody ever overdosed on ivermectin. There are more overdoses from aspirin causing death every year in America than there have been in the 50-year history of ivermectin. And he said this. And he didn't tell anyone that his expert on misinformation, as he was introduced to us on "The House,"

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was actually part of ScienceUpFirst, which received $1.75 million from the Trudeau government to push vaccines. He suppressed that information. He told us he was an expert on something that he wasn't and didn't tell us he was working for the government.

Mr. Caulfield showed up on "The National" with our friend Adrienne Arsenault talking about the truth about immune boosters, during which Mr. Caulfield was not introduced as a member of ScienceUpFirst, which gets its money from the Canadian government, from the Trudeau government, to promote vaccines—this was not mentioned. He was introduced as a law professor and the Canada Research Chair. So Mr. Caulfield said that "immune boosting," this is a quote, "is kind of a myth. Because it's not a muscle." So, as a medical person, he made a good lawyer when he said that because he clearly doesn't understand much about the human immune system. He then said, "You don't want to boost your immune system. That's anaphylaxis. That's an autoimmune disease." He said a healthy immune system is anaphylaxis, and it's an autoimmune disease. It's neither of those things. That's why we have different language for all of those things. They're not the same. We didn't get to hear that he's being paid by the Canadian government to say this. We were lied to by omission by Adrienne Arsenault in that story. She ended it by saying, "You're a wise man as always."

Now, "[Cross] Country Checkup," one of my favourite shows on the CBC. I used to work in phone-in-shows, and it really brings together Canada on a weekly basis. And it's hosted by Ian Hanomansing, a longtime veteran of CBC television. He had a section called, Ask Me Anything, which was all about COVID. Ask the doctor. And he had Dr. Isaac Bogoch on there, **innumerable times. And on this occasion, December 2021, he brought him on. He introduced him as an infectious disease specialist at Toronto General Hospital, which he is. But he didn't say he's a scientific advisor for ScienceUpFirst, which receives $1.75 million from the Trudeau government to make us take vaccines. Didn't mention that. During this interview, he declared, "Two doses won't be enough Canada." He said, quote, "This is clearly a three-dose vaccine."**

Dr. Bogoch showed up on multiple shows after that. In September 2022, he was on CBC "Metro Morning" in Toronto. This is the morning show in the Toronto area. And he said it was called "When to get your Fourth Dose." Previously, it was a three-dose vaccine. In October 2022, he was on CBC News saying, "You got to get your next dose every six months." And Andrew Chang introduced him as an infectious disease specialist, Dr. Isaac

Bogoch. Didn't mention ScienceUpFirst. Didn't mention he's a spokesman for the Canadian government, or he advises ScienceUpFirst, which is paid for by the Canadian government.

He also appeared on "The Dose" with Dr. Brian Goldman. Dr. Brian Goldman has these great shows called "White Coat, Black Art." He's a great guy. I really like this show. He kind of takes you as a listener, as a patient, which we've all been, into the world of medicine as he sees it. He's so curious, which is really the greatest attribute of any broadcaster, the curiosity. And he brought on a doctor named Tara Moriarty, an infectious disease researcher at the University of Toronto, which she is, top person, so decorated, so accomplished. Didn't mention an executive of ScienceUpFirst, paid for by the Canadian government to promote vaccination. Didn't tell us that. And during this interview in June of 2021, Dr. Tara Moriarty said, "Anything that states . . ." This was the red flag—how do you recognize misinformation? Well, this was their lesson to Canada. "Anything that states that vaccines cause or may cause something is a red flag for misinformation. We don't have any evidence," said Tara Moriarty, "that the vaccines cause anything but immunity against COVID-19." We don't have any evidence. So, she said, don't believe anybody.

Well, the Canadian government seems to have evidence. They had a list that these numbers of Canadians have been injured or killed by the vaccines. They say it caused Guillain-Barre syndrome 27 times. They say it caused low blood platelets 196 times.

[00:15:00]

Canadian government says that the COVID vaccines caused 55 cardiac arrests, 73 cardiac failures—I'm pretty sure that's death—145 heart attacks, 1153 predicted cases of myocarditis and pericarditis, 376 cases of deep vein thrombosis, 524 pulmonary embolisms. I feel like I want to say a partridge in a pear tree here. Blood clots, 324. These numbers are really small. These are the ones that are admitted to on a Canadian government website that the CBC just told us didn't exist—78 acute kidney injuries; 37 liver injuries; 187 Canadians with Bell's palsy; 281 Canadians got a stroke from the COVID vaccine, according to the Government of Canada website; 16 of them had a very rare inflammation of the spinal cord, never heard of it; 776 cases of anaphylaxis; 5 fetal growth restrictions; 87 spontaneous abortions; and independent of all of the above, 427 deaths.

Let's just go back up to the slide. "We don't have any evidence," said the ScienceUpFirst spokesperson for the Canadian government—disguised as an expert on Dr. Brian Goldman's show—misleading Canadians that everything was safe and effective when, in fact, it's a game of Russian roulette and the CBC suppressed that information and told you to go ahead and do it. They said it's safe—there's no evidence.

There's a story this month that we're starting to recognize excess deaths, excess all-cause **mortalities. The province of Nova Scotia recently noted 262 excess deaths, and the CBC was quick to report that they're not saying why. And the province has repeatedly declined an interview as to why. They have no official word on why. So they put the ScienceUpFirst scientists and spokespeople, lawyers, on the air, or in this story, where they said, Tara "Moriarty believes the excess mortality is mostly being caused by COVID-19 . . ." This is now: this is May 2023, ". . . caused by COVID-19, urging people . . . , " and the World Health Organization says it's over. So it's caused by COVID-19, according to her, or she believes it, and she's "urging people to wear masks and get vaccinated." This is the solution in May 2023. They didn't mention that she's paid, that ScienceUpFirst is paid—and she's an executive—$1.75 million to say these things on behalf of the Trudeau government. Tim Caulfield was in the same piece, identified as "a misinformation expert" now. I agree.**

Caulfield said, "The COVID-19 vaccines are safe, despite some claims that they're causing large numbers of people to die." "Some claims" by the government of Canada, Mr. Caulfield.

"The Current" on CBC Radio used to be one of my favourite things to wake up to in the morning with Matt Galloway, one of the greatest hosts that the CBC has. And one of his stories was that "our best shot at getting back to normal is getting everyone a shot in the arm." So he put on this cute little story with a researcher named Samantha Yammine. She's a scientist and she's afraid of needles, and they go through this really cute little conversation about how she overcame her fear of needles. But they never mentioned that she is on the executive of ScienceUpFirst, which received $1.75 million from the Trudeau government to promote vaccines. Not a word, he tricked us. If I'm listening to that, I think they found it. Where did they find this person? Well, they found her because that's all they do.

The CBC is using ScienceUpFirst and not telling us where the information or where the point of view is coming from. It's coming from the Trudeau government. And they're not telling us that on a daily basis.

So now ScienceUpFirst has got quite a coup. They've embedded one of their own in the CBC staff. CBC "The Nature of Things," you know David Suzuki at, I think, 80 years old, finally retired, and he's been replaced with a co-host, Anthony Morgan. I looked this guy up: He's great, I'd hire him too. He's fantastic. He's engaging, he's a molecular scientist. He is one of these curious fellows who just lets you feel that he really wants to learn, but he's on the executive of ScienceUpFirst, paid for by the Trudeau government to promote vaccines. And now he's the host of a CBC,

[00:20:00]

one of the most important science shows we have in Canada, "The Nature of Things." He's embedded.

ScienceUpFirst has its prime directive to stop the spread of misinformation. What is misinformation, and who decides? Apparently, it's the Trudeau government that pays them; otherwise, why would they pay them?

When Brodie Fenlon says the government has no or zero involvement in our editorial content of journalism, that's not true. And when they got caught, this is the graph they showed from the CBC annual report. Now you'll notice up the left side, it goes up—Basically, it's a snapshot. A bar graph is designed to give you a quick visual snapshot of what all the numbers mean. The blue is the revenue that CBC earns, and the burgundy or the purple is the government funding. So it looks as though it's a little bit less than 50 per cent. Except if you look up, it's going up in increments of hundreds of millions until it gets to very near the top when it goes from 700 million to 1.7 billion. It jumps from increments of 100 million to increments of a billion partway up, so the graph visual is actually not accurate.

Now, this was pointed out by one of the great Canadian academics, Dr. Jordan Peterson, who then put out what it actually looks like. And it shows you, and it's no big deal. I mean, we know the CBC gets all of its money from the government, or CBC Radio does; CBC Television gets most of its money from the government. So why would they obscure that fact? Why would they give that half-truth? Why would they mislead us into that visual snapshot that they don't? I would put forth to the Commission—because that's how they roll now. The CBC is all about misleading. It's not about news gathering or the

dissemination of truth. Brodie Fenlon oversaw the betrayal of the audience, the betrayal of Canadians, the betrayal of every Canadian who listened to an expert on the CBC and thought they were an expert, not a spokesperson for the Trudeau government. But who he didn't betray was the Liberal Government. He was a good soldier there.

This is from the Liberal Government website today: "A re-elected Liberal Government will require [that] Canadian travellers on inter-provincial trains, commercial flights" and "cruise ships, and other federally regulated vessels to be vaccinated" for COVID. "A re-elected Liberal Government will ensure vaccination across the federal public service." So if you are a public service worker and you dodged the vaccine because you didn't want it, because maybe you figured out it was the same Russian roulette that the Canadian government info base describes, a re-elected Liberal Government will ensure you're vaccinated or fired, according to this platform. And they'll work with "Crown corporations [and] federally regulated workplaces to ensure vaccination is prioritized for workers [in these sectors]." We know now the thing doesn't work. Your own websites show that people are dying from it. Thousands of people are permanently injured from it. And your platform is more—or lose your job. And the CBC is your way to convince us to do that.

A week after, Twitter removed the government-funded media tags. It came after the Global Task Force on Public Media called on Twitter to correct the description of public broadcasters. Now, I mentioned in my previous testimony that the Global Task Force on Public Media is an amalgamate or conglomeration or a cartel of serious public broadcasters that do real journalism or used to across the world: the CBC, the BBC, ABC Australia, Korean Broadcasting, France Television, Radio New Zealand, ZDF Germany, and SVT Sweden. They have this Global Task Force to develop a consensus and speak with a single strong voice. So they came down heavy on Twitter. The current president of the Global Task Force is our own CBC president, Catherine Tate. They noted that Twitter's own policy defines government-funded media as those with varying degrees of government involvement and editorial content, which I've just shown that it has. So Twitter dropped it all and, in, I think, a cheeky little move, also dropped it from China's Xinhua News Agency and Russia's RT, saying, "Okay, none of you are government-funded now." They're all state broadcasters, including the CBC, in the strictest sense of the phrase.

I have a few story ideas that the public will be interested in hearing because I used to sit in story meetings daily with some of the best journalists I've ever worked with in my life when I worked at CBC.

[00:25:00]

We used to put out story ideas that were kind of the obvious things to cover that day. Here are a few that would be a good idea for the CBC to cover: investigate the number of **Canadians killed by COVID vaccines; investigate the number of Canadians disabled by COVID vaccines; investigate the details of vaccine approval safety standards that were waived in order to get the COVID vaccines into Canadian arms. Investigate the source of the SARS-CoV-2 virus: Where did it come from? What are we doing with all this stuff? We don't know where it came from. We know where it came from—but let's admit it. Let's talk about it. Let's investigate it. That's your job.**

What is the purpose of gain-of-function research and development of pathogens? Who benefits from that? What is Canada's involvement in gain-of-function research and development of pathogens? Why did we fire those two Chinese nationals who were running the Canadian Level 4 Virus Lab in Winnipeg six months before COVID broke out? What's that story? Because we still don't know. Go find out. And investigate the conflicts of interest

between Health Canada and the pharmaceutical companies. That one you could do with Google.

But you're not going to hear any of those stories on the CBC because these are the people you're going to hear over and over again as the experts. And these are the shows you're going to hear them on. And these are the broadcasters who are going to tell you they're experts and suppress the fact that they all are affiliated with ScienceUpFirst, which gets all of its funding from the Trudeau government—and significant funding. This is the way they're going to explain themselves when they get caught with their hand in the cookie jar. And these are the phrases that they're going to pull off the Marvel comic movies when they're going to say that they report without fear or favour in the public interest. And I changed his name to Chief Propagandist. In case you didn't notice.

So I have to tell you that it is with great regret that I'm going to make six recommendations to the Commission. I recommend that the CBC President Catherine Tate be dismissed from her position, all vice presidents and executives be dismissed from their positions. They can no longer work there, having committed the atrocity on Canada of suppressing the identity of spokesmen for the Trudeau government as experts for years to trick us into taking this vaccine. Certainly, dismiss the editor-in-chief Brodie Fenlon. Although he might become a senator before you get a chance to do that.

Dismiss all on-air staff who are evidenced to have participated in the propaganda disguised as journalism since March 2020. Detach from the Trusted News Initiative and all other fact-suppressing organizations which currently determine which experts and which stories Canadians are allowed to hear on the CBC. Replace the position of ombudsman with a board, including journalistic, legal, and scientific expertise, and give them the power to fire journalists who breach the corporation's journalistic standards instead of apologizing. You can go on the CBC's apology page, I call it—it's their correction page. There's half a dozen every month for the last three years. "Big deal. We're sorry. We got it wrong again." Fire them. We don't need them. And this new board that replaces the ombudsman, I recommend you task it with investigating who in the CBC participated in misleading Canadians by routinely suppressing the identity of government spokespeople for the purpose of promoting ineffective and potentially harmful experimental vaccines during the COVID emergency.

The CBC is government-funded news. We know that. And Twitter is right because they're using government-funded experts, disguising them as "independent" to give us government-loyal messaging.

I just wanted to thank the Commission for allowing me to come back. As a Canadian citizen with some expertise, I feel compelled to come forward and say what I know to be true. Thank you.

Shawn Buckley
No, we're not done. I don't have any questions for you, Rodney, I'll ask if the Commissioners have questions. And they do.

Commissioner Drysdale
I'd like to refer to some of your graphs. Can you bring up the graph where you showed the Canadian government counts of the various deaths and vaccine reactions?

Rodney Palmer
This is from health-infobase.canada.ca. It was updated on the 7th of March, which seems to me a while ago. This one here?

[00:30:00]

Commissioner Drysdale
Right. My question there is, and you may not know the answer, but under pregnancy outcomes, it says spontaneous abortions, 87. And then it's got deaths, 427. Are the 87 deaths of the babies in the mothers' tummies not included in the 427?

Rodney Palmer
I don't know that. And the reason is this is not an easy website to navigate. So the information is there, but it is more than likely intentionally obfuscated. You have to go through link to link to link to link. So there is something under deaths, and it says 427, and more than likely, you will be able to find if they are included or if they are additional. But I don't know what the answer is.

Commissioner Drysdale
My second question has to do with the slide you have on the Liberal Government platform, three points that it had on there. And my question to you about that—is that the current Liberal platform?

Rodney Palmer
I downloaded that today.

Commissioner Drysdale
You don't know if that's the current one?

Rodney Palmer
That's today. That's up there. You can look that up under platform re-election, I think it is something like that. Yeah.

Commissioner Drysdale
So today, I just want to make sure I've got this right. So today, the platform that the Liberals are running on is—require that travellers must be vaccinated; ensure that vaccines are across the federal public service; and that Crown corporations and federally regulated workplaces will ensure that vaccines are prioritized. That is still their government platform today?

Rodney Palmer
"A re-elected liberal government will," is what it says, and then it gives those ones. And I've not augmented them all, except to add the highlights for my own notes.

Commissioner Drysdale
I wanted to make sure I understood that. Could you also now show the graph of the income for CBC?

Rodney Palmer
That is off the CBC's annual report, and the second one on the right was provided by Dr. Jordan Peterson.

Commissioner Drysdale
My question on that is, I'm looking at some of the other—and I'm asking this question because I've seen it from other witnesses. There's various other items there. They've got government-funding revenue; they've got advertising. How much federal government is in their advertising income? Because we see the federal government advertising on CBC constantly. Is there additional government funding hidden in some of those other stripes that should be in the government funding?

Rodney Palmer
I don't know the answer to that. But I'll tell you that I certainly suspect that the whole thing's a sham. So then, more than likely, they're hiding other things. But what's very interesting, what you say about the federal government advertising: When I travel to America, I see almost entirely pharmaceutical advertising, and there are very strict rules that they must announce the side effects. And it's almost comedic to listen to the side effects. They list these horrible lists of side effects to their pills, and then they say, "but ask your doctor about getting it." In Canada, we don't have pharma advertising on television. But we have a de facto pharma advertising in this ScienceUpFirst group that is disguising itself as experts going on the CBC and denying the side effects—saying they don't exist.

Commissioner Drysdale
Yes. Also, in your slide—and you don't have to bring it up—but your slide about CBC story ideas, and you listed a few things about investigation. I mean, I ask you, wouldn't a good source of those stories be for some CBC reporter to be sitting here following the National Citizens Inquiry? And why do you think none of them have done that?

Rodney Palmer
I think they would have a hard time wiping the egg off their face once they realize they have blood on their hands. They're not coming. They don't want to hear this.

Commissioner Drysdale
You know, I believe, I hope I get this right. I believe I saw a story on CBC not that long ago and I could be wrong, it might have been one of the other stations. But the point is they did an entire investigation: They had an investigative news team out to decide whether or not Starbucks was recycling their paper cups or not. They put sensors in them, and they traced them to the garbage cans, and they did an incredible investigation as to whether they were recycling their coffee cups or not. And they can't do any research on this? They don't have the capability? Do they not have the will?

Rodney Palmer
Won't—not can't. My dad used to say, "Can't lives on won't street."

Commissioner Drysdale
Thank you.

Commissioner Massie
Well, thank you very much, Mr. Palmer, for this second enlightening presentation.

[00:35:00]

It seems to me that we are in a very, very hard conundrum with respect to financing this major news institution in Canada. You're making suggestions to reform it. But the business model that they're living on right now seems to be struggling to get, I would say, other sources of finance besides the government, for whatever reason. And even if you reformed it, if you maintain the finance from the government, what would guarantee that with this current government or a future government—that would want to be as, I would say, intrusive in the agenda of CBC—what would allow to maintain the independence of the CBC with the government? Because they need money, and the money's coming from the government.

Rodney Palmer
But the money's come from the government since the beginning, and there have been multiple different parties, two, you know, rotating. And the CBC's always been there. To your point, I think there needs to be an investigation about how it happened. Just like we have to have an investigation into where the virus came from. Otherwise, we can't stop it from happening again.

But there's a lot of talk about defunding the CBC, which makes me nervous because I think it means dismantling CBC News and Current Affairs, and I think it's foundational to our democracy. Without journalism, we have no democracy because democracy requires the transparent distribution of facts on a daily basis. From those same facts, we all make our opinions. And then in an ideal situation in a democracy, the majority of the opinions are where the decisions are made. But how can we possibly form an opinion when the facts are fake? When we don't agree on what's true, we can't possibly agree on what's right.

Commissioner Massie
Aren't you describing some of the, I would say, political platforms for some of the current political parties we have in Canada? Are they basing their promise and ruling of society based on true facts? Or their representation of reality? Which sometimes is, I would say, not aligned with reality. But as long as people believe it, they will be re-elected, as you've shown from the platform, which is a copy-paste from the previous platform that they ran on in the previous election.

Rodney Palmer
I think that there's two different things there. One is what the government says, and one is what the CBC says, and today, they're one and the same. So this is the problem, is that the CBC has let itself become a propagandist in an indefensible cause—which is promoting a

vaccine that doesn't work, that hurts people, that doesn't do its job, and continues to promote it, even in May, this month, are saying, "Get vaccinated, wear a mask." All those people that died probably from the vaccine, we don't know, in Nova Scotia, it's being denied. It's not being investigated properly. They could find out if they tried, but they don't try. It just goes back to, it's not that they can't do it—it's that they won't do it.

They have to get reassigned back to what their job was. I don't know exactly what the mechanism is. It's going to take more people than me to figure it out, but that's an excellent suggestion about putting them back on track in a way that they're not going to get off the rails again. We need some new mechanism in place to ensure on a daily basis that the CBC is doing the job.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning. Thank you for your testimony. The Canada Research Chair selection program used to be very rigorous, and it used to give new researchers who had a PhD that opportunity to build on that body of research. Given the timing of Dr. Timothy Caulfield's Canada Research selection and his research, I'm just wondering at what point he would have been able to build on a body of research when the pandemic is only three years old. Taking that thought further, is it not incumbent on CBC journalists—and other mainstream journalists—to actually investigate the qualifications and not just accept that Canada Research Chair title? Before declaring that the person they're interviewing as an expert?

[00:40:00]

Because Canada Research Chair is usually given to a person who is brand new in creating that body of research. And the exception would be if they had a renewed contract under the Canada Research Chair, where they would already have that body of research. But if we're declaring indiscriminately everybody to be an expert, at what point do we consider that maybe they're not, as a journalist?

Rodney Palmer
Well, I don't think this is an error that these people have been put on; I think it's by design. There's too many examples, and I've only shown a handful of them. It's just too obvious that in every single case, they suppressed the fact that they're with this separate organization that's largely a slush fund for the Trudeau government to promote vaccines and to put **experts.**

Caulfield is the only one who's not a scientist among them, but he's declared himself, self-declared, misinformation expert, and the CBC to my feeling has never defined what misinformation is. I've written to Brodie Fenlon and to others at the CBC asking to please define misinformation: How do you define it? And provide examples outside of the COVID model of where you've applied it. And why you feel that you have to correct it? And that's almost the only thing that they do because they're not correcting misinformation. They're promoting a propaganda message. That's what they're doing. So your question suggests that there's a mistake being made and there's not. This is intentional.

Commissioner Kaikkonen
I also note he's not a doctor. Thank you very much.

Rodney Palmer
Yes.

Commissioner Drysdale
Sorry, I couldn't resist, seeing as I have you here.

Can you comment on the effect that the latest changes to the Canadian *Broadcasting Act* will have, I mean, on the CBC and on social media? You know, you talked about changes that we could consider to the CBC. But it sounds like it's going the other way. It sounds like they're making changes to independent broadcasters and bringing them into this model that was created in the '70s or '90s, or whenever it came up. Second part of that question, can you comment on the independence of the members of the CRTC?

Rodney Palmer
I can't comment on that because I'm not familiar with the makeup of the CRTC at the moment. However, in the past, there has been a bit of a revolving door with tech companies and the CRTC.

On the first part of the question about the *Broadcasting Act*, we saw an almost instantaneous reaction where the CRTC was openly discussing eliminating Fox News, like it or not, one of the biggest networks, news networks in the world, banning it from cable in Canada. On what grounds? On the grounds that they can, it appears. We should expect more of it. We are seeing censorship on a daily basis on the CBC. We're seeing the elevation of the government agenda for COVID vaccines and the suppression of independent voices. We are seeing the censorship of people who want to speak out. We're seeing the censorship of vaccine-injured people, the entire stories are being censored. And the censors are never the good guys. The censors are the Dr. Evil in Brodie Fenlon's Marvel comic universe that he lives in.

Commissioner Drysdale
Thank you.

Shawn Buckley
Mr. Palmer, are you aware whether the CBC is under any specific legal duty in its enabling or enacting legislation to report fairly to the public?

Rodney Palmer
Most likely. That's a good question. I'm not intimate with all the language in the *Broadcasting Act*, but more than likely it is there, and certainly in their foundational documents to report the news of the day. I remember when you couldn't have advertising in the newscast. And then they changed it so you could have it after the first, I believe it was, eight or nine minutes so that the first chunk was advertising free—normally, when they do their political reporting of the day—and then you can have an advertisement afterwards. So there are very strict rules about how much commercial voice can get into a

newscast. But there's commercial voices daily in the newscast now that I've just demonstrated.

Shawn Buckley
I'm just curious because you just think as a Canadian citizen that in funding, creating a broadcaster, a state broadcaster, that there would be a duty in the legislation creating it for that broadcaster to report fairly to the Canadian public.

[00:45:00]

Where I was going is I'm just going to read to you two different sections of our *Criminal Code*. And the first one I'm reading with in mind—because you're saying we should fire the leadership of the CBC, and so this is 217.1 of the Canadian *Criminal Code*.

"Everyone who undertakes or has the authority to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person or any other person arising from that work or task." I can tell you I read that as including—if you're running the CBC or some other news organization and you're directing basically propaganda on health issues that if that leads to harm in the public, you could be criminally liable.

Now, I'll just read you another section of the *Criminal Code* and then I'm going to ask your thoughts. This other section I would think would apply to the leadership of the CBC, the public face, the journalists, and to any experts that would be attending and spreading misinformation with the view to having people vaccinated—if it leads to harm or death. And that is section 219 of the *Criminal Code* dealing with criminal negligence, and so listen carefully.

"Everyone is criminally negligent who in doing anything, or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons." I'm wondering, just because you're familiar with how journalism works, if that section could be applied to journalists and the CBC?

Rodney Palmer
It could be applied to so many people. I think it should be applied to the guy who turns the microphone on and lets somebody lie—live to Canada. Every single person down to the technicians who participate knowingly in this fraud should be investigated. There's two sections of the *Criminal Code* you mentioned; I mentioned one in my previous testimony about fomenting hatred against an identifiable group. The unvaccinated became **identifiable based on their absence of proof of vaccination and the social outcasting that the CBC promoted. I think that maybe another recommendation would be to investigate for criminal wrongdoing among the journalists at the CBC—right down to the producers, the writers, the story editors, the technicians, as well as the anchors, the hosts, the editors, and the executives.**

Shawn Buckley
Well, it'll be interesting because there's not an example in history of a Western democracy experiencing what we've experienced with a state broadcaster. If we can get control of our institutions back, it'll be interesting to see how we deal with that.

Rodney Palmer
The problem here is that they have the full support of the current government, and they're acting on behalf of the current government. To get back to your point about whether there's an obligation to tell the truth, I can assure you that in the foundational documents of the Canadian Broadcasting Corporation, it did not say that the purpose is to espouse the views of the government of the day. It did not say that.

Shawn Buckley
Thank you. I have no further questions.

Rodney Palmer
Thank you.

Shawn Buckley
Mr. Palmer, on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for returning and sharing this testimony with us.

Rodney Palmer
It's my pleasure, thank you, and my duty.

[00:49:01]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 3: Marianne Klowak
Full Day 2 Timestamp: 03:27:46–04:56:32
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue our proceedings in Ottawa, Ontario. Our next witness is Marianne Klowak.

Marianne, can you please state your full name for the record, spelling your first and last name.

Marianne Klowak
It's Marianne Klowak, M-A-R-I-A-N-N-E, Klowak, K-L-O-W-A-K.

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

Marianne Klowak
I do.

Shawn Buckley
Now, Marianne, my understanding is, and it might be easier for you to give the highlights, but I'll try and go through some of them.

You have been a veteran senior reporter for the CBC, which for our international participants is the Canadian Broadcast Corporation, for thirty-four years. And as a journalist, you've been involved in all aspects of news gathering and investigative reporting for radio, television, web live reporting, short and long-form documentaries. You have been involved with current affairs as a current affairs news anchor for radio and television. You've filed stories nationally for "World Report," "The World This Weekend" and the hourlies. You've basically done regional stories published on CBC National's digital

platform. And the highlights could go on and on. Are there any other highlights that you'd like to just, kind of, describe your career? Because you've been at this for thirty-four years, and I've got a whole list of highlights. I just don't know which ones to touch.

Marianne Klowak
The only other thing I'd want to touch on is the year I left, I was given an award for a series I pitched on "Pandemic Perspectives." And the piece that won the award was a homeless person's perspective of how their life had changed. So that was a national award.

Shawn Buckley
Good. And David, I'll ask if you can turn Marianne up because I'm having trouble hearing her. Or if you can speak clearly into the microphone, Marianne.

Marianne Klowak
Thank you. Is this better? Is that better?

Shawn Buckley
Thank you. Now you're here to share your experiences while you were still at the CBC and working as a reporter and some of the stories you tried to run and what happened. So I'm wondering if you can just start into that and then if we need any clarifications, I'll jump in.

Marianne Klowak
Before I get into that, I think there's a little bit of background that's required. I know that as a public broadcaster, you expect us to be telling you the truth, and we'd stop doing that. And there was another number of stories that I had put forward that were blocked. But it would seem to me as a journalist who'd been there thirty-four years, it's like the rules had changed overnight. And it changed so quickly that it left me just dizzy in disbelief.

I was blocked and prevented from doing stories that I'd pitched, that I'd put forward. They never saw the light of day: they never made it to air or print. And some of those stories were protests against vaccine mandates, people's safety concerns about the vaccines, and also the many problems with reporting adverse reactions in Canada. And for me what was so disorienting about this was that, you know, I had learned from the best of the best at the CBC. This is where I learned to think critically and fearlessly hold power to account, to break stories and uncover information that you, the public, has a right to know.

And I also would like to mention that the newsroom I worked in, in CBC Manitoba, that they were a leader in investigative journalism across the entire network, second only to Toronto. And this was a newsroom that produced award-winning stories that sparked change at the highest level of corporations and government. By the time I left in December of 2021, I no longer recognized the CBC. And I really didn't think my career would end this way, that the skills I learned and honed at the CBC would be used to hold power to account within the corporation.

Shawn Buckley
Can I just slow you down because I think it's important for people to understand what you're saying. And especially because you were working as a journalist and as an

investigative reporter for much of the thirty-four years. So my understanding is, when you're a senior reporter like yourself, you can just follow a story, like, "Okay, I'm going to report on this," and you can do the story.

[00:05:00]

And generally speaking, you're not second-guessed or your story isn't changed. So your experience in learning from true journalists in the past was just to run a story, to be fair, and that was your experience until COVID hit.

Marianne Klowak
Absolutely. I would say, like, prior to COVID, I was expected to come into that editorial meeting. I would have two or three original stories, what we call enterprising journalism, original stories. And I was able to work on those unless there was big breaking news that day. But normally, I would be assigned that story, given the time. And within, you know, a day or two, I could turn those stories around on all three platforms, radio, TV, and web. And I would also like to mention that I had one producer vetting for TV and radio. And rarely were there any changes made in my script or the content. And for web, it was another producer, but it was minor things like, let's move this sentence, let's change this word, we'll tighten lead. That was prior to COVID.

Shawn Buckley
So I'll just follow up on that again because I think it's important for people to understand. So basically, your stories were standing as you made them.

Marianne Klowak
Absolutely, and they backed me in doing that. I was supported in doing it. That's what they wanted: original enterprising journalism.

Shawn Buckley
Okay. And so that ties into when you're saying the Manitoba news desk at the CBC prior to COVID, I mean, that was a hardcore journalistic news desk. They were expecting you to get truthful fair stories. And they were not censoring. They were wanting the news.

Marianne Klowak
That's the way it was prior to COVID.

Shawn Buckley
Okay. So COVID—that was a completely new ballgame when COVID hit. So even the swine flu? Because we experienced that, you know, during your career.

Marianne Klowak
Yes.

Shawn Buckley
None of this. It just started with COVID.

Marianne Klowak
No, it changed so quick that it left me spinning. And I mean, the way I saw it, I'm just going to give you a little bit of a synopsis, and then I'll get into specifics in terms of what was done with my stories.

But we betrayed the public, we broke their trust. And we had been riding on a reputation of excellence for years. And now we were quickly shutting down one side of the debate. And how were we doing that? We branded the doctors and the experts the CBC chose that we used in our stories: we branded them as competent and trustworthy. And those who questioned and challenged the narrative were portrayed as dangerous and spreading disinformation. And that was regardless of what their specialty was, what their background was, and what their experience was.

And I just also want to sort of give you a window into how this affected me personally. As a veteran journalist, I had solid contacts in the community. I had people calling me with stories. So I was seeing and I was hearing and I was absorbing all their stories of suffering and pain. And they were sharing them with me, and these stories weren't being told. Some of those were from the vaccine-injured. Some were from people who had lost their job because of their vaccination status. Those whose families had been blown apart, and they'd been ostracized. University students who were depressed over repeated lockdowns and mandates. And parents who were calling me that were agonizing on whether they should vaccinate their child or not. So all these stories were sitting inside of me. They were left with me. And I felt the crushing burden and the weight of their truth not being given a voice. And it affected my well-being because these people trusted me, and I felt I had failed them and I had let them down.

Shawn Buckley
So can I just interject? So when you're a journalist and people are coming to you with stories that should be reported, you're feeling a responsibility to give voice to those stories, but you're not being allowed to do so for the first time. And that's what was causing the distress internally.

Marianne Klowak
Absolutely. I was losing sleep, it was distressing. It was like I had failed these people as a journalist to give voice to their truth.

So I had witnessed in a very short time the collapse of journalism, newsgathering, investigative reporting. The way I saw it is that we were in fact pushing propaganda. And to define propaganda: it's information, ideas, opinions, or images that give one part of an argument which are broadcast, published, in order to influence a person's opinion.

[00:10:00]

And mental health workers have their own definition of propaganda as manipulative persuasion in the service of an agenda.

In a published article written by a former CBC editor-in-chief in 2018, she outlines what's called the Journalistic Standards and Practices [JSP] [Exhibit OT-4]. And these are the most fundamental principles that govern who we are as journalists and who we are as a public broadcaster. Basically, these are the pillars—the holy grail for journalists. This is what every story we do can be measured against these: they are accuracy, fairness, balance, impartiality, and integrity. She goes on to say that "the JSP is not merely a guide for the people who work at CBC/Radio-Canada. It's a key component of our promise to Canadians that the work we do is, first and foremost, a public service." Then she says, "The real test, of course, is ensuring that our journalism is credible, reliable and worthy of your trust." So in other words, you the audience decide if we're trustworthy, if we're telling the truth. It's not up to us to hammer you with what we define, decide, or think that the truth is because the pillars of balance and fairness require us to present both sides. And after you examine them, you ultimately decide what the truth is. She says, ". . . you can hold CBC News accountable against the principles that are laid out in the Journalistic Standards and Practices."

In my last year and a half at the CBC, we violated all of them. Not only had we shut down one side by silencing and discrediting anyone opposing the narrative, we had elevated and designated ourselves as the gatekeeper of the truth. We no longer believed our audience was capable of critically thinking for themselves. I'm going to give you very specific examples of that. But before that, I'd like to read you a page out of a journal that I wrote a month after I left the CBC. It gives you a sense of the culture and the toxic work environment that led me to leave before I had wanted to.

For months prior to my departure in December 2021, the complaints and criticism from listeners and viewers continued to mount from the public. Calls, emails, people stopping me on the street and saying, "What the heck is going on at the CBC?" People telling me they felt betrayed, lied to. A gut feeling that they weren't being told the whole truth. They no longer trusted the CBC to tell them both sides of an issue. What was most troubling for me as a journalist is that they no longer felt safe to tell me their story and have their voice heard by their beloved public broadcaster.

Passion for the truth has been my driving force as a journalist, and we become journalists because we see ourselves as truth tellers. The vast disconnect between the stories people were telling me and what we were broadcasting and publishing just tore me apart. So armed with documented examples and specifics, I voiced my dismay about our editorial direction to all levels of management over several months—both locally and at the highest level of power in Toronto. And I did this; I brought in a witness to every scheduled meeting who would document what happened in those meetings.

The narrative among mainstream media including the CBC emerged early on in the **pandemic. By narrative, I mean presenting one side of a complex issue and effectively censoring, cancelling and silencing the other side—only giving voice to experts who control and reinforce the narrative. I'd seen it happen on issues in the past but never to this degree. For the most part, logic, common sense, and critical thinking are suspended, preventing deep dives on stories holding power to account. Facts may be omitted if they don't fit into the narrow focus of the narrative.**

Who were we to deliberately withhold information the public needed to know and had a right to know in order to make a decision based on informed consent about their health? Canadians were starting to see this, and they were calling us out on it.

So for me things started to escalate, I would say it was early 2021.

[00:15:00]

And I was disturbed and alarmed about the language that was being used in some of our editorial meetings. All of a sudden, the term "anti-vaxxer" came up and I said, "Whoa, whoa, let's stop right there. What is an anti-vaxxer? Who is an anti-vaxxer? What do they believe? Because are you saying it's someone who's against all vaccines? Because the people I'm speaking to, who are vaccine hesitant, have had all their other shots, but they have problems with this particular one." I also brought up those who couldn't get it for health reasons because of allergies. And what about people who just needed more time and information to make a decision. And yet we were lumping them all in this same pot as being an "anti-vaxxer." I said, "Using this term is dangerous. It's discriminatory. And why are we talking about these people with such hostility and such contempt?"

Shawn Buckley
So Marianne, can I just stop you there because that's a term that's become very sensitive at this hearing. And I'll explain that in a second. So when the term comes up in the newsroom, it's being used in a really negative term? Like, it's meant to be pejorative?

Marianne Klowak
Almost laughing, ridiculing. It's like these people aren't educated: that was the kind of term that was being used and that was what was inferred.

Shawn Buckley
And I'll tell you why I've stopped you with that. So we've had, and I think it was the Saskatoon hearings where I started to notice it. So we'd have witnesses, like literally vaccine-injury witnesses, talking about how their lives were literally destroyed by this particular vaccine. But then they would add during their testimony, just literally out of context, "but I'm not an anti-vaxxer." And then, we had a lady that really was part of one of the biggest freedom groups in Saskatoon that arose because of the mandates and things like that. And she made a point, "but we're not an anti-vaxxer group." So that told me—because my understanding, and it's based on a lot of the evidence that was here, but also, you know, prior to me coming here—is that these terms are created basically to ridicule and basically to close our minds, right? Because no one wants to be labelled as an "anti-vaxxer." So if somebody is labelled as an anti-vaxxer, you'll close your mind to them, right? So it's just interesting. I'm sorry to stop you, but it's interesting to hear because you basically used laughter as a description: that these people would be laughed at in a newsroom.

Marianne Klowak
And ridiculed. And I think that was the prevailing consensus in the newsroom. That if you were educated and if you were intelligent, you got the shot. To question it meant you weren't intelligent, which really flies in the face of critical thinking. And it's opposite of journalistic practice.

In June of 2021, the Manitoba government had carried out its own survey on vaccine hesitancy.

Shawn Buckley
And we'll just pull up your slide for a second [Exhibit OT-4]. There we go.

Marianne Klowak
So in the next slide, you see the reasons for vaccine hesitancy—why you're not in a rush to get it/not sure if you will get it/you're not going to get it at all. Look at the top three: It found 25 per cent were concerned about long-term effects; 18 per cent were concerned about side effects and reactions; and 15 per cent said the vaccine was experimental and unproven. So more than half, that's 58 per cent, almost 60 per cent had concerns about safety and that it was experimental. Now notice where religion comes in, it comes in at 4 per cent.

So more than half of the people were listening to their gut and they weren't convinced by the mantra of "safe and effective." But instead of critically thinking, doing newsgathering and real journalism on safety concerns, scrutinizing the Pfizer data, and asking some of the hard questions people were asking me—like, "Why is the CBC the arm of public health?"—we chose to focus on that four per cent. Those who were hesitant for religious reasons. So our mission at the CBC now was to educate these people, or for that matter, educate anyone who was vaccine hesitant and eliminate it, because surely if they were educated, they would have changed their mind.

This to me was arrogant, it was condescending, and we were telling people what to think because we didn't trust them to think for themselves. Our tone implied they were a danger to society if their thinking didn't fall in line with the narrative. And to me,

[00:20:00]

this was mind boggling because I understood our mandate of the CBC was to elevate the voice of Canadians to tell stories on a local, a regional, and a national level, reflecting Canadians to Canadians to promote understanding and unity. And instead, we were fanning the flames of fear, of division, of segregation and hatred against a particular group, the unvaccinated. So the stereotype we were creating emerged early on: The person who was unvaccinated was uneducated; they were likely a person of faith. They were denying that COVID was real. They probably lived in a rural community. And they were branded—"a danger to public safety."

Shawn Buckley
So I'm just going to stop you. So these are themes that the CBC in their newsroom came up, to actually use, to basically denigrate, create a group called "the anti-vaxxers" and denigrate them. So we actually have our state-funded news organization coming up with themes to create a separate group and to make them look uneducated and basically like "Luddites."

Marianne Klowak
That was the image that was portrayed.

Shawn Buckley
And this was a deliberate decision.

Marianne Klowak
It was a deliberate decision because look at the government survey: it showed that almost 60 per cent of people were concerned about safety, and yet we were focusing on religion. I'll give you a couple examples of the stories.

Shawn Buckley
And if I can just interact a little bit. Because it would seem to me the story is, "Here's what people's concerns are, and let's go talk to those people." Right?

Marianne Klowak
That would be the common thinking, wouldn't it?

Shawn Buckley
And then see what flows from that as the story develops. Okay.

Marianne Klowak
That would be the common thinking.

This is a story we ran in May of 2021: "Death bed denials" in southern Manitoba hospital patients, the doctor says. So it was a fact that pockets of Southern Health in Manitoba did have the lowest uptake of the vaccine. But I challenged the stereotype: I'm saying, you know, "I know doctors, I know educated people, I know people in the trades, I know people working in garment factories, social workers, people all over the province that are vaccine hesitant. They do not fit this stereotype." But many of them, by now, were too afraid to be interviewed because they knew it wasn't safe. They knew what would happen to them—that they would be labelled, stigmatized, and they would likely lose their job.

Here was another story we did in targeting people in faith communities that we ran a few months later. And that was in September of 2021. Manitoba health officials were targeting the low vaccination rate in the southern part of the province. They thought the best way to get through to these people is to get the community leaders and the religious leaders on board, and then "we can convince people to get the shot." The story says: There's "no legitimate reason for religious exemptions" to get the shot "across several major belief systems, the leaders say."

That's not what I was hearing from people. People were applying for exemptions and on their deeply held spiritual beliefs. And their applications were consistently being rejected, and they were losing their jobs because of it. These were gut wrenching stories that people were calling me saying, "I'm being escorted out of my workplace right now. I can't believe this is happening. I'm being discriminated against because of my faith." They said, "Where's the right to religion, freedom of religion and where's the right to bodily autonomy," and where was the CBC and why weren't we telling their stories?

I mean, there was one man that I had spoken with, he'd been with a company for 25 years and he was in a management position, and he was working from home and he applied for an exemption that was rejected. He lost his job and he was—because he wouldn't get the shot and he was continuing to work from home. It was ludicrous. It was absolutely ludicrous. And we didn't do these stories.

So this was all sort of coming to a head and on June 3rd, 2021, I called for a meeting with the managing editor of CBC Manitoba, the executive producer. And I asked that a witness be present at all of the meetings to hear my concerns about our editorial direction. Now that witness was a person who was recently hired as the executive producer of diversity and inclusiveness. So in that meeting, I raised a number of issues. I said, "Why weren't we investigating the safety of the vaccines when that's what came up at 60 per cent in a government survey? Why were we creating a dangerous stereotype of who we thought a vaccine-hesitant person was? Why were we creating a hate culture against them and demonizing these people as a threat to public safety?

[00:25:00]

"Why were we endorsing and promoting an experimental drug that we didn't know much about other than what the government and the manufacturer were telling us?"

And I'm going to give you an example of how that happened. Going back to the journalistic standards about how we're supposed to be impartial: We had reporters posting on their CBC Facebook page at the local and national level with a sticker on their arm and their hand up in the air saying, "I'm part of Team Pfizer and Team Moderna" with their hand up. And I said, "How is that being impartial and how is that being objective? And why were we getting behind Pfizer, which paid out huge criminal settlements? And would these images convince people who were not sure to get the shot?" I said, "Clearly, this is a journalistic breach." When I flagged this to management, they didn't have an issue with it. They didn't think it was a problem.

I also brought up to them.

Shawn Buckley
Let me just stop. The management didn't view those issues as a problem?

Marianne Klowak
No, they said if they want to do that, that's their choice.

Shawn Buckley
You mean, if who wants to do it?

Marianne Klowak
If a reporter wants to post on Facebook they've gotten the shot and they've got a sticker and they're part of Team Pfizer or Moderna, they didn't have an issue with that.

Shawn Buckley
Okay.

Marianne Klowak
I also brought up at that meeting what happened with thalidomide. That's a drug that was endorsed in the early 1960s for pregnant women who were nauseated: a drug that caused

severe birth defects. And that we shouldn't be getting on this bandwagon—we should be very cautious because this was a brand-new vaccine that had just become available.

Now I'm going to give you a specific example of a story that I was shut down on. So June 2021 was the time when Israel was starting to see some links between the Pfizer vaccine and heart inflammation. And I was getting calls from parents who were really distressed and just saying, "There's the potential risk of heart inflammation in young people. I don't know if I should vaccinate my child, I don't know what to do. How safe is this vaccine?" They were in angst about—they wanted more information. And at that time, the Center for Disease Control and the FDA had put a warning on their fact sheet about rare cases of myocarditis.

Some parents in Manitoba thought, you know, Manitoba should be doing the same for their fact sheet on Pfizer because that was the only one that was authorized in Canada for those twelve and older. They had sent letters to the province, the health minister, public health officials, and they shared all these documents with me. So I pitched this story on the June 3rd meeting, and I was given the go-ahead and I interviewed several parents.

And I approached this story like I would approach any other story: Is this true? The government and the manufacturer are saying it's safe and effective, and yet we've got parents worried about some evidence that's emerging that there could be some health concerns. So I set out to news gather, investigate, do the research, and find the answers to the questions people were asking.

And for me, this story was reflective of that 60 per cent where people were saying, "This is what we're concerned about." So I thought, great, we're going to do a story that the public has a right to know. And these were some of the things that parents said to me on the record. They said, "Giving youth a drug that's still in the trial phase is a terrible idea. It's dangerous." They wanted to know "who would be responsible if their child had an adverse reaction?" Most troubling in their opinion was that some of these children didn't need to have their parents' consent to get the shot. "Why was the state taking control of their children?" They were asking me this. This is all credible and legitimate questions. They were fed up with their kids being threatened and bullied in and out of school for not being vaccinated.

I'll tell you one story. There was a rural community, and this mother phoned me and there were two families. One family was vaccinated; one wasn't. And the daughters were best friends. And one of the daughters said, "Well, you know, if you want to get the shot, you can come over to my house on the weekend and my mom will take you. And your mother never has to know." So that was the end of that friendship. That was the end of that. And it divided the whole community.

And these people were questioning, they were asking me, they were saying, "Well, if this vaccine is safe, then why does someone who's vaccinated have to be afraid of someone who's unvaccinated?" Very logical questions. And they were angry with the CBC. They expressed that to me. They said, "Why was the CBC and the media cheerleading the government's message that the vaccine was safe and effective?" because they weren't convinced by it.

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So that's basically what they said to me on the record.

And most of them had referenced and voiced their support for a body of scientific research that was put forward by the Canadian COVID Care Alliance [CCCA]. Specifically, by Byram Bridle, a world-class immunologist from the University of Guelph. And the Alliance had been raising flags about the safety of the vaccine based on scientific studies. They'd even filed a petition with the federal government, and they were calling the feds to suspend the use of the vaccines in children, in youth, in adults, in women of childbearing age until there would be long-term and short-term safety trials that were completed and this would be published in peer-reviewed journals. Many of the parents I spoke with had signed this petition. Certainly, this was newsworthy and something the public had a right to know. These were Canadians that were voicing a different or dissenting voice, and up until now, all we were airing and publishing were experts aligned with the government's view. This is a story I thought that would bring some fairness and balance to our one-sided coverage, and it would punch a hole in the narrative.

I contacted the Alliance, and I spoke with a scientist by the name of Stephen Pelech. He's a highly reputable scientist. He's a professor of neurology in the Department of Medicine at the University of British Columbia. He had been doing COVID research in his lab for two and a half years. He also published more than two hundred scientific papers over the course of his career. He praised the parents I interviewed and he said, "You know, they're wise. They're wise to question this narrative" because he had serious concerns with vaccinating children with this new vaccine.

He shared with me the Pfizer data that showed with children, there's the least amount of data from testing on whether there's a long-term or short-term side effect. So according to the document I was looking at from Pfizer, it was just over 1130 adolescents between 12 and 15 in the U.S. were vaccinated in phase III trials. And in his opinion that was problematic. He said the tests were done on a very small number of children and the test wasn't powered enough: so what that meant is there wasn't enough participants to determine if, let's say, there was a reaction of one in five thousand, that wouldn't have been picked up by Pfizer. So I had Pelech on camera; I had these parents all lined up. And I told you what my workflow was like prior to COVID. But it changed with this story.

When it came to this story, I never had more hands in the vetting of this story. While it was cleared by the Manitoba managing exec and the director, a local web writer flagged it. And she said, "You know, maybe we should get a response from Pfizer." I said, "No, I think we've heard more than enough from Pfizer." Then she said, "You know, I don't think the vaccine is still in the trial phase." And I produced a document saying it is until 2023. But she sent out an internal email to several people in the newsroom, and she decided that my story should be forwarded to the Toronto Health Unit. Now this is a special unit within the CBC, and she wanted them to do a final vet of my story. So now the CBC Toronto Health Unit was in charge of my story. It was the end of June, and I was really getting anxious over how long **this was taking because as I mentioned before, I was used to turning stories around in a day or two. But to me, it was critical timing because the rollout was ramping up for the vaccination of young people in Manitoba. It was in full swing. Finally, five weeks later on July 8th—**

Shawn Buckley
Five weeks?

Marianne Klowak
Five weeks. Remember, I could turn around stories in two or three days—this was five weeks. So I think they were sitting on the story. Maybe they were just hoping that I would go away and not persist in doing this story.

But five weeks after, July 8th, I pitched the story, I was called into a meeting. Well, this was on Zoom because we were all working from home by then, and they had a verdict from Toronto. And you know, I should mention to you that over three decades at the CBC, I'd say 30 to 35 per cent of the stories I did were health stories. Never had I had a story that had to go to the Toronto Health Unit. And never was a story given this level of scrutiny.

Shawn Buckley
So I just want to emphasize this because you had told us earlier that basically things changed at COVID. So what you're saying is, for your thirty-five years as a journalist

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like, 35 to 40 per cent of your stories were health stories. So you knew what it took to run a health story and that never before had it been sent to this Toronto Health Unit or no story in your career had ever been put under this much scrutiny.

Marianne Klowak
Never. Like I had mentioned, it was one producer, and the story was put through and it was published. And all of a sudden now, there were all these hands in the story.

And what I want to mention to you, which is key to know here, is that before I tell you what happened, that none of the facts, none of the data, none of the research, nothing I put forward in that story in terms of any of the information was contested. It was rock solid journalism. And I knew that I could put my name to that and defend every word I had written.

They raised two concerns that was an issue for them: Did I know that the Alliance promoted ivermectin? And did I know that some of the members of the Alliance chose to be anonymous? Those were their two concerns. So my thought was, okay, now the story is being blocked further up the chain.

I did know they supported ivermectin, but that was not the focus of the piece. And I had been sending for weeks links to management from medical journals about the success of ivermectin in treating COVID. I got no response. I said, We should be having a debate about ivermectin on air and hear from experts who support its use. But that was not the focus of this piece."

As for members being anonymous, I was confused by that because, I thought, I interviewed Stephen Pelech. He went full-face on camera with his credentials. So there was no anonymity there. And I could only guess that maybe some were choosing to be anonymous because they wanted to be able to continue to practise without fear of being disciplined anyway.

But what came next left me just speechless. I was just astonished. They said, "While there's a story to be told about the parents' concerns, the Canadian COVID Care Alliance was problematic." I should "drop them out of the story, keep the parents' concerns in, but

interview two experts that CBC Toronto was recommending." And of course, I did my research, "Well, who are these people?" One of them was a pediatric immunologist who told me both of her kids were vaccinated. She had worked with the federal government. She chaired a national committee overseeing the approval process of COVID-19 vaccines in Canada. I was being told to drop Pelech out of the story who was raising flags about safety concerns and put this woman in.

I was just stunned. I was shocked. I could not believe that they were asking me to do this. I said, "This is unethical. This is immoral. You're violating all our principles of fairness and balance and accuracy and being impartial and acting with integrity." And I said, "What you're asking me to do is dishonest and it's manipulative." The parents I had on tape, I'd interviewed, they were backing the science of Bridle and to include them in the story but leave the Alliance out, to me, defied logic. It didn't make any sense. We were effectively censoring people in the scientific community with impeccable credentials because they just didn't fall in line with the narrative.

I said to the managing editor, "I'm standing down. I'm walking away from this story. I'm not going to do what you're asking me to do. I've invested too much in this. I'm not going to sell these people out. And why should I have to include two doctors that Toronto has picked out?"

And then I think, you know, what if this story had made it through and it went national? Wouldn't that have changed the narrative across the country? If parents had been armed with this information, would we have seen fewer vaccine injuries?

Shawn Buckley
Can I just stop you. Because another thing just kind of occurred to me when you were sharing that story and you mentioned how they were actually critical of the CCCA—and I'm thinking, well just wait, just so people that don't know the term—so that stands for the Canadian COVID Care Alliance. My understanding is, I mean, if it's not hundreds, it's thousands of scientists and doctors. Like we're talking very credentialed people that have formed an organization to basically look into COVID issues objectively and to provide fair and balanced information.

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And you know if that leads them in a direction that goes against the government narrative. But isn't the fact that that group formed and exists, itself, a story that should be covered, let alone cutting them out of a story. I was just thinking that in itself is somewhat fantastic and likely would be a story.

Marianne Klowak
And they formed specifically because of COVID and to give an alternative perspective. And I had pitched, "Let's do a story on them," but it was like, they weren't interested in it. They weren't interested in hearing what these people have to say because they figured they supported ivermectin. So they didn't want to do any of those stories.

Shawn Buckley
And just to give perspective—because I know when we had a conversation and likely you'll get to it—like, a reporter will go to a demonstration on an issue where there's twelve

people and report a story. But when tens of thousands of people show up for a demonstration, that might not be covered if it's going against the government narrative now. So, just kind of along those veins, like just even the size of the CCCA itself is quite—

Marianne Klowak
The numbers.

Shawn Buckley
Yeah, and it's quite something.

Marianne Klowak
The fact that they had filed this national petition was to me huge. They were saying, "No, we need to stop, we need to pause, we need more information before we roll this out across the country for young people," and that story was shut down.

Shawn Buckley
And that was a petition backed by scientists and medical doctors citing peer-reviewed evidence.

Marianne Klowak
Correct.

Shawn Buckley
Okay.

Marianne Klowak
So the day that that happened to me, which was July 8th, it's burned in my memory because for me, part of me died that day with that story. And that was the death of journalism for me, July 8th, 2021. Instead, we were clearly pushing propaganda.

So I had to call back everyone. And I thought, how am I going to handle this? So I apologized and I told them the truth. And it was shameful and it was humiliating because these people had put themselves on the line to tell me their story. And I said, "This is why I can't do it. This is why I won't do it, and it wouldn't see the light of day." And I said, "I'm sorry that I have failed you and I have let you down."

I didn't go to work the next day because I thought I have to strategize. How am I going to deal with this? Do I quit right now? Do I stay and try to push stories through even harder? The following day I asked for a conference call with the managing editor, the exec, and the witness and I said, "Here's the deal." I say, "You know that story was solid journalism. I'm asking you to publish it. You have that power." And I said the timing was key as the province was ramping up the vaccinations of young people. It was urgent that this critical information get out there. And I said, "I'm asking you to do this despite what Toronto has said." And if they wouldn't, I could no longer continue to work in this environment. They didn't publish it.

It was also at that time I decided I had to start reaching out to other journalists because I felt like I was just losing my mind. Surely other people were seeing what I was seeing. And I did reach out. I reached out locally to a competing network. I also talked to someone south of the border. Through internal email at CBC, I sent out notes saying, "This is what I'm seeing. What are you seeing?" And I didn't hear back from anybody.

So I thought, you know, I'm going to call the CBC Union. I called the CBC Union and they said, "Oh yeah, we're getting all kinds of calls about people concerned about our biased reporting." And I said, "Well, where are they? Put me in touch with them." And she said, "Oh no, they're not, it's staying with the union. They're not going to go past the union." I say, "What does that mean?" And she says, "Well, they're not prepared to do what you're doing. They're not prepared to go all up the ladder and call power to account."

So then I reached out to somebody. And I guess, you know, I understand that because I was sort of at the end of my career, but a lot of the journalists that were calling the union were midway in their career and they were afraid of losing their jobs. I contacted a senior reporter from a competing network and I said to her, "What are you seeing?" She said, "Oh, I'm seeing the same thing, you know, why has the media become the mouthpiece of public health?" Then I managed to contact a reporter who worked for *The New York Times* who told me what was happening to me was exactly what was happening to him. His stories were being shut down: he was being blocked. As he saw it, we had two options. One of them was quit and be a whistleblower,

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or to stay and fight it out and keep trying to push those stories through. He also gave me some advice. He said, "document everything that's happened to you, as you would cover a news story. Who said what, when, who was present and the date." I was just reeling from all this because I thought, you know, we have betrayed our audience on a massive scale, massive.

And even the CBC acknowledged that erosion of trust in a blog that was written by the editor-in-chief Brodie Fenlon in March of 2021. Forty-nine per cent of Canadians think journalists are purposely trying to mislead them. About half of the fifteen hundred people of the Canadians surveyed felt the CBC was more concerned with supporting an ideology or a political position than informing the public. And that the media was not doing well at being objective. How is the CBC going to rebuild trust in journalism?

In 2019, it became a member of the Trusted News Initiative—so that brings together news organizations from all over the world and tech platforms to combat coronavirus disinformation: to identify and stop the spread of it, false claims, half-truths, conspiracy **theories, basically, a way to filter news through its own filter system. I saw it basically as a mechanism to "call people out" who disagreed with the narrative and to label them dangerous and extreme.**

Why do you need a trust filter system if you're consistently telling the truth? Why are tech platforms involved in combating disinformation? And who are these people in this Initiative? Are they journalists? Are they scientists? Is artificial intelligence involved? Who is the Trusted News Initiative? This was an effective way to stop the flow of information: to censor one side, skew reporting, and label opposing opinion and thought as disinformation. Sometime after signing on with the Trusted News Initiative, there was a shift in the lens of how we saw news. It was no longer from the bottom up—it was from the top down.

Let me give you a specific example of how this played out in the newsroom in another story that I was blocked in doing. I'd gotten a tip about a peaceful protest in Winnipeg about vaccine mandates, and it was in September of 2021. There was about two thousand people out on the street. We didn't cover it because it was decided at the editorial level these people were spreading disinformation. This was just unbelievable. I was stunned because I had been sent in, you know, to cover stories and do live hits from protests with twelve people present. But we were going to ignore a group this large and not send a camera and find out what these people had to say. I thought not only is the size of the group newsworthy, it was the fact that it was both vaccinated and unvaccinated people were walking together and they were united in their opposition to vaccine mandates.

I had gotten a call from someone on the protest line who says, "Where's the CBC? There's people here that are cutting up their vaccine passports as a show of solidarity against the mandates." And I thought, wow, this is a great story. This is great visuals. This is a powerful story of people at the grassroots uniting. Why wasn't the CBC there? It was a decision made at the top level rather than looking at the news that was unfolding on the ground.

When I asked why we weren't there, I didn't get an answer. It wasn't worthy of covering because in the CBC's eyes, these people were disseminating disinformation. How could we say that if we never even spoke to any of them? We ran a few lines of copy that day saying, "More than 250 people in Winnipeg held a protest against mandates." That was misleading and it was a half truth. There was at least 2000 people. By saying more than 250, we were trying to minimize, in fact, how large it was. And to me, we missed the story entirely, which was people uniting against a cause.

Instead that day, I was assigned a story about a cricket infestation. No one was sent to cover the protests, and the cricket story went national.

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But there was nothing about the Manitoba protest.

Shawn Buckley
So, Marianne, just so that we have contrast because you've told us about, listen, there's this protest, 2000 people. The real story is that both sides are coming together, that people with the passport are so concerned about the mandate, they're cutting that up. So tell us about the exciting cricket story that became national news in Canada. What was the story, just so we're not left in suspense?

Marianne Klowak
That people's back lanes and garages and houses are being filled with crickets. And I'm thinking, really, we're going to tell that story, and we're going to basically ignore two thousand people walking through the city uniting in a cause. We are just going to ignore these people. To me that was just unconscionable.

Shawn Buckley
And was the cricket story urgent? Like—

Marianne Klowak
No, I don't— Well, I guess if you were living in a house full of crickets, it might be, but that was not the story to be told that day. But that was the story they decided should be told that day. Later that month, I pitched another story, and it was shut down.

Shawn Buckley
Can I just stop and I'm sorry. So we have, literally, vaccinated people and not vaccinated people coming together against the mandate. And we have crickets from the CBC. I'm sorry I couldn't resist.

Marianne Klowak
It's shameful.

Shawn Buckley
That was just too easy. So okay, and I'm sorry to interrupt, I just truly couldn't resist.

Marianne Klowak
So later that month, I pitched another story that was also shut down. And it was about what vaccine mandates were going to look like at universities in Manitoba. I had a professor lined up, an immunologist lined up from Ontario. They were on a committee there helping to draft the rollout of mandatory vaccines at the University of Guelph and McGill. They talked about students having less freedom on campus: There'd be more security, more policing of students. Those who refuse to wear a mask could be hauled off by campus police. I also had an ethicist lined up who was willing to talk about his concerns over mandatory vaccinations for students.

And both the experts were saying they were worried about the mental health of students that were going into a second year of restrictions. Both were getting contacted by parents and students who just were not in support of this. And I thought this would be an excellent discussion to have in Manitoba with faculty and parents and students for our audience to hear because it was already rolling out in Ontario, and it was going to be coming into Manitoba; they were ahead of us. And I also said I had spoken with two legal firms that were fighting mandatory vaccines on campuses, and they felt the court ruling in Ontario could set a precedent for the rest of the country. There was no response to what I pitched that day. Instead, I was assigned another story about an infestation. This time it was bedbugs in a local housing complex. And no one else had been assigned to that story that I had pitched.

So I interpreted that as I was quickly becoming silenced and cancelled for trying to get the other side of the story out. I was battle weary. I was exhausted from fighting. I never felt more alone in my profession. And as a veteran journalist who is usually fearless and outspoken, I no longer felt it was safe to pitch stories that I knew that we should be telling. And I quickly felt that my existence there was becoming null and void. But I wasn't done yet.

In September, I decided I'm going to go directly to Toronto to voice my concerns about our editorial direction. And I was going to tell them what I was experiencing. I started sending emails to Brodie Fenlon, CBC's editor-in-chief, and Paul Hambleton, who was the head of Journalistic Standards. Now he's no longer with the CBC, he left a month after I did. I shared

with them what I'd documented about what was happening with my stories, specific details what was going on in the newsroom in Winnipeg, the language that was being used. How we had created this culture of hate and division, feeding people's fears. And why were we so hostile to people who had an opinion that was different from ours? And while I applauded the CBC's initiative of diversity and inclusiveness in hiring people of different cultures and ethnic backgrounds,

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I said, "Where is our diversity in thought? Where is that?"

Again, I was hearing the word "anti-vaxxer" being used in the newsroom, and this is already a year and a half into the pandemic. We'd failed to create a safe environment for people to speak to us on the record so their voices could be heard. I told them we had violated all our journalistic standards. We'd broken the public trust. And we withheld information the public had a right to know, and we were guilty. I asked to have a conversation with them before I left. And Brodie Fenlon emailed me back. He thanked me for what I sent, said he'd be happy to talk to me. But with the federal election going on, could we schedule a time afterwards in October, and he would invite Paul Hambleton into this discussion as well. I was pleased he had responded.

At that point like I knew, I had my end date. I'd spoken to HR; I knew when I was going to be leaving the CBC, but I had one more story in the queue I wanted to get out. And it was about a woman who was vaccine-injured. I had several calls and conversations with people who had contacted me about they had been vaccine-injured, they knew someone who had been vaccine-injured, or there was a family member.

One of them was the mother of a teenage boy. He was an elite athlete, he had gotten the shots, he had chest pain. He was told he was going to have to spend his summer lying on a sofa recovering, and he could not do any sports that summer. A woman called me who got her first shot and she was really sick. And she was anxious because she went for medical help, and she was told that she should still get the second shot, but maybe she should be admitted to hospital to get the second shot in case she had a worse reaction. This to me was madness, was madness. The rest were afraid that they wouldn't be believed because of, you know, the media mantra we were putting there, "safe and effective."

The way I saw it, we were gaslighting these people. You know, let's say you have a refugee coming into the country, and you know they've suffered trauma and they've been through hell. How do we treat them? We treat them with mercy and compassion and kindness. And yet these people who were being injured—we were gaslighting them. One man who had an adverse reaction said to me, it had to be him, "It's got to be me. There's got to be something wrong with me because it's safe and effective."

So getting back to the woman I did the interview with. She had had an adverse reaction after her first shot in May of 2021. It took me weeks to gain her trust, for her to go on the record. She was thirty years old. She was an avid runner and she worked with the federal government. She had no previous heart condition. The very next day after getting the shot, May 27th, she had chest pain. Then she said she was short of breath. She felt like she had this huge weight sitting on her chest. The pain got worse, she had trouble breathing. She described it as the feeling like there was thick smoke in her lungs, but she wasn't a smoker. She knew something was really wrong.

She went to emergency at St. Boniface Hospital where she was diagnosed with pericarditis. And that's inflammation of the tissue around the heart. She shared her written medical report with me from the emergency room doctor. Since her shot in May—within the next month—she'd been to emergency five more times with increased chest pain. She could no longer run. She was winded from walking up a flight of stairs. And she said she thought that she was dying. And I had interviewed a cardiologist as well who told me, "if there's damage to heart cells as an adult, they don't regenerate. The damage is permanent." And yet we were running stories saying, "Take a couple of Advil, and there shouldn't be any lasting symptoms from heart inflammation." This woman was on anti-inflammatory medication for months. She was battling depression and anxiety because she was no longer the outgoing, active, happy-go-lucky person she used to be.

She also told me how difficult it was to get someone to document what happened to her as an adverse reaction. She said the first doctor who diagnosed it was hesitant to put it in writing. Some doctors didn't know how to fill out the form. Finally, a nurse had filed it for her, and that was another story I pitched.

The problems with doctors reporting adverse reactions in Canada.

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They have to download a PDF, takes about fifteen minutes to fill it out. The doctor has to sign it. Then it goes to a health authority who has to approve it. And some of the doctors were telling me that their reports were getting rejected. And I was hearing more and more about the problems with reporting these adverse reactions in Canada. And there was even a period during the pandemic that the line that they used to report these adverse reactions was down, the link wasn't working. Surely, this was newsworthy. No interest in that story.

But getting back to the woman, I interviewed. I stayed in touch with her. After doing her own research, she connected with three other women who were diagnosed with heart inflammation after being vaccinated. I wrote her story. Here was my first line based on what she told me. This was the original before it was edited: "A 30-year-old Winnipeg woman says she's not confident the COVID-19 vaccine is safe for everybody and is advising people to do their research. She admits she was hesitant at first to get the shot, but she felt pressure from people posting online that she was selfish if she didn't." Two words the editors didn't like in there: "vaccine" and "hesitant." Again, several hands were in this story, several. A managing editor, two web writers, another producer, and I fought several edits that were made. By now at this point, I was sort of afraid because I thought if I pushed them too hard, they could pull the story entirely.

Okay, here's the story the CBC published on July 12th, 2021. This is my story, and this is **what they changed: "Winnipeg woman shocked by heart lining inflammation after COVID vaccine, but experts say the risk remains low." Look at the first line. "A 30-year-old Winnipeg woman says she was shocked to be diagnosed with the condition involving inflammation of the lining around her heart days after she got her COVID-19 vaccination in late May."**

The changes that they made didn't reflect what she was saying to me about the safety concerns. It was propaganda editing to change the meaning entirely. Any reference to vaccine hesitancy was taken out. I fought the web writer on that first sentence. He says, "Well, no, we can't say that; we don't want to scare people." I say, "That's not journalism." I said, "Maybe we should be concerned, look what happened to her." And I said, "We can't negate her personal lived experience: her story is one of caution and to do research."

And if you look at the next sentence which says, "But a Winnipeg cardiologist says despite concerns about heart inflammation, vaccines are preventing illness from COVID-19." Why would anyone read any further in my story. Basically, the message was it happened to her, it's too bad, it's unfortunate, but vaccines are still doing what they're supposed to be doing.

But there were medical experts who were disputing this, but they had been cancelled by the CBC because according to the CBC, they were spreading disinformation. The fact she was an avid runner was taken out of the story, and I fought to have that put back in. I say, "No, I think that's important. You know, she was a runner and now she can barely walk up the stairs. It shows what happened before and after the shot." And she never got the second one because her reaction was so severe after the first. And I also didn't think there should be experts or stats negating what she was saying. Because we'd heard more than enough from all of the experts. It should be just a straight-ahead story about someone who suffered an adverse reaction, and we shouldn't downplay it. Instead, the way I saw it, her story was buried in experts and health officials and stats—it was sanitized.

I lost sleep the night before that story was published. I knew we didn't do justice to her story. I spoke with her the next day, and she was so traumatized she couldn't read the story. I should also tell you I contacted her five months after I left the CBC, and she was still suffering from health problems, blood clots. That story was the breaking point for me. I was waiting for that final exit meeting with Fenlon and Hambleton in October. And when I had it, I told them what had happened to my stories. How devastated I was to be leaving the CBC after spending three decades in a career that I loved.

I asked them what's the makeup of the CBC Toronto Health Unit, like who are these people: "Are they journalists, are they scientists, like who are they?"

[01:05:00]

I was basically told they were experts who are really good at what they do. But I still don't know who they are. Then I brought up the issue of mandatory training and seminars for journalists that we had to take on what was called conscious and unconscious bias. We had to sign off on this training. It was to identify any bias we may have in doing a story. And to be aware of it, to make sure it doesn't impact the story that we're doing and that we are more inclusive. I said, "You know what, we the CBC have a glaring bias, both conscious and unconscious, when it came to stories involving experts opposing the narrative and with those who were unvaccinated, we had a glaring bias." I said, "I was worried about the next generation of journalists. They're young, they're inexperienced. And that the editorial meeting is not a safe place to have a different opinion. Why are we so mean and hostile to people with different opinions?"

And I said, "Did you know how we were being branded outside the walls, the corporate walls of the CBC?" I've seen those protests; I've seen those signs. We were being known as the Canadian Brainwashing Corporation or in faith circles, the Christian Bashing Corporation. Some of my final words to them, as I saw it, I said, "The CBC is morally and ethically culpable of the narrative that it pushed to the public, and we are going to be held accountable. We failed to hold power to account, and no one was holding the media to account. We failed to serve the public. We broke their trust."

I told them, "You can silence and cancel scientists with impeccable credentials, you can even cancel me." But I said, "My solace is that the truth will come out; it will come out." Brodie thanked me, and he said he was sorry that it had ended this way and that he didn't think the CBC had done all that bad. He wished me well. Hambleton, who is the head of

journalistic standards, he was still on the screen, and he told me, that the most heat that he took during COVID was over ivermectin. People calling and writing with letters with no let up. I said, "The CBC should have listened on many fronts. The truth will come out." That's what I said in October 2021.

So here we are a year and a half later, the truth has come out. Even though people still do not want to believe the truth. According to Health Canada's own website up and to including March 3rd, a total 427 deaths were reported following vaccination, 427. Each and every one of those deaths was worthy of a story. Where was the CBC? Where was any media on this? And is that number accurate? The same Health Canada website posted more than 10,000 serious injuries for the same time period. Are those numbers accurate? Are they higher because of all the problems with reporting adverse reactions in Canada? Who are the injured? What are their names? What are their stories? What are they suffering?

Lawsuits are going on, and there's a few people of the vaccine-injured who are getting settlements. We have one before the courts right now in Manitoba involving a young man from Steinbach.

If reporters were doing their jobs, we would not be here today in this forum, funded by citizens, telling our stories. Mainstream media would have done it. Where are they? Where are they?

On February 27th of this year, papers with hundreds of profiles of suspected COVID vaccine injuries and deaths were plastered onto the doors and windows of CBC Toronto. I had a really hard time looking at those pictures because that to me was proof and evidence that the public had trusted us and they had listened. And some of them paid dearly for it. I waited to see, is CBC going to cover this? Is any media going to cover this? How could you ignore this? It was just unconscionable and appalling that nobody covered it. I thought, I wonder how employees felt that day when they came to work and they saw that—those posters on the outside of the building. Did they stop? Did they look? Did they read? Did they look at the names, or did they just go into the building and carry on with work that day? The same thing happened in Winnipeg on a smaller scale.

[01:10:00]

Again, no media coverage.

And as mentioned earlier, CBC decided to pause its Twitter activity after it was labelled "government-funded media" by Elon Musk. Brodie Fenlon had responded by publishing a piece saying, "Journalistic independence is the cornerstone of who we are as a public broadcaster." Then that tweet was removed. CBC is not impartial—it is not independent. I think what I shared with you gives witness to that.

There was some excitement over the fact CBC Manitoba covered the NCI when it stopped in Winnipeg in mid-April. Maybe, finally, the CBC was going to report the other side. But it was a low-impact piece in that it didn't talk to anyone who was vaccine-injured. It didn't delve into any of the Pfizer data. And it didn't talk about safety concerns or side effects.

Shawn Buckley
Can I give you even more shocking information? Can you go back to that slide? So Jay Bhattacharya is on the screen—while CBC is there—talking about CBC censoring him. And there was no mention about that.

Marianne Klowak
Those stories should have gotten out. And there's so much more that should have gotten out. I mean, basically, it was a low-ball story, in the sense, the bar was low. They didn't delve into what they should have dug into there.

I don't know if any of you have heard of Naomi Wolf. She's a famous American author and journalist. She posted a video on YouTube last month exposing what is in the Pfizer documents. I think it's something that all critically thinking journalists should have been digging into. The FDA wanted the documents to be hidden for 75 years. A judge said, "No." So Pfizer was ordered to release 55,000 documents a month. And according to Wolf, around 2,500 experts from all over the world are interpreting this data. They're churning out reports to tell everybody what's in it. The evidence in her words is dark, devastating.

One of the many findings is that Pfizer knew the vaccine didn't stop the transmission of COVID one month after rollout in November of 2020. But yet public health officials were telling us, were running campaigns to say, "Get the shot to protect those you love." And the media, including the CBC, was still demonizing the unvaccinated as a danger to public safety.

I'm inspired by Wolf and those outside of legacy media who are tenacious and fearless about reporting the truth, and they're truly independent. For me, that would be, on this side of the border: True North, *Western Standard*, podcast by Trish Wood.

I was fortunate that when I left, I was at the end of my career. I still wanted to work for two or three years, but to leave the way I did was crushing. It was heartbreaking, and it was definitely a journey of grief. I was able to take an early retirement.

Shawn Buckley
Marianne, I'm going to have to focus you just because we're really running over.

Marianne Klowak
I got 30 seconds. Maybe even less.

So my heart goes out to those who are starting out or midway in their careers. And for them the challenge is even more daunting. When I was asked to testify, I said, "You know it's dangerous to tell the truth but I think"—as someone with the Inquiry said to me—"it's even more dangerous to not tell the truth."

So getting our institutions back: Will we get the CBC, our public broadcaster back? I don't know. But I do know that more journalists need to stand up, speak out, and stand firm as a truth-teller.

Thank you.

Shawn Buckley
Wait, wait, we have commissioner questions. So, and the Commissioners have questions.

Commissioner Massie
Thank you very much for your testimony. I'm learning on a specific story that you illustrated, what I have witnessed from the outside So it's interesting to have this confirmation. I'd like to ask one question because I'm not a journalist, so I don't know. But when we, I would say, use or abuse the term "expert" in journals, shouldn't there be some sort of gold standard that,

[01:15:00]

first of all, you cannot cite experts that are faceless, you don't know who they are. And if you cite them, you give their credentials so everybody can judge by themselves what is their expertise.

Secondly, you mentioned that in many stories that were produced over the pandemic, it was one-sided, and it was the official narrative. And every time somebody was trying to come up with a different version, another expert, they were either dismissed or denigrated.

So about your story that went to be checked in Toronto, wouldn't that be a good idea to say, "Okay, you're proposing these other experts. I will accept if you agree that this expert has a public debate with the expert I'm citing in my article." What do you think of that idea?

Marianne Klowak
That would be the ideal. But that was not something they were open to. And I think in Mr. Palmer's presentation earlier, in terms of that term "expert." You know, it goes back to when they were giving me the names of those two people. You know, do your research: Who are these people? Are they really experts? Are we just designating them experts? And that was a problem that I saw throughout the pandemic. It was very specific about who their experts were going to be, and they were going to be portrayed as competent and trustworthy.

But to have a debate. I mean, that's something I challenged them on many topics: like, ivermectin in terms of experts on both sides; the vaccine injuries, being concerned about safety. I was constantly putting that before them, but it was like, I wasn't being heard. And that was coming from the highest level of the CBC.

To be fair to CBC Manitoba, I mean, they cleared the story except for that one web writer. And then it was shut down in Toronto. And I had no power at that point in terms of— You know, I said, "I think these people should have a say, for the sake of fairness and balance, they should be heard." And I even challenged them to publish the story without Toronto's consent, but they wouldn't do that.

Commissioner Massie
So just a complementary question. Was that a common practice in the past to do that sort of confrontation of expert with different view? Or is it something that was never practiced in journalism? You would do it like a common way of reporting on different opinion, [where] you had to really make sure that when two different views are presented that they were framed in a way that the reader could actually make it their own judgment about it. And now it seems that it's completely disappeared from what we're being exposed to. And I can tell you it's not only CBC; we see the same thing in Quebec with all of the journals. We are seeing the same story.

Marianne Klowak
It just happened to this degree I would say during COVID. Before we would do thorough vetting of people we put on the air as experts and thorough checking of their credentials and what their experience was. And usually, we'd even check them out with two or three other sources if they were legitimate. And were they in good standing? But that seemed to have all gone by the wayside.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
I was going to say good morning, but I realize it's now good afternoon. Thank you for your testimony.

When I think of the daily PMO news releases that are sent out every day from the PMO's office to which CBC journalists would receive and how religious holidays are identified, recognized, and celebrated. And I should also add rightly welcomed in a democratic nation that recognizes freedom of religion and beliefs as a fundamental right in this country and, similarly, as a foundational principle in our constitution under the supremacy of God and rule of law. These PMO releases often offer very lengthy and detailed descriptions of respective religious traditions.

And then I think back to a comment made by the PMO prior to his first election—Christians need not apply. And then I combine it with a very short PMO release that came out one year, I believe it was 2017 or 2018. I believe it was one paragraph regarding the Christian holiday, the traditional Christmas.

[01:20:00]

Two things come to mind. It appears CBC is broadcasting the PM's personal opinion publicly, essentially becoming the PM's mouthpiece. But even more so, targeting specific faith groups, using hatred for these faith groups to which the PM has publicly disagreed. And if this is the case, how can Canadians be confident in a publicly funded broadcaster that deliberately and intentionally ignores entrenched protected grounds under human rights legislation? And two, should we as Canadians be considering CBC in its current mindset, a danger to society for not adhering to their own "DIE" ideology? That is diverse, inclusive, and equitable treatment of all persons regardless of their faith and personal beliefs to which they subscribe?

Marianne Klowak
Which part of that do you want me to respond to? That was—

Commissioner Kaikkonen
Whatever you think you should respond to.

Marianne Klowak
You know. Here's the thing. That was an issue I had brought forward a number of times in CBC, about the fact of how do we cover different faith groups? And we even had a working

group on that and we invited a number of people in from different faith communities to you know, say, "What are the stories that you think we should be telling?" And for a while there, we were doing that. We had a forum, and it was a wonderful forum: we had a rabbi in there, we had Muslim people, we had Catholics, we had Evangelicals, we had Mennonites, we had Jewish people in there. And there was a consensus working group on, how do we move forward stories that are faith based? And we were going in the right direction for a while.

And then all of a sudden, it just swung the other way where we'd become hostile again. And anyone who expressed their faith in a story— I mean, I look at all the pastors in Manitoba that stood out during the pandemic and defied rules and said, "How can you have 300 people in Costco when you're telling us we can only have 25 people in our church at a service on Sunday? We're not going to stand for this." And they didn't. And you know, they were hammered by the media for expressing their faith and standing up for it.

So there's definitely a hostility towards faith in, I mean, just my experience at the CBC. And I was constantly bringing that to the forefront and trying to do more stories that way. And sometimes I was able to get those stories out and in some, I wasn't able to. But clearly, like, we made a specific decision here in our coverage during the pandemic to hammer those communities in southern Manitoba that were faith-based, that were pushing back against this narrative in the agenda. And that was so wrong.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
I'm from Manitoba, and I mourn the loss of the CBC as a fair and unbiased news reporter. I had personal friends who were on the I-Team years ago, and I remember the stories they used to bring out.

One of the things that we've heard over and over and over again in the testimony is that prior to 2020, things changed: Words changed. Definition of pandemic changed. Definition of vaccine changed. Definition of human rights changed. A lot of things changed. And my question is, usually, you know, there's an old expression that a leopard can't change its spots. Was there significant changes in the higher management of the CBC prior to 2020, like in 2018, '19? How did they accomplish this complete change of philosophy without changing the management?

Marianne Klowak
Well, I think the management just bought into it. I think, you know, I look at other stories where the language changes in order to make it acceptable to the public. And that's basically what was being done. The whole thing, the mantra of "safe and effective," you know, like we didn't even investigate that. And yet the people that were in management, I mean, these were people that had worked that I-Team you're talking about.

So, for me, I was shocked and sort of disoriented about, why wasn't there any pushback about the language and the words we were choosing to use that were dangerous and misleading?

Commissioner Drysdale
You know, we heard testimony from many witnesses about how they were treated,

[01:25:00]

specifically, by the CBC. And according to those witness testimony, didn't the CBC go beyond just ignoring certain stories? We heard testimony after testimony of personal character assassinations carried out by the CBC. Were you aware of any of that? Can you corroborate any of that?

Marianne Klowak
I was aware of that. I mean, to give the best example would be Byram Bridle. Look what was done to him. I mean, this guy is impeccable credentials, immunologist, and the smear campaign against him was just, it was unconscionable. What was done to his career was a character assassination to discredit him for all the safety concerns he was raising. And I raised that with management because I wanted to interview him in a story. And actually, what was interesting is I wanted to interview, as well, Dr. Christiansen in Saskatoon. He was the doctor, Dr. Francis Christian, he was the doctor who stood up and said, "You know, I haven't met a twelve-year-old yet that understands informed consent." And I wanted to interview him, and I was blocked from doing that as well. It was like, "Oh, no, his reputation, he stood up; he's pushing against the narrative." And I'm thinking that's exactly the people we should be talking to, to have fairness and balance.

Commissioner Drysdale
There was also something that you said that I just want to make sure I understood properly. When you were doing one of your original stories and you were quoting the doctors from the Canadian COVID Care Alliance, when comments came back from Toronto, I thought you said one of the comments was, "Well, some of the members are anonymous there." Is that what you said?

Marianne Klowak
That's right. That's what they said to me.

Commissioner Drysdale
But then, didn't you also tell us that when you asked the Toronto people who the members of the Toronto CBC health group was that you were told they were anonymous?

Marianne Klowak
I wasn't told they were anonymous. I was told they were experts at what they did, but I didn't know if that meant they were journalists or were they scientists. I still don't know who they are, but they were not anonymous. But the reference was the Toronto Health Unit was concerned that some members of the Canadian COVID Care Alliance were anonymous. And I said I didn't think that was an issue because the fellow I interviewed had gone full-face on camera. But the reason for their anonymity, they were concerned, like, what did that mean? And I said, "Maybe it meant the fact that they're trying to continue in their practice without being disciplined." But for them that was an issue.

Commissioner Drysdale
But they were—

Marianne Klowak
But it was unrelated to the story.

Shawn Buckley
Can I just break in for a second because we've got a couple of hard starts that I just need to inform you of. We have a person online that basically if we don't start immediately, she'll be a short witness. And then I was hoping, you know, then we have a shorter lunch break to hit another hard start. We could bring Marianne back like we had done with Rodney for questions at the end of the day.

Commissioner Drysdale
It's not necessary.

Shawn Buckley
So, yeah, and I'm sorry to cut that short, Marianne. It's just we're trying to manage some other witnesses too. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and attending. I know that it was a big step, but we really appreciate you sharing with us some insight that we couldn't get unless you came and shared with us. So deeply, thank you.

Marianne Klowak
Thank you for this opportunity. Thank you.

[01:28:58]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 4: Samantha Monaghan
Full Day 2 Timestamp: 04:57:12–05:07:58
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Samantha, can you hear me?

Samantha Monaghan
Yes, I can.

Wayne Lenhardt
Okay, and we can hear you. Could you spell your full name for me? And then I'll do an oath with you.

Samantha Monaghan
Samantha Monaghan, S-A-M-A-N-T-H-A M-O-N-A-G-H-A-N.

Wayne Lenhardt
Do you promise that the evidence you'll give is the truth, the whole truth, and nothing but the truth?

Samantha Monaghan
I do.

Wayne Lenhardt
Samantha, to set the stage here, this is about your son who died after he got a blood transfusion. And I think the issue for the Commission is, is this an issue with respect to COVID relating to tainted blood?

And to just set that stage for a second, there was a commission years ago by a law professor by the name of Horace Krever relating to tainted blood related to HIV. So I think this is probably the only time the Commission is going to touch on this issue is with you, so could you give us a quick summary of what happened to your son?

Samantha Monaghan
I took my son to the hospital. I think it was back in September 2022. He had a swollen elbow. So we just were coming from his naturopath and getting a panel done—

Wayne Lenhardt
Could you turn your volume up a tiny bit? I think we're having trouble hearing you. I am at least, anyway.

Samantha Monaghan
I think it's up as high as it'll go. Can you hear me?

Wayne Lenhardt
Yeah. Do we need our volume turned up?

Samantha Monaghan
Yeah, it's up as high as it will go.

Wayne Lenhardt
Okay, I'm sorry, could you start again?

Samantha Monaghan
I took my son into the IWK [Izaak Walton Killian Hospital for Children] hospital in September, and he had a swollen elbow. So I was getting it checked out and they ended up doing his blood work. To make a long story short, his hemoglobin came back and it was very low: it was extremely low to the point that he was going to need a blood transfusion. I said, "Oh, no problem. I have no problem giving my blood for blood transfusion."

Given all my research and studies that I have done with the blood supply and the vaccines and everything, I wanted to make sure that the blood that he was given was safe. So I ended **up rallying about 300 donors to give blood to my child because he was O positive and myself was O positive. And I was denied by the blood supply in Nova Scotia that this couldn't be done and that I couldn't be a donor to my son as well. It was all denied, and then I ended up having to give him donated blood from the blood bank.**

Wayne Lenhardt
And at that point he died relatively shortly after that, correct?

Samantha Monaghan
He died November the 21st.

Wayne Lenhardt
Do you have any evidence that it was because of tainted blood? Have you looked into that?

Samantha Monaghan
No. No, my son was cremated, and there was an autopsy done. They said that he died from underlying conditions, which possibly could have happened. But it's the way he died that kind of struck home for me. There was no evidence that he was going to die or that he was sick in any way. He got his blood transfusion. We get out of the hospital. It was around three weeks after we were in the hospital, I think, a good couple of weeks. And we were getting our blood done. We'd seen the pediatrician. He was, everything was good. On November the 21st at 5:24 pm, he was sitting on my knee, and he just stopped blinking and he passed away. There was no indication that he was sick or he was going to pass away, and he didn't have any heart conditions.

Wayne Lenhardt
Yeah. He did have some sort of conditions though, did he not?

Samantha Monaghan
He did. He had fumarase deficiency and polymicrogyria, but it doesn't affect the heart. And it wouldn't cause him to have blood clots or anything like that.

Wayne Lenhardt
Okay, and how old was he when this happened?

Samantha Monaghan
He was 11 years old. It happened 12 weeks after the blood transfusion.

Wayne Lenhardt
And I understand he died of cardiac arrest.

Samantha Monaghan
That's what my doctor thinks he had passed away with. But the autopsy said that he passed away from underlying condition.

[00:05:00]

Which possibly could have been because I didn't have anything tested or any means to test his blood after he had the blood to make sure that his blood was okay.

Wayne Lenhardt
And you had rallied some people that had the same blood type as he did, and I understand you have the same blood type as he?

Samantha Monaghan
I have O positive, yeah.

Wayne Lenhardt
And the hospital either didn't want to, or wasn't able to use any of your blood, is that fair?

Samantha Monaghan
Yeah, my parental rights would have been taken away if I hadn't chosen to go the route of the blood donation from the blood clinic. I tried to rally them, but there was no way that I could have used my blood or anybody else's blood. My fear was that he would have gotten vaccinated blood and then he would have died from that.

Wayne Lenhardt
I think I'm going to stop and ask the commissioners if they have any questions or any issues they'd like to explore on this.

Commissioner Kaikkonen
You made a comment, your parental rights would be taken away. Can you add to that and just let us know how?

Samantha Monaghan
Well, if I didn't agree to the blood transfusion, the pediatrician on at that point in time said that my parental rights would have been removed and I would have to leave the hospital. And Luke would have ended up getting the transfusion anyways. So I decided to stay and okay the transfusion under duress.

Commissioner Kaikkonen
So just to make sure I got this right, the pediatrician said that if you didn't agree to a blood transfusion that—

Samantha Monaghan
Yeah, there wasn't any option. I couldn't use my blood, nor could I use the donors' or anybody else that would want to donate to my son. The only option I had was to use blood from the Nova Scotia blood bank. There was no talk. There was nothing: either I did it this way, or they would have took my parental rights away and I would have ended up having to do it anyways. He would have ended up getting the blood transfusion.

Commissioner Kaikkonen
So did Canadian Blood Services and Halifax inform you that there is an option for putting your blood aside when you're expecting to have some sort of blood transfusion in the future?

Samantha Monaghan
No, I wasn't given an option.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Yes, Dr. Massie.

Commissioner Massie
I have a question about the underlying condition or the situation that actually led to the necessity of blood transfusion. Are they related or are they completely two separate medical conditions?

Samantha Monaghan
Fumarase deficiency controls the Krebs cycle, so it could have been a factor for his iron getting low, his ferritin getting low. But he never had hemoglobin getting low because of his condition before. His survival rate was infancy, and he was 11 years old. And I did all natural treatments with him.

Commissioner Massie
My other question, you had concern about getting blood from the Canadian blood bank. What was the kind of information that you gathered in order to raise some questions about that?

Samantha Monaghan
It would have been what was in the vaccine that was killing people or making people sick. My worry is that it was going to be in the blood if it was infused out, spike proteins or graphene oxide would have been in the blood that would have harmed him in some way.

Commissioner Massie
Thank you very much.

Wayne Lenhardt
Are there any other questions from the Commissioners? One question that I have is what was on the documents as to the cause of death of your son?

Samantha Monaghan
"Underlying conditions," I do believe.

Wayne Lenhardt
Okay. Any last questions? No. Okay, I want to thank you very much on behalf of the National Citizens Inquiry for giving us your testimony today. And thank you again.

Samantha Monaghan
Thank you very much. Thank you.

[00:10:00]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 5: Dr. David J. Speicher
Full Day 2 Timestamp: 06:00:07–06:44:31
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Welcome back to the National Citizen Inquiry. My name is Wayne Lenhart, and our next person to testify is David Speicher. David, can you hear me?

Dr. David Speicher
Yes.

Wayne Lenhardt
I can hear you. I believe you have some slides set up with AV here. So I'll just quickly introduce you, and then you can launch into your presentation [exhibit number unavailable]. You did your university, I believe, in Ontario. You have a PhD from McMaster.

Dr. David Speicher
No. No, I do not.

Wayne Lenhardt
Okay, you have a doctorate from somewhere. Can you tell me where that is, please?

Dr. David Speicher
I will launch into my slides, if can you see them?

Wayne Lenhardt
We've got your first slide. But before we do that, could you spell your full name for me and then I'll do an oath with you.

Dr. David Speicher
Dr. David Jeremiah Speicher, it is D-A-V-I-D S-P-E-I-C-H-E-R.

Wayne Lenhardt
Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. David Speicher
Yes, it is. Absolutely.

Wayne Lenhardt
Thank you. I see from your slide there, you're a visiting professor of health science at Redeemer University in Ontario, and I believe you have a position at McMaster as well.

Dr. David Speicher
No, I used to. So if I can go to my next slide.

Wayne Lenhardt
There it is.

Dr. David Speicher
My undergrad is in Biology at Redeemer. I have stuttered my whole life. It gets worse when I'm tested up. And that is okay. I know my things well. I have a Master's in Diagnostics of Coronaviruses, and a PhD in Viral Diagnostics, both of which are from Griffith University in Queensland, Australia. I have worked in Kenya, India, Australia, Egypt, and here in Canada. I've done two post-doctoral fellowships at McMaster University, in molecular microbiology and in epidemiology.

I have run as a lab director two COVID-testing labs during the pandemic, doing between 5 and 15 thousand PCR tests per week, all on asymptomatic transmission. I have taught at Redeemer University since last fall in the courses of microbiology, genetics,

[00:05:00]

and PCR testing. I am now a visiting prof here in a paid job. And to disclaim: I am a co-applicant on a new SSHRC [Social Sciences and Humanities Research Council] grant a few months ago.

All of these are all scientific observations I have made during the pandemic. And I have 34 publications. Most, if not all, use PCR. And I have co-authored a method paper with the Wuhan Institute of Virology on Whole-Genome Sequencing of SARS-CoV-2 in Saliva.

Would you like me to keep going and dive into my thing or just my background?

Wayne Lenhardt
I think you are very well equipped to deal in this area, Dr. Speicher. I wonder if perhaps you could go to your slides relating to PCR testing, and maybe we'll have a look at that.

Dr. David Speicher
Sure. I'd like to say, too: I worked on the team that first isolated the virus. I was removed off the team before I could see things. A FOI [Freedom of Information] request has shown that McMaster records has found no responsive records about isolates of this virus apart from this published paper. So, it begs the question: either there's scientific misinformation going on or something isn't right at McMaster for them to give false information on the FOI.

There's been millions in Gates funding poured into McMaster. Millions, including their new NEXUS pandemic hub for $12 million given to McMaster by Bill Gates to look into COVID-related issues.

There is also a potential conflict of interest. One of their profs in the field of ethics and policy for innovation on their NEXUS hub—before the pandemic—was paid $278,000. In 2021, this jumped up

[00:10:00]

to $623,000 and last year $461,000. She has ties with Bill Gates and the WHO. So are these people funding our Canadian institutions? Absolutely, they are.

I work on PCR. I love it. It's a very elegant, super test. However, it cannot tell us if we are sick. It can just tell us—is this DNA or RNA sample sequence in my sample? And that's it. Is this viral RNA in my sample?

And so, a lot of people on our side, I've heard things said: "PCR assays are 97 per cent false positive. It should not be used." Well, let's not throw the baby out with the bath water.

So all of this occurred in the first paper looking at Sars-CoV-2 by PCR. It was poorly designed and improperly validated and made.

Well, my team put out this. And the main point is the bottom line here: "If someone tested positive by PCR at a threshold above 35 cycles, the probability that said person is actually infected is about 3 per cent."

Why is it 35 cycles? If we go beyond that, it does not work. This is the limit of the detection of the amplification. On the left is right out of the Seegene package insert. These are for E **gene, RdRP gene, and the N. These are highly conservative rates areas and great PCR targets. It says below on the left: a positive is anything before 40 cycles. If we look on the right—this is all my own data—and it shows the cutoff limit of detection of the test is 37 cycles.**

And therefore, we can't tell. The lower Cts cannot be compared between labs. It's all dependent on when the sample is tested, which swab, the hour things are extracted, amplified, and looked at. And so, a cycle between institutions

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varies sometimes two or three, sometimes five cycles, and this is why CTs from a clinical lab never report these to a physician. So, a Ct value might change, except a positive in one lab should be a positive in another lab.

So Public Health Ontario put out a report in September of 2020, and said, on the left, any amplification that occurs before 37 cycles is a true positive. If it's between 38 and 40, it needs to be retested.

In my lab, on the right-hand side, this is what we did—if it's two or three [positive genes] before 37, things are positive. And key values are never given out to a physician. We need a better link-up between a physician and the clinical lab, and, too, a PCR assay, most times if it is a true positive with symptoms amplified before 30 cycles. And, therefore, I think we should have had two cut-offs: One between 35 and 37, which is the assay limit of detection—"Is this virus in my sample or not?" And then at about 30—"Is this individual infected or not?"

So, if we look at PCR versus a RATs [Rapid Antigen Test]: Is this thing actually replication incompetent? The PCR is very, very sensitive, although it doesn't tell—is this replication competent? Or is it replication incompetent and, therefore, is not in fact infected? And so we needed to not run things basically off of a single PCR test.

Now, how were our samples worked out? Well, most people drove, in a big line-up, to a collection facility,

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and they had a nasopharyngeal swab rammed right to the back of their nose. Is this the best test? Sure, it's the gold standard. But if you are sick with symptoms, a simple mid-turb [mid-turbinate nasal swab, MTS] right in here, works just as well.

As well, if you look at the lower right, if you're doing a nasopharyngeal, it's going right in the back: it is 97, 98 per cent. But a mid-swab [MTS] is about 87 [per cent], which is just as good as an oral swab of the mouth. And so why didn't we swab people's mouth, swab inside their nose? And not ram things right to the back, and then in some instances cause harm.

This is a case-demic. It's not a pandemic of all sick individuals. We need to work out: Is this individual infected at a low level and has no symptoms? Or do they have a high enough viral load to infect other people?

And if you are infectious, most times you have symptoms. These are all numbers of people with COVID. COVID is a disease, and therefore, you must have symptoms. Except most of **these—and all of these case counts—are off of a PCR positive test where the individual is either asymptomatic or with symptoms. Those things were not differentiated at all. And so, this is not just sick folks: these are sick people carrying the virion and those who are not sick.**

We've all heard of HPV, which is the cause of cervical cancer. HPV is found easily on your forehead, on your hands, on your skin. Unless it infects your cervical cells, it will not cause harm. Therefore, I don't care if you are infected or if you have it and don't have symptoms. You need to be sick with a high enough load to pass on things to make other people sick.

This brought up the whole thing of asymptomatic transmission. If you are asymptomatic, you could pass on things and make other people sick and "kill Grandma." And this is highly unlikely.

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An infectious dose is between 500 and 2000 replication competent virion, which is around a Ct of 24 to 27. Therefore, we must have two cut-offs: one at the 35, which is at the limit of detection; and one at 30—is this high enough to cause someone else to get sick?

The viral load always jumps up within two days before the symptoms, then comes back down around day six to eight. And an individual can be PCR-positive 90 days post-symptoms. This is all non-infectious, non-replication competent virion being sent out of the system.

Therefore, asymptomatic transmission is rare. If you are sick, you don't lock down an entire city. If you are sick, stay home. It's that simple.

Last point: rapid antigen tests. We've all seen them; we've all done them. You stuff things in, you add the stuff, wait 15 minutes. If you don't do it right, if you don't add enough stuff, or if you add too much sample, if you don't add any stuff first: these here will give a false positive test.

And Public Health knew this. We were all informed. These are a cheap, quick screening tool. They are about $16 per test. A PCR test is between $50 and $100 per sample. However, a rapid antigen test has a limit of detection of about 1 million viral copies and that's it. One million, which is around a PCR cycle between 25 and 21.

Therefore, you will develop symptoms before these here turn positive, except for Delta. And therefore, a RAT test should never have been used on people which are asymptomatic and only in people with symptoms. A RAT is a presumptive test, and any positive test must be confirmed by PCR.

Now, last point. We have wasted millions on PCR testing

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of people which were asymptomatic. These should only have been used on people with symptoms. There's been five or six non-health care providers that have set them up and most of those are now shut after the PCR has been pulled. They did between 5,000 and 15,000 tests per week and charged between 50 and 100 bucks per test. You can work out **the math on how much they made.**

And so they are now folded. Most of those said, "Oh, we'll do asymptomatic testing to take things off of our main hospital labs." They made millions.

As soon as PCRs ended, they were pulled. There were five Thermo Amplitude systems set up across Ontario in our government labs. They were about $500,000 per system and can just run a full plate of 384 samples per plate, 10,000 bucks per run. And if someone messed something up and you had to repeat the whole thing, you've just wasted $10,000 of taxpayers' money.

Most of these systems have not been used since April of last year, April 2022. And there are thousands of expired reagents sitting on shelves, all purchased by taxpayer funding.

Therefore:

Bill Gates has infiltrated most of our institutions to push these vaccines.

The PCR is an elegant, sensitive lab technique when it is used right and not to inflate numbers of asymptomatic folks with COVID when they aren't actually sick.

We don't need a nasal pharyngeal swab if a mid [MTS] or an oral swab will suffice.

It's not a high cycle count thing, which I've heard some folks say. Any sample beyond 35 cycles should not be called as a positive test ever.

We need more relations between a clinical lab and bedside to work out if they are "infected" or if they are "infectious," and not rely just on the PCR test for our numbers to represent a pandemic.

And a PCR and a RAT

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should only have been used ever in people with symptoms.

That is all I have. And I am more than happy to answer any questions from anyone, ever.

Wayne Lenhardt
Are there any questions from the Commissioners? Yeah, Dr. Massie.

Dr. David Speicher
Dr. Massie.

Commissioner Massie
Thank you, Dr. Speicher, for your presentation. I have a couple of quick questions. First one is about the comparison between the rapid antigenic tests and the PCR.

It was argued by some people doing, I would say, monitoring of the epidemiology that, **although the PCR test was more sensitive than the rapid antigenic test, the advantage of the rapid antigenic test is that you would get the answer immediately instead of waiting for whatever—sometimes it was days, depending on the system you were relying on. And it would give you the answer: Am I infectious now? Versus, am I potentially infectious? And I would get the answer by the time, I don't know, I'm isolated or I risk contaminating other people.**

For the management of this kind of— If one assumed that any contamination has to be avoided at all costs, which is a different topic altogether, having a rapid response to tell the people, "Okay, you have symptoms; you seem to have the virus because we can detect the antibody. You can self-isolate for a couple of days and wait until you're no longer infectious."

So why is it that this has not been more readily implemented? Because I don't think that the delay between the time the PCR was available and the rapid antigenic test was made public to people was that significant in terms— So why is it that we have not proposed this approach instead of the massive PCR testing?

Dr. David Speicher
What is your question simplified, Dr. Massie?

Commissioner Massie
What I'm asking you is—were we technically limited in the deployment of the rapid antigenic tests? And that would explain why it took so long before we had them available? To my knowledge in Canada, I don't think we've seen cases where the monitoring of the waves of infection was relying on this method versus the PCR. The PCR had always been the gold standard to monitor the number of cases.

Dr. David Speicher
It is the gold standard. And you're right there. A PCR test is made faster; it's much more easy to make and to use. Our first tests were deployed around late March, most of which are lab-developed tests. I think, though, that if we are looking at infectious loads, a rapid test is actually better. Because if you are sick and you have a high enough load, you will get a positive test. But if you are before symptoms when it's low or you are post-symptoms, you're not going to get a positive test. And so, there is a very short step, a shortened

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window of about five days when they are actually useful. And that's it.

Commissioner Massie
My other question has to do with following of the different way that we always focus on cases based on PCR positivity. If we're not arguing at this point about the threshold that has been established and was not well-communicated—sometimes it was higher; sometimes it was lower, we didn't know. But my point is: If you want to look at historical data since the beginning of the pandemic up to now, why is it that we don't see more frequently what I would call the positivity rate, which is how many positive cases you get per number of people you've tested? Because if you want to compare whether you are in a very big wave or small wave, you could be misled by the number of tests you're doing.

So why is it that this was not implemented from the get-go?

Dr. David Speicher
It should have been. I talked early on with a colleague and I'm like, "Why are we calling all of these 'COVID-positive tests' and not a 'SARS-2 positive test?' One has symptoms and one doesn't." It was all because "COVID" would make things easier. And I'm sure it also inflated the count from a lab. All we receive is a tube with a name, date of collection, birth date, and that's it. There's no vaccine status; there's no symptoms. And all we give back is a positive or a negative result. And that's it. And so, it could be a positive with symptoms or without. On a lab end, we have no idea at all. That is all the physicians.

Commissioner Massie
Thank you very much. Thank you for your answer.

Commissioner Kaikkonen
I have more of a comment. I just want to applaud you in speaking or confronting the stereotypes that go along with stuttering. You did a great job and you're certainly a prime example of someone who pursued education and stands as an equal. Thank you for your testimony.

Dr. David Speicher
Just for the record, I thank you for that. I have now lost five jobs during the pandemic because of my stance on things. So you just have to keep fighting and keep to the scientific facts, that's it.

Wayne Lenhardt
Are there any other questions from the Commissioners? No.

Dr. Speicher, I want to thank you very much for your testimony today on behalf of the National Citizens Inquiry. Thank you for coming.

Dr. David Speicher
Thank you so much. Thank you.

[00:44:35]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 6: Jean-Philippe Chabot
Full Day 2 Timestamp: 06:44:50–07:28:08
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Good afternoon, Mr. Chabot. Can you please spell and state your name for the record?

Jean-Philippe Chabot
Yeah, it's J-E-A-N, dash, P-H-I-L-I-P-P-E. Chabot, C-H-A-B-O-T.

Kassy Baker
I apologize for my mispronunciation. Do you promise to tell the truth, the whole truth, and nothing but the truth regarding your testimony to us this afternoon?

Jean-Philippe Chabot
Yes.

Kassy Baker
Very good. Now I understand that you were employed by the CBC and that you were subsequently suspended because you refused to disclose your vaccination status. Is that correct?

Jean-Philippe Chabot
That's correct.

Kassy Baker
Before you tell us a little bit more about that experience, can you just start by telling us a little bit more about yourself? I understand that you're married, is that correct?

Jean-Philippe Chabot
Yeah, I'm married. I have four children: three girls, ages seven, five, three, and a seven-month-old boy. I'm a French Canadian. I was born in Montreal in 1982. I've worked as an analyst most of my career, including 10 years in mainstream media. Software quality analyst, mostly.

Kassy Baker
Very good. And were you trained for this line of work or how did you come to have this profession?

Jean-Philippe Chabot
Yeah, I had a little bit of training, did a little bit of computer science in CÉGEP [Collège d'enseignement general et professional]. But mostly I'm self-taught. I mostly learned on the job.

Kassy Baker
Very good. When did you first start working for the CBC?

Jean-Philippe Chabot
I joined the CBC in 2018, specifically, Radio-Canada's Médias numériques. And by the way, I'm going to be saying CBC a lot. But most of the time I mean CBC/Radio-Canada. So I joined the Médias numériques, which is where they do most digital projects for the French-speaking audience. So websites, mobile apps, all the infrastructure underneath the streaming services. Myself, I worked mostly on TOU.TV when I was there. So it's the equivalent of CBC Gem. It's the streaming service, the French streaming service.

Kassy Baker
I understand from your description that this was a largely digital role or something that you largely performed with computers. Is that correct?

Jean-Philippe Chabot
Yeah.

Kassy Baker
Where were you required to perform these duties?

Jean-Philippe Chabot
Well, when I joined, we were at the office in Montreal. But when the pandemic started, I was on parental leave. And when I came back from parental leave, everyone was already working 100 per cent from home. Everyone at Médias numériques.

Kassy Baker
When you returned to work after the pandemic had started, were you able to fulfill all of your duties from home or only most of them?

Jean-Philippe Chabot
Oh, yeah.

Kassy Baker
Sorry, all of them?

Jean-Philippe Chabot
Yeah, all of them we could fulfill from home. There was no use case that required me to go on the premises. And it was the same for almost everyone.

Kassy Baker
And so, most employees at that point in your division were working from home at that point. Is that correct?

Jean-Philippe Chabot
Yeah, to my knowledge all of them. All of us were working at home.

Kassy Baker
Prior to having left for a parental leave and the onset of COVID, what was your relationship like with the CBC, your employer?

Jean-Philippe Chabot
Well, I really enjoyed working there. I would describe it as an extremely positive experience. Professionally, it was an ideal place for someone in my field because there were many issues to tackle and a lot of freedom to use our creativity, our problem solving. It was just incredibly positive. For me, it was a source of motivation that it's a public entity. I felt like a civic responsibility working there. So that was important. Overall, I felt it was an important institution. And the work we did there, even though it's not life or death deciding services that we worked on, but it's every Canadians': we're all co-owners of the CBC and what they produce there. So that felt good working on that kind of thing.

And overall, like the culture there, the attitudes of my colleagues, they were a good fit.

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The three years and a half that I was there, I met a substantial amount of people that I really enjoyed working with and being around. It's basically where I wanted to be for the rest of my career. I just loved it there. I made plans to keep working there, and it didn't happen.

Kassy Baker
Alright, so you are no longer working for the CBC at this point in time, correct?

Jean-Philippe Chabot
That's correct.

Kassy Baker
Why is that?

Jean-Philippe Chabot
Well, they implemented mandatory vaccination, and I didn't disclose my vaccination status. I was put on indefinite leave without pay for a while. But overall, all the measures they took for that policy, it just led to me not being able to continue working there or to work there ever again, I feel.

Kassy Baker
When was the idea or the suggestion of a vaccination policy first raised or introduced by your employer?

Jean-Philippe Chabot
Well, we'd have to go back to spring or summer of 2021. During that time, mandatory vaccination, or just vaccination in general, was a heavily discussed topic. I think it's June or July, the CBC felt compelled to, at one point, state its position on mandatory vaccination on the internal employee website. They posted a statement that basically said that vaccination was a personal choice and that they couldn't impose it unless a law was requiring it. So that's the first time we started hearing about it internally. So, yeah, that's the first time.

Kassy Baker
Obviously, at some point, that policy changed. When did that policy change?

Jean-Philippe Chabot
Well, not long after that. I think it was the early fall or the end of August or September. I was hearing the federal government talking about mandating the vaccines for federal workers. So I was concerned. Even though the CBC stated that it was a personal choice and that they couldn't impose it, I wasn't really reassured by that. But at one point, the CBC announced that they would ask us to disclose our vaccination status. I think they announced it at the end of September, and on October 1st, we got the form that we needed to fill to disclose our status.

Kassy Baker
Did you complete the form?

Jean-Philippe Chabot
No, I didn't complete it because I didn't want to disclose. I didn't think, at that point, it was even in their right to ask for our vaccination status, which I consider to be personal medical information. So I didn't disclose. And on the form, there was not even an option, something like—I opt out; I prefer not to disclose. There wasn't that on there. But I screenshotted the form and photoshopped in an additional option that said I prefer not to disclose. That's what I sent in just because I didn't want them to accuse me of not replying. So I did reply in that way.

Kassy Baker
What response did you receive when you submitted this altered form?

Jean-Philippe Chabot
They acknowledged my response, and they basically just said thank you. But at that point, they had already given us a deadline up until October 31st to do it. But, yeah, they acknowledged it.

Kassy Baker
I understand you did some research in coming to the decision of whether or not you would complete the form. Can you tell us a little about that?

Jean-Philippe Chabot
Yes. So the reason I didn't want to disclose, like I mentioned earlier, I didn't think they were in their right. And that's because I'd found out on the CRHA website, which is the l'Ordre des conseillers en ressources humaines agréé, which is a professional association in Quebec— Well, I guess these HR directors, there's a few of them, but those that were communicating this stuff to us at the CBC,

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I guess they were part of this association because they have this title in their signature, CRHA.

So they put out a statement, not a statement but more like a dossier, like a webpage with information on vaccine status disclosure. And in there, it said very clearly that disclosure had to be voluntary and that no reprisals could be brought upon an employee who refused to disclose. They cited different laws: they cited the Charter; they cited the Code civile du Québec and other laws. So I felt pretty confident that I was right, that I didn't need to disclose. Like I said, I was working remotely, so it didn't even matter whether I was vaccinated or not for me at this point.

Kassy Baker
If I understand correctly, the form was due October 1st, is that correct? The disclosure form.

Jean-Philippe Chabot
Yeah, they sent it to us October 1st, but we had a month to reply to it.

Kassy Baker
When was the mandatory vaccination policy brought into effect?

Jean-Philippe Chabot
Well, the federal government brought its directive for mandatory vaccination of the federal— Well, not all federal workers, but it was central administration workers and the

RCMP. That came down on October 6th. I don't know when it was announced, but they had been talking about it for a couple of months earlier. And not long after, October 21st, the CBC announced its own mandatory vaccination policy. Most people had disclosed their status at this point. But this new policy was announced, and we had until December 1st to show proof of having had two doses. This applied to every employee, pretty much like it was announced by the federal government. There were also people working remotely in the central administration, but probably the RCMP, as well. It affected even people who worked 100 per cent from home. So the CBC pretty much copied the federal government in that sense.

Kassy Baker
You've said that the policy required all employees to show that they had received two doses by December 1st or that they would be put on indefinite leave without pay. Was there any option to test instead of receiving the vaccination?

Jean-Philippe Chabot
Nope.

Kassy Baker
I think you've already answered this, but just to be very clear—was there any exemption offered to those employees who were working 100 per cent remotely?

Jean-Philippe Chabot
Yes, there were exemptions offered to everyone, even people working on premises. So you could request a medical exemption or a religious exemption. But what bothered me is that when they announced that, right from the start they said that— Well, medical exemptions, probably they would honour that. But it's rare that people have a medical condition that prevents them from getting those vaccines.

But the religious exemptions, a lot of people applied for them. But right from the start, the CBC told us that very few would be granted. So I don't know. That just didn't resonate well with me. I didn't apply for one myself. That's not the path I chose to defend my case. I spoke to many people who applied for one, and every single one was rejected. Even those who seemed bulletproof, basically, who were signed by their bishop, and they were all turned down. So that was kind of disappointing.

But the way they announced it, I kind of expected that. It was supposed to be based on your sincere belief. So if you hold a sincere belief, you'll be able to get an exemption. But I think there was something else going on with the process. It seemed like it was based on something other than the person's sincere belief—the decision to grant the exemption or not. Some people even received

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their letter informing them that they were being put on leave without pay. Around November, just before the deadline of December 1st hit, some people even received confirmation that—"Yes, you're being put on leave without pay for not complying to the policy," while they were still waiting for a decision on their religious exemption. So something's not right there.

Kassy Baker
What did you do in those few weeks between when the policy was announced and when it was actually going to be implemented?

Jean-Philippe Chabot
I wanted to resolve this, so I wrote to HR. They had set up this generic email for all of these issues that had to do with the policy. So I wrote to that email and I asked them if it was legal, what they were doing, if it was constitutional. The answer I got back was that it was mandated by the government. So one of those HR directors told me that it had been mandated and that the mandate applied to the Crown. Well, it was mandated through a directive that applied to federal workers, including Crown corporations.

I also brought all these arguments that the CRHA, the l'Ordre des conseillers en ressources humaines agréé, put out; I also sent that to my union. So I was in discussion with both the CBC and my union at that time.

That's also what my union told me: that it had been mandated by the federal government. After that, I asked them— Because I had read the directive. So when they mentioned that, I had already read it. And I knew, at least from what it seemed—and I had other people read it as well, just to make sure—it didn't apply to Crown corporations. It didn't apply to us. It was limited to the central administration and RCMP, and there was no mention of Crown corporations in there.

Kassy Baker
Did you specifically point that out to your employer and to the union that it appeared from your reading that it did not apply to Crown corporations?

Jean-Philippe Chabot
I did.

Kassy Baker
What was their reply?

Jean-Philippe Chabot
Well, I pointed it out to the union. I sent them the text. I basically walked them through it. And my union ignored it. What I asked the CBC—when they mentioned that directive—I **just asked them very simply, "Which directive is that? Can you tell me where it says who it applies to, just to verify that it applies to Crown corporations?" And they basically shut the door to any further discussion when I mentioned that.**

Kassy Baker
I understand that the CBC also has an appointed ethics commissioner. Did you attempt to raise this issue with the Commissioner?

Jean-Philippe Chabot
Not myself. But because we were able to form a little group of people who were in the same situation, we reached out to each other via different means. I know that one person in the group wrote the ethics commissioner at the CBC and basically showed her that the mandatory vaccination policy violated many, many points in the CBC's own Code of Conduct. I don't remember a reply exactly, but it was something like— Well, she just basically stated that it was out of her purview. She didn't seem to want to get involved with us at all.

Kassy Baker
Okay, and what did you do when the deadline came along finally?

Jean-Philippe Chabot
I'm just checking to see if we missed anything.

Kassy Baker
You mentioned to me at one point that you believed, you referred to the CBC Code of Conduct. I believe that you've mentioned certain criteria that you believed they would be required to meet in order to implement a mandatory vaccination policy. Is that right?

Jean-Philippe Chabot
Yeah, exactly. That's a very important point. One thing I want to mention before that. You know those statements that l'Ordre des conseillers en ressources humaines agréé put out on their website. I found out later that Radio-Canada, in French, put out an article where Manon Poirot,

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which was the head—I don't know if she's still the head of that order—but she basically stated in the article exactly those points: that a vaccine disclosure had to be voluntary and that no reprisals could come to employees who refused to do it.

So regarding these other points that I brought to the attention of my union— Because the CBC had refused to discuss this with me and since my collective agreement and my contract didn't allow me to represent myself, I had to go through my union. So at this point, I was basically trying to convince my union. And one way I attempted to do this is using Charter law. Because I read that— Well, to me, mandatory vaccination was pretty clear that it was by itself a violation of your Charter rights. There were limited circumstances under which Charter rights could be suspended, I guess. But from what I'd read, the law really seemed to be on my side. Because I'd read, for example, that it had to be demonstrably justified. It had to be the least infringing measure available. And it had to be proportional. This principle of proportionality, it has to do with the means of attaining an end being no more than what's necessary.

When I read those things and I considered the CBC's policy and my context—I'm being remote, working from home all this time. I didn't think the policy met those criteria. So I felt pretty confident that if I demonstrated that and showed all that to my union they would have to, even though I knew that they were reluctant. It was obvious that they didn't want to represent me. I thought that if I did the work—that's supposed to be their work—if I did

that, like in a well put out manner, that it would have to represent me. But yeah, that's not what happened.

Kassy Baker
Did your union ever end up filing a grievance on your behalf?

Jean-Philippe Chabot
No, they refused to do it. And I did multiple demands for a grievance. Because initially, I argued on that front using Charter case law—that it was just that the CBC could meet that threshold of implementing mandatory vaccination. They rejected that demand for a grievance based on that. I also asked them to grieve the fact that the CBC was using "leave without pay" as a disciplinary measure, which is not something that's in the collective agreement. It's not something that's in my contract, either. But my union basically just said that the CBC was fully in their right in doing those things. They cited a clause, I don't remember exactly, but there's a clause in the collective agreement that says something like, "for every point that's not stated explicitly in the collective agreement, well the employer can do pretty much carte blanche whatever it wants."

Kassy Baker
When the mandatory policy took effect on December 1st, what happened to you on that date?

Jean-Philippe Chabot
Well, you know, I'd been working from home all this time. So that morning, just like usual—I knew this was coming, and, at that point, I was pretty sure that they would enforce it—but I went on the computer, tried to log in to do my work and meet my team, and all my access were revoked. So even basic things like email, access to the employee portal. Like email and employee portal, I don't think someone— Because usually leave without pay, the employee has to ask for it; it's something that the employee requests. When they do it under normal circumstances, I don't think their email access is cut off. I don't think their access to employee services, like the portal we have, is cut off, either. So seeing all that was kind of a shock. To me, it just meant that they really didn't want us even communicating amongst ourselves,

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or communicating easily, at least, with each other using our work email. So, yeah, that was a shock on December 1st.

Kassy Baker
What impact did the suspension have on you and your family financially?

Jean-Philippe Chabot
Well, I lost my income. And we didn't have access to EI [employment insurance]. I say "we" because that's basically the experience of everyone I've spoken to that was in my situation. We didn't have access to EI because it was considered misconduct to not comply to these

policies. So having to find work—this was December—so having to find work or other sources of income during the holiday season, that's not ideal.

Kassy Baker
Were you the sole earner of the family?

Jean-Philippe Chabot
Yeah, I was. Yeah, my salary was my family's only income. So that was stressful not only for me but for my wife as well. And when two parents are stressed out or anxious about something like that, about the financial strain like that, it had an impact on my children, as well. And they're young, so they're sensitive to this kind of stuff. They can't understand yet what was going on.

Kassy Baker
Now, something you've mentioned to me earlier that I would just like to talk about a little bit. So you were not dismissed or terminated, but, instead, you were suspended without pay. I understand that you were also required to maintain your insurance and benefits. Is that correct?

Jean-Philippe Chabot
Yeah, that's correct. That's part of the policy. The CBC told us that— Well, they didn't leave us a choice, really. They said, "You will be keeping your insurance and benefits, and the cost will effectively double because we won't be covering half of it," like they normally do. So that was an extra financial burden that they were putting on us. I guess what bothered me about that is that the union didn't bat an eye at that. They seem to endorse that kind of stuff as well.

Kassy Baker
Were you aware of other employees who were similarly suspended as you were on December 1st?

Jean-Philippe Chabot
Yeah, like I mentioned, we were able to organize a small group so that was incredibly beneficial because none of us had to go through this alone. I can't imagine having gone through this. I wouldn't be here. If I had gone through this alone, I'm pretty sure I wouldn't be here testifying because it would have made things much, much worse.

I heard their stories, as well. Because I was one of the lucky ones. I found work pretty quickly. I mean, the kind of work I do, there's a ton of demand for it right now. So even during the holidays, I was able to use my remaining vacation time, use just a little bit of my savings to keep everything going, basically feed my family. And then I could work again pretty quickly. Even though I had no EI, it went pretty smoothly. So I'm one of the lucky ones.

But some of the stories I've heard. People were put in very vulnerable positions by these measures. I'll give you an example or two. I know this woman who's 58 and she was employed at the CBC. She has a specialized skill set in broadcasting, TV broadcasting, so

there wasn't any work for her in her field when she was put on leave without pay. She's a single mom. She has a house; she has a daughter in university. So just to keep things together, keep her house, keep her daughter in school, she had to look for a job. Basically, she found a minimum wage job, and she had to burn through all her retirement savings, her RRSPs, just to keep things going. And she's not seeing that money again. So that's one example.

Other examples, well, just in general, there were other measures affecting the unvaccinated at this time. So people couldn't travel.

[00:30:00]

I had a colleague who had family overseas who wanted them to come over because a family member was dying. They were sick. They were dying. They wanted to see their family one last time. This person, on top of being put on leave without pay, they couldn't travel. So that's compounded pressure on these people. That's just horrific.

Kassy Baker
Now, we're nearly out of time. I don't want to rush you, but there's just a couple of more quick points that I would like to talk about. The vaccine policy was actually suspended at some point. I believe you told me it was June of 2022, is that correct?

Jean-Philippe Chabot
Yes.

Kassy Baker
Were you asked to return to work at that point?

Jean-Philippe Chabot
Yeah, I was asked to come back to work after being on leave for seven-plus months, receiving no communication from the CBC. I considered personally myself constructively dismissed at that point. So I told them, "No, I won't come back to work."

And one of the other reasons is that because— They had basically mirrored what the federal government was doing, and the federal directive that applied to federal workers also ended just before the CBC ended theirs. And it was clear in one of the documents that the Treasury Board put out—that they called the manager's toolkit that talked about people coming back from leave without pay—that they were only suspending the policy. They weren't revoking it. So I couldn't see myself going back there and having this Damocles' sword above my head that this could happen all over again. It was just too much pressure.

People in my group, some of them wanted to go back. Some of them considered it, but they engaged with the CBC. They asked questions: "Well, if I come back, what will happen? If you decide to bring the mandate?" All that stuff. Well, first of all, the delay that they gave us to come back was very short. So in those short few days or weeks, the people asking questions weren't really getting the answers that they were expecting. The CBC was putting pressure on them, and some of them were resigned. Without even resigning themselves, the CBC just

stopped talking to them, stopped answering to them, and they learned through employee services that they had been effectively resigned.

Kassy Baker
My final question, subject to any questions that the commissioners of course may have, is why did you want to testify today?

Jean-Philippe Chabot
Yeah, so the main reason I wanted to testify was because I want people to be able to have an informed opinion on the CBC and what it stands for. It's an important institution, like I said, and I think you can learn a lot about an organization by the way it treats its employees.

We haven't really talked about this, but the stated goal of the CBC, by implementing mandatory vaccination, was to ensure the safety and the security of its employees in the workplace. So I don't understand why that would apply to people working remotely. I mean, it's not even logical. So it looks like they put aside even the most basic logic in favour of this all-vaccine ideology. Everyone had to be vaccinated. I was supposed to continue working from home. During those seven-plus months, almost everyone in my department was working from home. Here and there, people who wanted to could go to the office. But they were allowed to work from home during all this time. Even today, remote work continues. This had been communicated to us that the remote work would continue, by the way, even before the policy began. So everything pointed to remote work, and this is what the union should even have pushed for. There's no better measure to ensure the safety and security of people in the workplace than remote work.

So I don't know why they coerced me. But when you have a stated goal that there's no logic with the measures you're taking—this has to do with also being demonstrably justified and the least infringing and all that stuff. If they followed the law, they would just have kept the status quo and allowed me to continue working from home. But they didn't. So that really bothers me.

[00:35:00]

And to me, it feels like that's not the real goal. The official one that they stated is not the real goal. It bothers me that the CBC seemingly tried to use one ostensible purpose "safety in the workplace" to make this policy appear acceptable, while they don't disclose the real reasons behind it.

So I want people to think about that and to reflect on the fact that, yes, you can learn about an institution or any organization as a whole by the way it treats its employees. There was no justification to treat us this way, to prevent us from keeping working from home. And I wonder, I want people to ask themselves—if the CBC can't be trusted to be ethical in the way it treats its employees, people should ask themselves if it can be trusted to be ethical in its other activities, including news reporting and all that stuff.

So that's the main reason I wanted to come and tell this story.

The other reason is because I don't know how many people the CBC coerced into getting these vaccines. I know some people didn't want them and some people had to betray their own conscience to comply to the CBC's policy. So those people, I want to acknowledge that

they exist. I know that some of them have been harmed physically by the vaccines. I wish I could have reached out to them just for mutual support and to tell them that they were not alone. So those are the reasons.

Kassy Baker
Thank you. Okay, there's one question. Please go ahead.

Commissioner Massie
Thank you, Mr. Chabot, for your testimony. Do you consider yourself as an informed citizen?

Jean-Philippe Chabot
Yes, yes, I do. I'm an analyst by trade, so I'm used to dealing with information in general, and I'm someone who grew up with the internet at their fingertips. So, yeah, I do consider myself pretty informed.

Commissioner Massie
What kind of research would you have done to raise doubt about the vaccination to the point that you were willing to put everything on the line not to get vaccinated?

Jean-Philippe Chabot
Very simply, I just thought that the risk–benefit ratio was not in favour of the vaccines at all, at all. The risks were scary, and the benefits, I didn't see any evidence of that. The CBC, when they tell you, "Well, we have this objective of ensuring safety and security in the workplace," I would assume that they would show evidence that it has an effect on safety and security in the workplace. I haven't seen that evidence myself. And the CBC certainly hasn't produced any to show to its employees. So from the research I did, the benefits didn't seem to be there, and the risks seemed huge. I have four young children—so I can't afford to be injured or killed by these injections and leave them without a father. So for me, it was out of the question, mostly because I'm a father and I didn't want to put that risk.

Commissioner Massie
Did you have the opportunity to discuss your analysis or your questioning with some of your colleagues within your environment?

Jean-Philippe Chabot
Yes, I did. I discussed it. It's something I talked about openly with my colleagues. But my environment was—we were not news people. We were analysts, programmers, project leaders, and our world, it's digital. And most people there already had gone and gotten two doses of their own volition. People were scared at that time. They weren't really open to—Even though I thought my arguments were good, now is a much better time to use reason. People are much more open to those kinds of arguments. So I wasn't able to have a huge impact, even though I tried.

But yeah, it's sad because even though I discussed it, and I discussed not only the reasons for not getting vaccinated—the risk–benefits and all that stuff—I also discussed the ethical implications.

[00:40:00]

People at the CBC, not just people close to me but people in general at the CBC—what I heard from my other colleagues who went through this—there was very much a lack of empathy and indifference over there. Friends that I'd been friends with for 10, 15 years, I mean, people who actually got me to join the CBC, and I was very close with, who just willfully looked the other way while this was going on. I lost those friendships. That's the same experience my other colleagues have gone through. So yeah, at that time, most people over there were really in the narrative. I've wondered a lot about why that is: why did people stick to that narrative and have this very narrow way of navigating through it?

Commissioner Massie
What is your current condition with respect to your family or people around you? How do you feel about the decision and even though it was somewhat hurtful, how do you feel about the whole situation right now?

Jean-Philippe Chabot
Yeah, it went good for me. I found work. I found a consulting firm that hired me, and they gave me a contract for a big bank. And while the CBC had mandatory vaccination in place, at that bank, even though it was mostly remote work, I could go meet my team. And I did. There was testing that was offered to people who weren't vaccinated, and we could meet in the office. You wore your mask when in the corridors and when you're in the meeting room with your team, you can take off the mask. And really quickly even that requirement of testing went away. I don't know if it's because public health guidance changed, but the experience I had in that bank was so refreshing because it was a good example, basically, of proportionality. They didn't go beyond what was absolutely necessary and what made sense.

So really quickly, even though I was unvaccinated—I couldn't go in the CBC—I could go meet my team there at the bank and work remotely. People had such a different culture. It didn't really matter to anyone. They hadn't been subjected to this very strong pro-vaccine bias that was present at the CBC. So it was an incredible experience to get out of the CBC and feel like in a normal work environment again where it's just not a concern. So that was good. I don't work for that bank anymore because I went on parental leave again. But I'm still with the consulting firm and am very happy now.

Commissioner Massie
Thank you very much.

Jean-Philippe Chabot
Thank you.

Kassy Baker
Very good. On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today.

Jean-Philippe Chabot
Thank you.

[00:43:30]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 7: Dr. Edward Leyton
Full Day 2 Timestamp: 07:29:38–08:27:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is Dr. Edward Leyton, and Dr. Leyton, I thank you for your patience. You were scheduled this morning, and we kept bumping you back.

Dr. Edward Leyton
I think I can get into my doctor sooner than that. I've had to wait.

Shawn Buckley
I'm sorry?

Dr. Edward Leyton
That's a joke.

Shawn Buckley
Yeah, can I ask you to start by stating your full name for the record, spelling your first and last name?

Dr. Edward Leyton
Edward Leyton, E-D-W-A-R-D L-E-Y-T-O-N.

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

Dr. Edward Leyton
I do.

Shawn Buckley
Now I want to introduce you a little bit, and then I'm going to let you tell the evidence that you've come to share with us today.

You had practised for a full 40 years as a complementary and alternative medicine physician. You graduated from medical school in 1975. You practised medicine. You focused on chronic illness and psychotherapy; you're practised in those areas also. You actually retired just before COVID hit, back in 2018. And then when this global pandemic starts, you thought, okay, I better renew my licence and go and help because we're facing a crisis. Since you renewed your licence, I want you to start from there and share with us then what was your experience like going back and where did that lead you?

Dr. Edward Leyton
Okay, thank you. Thank you for the opportunity, Commissioners, and thank you for doing this. Good afternoon to the audience.

So yes, I decided to go back in 2020. It was mainly to help out with COVID stress-related illness, and I did that for about the first eight months. I was treating people with psychotherapy, which was my focus. And that went on for that length of time.

I do want to make a little disclaimer before I start. That this is my personal experience that I'm talking about today, and it doesn't in any way represent an official corporate response of the Canadian COVID TeleHealth (CCTH) group of which I was a part. I was a director for a number of months. So I just want to make sure that that's the case. I guess I'm ready with slides.

Shawn Buckley
Yes, please start your slideshow. They'll show up on your computer screen and that will tell you they're on the screen behind you also.

Dr. Edward Leyton
Yeah, the screen is up. Okay, great, thank you.

So I'm going to talk about why I treated COVID-19 and long COVID and what was the response to treatment. And also, how did the media and the CPSO—which is the College of Physicians and Surgeons of Ontario, which is the regulating body of physicians that acts under the RHPA, which is the Regulated Health Practitioners Act [sic] [*Regulated Health Professions Act*].

So I'm going to be talking about all of those things.

You've got most of my resume already outlined. I want to take you back for a moment to before the College even started. The reason I'm doing this is some people might think that the College and the way they've behaved towards practitioners who are trying to treat COVID is something that started with COVID.

But in fact, physicians have been operating under the shroud of a College which is extremely detrimental towards physicians who are practising alternative kinds of medicine. And this has been going on for a long time.

So this quote here from 1859 will show you that. It's from the York County medical practitioners meeting minutes. And it says, "that the members of the Medical Profession, considering themselves the best, [as] . . . the only true judges of the requisite qualifications of the Art of Medicine claim the power of regulating the amount of those to be possessed by candidates for practice and of granting licences accordingly."

So that paragraph, I think, demonstrates the arrogance, I guess, of the medical profession,

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thinking that they're the best and that nobody else can come close to them. That was prevalent even in the 1850s when, in fact, medical treatments were pretty primitive. Blistering and arsenicals, and all kinds of things were being used. The germ theory hadn't even been introduced into medicine at that point.

It was clear also that when the College was eventually formed that even legally qualified physicians who wanted to practise what was called heterodox medicine or alternative kinds of practices—that would be chiropractic manual therapies, naturopathy, homeopathy, that kind of thing—they were actually denounced by their colleagues and regulating bodies as violating the terms of their licence.

So this is the shroud of secrecy under which we practise. All doctors practise under this, and many people don't realize that. The College has been investigated on a couple of occasions, two or three occasions actually. I'm going to quote now from an investigation that was initiated by patients and physicians back in around 1998, finished in 2001, and became known as the Glasnost Report—referring to transparency is needed in medicine.

This investigation was headed by a lawyer, now Justice Michael Code, who was a former attorney general, and he investigated the practice of six physicians who had been treating for chronic pain and other difficult situations.

He came to the following conclusion: "These are College-driven fishing expeditions, which are initiated under Section 75"—that's the *Regulated Health [Professions] Act*, section 75—"they can be misused in such a way that they do not serve the public or the evolution of medicine.

"They can ruin the life of the doctor involved and have done so in several cases. It is highly unusual that even people under criminal investigation in prison attempt suicide, yet we know of four doctors who committed suicide while under CPSO investigation. None had patient complaints against them." These are all College-driven issues.

Mr. Code refers to a particular case, saying that this case allowed Mr. Code to assert that it provides "*prima facie* evidence that CPSO officials may have committed the criminal offence of obstructing justice by repeatedly misleading the Executive Committee as to the true state of the evidence in this case."

This is our College—the College that is supposed to regulate practitioners involved possibly in criminal offences, a very serious charge. It's almost impossible to launch a complaint against the College of Physicians and Surgeons. I tried to do that in 1998 around the time of this investigation and was told that I couldn't really launch a complaint against them unless I launched it with the actual prosecution.

So there's no recourse; there's no way of launching a complaint against the College at all. So given that, it wouldn't perhaps surprise us to see the edict that came out in May 2021. I'll just read it because it's probably not terribly clear:

> **The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding those physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements**

[00:10:00]

> and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.
>
> Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be reported by available evidence and science.

It's an interesting wording because they use "a position of trust": we have a position of trust with the public and a responsibility not to communicate these things. Do we have trust in the CPSO who are supposed to protect the public and guide physicians? No, we don't. There've been at least two demonstrations by physicians and patients outside of the College in this pandemic, maybe three, and those demonstrations have been met with silence by the College.

In fact, the College has vacated the premises for a number of months during the pandemic because they were afraid that their safety was in danger. So that's the position that we were working under during the pandemic.

This is the position of the CPSO on vaccine anxiety. It's an interesting concept that having anxiety about a new drug—or in this case, quotes "a vaccine"—can be considered an illness, but in this case, it is. Here's one of those statements from their website: "It is [also] important that physicians work with their patients to manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of **prescription medications and/or referral to psychotherapy are available options."**

So if I offer you a high blood pressure medication in my office, and I say, "I want you to take this," I would obviously go through whatever is important about the side effects, the positive effects, the negative effects of this medication. And if the patient said, "Well, I'm anxious about that," according to this—and a vaccine is kind of like that—I would have to say, "Well, take five milligrams of Valium and come and see me tomorrow, and you'll feel better about the whole thing." That's what they're suggesting.

In November 2022, they added for some reason, I'm not sure why, the "extreme fear of needles, (trypanophobia)," it's called, or other areas of concern—I don't know what that means—and that we should be treating that with medication or with psychotherapy. Well,

first of all, you can't get a psychotherapist for love, nor money. And second of all, the prescription medications that would be used for that—I'm not sure how I would treat trypanophobia other than by giving a sedative of some kind so that you are half asleep when you have your vaccination. It's really an outrageous suggestion.

And then there is the circumstances of the pandemic which "support physicians declining to write notes or complete forms when the patient is making a request." Usually that's a natural thing that we would do if a patient came with a request to have medical forms completed. They're saying, in this case, you don't have to do that. So you don't have to write prescriptions for exemptions and so on. You have to "sensitively explain to your patient that you can't provide them" with that.

Shawn Buckley
Dr. Layton, can I just ask— Because you practise psychotherapy, I imagine that some patients will legitimately, not just for a vaccine like this, but legitimately have anxiety that reaches a medical condition, a mental health condition,

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and that it would be reasonable in some situations to exempt people. Is that a fair comment?

Dr. Edward Leyton
To accept people?

Shawn Buckley
No, to exempt somebody. If they legitimately are anxious about it, that could be a valid ground for an exemption, actually having undue anxiety about a treatment.

Dr. Edward Leyton
Yes.

Shawn Buckley
Yeah, but physicians are basically being told no, not for this one.

Dr. Edward Leyton
Right.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
So we weren't allowed to write exemptions unless there was anaphylactic shock. I wrote a couple of exemptions during the first year or two, and it was because of very significant

side effects that I figured might happen as a result of genetic thromboembolic disorders and so on. But I wasn't supposed to do that.

So the other thing about the RHPA in section 75 that's important to know is that section 75 allows the College to investigate our practice completely and to remove files, that is to remove patient files. This has been challenged in the last six months by a couple of challenges.

If you refer to the second paragraph, second bullet point: "about 100 patients of Dr. Sonja Kustka, under investigation for writing two mask exemptions"—that's apparently enough for an investigation—"during COVID, unsuccessfully filed their motion to stop CPSO investigators from gaining access to their private medical records."

I want you to go down to the fourth paragraph, and this reflects the attitude of the College, which I brought up at the beginning, which says—this was the lead counsel for the College. She stated: "Patients should not have any say about their own medical records or how the CPSO wishes to use them when a physician is under investigation for potentially putting a patient at risk of harm."

So to come back to my story. After 2020, when I was practising mainly psychotherapy, I joined a Facebook group in February of 2021. That was just when the vaccines were starting to come in. And the Facebook group was a professional group with, I think, nurse practitioners and physicians. I noticed two things happening. I noticed that physicians and nurses who were actually starting to give vaccines were starting to see side effects, even at that early stage. They would come back with reports of aches and pains, orthopedic issues, arthritic issues, swelling of joints, brain fog, musculoskeletal symptoms, and so on.

Also at that time, ivermectin was being touted as a useful tool in the treatment of COVID, because there was no treatment given. Doctors were told to send their patients home with Tylenol, and they should go to the hospital if they couldn't breathe anymore. That was the only treatment that was on.

So I started to bring up questions on this Facebook page about ivermectin and also about the fact that vaccines seem to be detrimental in some cases. I was immediately pounced upon by a number of people in that group saying, "You cannot talk about this because this is a public health recommendation, and they are our colleagues, and we shouldn't be criticizing them." So naturally, I went on to criticize them and, eventually, I was ousted from the group; I was removed.

So then I joined the Canadian COVID TeleHealth organization. I came to know about it because I started to look into what was going on. I found a group that was definitely on my side and was open to different opinions about things.

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I also started looking into ivermectin. And several people in the CCCA [Canadian COVID Care Alliance] talked to me about the possibility of prescribing ivermectin, and so I looked at that. And I thought, there's a lot of evidence to show that ivermectin is very useful. One of the people in the group said, "Well, why don't you prescribe it?" So I said, "Well, I'm a psychotherapist. That's my focus."

But I was a family physician at one time, and so I thought about it a lot and I researched it. And so in the summer of 2021, I decided to start prescribing ivermectin. I was fortunate at

that time to be able to be in touch with Dr. Ira Bernstein, who some of you may know was a prominent physician who had been treating COVID quite successfully for some period of time with ivermectin and other treatments. And in fact, he attended the first international conference in Rome and was very up to date on COVID treatment.

So I began to use ivermectin in my private practice and found excellent results. I used it for prevention for simple COVID, which is COVID which we treat in the first few days or one week, and then for more complex COVID, which lasts longer than a week. Eventually, we decided that it would be good to form a clinic.

So a number of us got together and we formed Canadian COVID TeleHealth. This was a telehealth group: We had at that time about half a dozen physicians and an equal number of nurse practitioners and nurses. We operated throughout Canada and we saw patients in every province except Manitoba, which didn't allow us to do telemedicine without a licence. But we could in other provinces.

That went on, well, it still goes on; I'm still prescribing ivermectin. But it went on at a fairly good clip because that was right in the middle, if you'll recall, of the Delta variant, which was probably the worst variant that we've seen. People were getting really quite sick with that. And one of the things that was very noticeable about our patient population is that people were terrified of COVID. They had been completely propagandized, if you like, to believe that COVID was a terrible disease and a lot of people wanted prevention.

Most of our patients called up wanting ivermectin prevention, and we had at that time about half a dozen pharmacies in Ontario and a few out west that were dispensing ivermectin freely. They were compounding pharmacies. They weren't using the Merck product. Merck didn't want us to use their product, so they pretty much stopped making it. But the raw materials were available to pharmacies and pharmacies were dispensing it freely. So we were very busy at that time. And we saw a lot of patients. I myself personally prescribed, I think, around 800, 900 prescriptions for ivermectin over that period of time and on into 2022.

But there was a problem. We had a hit piece in the Global News and also in the *Toronto Star*. The reporter from the *Toronto Star* had impersonated a patient and called our clinic asking for ivermectin. And of course, our physician responded appropriately. And she then proceeded to write about us in the *Toronto Star* and denigrate us as a clinic, saying it was all misinformation and we shouldn't be doing that.

As a result of that,

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or maybe it was happening anyway, the College decided to raid the office of Dr. Ira Bernstein and that contained the electronic medical records of our clinic. The CPSO went in without asking, without Dr. Bernstein being there, being present. They took all the information, information that they had no business taking. And they used that information to target all of our physicians. They did that over a period of time so that we lost all of our physicians, except myself, over a period of about six months. We also lost nurse practitioners and nurses.

I have to tell you, we had an amazing team of people. We did full assessments on everybody; we did full histories. We couldn't do physicals, of course. But we made every attempt to follow up, and nurses spent hours on the phone, often with patients who were

anxious, and either sick and anxious or anxious about getting sick. We treated them all. It wasn't just ivermectin. I'll come in a moment to how we treated them. But we treated them all.

Then in 2022, of course, Omicron came along, and we actually had a decrease in the number of patients because Omicron was much less—although it was more infectious, it was much less serious. And so people started to accept that they had COVID and they would get over it on their own.

I don't know if there are any questions up until this point and how much time I have. But I'd like to go into some of the treatments that we did and how those worked and didn't work.

Shawn Buckley
I just wanted to ask, how did you guys lose the doctors and nurses after the CPSO? So the CPSO raided, and you said you've lost all of the doctors except yourself. What was the cause of losing the doctors? How did that happen?

Dr. Edward Leyton
Some of the doctors had privileges at hospitals and worked at hospitals. Often the hospitals made complaints to the CPSO that the doctors were either unvaccinated and shouldn't be working or they were prescribing ivermectin. The College took it from there: they either de-licensed them completely or they restricted their licence.

Dr. Bernstein, for example, had his licence restricted. He wasn't able to treat COVID anymore. He wasn't able to use ivermectin, and he had to put a notice up in his office saying, "I do not treat COVID."

Shawn Buckley
So these are medical doctors.

Dr. Edward Leyton
Yes.

Shawn Buckley
That are fully licenced.

Dr. Edward Leyton
Yes.

Shawn Buckley
There are not complaints against them by patients.

Dr. Edward Leyton
No.

Shawn Buckley
And basically, their right to practise is either fully or largely restricted.

Dr. Edward Leyton
Correct.

Shawn Buckley
Just because they are treating COVID patients in this clinic.

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
The other thing, for example, I don't know if Dr. Patrick Phillips testified. I think he did. For example, he and Dr. Hoffe out west both reported side effects from vaccines because they were both emergency physicians, reported that to public health. As a result of that, they lost their jobs and couldn't work. So it was either the hospitals complaining or it was the CPSO saying that they couldn't prescribe ivermectin.

Shawn Buckley
Now, just so that it's clear—especially for people that are participating online to watch your evidence—my understanding, though, is that it's federal law that a physician is to report a suspected vaccine injury.

Dr. Edward Leyton
That is correct.

Shawn Buckley
You just cited the names of two physicians that were disciplined for following the law?

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
Who should really be disciplined is the CPSO for not following the law.

[00:30:00]

So we treated COVID using the Frontline COVID Critical Care Alliance protocols. Now, the Frontline Critical COVID Care. You've heard from Peter McCullough. You're probably aware of Dr. Pierre Kory and Dr. Paul Marik: these physicians were ICU physicians, intensivists, boots on the ground people, who saw that something was wrong and wanted a primary treatment for COVID, found out about ivermectin and did very thorough research into that. We're extremely grateful to them for putting together protocols that we could use. These protocols came from physicians all over the world who were communicating with Dr. Kory and Dr. Marik. They were very thorough, and they worked well.

So you can see that we divided treatments into prevention, early treatment, and complex COVID. I'm not going to go over those treatments. And I don't expect you to read the protocols, but we used to send the protocol to the patient after each consultation so they knew exactly what to do and how to manage it.

We treated viral entry points because there was some research that showed that this was very important. Because the virus starts in the nasal passages and that's where you need to treat it first of all. So we used simple things like povidone-iodine sprays and cetylpyridinium chloride, which is in things like Scope and Act.

We also had a cocktail of immune modulators. I don't like to use the word booster because you don't always need to boost your immune system. But what you do is you give the body the orthomolecular ability to correct whatever is wrong with the immune system by using these kinds of things, and they would include, of course, vitamin D, zinc, quercetin, sometimes melatonin. We also sent patients home—sent patients home, I think I'm seeing them in my office. We also gave patients over the internet things like this: this was a home treatment put out by the World Council for Health, which was a really good home treatment that people could follow.

So we made sure that not only they got the treatments; they knew how to take care of themselves and that we followed up with them. Some of the nurses were on the phone with them two, three times a week reassuring them that they were doing okay. And of course, in the more advanced cases, we had to measure oxygen uptake, and sometimes, we even had to give IV fluids. And this was all through home care that we had to arrange for them because we weren't physically present in the same city as them.

As I mentioned, the patient volume dropped with Omicron, and that was a good thing in some ways. And now, we don't even actually give ivermectin for prevention anymore because the virus is pretty mild.

So in October of 2022, I got the dreaded section 75 from the College of Physicians and Surgeons. They started an investigation into my practice. There was no patient complaint: I've practised for 40 years without a complaint. There was no patient complaint in this case. They sent me 400 pages of documents to read, most of which were propaganda from Health Canada about ivermectin. They didn't really send me anything substantial in terms of research. The complaint was that I was prescribing hydroxychloroquine and ivermectin. That was it. They were correct; that's what I was doing. But it's not illegal to do that. It's what's called off-label prescribing. Happens all the time.

Example: Metoprolol is a blood pressure medication.

[00:35:00]

It's often used for stage fright. Doctors do that all the time; they prescribe off-label because there are indications that it might help other conditions. That is exactly what ivermectin is: ivermectin is a safe, widely used drug that's been used for many, many years, particularly in the tropics for river blindness and, sometimes, here in the west for scabies. Very safe and very available.

When Omicron came along, we also started to see a number of patients who were vaccine-injured. The Front Line Covid Care Alliance, once again, started to put out protocols. Now you have to remember that vaccine injury is something we knew nothing about. Until a vaccine came along, it didn't exist. So here we are, faced with an illness that nobody knows anything about.

It has extraordinary breadth of spread in terms of what it does to the body, and we didn't know really how to treat it. So again, we relied on the Front Line COVID Care people to gather information again from the rest of the world about vaccine injury. And they put together some protocols.

It turns out that ivermectin also binds spike protein. The spike protein is the protein that the body makes as a result of the vaccine.

Of course, we were told that the spike protein was short-lived: it didn't live in the body; it just stimulated the immune system, stayed in the shoulder, as did the mRNA. Neither of those things were true. The spike protein goes into every tissue in the body, including the brain. It's been found there in pathology and histology slides. You can stain for it. We know it does that.

That's why we see so many symptoms throughout the whole body. We get brain fog; we get things like POTS, which is orthostatic hypertension. It affects the autonomic nervous system. The spike protein can affect the neurological system. It's all over the place. So these are some of the things that we used for treating that.

I want to give you a couple of case histories just to finish up here. I don't want you to get the impression that this is easy to treat. Acute COVID was relatively easy to treat because it worked really quickly, and you knew when you were over it.

Vaccine injury is completely different. It's a complex illness about which we knew very little. I would say that in my experience, treating vaccine injury, probably 50 per cent of people respond to treatments. It often takes a long time and a lot of work on the part of the patient, as well as the practitioner.

[Case #3—Vax Injury]
This is the case of a 40-year-old mother breastfeeding a 19-month-old child. She had an immediate reaction to a mandated Pfizer vaccine in January 2022. These are some of the symptoms. You can see them there. The main ones were chest pressure and facial rash, cold extremities, twitching all over the body.

These are symptoms that we generally don't see as physicians. If you saw this as a physician and you had no knowledge of the fact that they had a vaccine, you would say, "What kind of illness is this that does this?" Completely new.

A lot of those symptoms are neurological. They affect a nervous system—shooting pains, paresis, weakness of the limbs, difficulty getting up and moving around. And the tests are often normal. This lady's vitamin D was low and her nutrition wasn't that great.

[00:40:00]

She says after three and a half months, she was left with "intermittent pressure, tightness and numbness in face, head, neck and soft tissues inside the mouth. Chest pressure feels like squeezing and a push [outwards that made] me dry cough. "

Can you imagine having chest pressure and going to the emergency, thinking you're having a heart attack and being told, "No, it's not a heart attack. We don't know what it is, but just go home, take some Advil." Now it could be myocarditis. It's possible; sometimes it's not. But it would terrify you, and especially, it would terrify you not knowing what that is.

[Video from patient]
So this patient had some changes in her extremities. I'll just demonstrate for you. Normally when you hold your hand, for example, at heart level, your veins are not filled because that's the blood going back to your heart. When you drop your hand down below heart level, your veins will fill up. But you'll watch this video; you'll see that her veins and her skin and the swelling in her hands develops as she drops her hand. So there you see the normal hand and now you'll see the veins filling. Some of this is normal; veins will fill up. But you see how engorged they become and then the swelling and the redness of the knuckles. Very bizarre symptoms that you might not see, that don't fit any disease category at all.

So we treated her with ivermectin. Now some people respond to ivermectin very well, and she happened to be one of the fortunate ones. We increased her vitamin D to 5,000 units a day, put her on an anti-inflammatory diet and started her on some gentle exercise. She had 30 per cent improvement within two weeks and 60 per cent in three months.

[MSQ Totals]
How do we know this? We do a very careful, what's called functional inquiry. We question people about every organ system in the body. So you can see them all there: head, eyes, ears, nose, mouth, throat and so on. The patient scores them as to how much problem a symptom is within that particular group. You can see that she scored 154 at the beginning. And then after her treatment, a couple of months later, she was scoring 65.

So we're measuring change. We're trying to be objective about it and measure how much improvement people are getting. It's helpful for the patient to see this, that they are improving.

[Case #5—Vax Injury]
Another case of a vaccine injury was a 51-year-old female, former athlete, actually, a very athletic person. She, after the second vaccine, had significant symptoms that developed less **than a month later. You might say, "Well, how do you know it's the vaccine that's doing this?" Skeptics will say that. You can ask that question. It's important. From a temporal point of view, if I'm working in my workshop and I hit a nail and then I hit my finger, I can be pretty sure the pain is due to the fact that I hit my finger with a hammer.**

So the closer the temporal relationship, the closer the cause is likely to be something. If somebody has a vaccine in a pharmacy and drops dead, which has happened, you can be pretty sure it was probably the vaccine, not a coincidence.

The longer between the vaccine and when you have symptoms, the more difficult it is to assess. But you can tell, in a sense, because the symptoms are so unusual and they're so varied.

Now, her D-dimer was elevated, and she had blood clots. She knew that something was wrong and she had chest pain as well. Again, an MRI and colonoscopy and stress test, they were all normal. By the time we see these patients, sometimes they'd had a lot of tests.

So I said, she gave some very typical symptoms

[00:45:00]

of post-vax inflammation and injury, on-set within a month—probably the vaccine, given the kinds of symptoms that she was having. Headaches too, helmet-like headaches that can last for hours, shooting nerve pain, extreme fatigue—that's a very common symptom—increased brain fog.

When the spike protein gets into the brain, it creates inflammation. And then, of course, increased anxiety as a result of all of this. So again, we treated her with ivermectin and we started her on an antihistamine. Sometimes these people get what's called mast cell activation: so their mast cells are producing a lot of histamine, which produce symptoms. So we give an antihistamine and that helps, that it's a non-drowsy antihistamine.

[Symptom Scores]
And she, after this treatment, could actually bike five kilometres without being short of breath. So she was very pleased about that. Again, looking at the scores, you can see the scores going down over a period of time. So we know we're having an impact with our treatments.

[LH—VI-Treatment]
Now, she had a drooping of the face, sometimes known as Bell's palsy. She's given us permission to show this. Next slide. So on the left, you can see that the right side of her face, she's trying to smile. And she can't smile because the facial muscle is paralyzed on the right side. But she can smile on the left. You can see the crease. You can see the facial crease on the right side is almost non-existent. But then after treatment, her facial smile is almost normal. You might say, "Well, Bell's palsy is self-limiting." True. But she'd had this for, I think, over a year. And then suddenly, it gets better. Well, could be a coincidence.

So in summary: We've had a disease with a 99.5 per cent survival rate. We've had poor testing: our speaker showed a diagnosis of PCR with false positives. Rushed vaccine development; absence of treatment until hospitalized; lack of recognition of vaccine injury; and persecution of doctors and other health care practitioners by regulating bodies with their loss of licences. I'll stop there.

Shawn Buckley
Before I turn you over to the commissioners, I just wanted to clarify, you had practised a full 40 years. Longer now, right? Because you got your licence back in 2020. So how many years have you practised medicine in total?

Dr. Edward Leyton
Well, I graduated in '75, so '78 to 2018. So that's 40 years.

Shawn Buckley
Right, and then, now, for a couple more years.

Dr. Edward Leyton
Two years now and I'm now into my third year.

Shawn Buckley
Right, so 42 and a half years. You have never had a patient complaint in that 42 and a half years. Am I right that in the next month or so, you might lose your licence to practise because of the activities that you've just shared, where you're trying to help people with vaccine injuries and in preventing and treating COVID?

Dr. Edward Leyton
Possibly. It's ironic that when I renewed my licence in 2020, the College gave me a free licence for a year because they wanted doctors to come back. And I've been rewarded with an investigation. So I might lose my licence. I might be restricted. I have no idea. I might retire, too. I think it's a race.

Shawn Buckley
Right. I think I can speak for pretty well everyone that we're thankful for people like you that are willing to do what you think is ethically correct—actually being a doctor and using your discretion to help your patients.

I will turn you over to the commissioners for questions.

Dr. Edward Leyton
Thank you.

Commissioner Massie
Thank you very much, Doctor.

[00:50:00]

I have a couple of questions. This is not a medical consultation but close.

I'd like to know—given that we've heard from many other doctors and patients that during COVID, the people that were more likely to be affected by the disease were, in general, people affected by other conditions that would somewhat compromise their ability to build a strong immune reaction to the infection.

So it could be because they are old and their immune system is not as active. Or it could be because they have other immune suppression of some sort. So these so-called frail people, or more fragile people, were initially targeted to be vaccinated to protect them from the disease.

Dr. Edward Leyton
Right.

Commissioner Massie
So it's my understanding, based on my research, that the vaccinations should work by triggering the immune response in order to protect against the infection. But if the reason why you're mainly susceptible to the infection is because your immune system is not properly functioning, how come vaccination will solve that?

I'm asking that to a practising doctor.

Dr. Edward Leyton
Well, vaccination doesn't solve it.

First of all, this isn't a vaccine in the true sense of the word. We think that it actually makes the immune system worse, and in fact, you're more likely to get COVID the more vaccines you have.

That's a Cleveland Clinic study that, I think, has already been reported on in the Inquiry. The more people are vaccinated, the more likely they are to get COVID, which is kind of weird. I don't know if that answers your question or not.

Commissioner Massie
Yeah, it does.

My other question has to do with the CPSO, which we have the equivalent in Quebec. We've heard from other doctors that testified recently in Quebec that they went to interrogate the Collège des médecins and asked them a number of questions about the scientific rationale to promote vaccination of children and pregnant women.

These doctors had several questions that were never answered, ultimately, by the College. And the Collège de médecins said, "We're not a society that generates new knowledge. This is not our role. You should consult with the official society and SPQ and the other society."

So I'm just wondering, if such a question would be addressed to the CPSO, would they come up with a similar explanation—that it's not their role to generate new knowledge and to ask those very specific questions that arose from the deployment of the vaccine with respect to the risk–benefit balance for children and pregnant women, and so on. What would be their position in your opinion?

Dr. Edward Leyton
The College doesn't answer questions like that. The College is a regulatory body. It investigates people on a whim.

I don't know what goes on inside the College, to be honest with you. But it's something pretty nefarious. So in terms of asking the College to explain something like that, they don't do that. Their motto is protect the public, which they don't do, and guide physicians, which they don't do.

Commissioner Massie
My last question is about—what's the state-of-the-art in terms of the practice of medicine?

Did the practice of medicine evolve in your experience through, I would say, the practice of science observation and medical treatment that any given physician can actually do

[00:55:00]

in their normal activity? Or does it evolve solely when some new treatment or protocol has been checked very rigorously through these randomized control trials—that is the only way to come up with new solutions for treatments?

Dr. Edward Leyton
Well, it should be a combination of those things, in my opinion. It's a complicated question.

The problem is that when somebody comes up with a solution for something that's unusual, for example, I'm thinking of Barry Marshall, who is an Australian physician who came up with the idea that an ulcer was caused by a bacteria called *Helicobacter pylori*. This was many, many years ago. And he couldn't convince anybody in the scientific community that this was valid, despite publishing.

So it's very difficult to convince the medical community of new things. Eventually, he had to give himself an ulcer and then take the treatment and cure himself. And now, antibacterials are used for ulcer treatment with success, killing *H. pylori*. But that was a hard fight.

There's multiple examples of people who've come up with innovative solutions, who have been put down and not recognized throughout the history of medicine. I'm not a philosopher, so I can't answer why that might be.

What has happened, also, is that in a regular doctor's office, you get visits from a pharmaceutical company with the latest and greatest medication for something. Physicians are heavily influenced by that. And as we know, the only way to get grants for research is through money from pharmaceutical companies. So there's a built-in bias that is quite extraordinary. Does that answer your question?

Commissioner Massie
Yeah. Thank you very much.

Shawn Buckley
Thank you. There being no further commissioner questions, Dr. Leyton, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing this information and sincerely thank you for the service you've given as a physician.

Dr. Edward Leyton
Thank you for the Inquiry. Appreciate all you guys are doing.

Shawn Buckley
I will just state for the online audience that cannot participate that there was a standing ovation for Dr. Leyton. He is very well-respected for the service that he has given.

[00:59:00]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 8: Dr. Keren Epstein-Gilboa
Full Day 2 Timestamp: 08:38:23–09:28:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Good afternoon. Can you please spell and state your name for the record?

Dr. Keren Epstein-Gilboa
My name is Dr. Keren Epstein-Gilboa.

Kassy Baker
And can you please spell that?

Dr. Keren Epstein-Gilboa
Keren is K-E-R-E-N, sometimes K-A-R-E-N E-P-S-T-E-I-N, hyphen, G-I-L-B-O-A.

Kassy Baker
Very good. And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony here this afternoon?

Dr. Keren Epstein-Gilboa
Yes, I do.

Kassy Baker
Very good. Now, I understand that you're here today to describe various childhood traumas that were suffered largely as a result of COVID or COVID measures. Just to start with, can you give us a little bit of your background? Can you briefly describe that for us, please?

Dr. Keren Epstein-Gilboa
Well, I graduated with an undergrad degree in a health-related area, more than 40 years ago. My master's is in Counselling and Applied Psychology, and my doctorate is in Developmental Psychology.

Kassy Baker
So you're here today to speak to us as an independent scholar, is that right?

Dr. Keren Epstein-Gilboa
Yes, I'm an independent scholar.

Kassy Baker
Now I know that you have a presentation that's ready to go and my intention is just to let you carry on with that [Exhibit number unavailable]. I will interrupt if I have any questions, but we're in your capable hands for the moment, so please start.

Dr. Keren Epstein-Gilboa
Okay. Thank you very much. I'm going to be presenting insights from behavioural science.

My agenda, my question in 2020 was, "What is the reason that existing and long-standing research practices related to social determinants of health were discarded," and now I would say, "during the past three years?" I'm going to provide insights from behavioural science, a little bit on systems models, and the individual—and that's when I'm going to be talking about children as well, infants and children. A little bit on bioethics. And then I'm going to be presenting about the psychological model used to circulate systemic messages, which is often called the Nudge model.

Kassy Baker
Dr. Epstein-Gilboa, if I can interrupt you for one moment. The Commissioners have just brought it to my attention that I didn't swear you in. Did I swear you in or did I not?

Dr. Keren Epstein-Gilboa
Okay. Sorry.

Kassy Baker
I apologize.

Dr. Keren Epstein-Gilboa
Do I start again?

Kassy Baker
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Keren Epstein-Gilboa
Absolutely. Yes, I do.

Kassy Baker
Now that we have that out of the way, I will let you continue. My apologies.

Dr. Keren Epstein-Gilboa
I'm going to go insights from behavioural sciences. Systems model: a systems model is used in family therapy to explain organizations, to explain child development, and essentially states that, "Interaction occurs between multiple different systems and affects development at multiple levels, affects function and development, which means everything that's going on now, everything that goes on in general, is affected by multi-levels of interaction."

So there's the individual. The individual interacts with the family, with the health system. This is at the micro level: so with the health care centre, with the school. That's the media at the next level. All those systems, by the way, interact with one another and the individual. And the individual influences the systems. And the systems affect the individual.

There's the media at the higher level. There are different systems: health system, educational system, the legal system, politics. And all of these are affected by our beliefs, the belief system. So our beliefs can be affected at the individual level and go up all these levels. And by the same token, the belief system will then go down, be in all the different systems along the way, and then affect the individual. I based this model here on Bronfenbrenner's model. And Bronfenbrenner didn't originally have the chrono system in. Later he added it.

And the chrono system means we can look at history: it means events over time, which means to me that we can assess events by also looking at the events in history. So that's the systems model. Please bear that in mind as I now go to the different levels. And I'm going to look at the individual by using developmental models regarding social and emotional development.

[00:05:00]

So what is human development?

It's a change over time in multiple body systems, meaning that all the different systems also affect one another. And we have developmental tasks and sensitive periods: this means that specific events have to take place at a time when the organism, meaning the child or the adult, is ready. And if we miss it, there might be problems.

Resilience. Resilience implies that one can bounce back. And one's ability to bounce back is dependent on a balance between protective and risk factors.

So there's diverse interconnected domains of development: The domains are associated with specific areas in the brain. And there's specific neurons, and there's interactions between the neurons. And that's how development occurs. That's how these functions take place.

I'm going to look specifically at social and emotional development. Because social has a lot of meaning for what we've been going through in the past three years.

Let's look first at emotional development. So emotions are feelings, affect, mood. Emotions take place from birth and become more complex. Yes, little, tiny newborns have feelings. There's emotional regulation. That's also a process: So we understand we have feelings. We understand what we feel. We define the feelings. We share the emotions with another person. That's how all of this process takes place. And we understand eventually that others also feel, and we're able to emote properly in the context. Emotions affect all domains, including the capacity to learn. So, in other words, a child who's very anxious, feels stressed, feels sad, might have problems learning. Social interaction, therefore, plays an important role in emotional development.

What's also very important is that emotions are associated with specific neurotransmitters or hormones. And what's really interesting is these emotions either enhance or reduce immune function. So we would want people during a time where there's pathogens to engage in actions that are going to enhance their immune function, not stress that reduces immune function.

So social well-being: those are the emotions in all the neurotransmitters and the hormones. Social well-being is also central to overall well-being. If you know Maslow's hierarchy of needs, there are needs such as physiological needs: water, food, air, essential. Think about it, essential. Security means job security, for example, that's the next level. Love and connection mean social needs, means social connection, not distancing, and so on. These are the three lower needs: means that they are very basic to human function.

And we start off with symbiosis with mother, meaning, of course, pregnancy. That's the primary relationship. You could have a primary relationship, of course, with an adoptive parent and with the partner, and the father or the other partner. We have individual capacities and needs; individual capacities and needs vary over the lifespan. There are critical periods, such as infancy, adolescence, and older age, when social interaction is extremely important. Social interaction, then, is a protective factor. It's a determinant of health. As I said, when you feel good, you have enhanced immune function. Loneliness, sadness are risk factors.

So as you can see, these are some of the researchers who looked at social isolation and loneliness. And by the way, to the panel, I have sent, I think it's a 40-page list of references for everything I'm presenting today. So this is the research on social isolation, loneliness, which is a risk factor for multiple pathology. Now, I knew that in 2020. And I would think that most people who are in similar professions to the ones that I have would also know that because this is a known fact for many years. It's a known fact because it's based on **research.**

[00:10:00]

So stress increases the HPA [hypothalamic-pituitary-adrenal axis] axis. One of the reasons that these researchers, as well as others, believe that people of older age are more at risk for cardiovascular risks, cancers, reduced immune function, and other diseases and death are due to stress—stress due to loneliness, being separated from significant people. As I said, all of this was known before 2020.

And here's some evidence: if you don't believe me, the evidence is that we changed the hospital system. Initially, we didn't have visitors all day long. Until 2020, people could bring

their families in. And it's not because the nurses and the physicians loved the family so much. It was because they knew—because the research stated, because they engaged in critical thinking—that bringing the family in makes people healthy or prevents illness.

Just to show you how important social-emotional function is, I'm going to show you social-emotional development in infancy and early childhood. And we're going to talk about sensitive interaction, proximity behaviours, and neurobiology. These are some of the researchers. You can see, you probably can only see little black dots. These are only some of the researchers in this area, which means there was loads of research on the importance of maternal-infant proximity, smell, touch, everything that I'm going to talk about, before 2020. And if you could see these references better, you'd see that some are even, well, Melanie Klein, she didn't know about neurobiology. But she did research and she wrote about her theory, object relations, starting in the 1920s.

I'm going to focus specifically on infancy and early childhood for one reason because it is my area of specialty. But also because we barely have spoken about infants and young children during the past three years.

The first 45 months of life are the most rapid stage of brain development. So it's a very critical period. And during that time, like other periods of development, the child, the infant, is sensitive to specific stimuli. Factors that affect development, of course, are intrinsic: so genes and temperament. But there's also extrinsic factors, and they work together. Nature and nurture work together, and that's environment and parent and epigenetics, changes to the gene expression based on the environment. The most important factor is the toned, sensitive relationships with the primary caregiver, also in other models called holding containment. And this is the capacity of the parent or caregiver to notice, interpret, and match responses to the infant's cues. And cues are conveyed through interactional components: visual, to see each other; hearing, hearing well; tactile; olfactory; and just being close and listening and smelling and touching. Sensory, it's very sensory: face-to-face interaction is vital at the beginning of life.

So here's what happens. The first task is, we need to make connections between the synapses, and when there are connections between the synapses, we then have optimal development. Synapses, the connections between the nerves, cause the messages to flow. The messages to flow, together with myelin that makes the messages flow quicker, mean that this person—this little person, this growing person—can engage in multiple tasks. The brain controls the task that we engage in. Trauma, for example, will cause overabundant synapses in the amygdala, meaning this happens for adults as well, but this is at the time of the development when the brain is structured. So a traumatic or an anxious, depressive situation will change and alter the child's, the human's brain. The brain is plastic and can change; however, there's specific tasks that are more difficult to change, such as lack of early interaction, appropriate interaction in early life.

Factors that protect interaction are calm and confident parents, a positive birthing experience, sense of being supportive—

[00:15:00]

They need support: they need to be with people, and smelling and seeing and touching, all of these are very important to the infant—an uninterrupted interaction, uninterrupted breastfeeding, the ability to engage in synchronous, mutual, and intersubjective interaction. Intersubjective means shared emotional interactions.

But look at this side. If a parent is anxious or worried, if they have birth trauma, if they have to birth alone without their support system, if they believe that the birth experience was terrible, if they have birth trauma, they have lack of support, limited touching, face covered, distancing from infancy—then the infant, then this puts people at risk. It's a risk factor. Not all mothers are going to have difficulty with those risk factors; it's multiple risk factors that occur at the same time.

So I spoke about that, but just to go over: it's proximity behaviours, tactile interaction, cue-based breastfeeding. And here's really interesting, this is Schore's work. Schore, I'm sorry, I didn't put it here, but it is in the reference list. Schore found that when mothers and infants are looking at one another, their brains fire at the same time in the prefrontal cortex. In other words, when mothers and babies are engaging in facial interactions, both brains develop. The sense of being heard, engaging with the primary caregiver—these all lead to adequate synaptic connection and pruning. Pruning means getting rid of the cells, the area that we don't need; so instead of connection, we take out, like in the garden.

Actions that are perceived as traumatic or anxiety-provoking may affect memory, especially implicit memory, that's the memory, like a feeling memory.

So here's what we need: "I see your face." And here, you see a father and a son, and I said there, "I'm not sure what you're feeling" because we have to learn. How do we learn what others are feeling if we don't see their faces?

So healthy interaction versus blocked: answering cues; joint attention means we both look at the same thing at the same time; intersubjectivity, we share emotions; sense of self—all this leads to a sense of self, emotional regulation, social capacities, cognitive development and learning. And what we don't want is a hidden face, limited interaction and connection, the interactional components are stifled.

So if you don't believe me, then again, bringing in some research: touch, loving, seeing and feeling are essential for healthy growth. And by the way, touch causes the secretion of oxytocin. Oxytocin is a hormone that makes us feel good. It does a lot of other things as well, and it causes people to attach to one another, feel good about one another. For example, a father does not have to breastfeed a child in order to make the connection; they can just take off their shirt and there will be a connection forming due to oxytocin.

But on the other hand, maternal deprivation leads to anaclitic depression, which is depression in infants: they look totally muted. Loss is detrimental for life. This still-face experiment—that I won't be able to show you here, that I had hoped to show you—I will explain in a moment, is more evidence about the importance of the face-to-face interaction. And the lost sensitive period: I spoke before about neuroplasticity, but there are specific tasks that the brain cannot correct, and one is lost interaction.

And Nelson, Fox, and Zeanah did research on that. They looked at children adopted from Romanian orphanages, and even though those children were adopted to wonderful, caring families, there were specific tasks they had problems with because that part of the brain was not developed at the right time. And a very important part of the interaction is the parent's feeling. Parental anxiety and depression lead to muted affect; lack of stimulation; maybe hyperarousal and anxiety in the child, which impair learning; trauma. These are only some of the researchers in that area.

[00:20:00]

What is the still-face experiment? If you're watching now, you can press that YouTube link, you can watch this experiment. This experiment has been replicated multiple times. In this experiment, the mother or the father sits opposite the child in a normal way, and all of a sudden, the experimenter tells the parent to stop using expressions, to stand like this, opposite the child, opposite the infant. They're about 18 months. And the baby who's used to interaction gets very, very upset. And you can see how they're trying to bring the parent in, and they're unable to because the experiment is that kind of a face.

The child who has a secure attachment will immediately return and be okay; they're resilient, even though they just went through that momentary trauma. But it's very upsetting to see that. I always used to warn students before I showed that video because it is upsetting. Now think of this: what happens to our infants and some of our young children during the past three years who didn't see faces for hours, for hours? Watch that experiment if you can, and you'll see what I mean.

What happens to the mother? The mother needs to be very sensitive, so let's look at the mother during pregnancy. Look at all this stress that she's had, threat. You might have to birth at home because some parents over the world—for example, one of my references here, I believe it was the Jewish General in Montreal where they didn't allow birth partners to come in. Now here in Ontario, where I live, mothers could only bring one person. So you had to choose between your doula—who knew how to support birth, who was a woman and maybe gave birth—and the father who loves the child or the other partner but who might not have given birth.

So mothers had that difficult and I know from experience many mothers struggled with that. And they hear: "danger, danger, danger," "inject, inject, inject," "You're going to harm your baby." "You're going to get a virus; you could die because mothers who are pregnant are more likely to die from COVID-19." "The virus is going on hard; it's going to harm your unborn baby." "Strangers covered," "That's where your support," "You have lots of risks." Fear: "You can harm your baby; your baby can harm you." Imagine that—no support, separation—that's what our mothers went through and how they started this.

So I'm just going to go quickly through these. This is one if you are pregnant, recently pregnant, you're more likely to get sick. The reference, sorry, do you need to see the reference? No, okay.

This is one some people might remember that the Almonte, if I'm saying that right, General Hospital asked all moms to have an epidural when they arrive just in case they need a caesarean. Imagine that. What does that tell you about birth? "Birth is dangerous." You're already nervous. "Birth is dangerous. You might need a caesarean. Get the epidural." Who cares about natural birth? And Blakely's work on the hormones during the birthing process **and so on. Birth alone. And this is a petition by some Canadian mothers who were afraid they were going to have to birth alone, and they asked not to.**

And this you won't believe, but first of all, some fathers could only FaceTime with the mothers during birth. I wish I had time to read you all these quotes, but I don't. But this was on CTV, and they were talking about parents who were FaceTiming with their newborns who were in the NICU [Neonatal Intensive Care Unit]. Imagine that, imagine that. Now, compare that to what I just told you very briefly about what young humans require. Imagine you're in your mom's uterus, you come out, and "hello?" There's no mother there, but she's on FaceTime. I just have to read you this one quote: "We were asked, 'if you would like to FaceTime?' to see our daughter. And it's been amazing," said 28-year-old Mary McKenna, who recently gave birth to her daughter Harper at 26 weeks. "But I'm also

struggling so much not seeing her." That's not just a struggle. That's essential for human growth and development.

This is from a professional journal, just to show you some of the messages to breastfeeding mothers. So if everybody notices, look carefully at the picture. Notice there's no faces. And notice the messages:

[00:25:00]

Faceless, no interaction, hygienic. Use a mask during breastfeeding. This is a mother with COVID-19. Yes, but before this, we had mothers with strep and staph and all sorts of things, and we didn't tell them to wear a mask. We just told them, "Nurse a lot because your antibodies will go through," right? Isn't that what we, the public, were told? Anyhow, so this is a mom with COVID-19: Use a mask. Wash hands and clean. Passive immunity in breast milk, well they even say it. And here's a mom breastfeeding with a mask on. Yes, this really did happen. Might still be happening.

And this is from Health Canada, advises:

> Keep the baby at a distance and hide your face. Once a baby is born, they can get COVID-19 from other people. So it's important to limit their contact with others. To protect yourself and your baby, you should continue to follow recommended individual public health measures, such as wearing a mask, improving ventilation, maximizing physical distance from others, cleaning your hands. We recommend breastfeeding when possible. It has many health benefits . . .

Although in the breastfeeding world, they started talking about risks of not, but that's okay.

> . . . and offers the most protection against infection and illness throughout infancy and childhood. Breast milk isn't known to transmit COVID-19.

Yet we're scaring them. And then of course, about the mRNA COVID vaccine have antibodies, apparently mothers have in their breast milk. These are the messages to the new mom. And if you've ever worked with new moms, you know, and if you've ever been a new mom, you know, that the transition to parenting is difficult.

So we have a disrupted family and support system. Families aren't supposed to visit, grandmothers aren't supposed to come over. I'm a grandmother, that would be terrible. **Visitors after your baby is born: "Visitors should be limited to reduce the risk of possible exposure to COVID-19. This can be very difficult, but it's important to keep your baby safe." Look at these other messages.**

These are some of the findings so far. I don't know if the research, you know, how great the research is or not. But they're saying that obstructed interaction seems to affect development, and they're looking specifically at apparent decline in cognitive performance in children and so on. I'm not sure if it's true or not, but these are references, and we can check them out; we should. In other words, we are at risk for failed developmental milestones, disrupted social-emotional interaction, and at risk for reduced capacity for emotional and behavioural regulation.

So I'm just going to talk very briefly about other children, older children, I should say. The main thing to remember is that there are specific developmental tasks for each level, each age group: children develop at different rates throughout the years. And these developmental tasks were forgotten during this time. Or the people who worked with children did not display that they remembered or that they took enough steps to protect children at the time. There was a wonderful bulletin put out by the Hospital for Sick Children in June 2020. It was about the return to school. It was great, it noticed everything about development. It was based on sound, critical thinking, and research, and development, and it was cancelled a month later. They put out a different brochure.

The main point there is children need scaffolding support, which means you can't just put something on the computer online and expect a child to learn. They need someone to support them. And *Time In*, this is a book by my, he was the most wonderful late Professor Otto Weininger, and he talked about how "timing out" children is very detrimental to their well-being. It says to the child, "You're so bad, even I don't want to be with you." And so, timing out, I'm not talking about isolating. Timing out is very difficult for children, so we should bear that in mind.

Concrete to abstract thinking, so let me find here. The fearful idea: "kill grandmothers." So one teacher told me that one day she saw a child at the end of the school day who was hiding and didn't want to go home and sat crying. She said to her, "Why are you crying?" And she said, "Because my grandparents are coming to get me and I'm afraid I'm going to kill them." And that's a true story.

[00:30:00]

At the concrete stage, children also, when they see a rule, for example, a rule is a rule: "so if you don't wear a mask and it's a rule, you're bad." Things like these kinds of ideas.

A risk measure—the opposite of time in—is self-isolation. And I have some examples here. This was Public Health Ontario where they advise people how to self-isolate, a child has to self-isolate. Imagine, a child has to self-isolate: we're punishing that child and some children did not understand why. And some parents might not have been able to contain properly because they were trying to follow the rules and for some children that might be traumatic.

So some things for child, "wear a mask." Now, if you have children, you know that it's not so easy for a child to wear a mask, keep it clean, not touch it and so on, might not be comfortable. They advise children over the age of two, even children coming for therapy to wear masks. At the age of two, try getting a snow suit on. So how can you get a mask on? Anyhow, so self-isolation for children really did happen.

The proof is here, this is from Peel Health. I think they're called Peel Health [sic] [Peel Public Health], not Peel Public Health. What to do if your child is dismissed from school or childcare? "The child must self-isolate," which means stay in a separate room. These are real. And for those of you who are watching this 20 years from now, this really happened. So there's that one, again, okay. Yeah, imagine this, if a child must leave the room, they should wear a mask and stay two metres apart from others, and so on. Okay, so I'm not going to go over all the tasks just for time. Can anybody tell me the time?

Kassy Baker
You have roughly 20 minutes remaining.

Dr. Keren Epstein-Gilboa
Oh, Okay.

Kassy Baker
But we'd also like to save some time for the questioners.

Dr. Keren Epstein-Gilboa
Yes, okay.

Kassy Baker
So I'm just going to actually, are there any questions from the Commissioners at this point?

Yes, we'll save them for the end.

Dr. Keren Epstein-Gilboa
Okay, so I'm not going to go over all of the different stages. Just let you know that, as I said before, developmental tasks were not taken into account, and an appropriate risk–benefit analysis of the condition and child development did not take place to the best of my knowledge. And why? Why?

So I've tried to figure out why, and I looked at bioethics. I love bioethics. It's something that I actually read about and I'm interested in. And here are a few researchers if you are interested in looking at researchers just to understand more about bioethics. Beauchamp and Childress is very easy to understand if people just want to start reading about this.

And bioethics are there because there's a power balance between people who are health care providers and the people they serve. And by the way, I use the word person. I don't use the word patient. You can, if you wish, sometimes client. And I just heard lately the word "participant," one that I really like because it's very respectful. And the principles that all health care professions follow—albeit in different ways in accordance with their scope of practice—are autonomy, beneficence, justice, and non-maleficence. This applies to direct interaction, of course, between the health care provider and the person. And also public health.

Public health: it's interesting because public health, unless they're a public health nurse or physician, they don't serve individuals only. They look at the population. So I looked at different research on this issue. How do we deal with this?

And apparently, they should still be engaging in a benefit analysis that takes into account these four principles. This quote I took from the book *Doctors from Hell, Horrific Accounts of Nazi Experiments on Humans*. This is Abrams; it's the book by Spitz (2005). And they state, "need to care for the population need." This is not a quote, I'm paraphrasing: Still need to look after the population need and good citizenship. But it's a slippery slope when physicians, and I'm saying physicians here because the person who wrote this book was a physician, when the physician—and I'll add there, health care provider—begins to exclude or uses professional skills against people.

And Parasidis and Fairchild wrote,

[00:35:00]

There has been, during the past three years, "a lack of adequate involvement of ethicists." This is a quote: "Might have to embed ethicists in public health teams." Apparently, there weren't enough involved at this time. Remember again, I started with a system. So when we have failed ethics, that's related to chaos at all levels of the system. Risk for harm at all levels.

I'm going to focus mainly on autonomy because autonomy is part of all of the other principles. And autonomy talks about regard for the person. The person is worthy and this part is very important: Able to make decisions about their health. And the health care provider must respect the person's goals; they must gear the treatment towards the person's goals. We have dignity, privacy, confidentiality, informed decision making. Informed decision making, a lot of people talk about informed consent: You can't talk about informed consent without knowing and talking about autonomy. Informed consent does not stand alone. Autonomy upholds the health system.

So let's look at respect for humans as worthy beings and compare it to compliance—trust in authority, follow without question. Dignity. Dignity means compassion, respect: one does not only ensure that the person is covered physically, but we also think about their needs and things that are important to them. And dignity also implies birthing, thinking about the needs of birthing, and sick dying people who need people near them and the families who are left behind—that's dignity.

Privacy and confidentiality. So Dr. Layton talked a lot about what the regulatory colleges are doing, including demanding files of private citizens. So here are two cases. Dr. Layton referred to the case of the clients or the people who tried to stop their private files from being viewed by the CPSO [College of Physicians and Surgeons of Ontario] and, so far, have not been successful. And of course, there's also Dr. Mary O'Connor who was threatened with prison for not showing her files, for not providing her files.

So now informed consent or informed decision making, informed choice. Actual informed decision making means we use clear, tangible— Tangible means you don't show people to wash their hands like this, that's the wheels on the bus. You show how to wash hands, and it's my understanding that health care providers learn how to wash their hands. They also learn how to wear masks, and we were not taught that. It's valid, reliable, current [information]. But it's also different views, second opinions. We listen to the person; we engage in respectful discourse, respect [person's decisions]. And respect for the person as a worthy being, able to make decisions.

Let's compare that to censoring—and here's the really important one that Dr. Layton also talked about—prevented health care professionals from providing diverse viewpoints. Sanctions: you should know that all health care providers from all provisions have been reported, investigated—some not just about informed consent but about things that would never be considered in regular times. And yet the investigation went on, goes on. And tomorrow, for example, there's two tribunals going on, one for a nurse and one for a physician, tomorrow. Public can view it. And the public can't discuss what we really think. There's only one view. You saw the letter from the College of Physicians and Surgeons.

Actually, the nurses were the first people to get their letter and it says: "Nurses are expected to adhere to standards of practice in carrying out their professional responsibilities. Nurses have a professional responsibility to not publicly communicate," and now, look at these terms, "anti-vaccination, anti-masking, and anti-distancing

statements. . . ." You'll see later on why the word "anti" is a bit problematic. "Doing so may result in investigation by the CNO [Colleges of Nurses of Ontario] and disciplinary proceedings warranted."

And there's a statement about the physicians. Physicians, as Dr. Layton said, also received a lot of information on how to talk to people. And one model that they were told about was to use motivational interviewing.

Motivational interviewing is actually a very respectful model. It comes from Rogerian, client-centred therapy. But if you read the material, if you go to PrOTCT [Presume Offer Tailor Concerns Talk]— Let's see if I have a letter where the physicians were told to engage

[00:40:00]

with what Dr. Leyton was talking about: how to speak to your, they would say patients, I would say to their people.

You can look this up, PrOTCT [at Centre for Effective Practice], all of this is online. There it is. And it really, in short, tells physicians how to speak to clients. And I'll just give you one sentence: ". . . starting the conversation with a Presumptive statement. Talking tip: 'I will get/have already gotten the COVID vaccine and I'm happy to help you get it too, so you can protect yourself and your loved ones.'" And it is my understanding that health care providers don't immediately disclose; disclosure is fine if it can help the person, but that is not the way that one would probably start a person-centred conversation. And there's more points, you can look that up if you're interested, and I think we should all be interested.

And you might notice, this is also from the PrOTCT and they're saying, "What do you think of the COVID-19 vaccine?" and it tells the physician how to speak. And you might notice, if you were my students, I'd ask you, what do you notice here? Do you notice they don't have faces? Yep. Okay. And, you know, what do you think about that? How warm and fuzzy is this interaction when everybody's covered up? We don't really know what they're thinking because you can't see their face.

So I want to remind everybody that telling health care providers not to speak with one another, not to speak their view, is not the way things work. Yes, there were arguments; yes, people disagreed. But they were allowed to speak; otherwise, we might still be spraying DTT on people. And as Dr. Layton, it's interesting, we both use the same example: stomach ulcers, the change, the treatment has changed; imagine if we couldn't speak about it. Mothers are no longer put to sleep and birth with twilight sleep, and they weren't birthing alone from the 1960s. Reverence for artificial feeding, destroyed breastfeeding. It **was actually the health care professionals who destroyed breastfeeding and put mothers to sleep at the beginning of the last century.**

And allergies were perceived as mental health, there you can see a quote. And my father was actually one of the first allergists and immunologists, my late father I should say. And I know from my own experience how he was always told that allergies, "It's all in your head." We know now that allergies, that whole field is very well developed and accepted.

So just very quickly, the other principles: beneficence means we do good and we advance the health status. So I saw some of the witnesses who spoke, talking about not being able to go to parks and so on. Nobody told them about nutrition: well that's a violation of beneficence. Justice means health equity and that means everybody can use the services. So

think about all these people who couldn't use computers. So how do they even get to speak to someone about health?

And, non-maleficence means, do no harm. I think many people here have spoken about the harm. But an important way that we do no harm or health care professionals do no harm is by engaging in a risk–benefit analysis. And that was my first question, by the way, in 2020: "Where's the risk–benefit analysis?"

Research on humans, I'm not going to go over, we all know that. But one of the main ideas there is that it's voluntary—it's the same as autonomy. And what I found very interesting, and you might find it interesting as well, is that the main theme is autonomy: respect for human beings, their goals and capacities to make personal decisions. So notice the similarity. The code for research on humans is different than codes for bioethics. They're different: what is—not—in the ethical code is trust.

Trust can also mean— It's wonderful if you can develop a trusting and mutually respectful relationship with a client. But it's not always there. And that's not our goal: to get us, the people, to trust them; that's not what it's about. Because that kind of trust is compliance, infantilization, like, trust versus mistrust in infancy; adults are not infants. But there's also transference: transference means that the practitioner might seem to be someone else to the client. So you're not going to have trust there, and that's okay. Or if the physician is the person who tells the client, "You have cancer,"

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that client might be very angry at the physician. What, you're going to stop treating them? No. Trust also must be earned. So our goal is not trust—it's not trust—that's not what it is. What also is not in the ethical codes: follow orders.

Kassy Baker
Now, I'm sorry Dr. Epstein-Gilboa, I know that you have much more information, this has been very interesting, but we only have a couple of minutes left.

Dr. Keren Epstein-Gilboa
Oh my god, I didn't do the nudge. I have to get to nudge.

Kassy Baker
You know what, I'm sorry, we just don't have time.

Dr. Keren Epstein-Gilboa
But that's so important. I really have to speak about the nudge, I'll do it fast. I won't show the pictures.

Kassy Baker
You have three minutes.

Dr. Keren Epstein-Gilboa
Three minutes. But if you wonder—it's not my psychosis, everybody. There's a real program: it's called Nudge; it's behavioural insights. You can read about it. The government told us about it. What is the Nudge program? Go to Impact Canada.

What is the Nudge program? It is all over the world. It is a program based on behavioural science. Impact Canada is the group in Canada who work on it. They did things like, they used language. Sounds: sounds quiet to induce fear. Jubilance, because it's not just fear. Everybody talks about "fear, fear, fear." No, it wasn't just fear. They also used euphoria.

Images: people standing in line, circles. The same messages all over the world: stay home–stay safe. Foot in the door: that means, "Hear ye, hear ye! There's a virus." But we only start with a little thing. Boil the frog: we slowly increase the restrictions.

Priming. "Oh, no, this is what to do if a child has a heart attack." That means we begin to realize that heart attacks are normal: that's priming. Information without information: You'll see the graph there. There's no numbers. There's another one, no numbers.

Pressure. Threats. And sanctions. But that's not really part of the original Nudge program, but it's there now. Stay home, false equivalence: stay home–stay safe, which doesn't mean safe. They used "messenger effect," which is specific people that we supposedly value and listen to them.

Emotion. Please note again: they didn't only use fear, also, euphoria and hope. It's really important that we know this, so we're mindful. Emotion, we do not always know— Okay, wait, that's an example.

Social interaction. And this is a quote from the Impact Canada: "Emphasizing collective action, altruism/moral responsibility; emphasizing that self-isolating and physical distancing are altruistic," in other words, that whole term, social responsibility. That's part of the Nudge program. There was a continuum.

Let me just show the continuum. Normalize and idealize distancing so that eventually we will also be prejudiced and segregate. Stay home, physical distancing, conform, breathing barriers, small groups, cohorts, and discrimination. These are just quick— People standing in line; lines were used. I'm almost done. Just quickly going through these pictures. Lineups, circle: "we're in this together" when we're not really. No faces, and I showed that throughout: there's no faces. By the way, the facial coverings were actually used as part of the Nudge program to make sure fear stayed there, that we were reminded. Stay safe, be kind, be COVID, and so on. You remember this one, for the future generations: they really did tell us to have intimacy with the mask on, and that's about it.

I'll leave it with segregation.

Kassy Baker
Thank you very much. I apologize that we had to rush through the end here, but just so the commissioners are aware, we will be entering your slides as an exhibit [Exhibit number unavailable], so they can have some time to review that at their leisure, so to speak.

I believe we are out of time for questions, is that correct? We have time for short questions if any.

Commissioner Kaikkonen
I don't have a question; I just have a quick comment to add to your presentation. I think between Dr. Layton's presentation and yours, I'm probably traumatized here.

But I just want to add that there were parents having newborn babies and the babies were taken away from them in Ontario hospitals until the mother's COVID test came back. And I can think of one example where that baby was taken away for 36 hours until the COVID test was returned. And I'm just thinking, I wonder what happened to that baby in that 36 hours because they weren't with mom. So your examples are very real, and I think it should be a wake-up call for all of us, to think about exactly what that messaging that was sent out by so-called health authorities has done. And the other side of this is we've heard testimony as we travel across the country that talks about the generation that we've lost and that's our children. Thank you for your testimony.

Kassy Baker
Thank you very much. I have no further questions, and Dr. Karen Epstein-Gilboa, I would just very much like to thank you for your testimony here today.

Dr. Keren Epstein-Gilboa
Thank you. And thank you for doing this Inquiry. It's very important. Thank you.

[00:50:54]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

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EVIDENCE

Witness 9: David Freiheit
Full Day 2 Timestamp: 09:29:17–10:18:10
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
So our next witness is attending virtually, Mr. David Freiheit. David, can you hear me?

David Freiheit
I can hear you. Can you hear me?

Shawn Buckley
We can hear you and we can see you. I probably pronounced your last name incorrectly. I know you're known with your online commentary as Viva Frei. Is that right? Or Viva Free?

David Freiheit
Yeah, my last name is Freiheit. It's verbatim: freedom in German. So it's a good name to have.

Shawn Buckley
So, David, can you state your full name for the record, spelling your first and last name?

David Freiheit
David Andrew Freiheit. D-A-V-I-D, Andrew, F-R-E-I-H-E-I-T; F like Fred and T like tango.

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

David Freiheit
So help me God, yes.

Shawn Buckley
Now, you have a very interesting background. So you were a lawyer. You used to practise in litigation, but you've gone on to other things. You've become quite a celebrity as an online commentator. I've heard of you from individual after individual after individual. And I actually got to know your brother a little bit on some Zoom calls to see if I could get him to be volunteer counsel for the NCI. So I'm very pleased to meet you. You're being called primarily to talk about your experience with the Trucker Convoy because we're in Ottawa, and that was an experience that was really significant to people living in Ottawa. So I'm wanting you to share—because you weren't living in Ottawa at the time—how you got involved and what your experience was.

David Freiheit
Well, I'll let everyone out there know I didn't always look like this. I didn't always have the grimace wrinkle of a world-gone-mad on my forehead. I used to be a clean-shaven young lawyer. And some people might have seen me online from old videos, like the squirrel stealing a GoPro. But yeah, when the world went crazy, I had already started doing online legal analysis, sort of explaining lawsuits and breaking things down. Then the world fell off a cliff in 2020. If I may start, I'll share my screen for one second.

Shawn Buckley
Absolutely.

David Freiheit
I didn't make a PowerPoint presentation, but I've got my backups here. For what I'm about to talk about, it's worth starting off with a quote from Benito Mussolini. This is not the exact quote, but it's close enough: "The definition of fascism is the marriage of corporation and state." What I have lived through and what we have all lived through over the last, starting March 2020, it has been fascism not in the juvenile sense of throwing the word around; it has been fascism in the actual Benito Mussolini sense: where I've witnessed the government working in tandem with corporations, working in tandem with the media, not to inform, not to control information but to purvey and propagate disinformation.

Shawn Buckley
Can I just slow you down? Because fascism is a term that is used very loosely now. And it's used, actually, to deflect and to make people—that aren't fascists at all—be not heard from. It is almost like the term "anti-vax" or "climate denier" now. My understanding, and you can correct me if I'm wrong, is the word corporatism simply refers to where the state interests and the corporate interests have largely become one and the two are working together. I guess Mussolini is very famous [for], when people would be talking about corporatism, saying, "No, no, you should call that fascism." You brought that definition up, and so fascism—just so people understand who are watching your testimony today—when they see the word "fascism," they need to understand that just describes the state of affairs where the state interests and the corporate interests are intertwined and working together. Is that right?

David Freiheit
Well, that's my understanding of the actual historical definition, not the way it's used this day. Like, you know, everyone's a fascist—and not to get too distracted—if you don't believe in certain things, you're a fascist. It's thrown around today, but it actually has a meaning. And it's a meaning that I've come to understand the importance of, which is corporation and government working in tandem because they have shared interests.

I've now witnessed firsthand in my evolution how this happens. I was young enough to remember people saying defund the CBC, you know, pre-2016. I had no idea what that meant, why it was being said. And now I understand because we've lived through this together. We lived through the shutdown of the world. We lived through—literally, it's come out now, and I'll bring up some articles if the world needs to see the homework—a world in which the government

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decided the pandemic was a good time to test propaganda techniques on the citizens that they were currently locking down, shutting down, subjecting to unconstitutional and unconscionable restrictions.

And what way to do that? Well, it helps when you have the media in your hand. And so how did all this happen?

I had my YouTube channel. I was doing legal analysis, trying to keep my opinion out of it, thinking you can make everybody happy by not sharing your own personal opinion. Little did I know that at some point silence became violence. And then the world shut down. And I started, you know, I didn't want the channel—and I didn't want my entire life—to turn into COVID stuff. But lo and behold, there was nothing left: we were shut in our homes literally for years. I was in Quebec where we had five and a half months of curfew in 2021, and then because it worked so well and it was such a good idea, we had another month and a half of curfew in 2022 despite Arruda, the chief medical officer of Quebec, saying, "You don't use curfews to fight a virus."

So all of this culminated in the trucker protest, which was, for a great many people, not the light at the end of the tunnel but the only ray of sunshine that they had seen in years. I mean that is where my awakening comes into this. My experience in Ottawa, which was life altering and trajectory altering, where— I'm doing my daily stuff complaining about the lockdowns in Quebec, the tyrannical governments, doing my Viva walking on the streets. And it started off with people in my chat saying, "Viva, why aren't you covering the Convoy? "And I'm sitting there saying, "What convoy?"

I now understand the same MO—the same *modus operandi* that happens every time—it's first a media that is reliant or adherent or subservient to the government. Well, their system is the same: Ignore something until you can't ignore it. Minimize it once you can't ignore it. Demonize it once you can't successfully minimize it. And that's exactly what happened with legacy media in Canada.

Shawn Buckley
So can I get you to slow that down because I think you're saying something really important. We have quite a large audience, and the demographics actually mimics vaccine injury, which is quite interesting. So there will be people watching your testimony that will never have heard what you just said. So I'm just wondering if you can say it again but kind

of slow it down to parse that out because it's somewhat important. And then carry on with explaining how you found out what was really going on.

David Freiheit
I was doing my best to slow things down.

Shawn Buckley
Yes.

David Freiheit
I've been told that I talk fast. Step by step, it's the MO of the media when they have an interest and they want to propagate a narrative: Ignore until the point that you can't ignore it anymore, and then you either minimize or distract. Minimize or distract to the point where you can no longer do that because it's gained sufficient momentum. And then you have to move into the demonize and lambaste. You can see this over and over again for populist movements, political candidates. It's the classic MO.

So I was doing my daily rants on the street because I was allowed out of my house because I had a dog, after 8 o'clock. The joys of COVID. So people are telling me, "Viva, why aren't you talking about the Convoy?" And this is a month or two before the Convoy, maybe a month before. And I'm saying, "I haven't even heard of this." Because the CBC and the state-subsidized and state-funded legacy media wasn't talking about it. Then I start going on CBC to see what's going on. And then, after the ignoring, we had the distraction.

CBC starts reporting about an alleged convoy in British Columbia going from one British Columbia town to another, but they're protesting road conditions. Nothing to see here, move on. Then I notice the CBC, at one point, updated that article and said, "Oh, that convoy is not the one that's headed to Ottawa." And that's when the CBC understood that this Convoy going to Ottawa was too big to ignore. Too big to distract or misrepresent, and so what did they have to do?

Step right up to item 3: demonize and lambaste. For the viewers watching, for everybody watching, if they don't truly understand—CBC/Radio Canada is subsidized to the tune of 1.2 billion dollars a year under the federal law. It is true that the federal law was enacted prior to Trudeau. In theory, it is whatever federal government is in power at that time that subsidizes them.

But when you see the indirect distorted interests of the media to placate or favour one government that doesn't want to defund them and to dehumanize the other— You'll notice that the CBC, once upon a time,

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sued the Conservative Party of Canada for copyright infringement for using some of their material for a campaign ad—but never sued the Liberal government similarly—using our taxpayer dollars to sue a political party, one of the two big federal political parties.

Understanding this now, the CBC could no longer ignore this Convoy that was coming from all corners of Canada. So once they can't ignore, once they can't misrepresent, they then have to move into demonizing. And that's when they start demonizing the truckers as

extremists, anti-science, anti-vaxxers, yada, yada. At this point none of us really understood how big it was ever going to get. And they're doing their best to try to ignore the young children and the people with their flags of hope on overpasses across the country.

Shawn Buckley
And I'll just stop you there because people that are watching internationally won't understand. So when the truckers started moving from different parts of the country and driving towards Ottawa, the citizens would literally line up along the road, every overpass covered in flags and placards. And they couldn't buy a meal and they couldn't pay for their diesel—like, people were supporting them along the way and that was part of the experience that Canadians had. Because we have people watching internationally, I felt the need to jump in and fill that in.

David Freiheit
Please, don't worry. And they were doing it everywhere. I mean, they did it in Montreal; they would stand on overpasses. You had these wonderful images of hope and people standing behind the truckers—the truckers who would ultimately become an international movement, which obviously upset Justin Trudeau even more. So the media has to demonize them, and so they start calling them all sorts of names at first. But at this time, also, nobody understood what this protest was going to turn into.

You had truckers driving across the country, not knowing how they were going to pay for fuel or not knowing— Just, enough is enough, we're going to the capital. People also should appreciate Ottawa is not a random town. It's the capital of Canada; it's where protest occurs when protest needs to occur. So all of this is happening, and I'm starting to pay attention to it, starting to understand this is turning into something special. As luck would then have it—or bad luck would have it, although I think it all ended up well—I was in Florida for a Project Veritas event, back before Project Veritas turned into what it is today. But then people were saying, "Viva, what are you doing at a Project Veritas event? Get your butt to Ottawa." So I'm like, "Okay, I'll get back to Canada and I'll go."

In the meantime, I'm starting to see what the CBC and other legacy media are reporting from Ottawa: I'm seeing reports of Nazi flags. I'm seeing reports of Confederate flags. I'm seeing reports about defacing the Terry Fox memorial. People urinating or desecrating the [National] War Memorial that is in downtown Ottawa. But I'm simultaneously, literally, getting tweets, messages, video clips from people on the street saying, "This is all a big fat lie."

I'm sitting there; it's like, I'm seeing not one screen, two films. I'm seeing—someone's telling me that they're seeing blue when it's red. And so, it's like okay, "Well, I'm going to get to Ottawa the Monday I get back," which is after it started on the Friday.

I had never done this before. I did livestream where we talk about subjects, but I've never done a walking around real-time livestream. I said, "Look, I'm going to drive down to Ottawa. I see what the CBC is saying. I'm going to drive down and I'm going to livestream. And if there are Nazi flags there, the world's going to see it for good or for bad, for right or for wrong. If there's Confederate flags, violence, and mayhem, then the world is going to see it in real time as I see it."

I get down there. I drive down from Montreal. I drove down there and back every day, except for one night when I tried to stay in a hotel. But that was when I think the

government either bought up all the hotel rooms or forced them to cancel reservations because they cancelled my reservation.

I get down there. And you understand them: It's like eyes wide open for the first time, ever. I understood we're being lied to. And not just lied to—because it's one thing if you know someone's lying to you—it's a more insidious type of lie when they try to make you think that it's reality. It worked on so many people. I get down there, the Monday after reading news about Nazi flags, desecrating the War Memorial, and desecrating the Terry Fox memorial.

At this point, let me bring up one of my footnotes here: the article about the desecration of the Terry Fox memorial. This is CBC and this is how they reported it, and it's so subtly insidious: "Anger over defacement of Terry Fox statue, a sign of his 'unique' legacy, says mayor of icon's hometown."

[00:15:00]

When I talk about the fake news—and people are going to immediately think of the Trumpian term—this is government-subsidized propaganda. And you'll notice, in all of these CBC articles that I'm going to bring up, the tactic: They make a statement, but then they quote someone else, "says mayor of icon's hometown." So they're not making the statement, but they're saying the statement, referring to another government official who makes the statement—it's misleading, and it's utterly dishonest. So you read the headline, and for anybody who gets past it, you might see this picture of the defacement of Terry Fox [image of Terry Fox statue with a Team Canada baseball cap and Canadian Flag wrapped around his neck].

Words have meaning, as a lawyer, my father always said, "Words are the tools of your trade." Defacement typically means something semi-permanent, more permanent than a cap, even if one were inclined to think that a cap is defacing a statue. They don't show you the bottom of the statue, at least yet. So anybody who gets this far, and says, "Oh, my goodness"—well, even I thought this at the time—"there must be something going on at the bottom of that statue." Spray paint, dirt, something along those lines. You get down to it—once you scroll down far enough—and this is the defacing of the Terry Fox memorial that they were complaining about [image of Terry Fox statue holding a sign: Mandate Freedom]. Now, again, they didn't make the statement; they're just quoting the mayor of Terry Fox's hometown. Why is this so gleamingly insidious? That's defacement.

And when you want to talk about a media that has a vested interest to demonize one group while lionizing another, this is a tweet from Sheila Gunn-Reed from back in the day. Let's see if I can find this. Can we see that now?

Shawn Buckley
Yes, we can.

David Freiheit
Okay, it's tucked down here somewhere behind all this.

You have a tweet from Sheila Gunn Reed, which compares, you know, historical defacement of the Terry Fox—sorry, alleged defacement—from the Convoy with what is otherwise "just celebration" [Sheila Gunn Reid Tweet comparing image of Terry Fox statue at the

Convoy, with Team Canada baseball cap, Canadian Flag, and Mandate Freedom sign, with another image of Terry Fox statue celebrating Pride week, holding a Pride flag and flowers]. It's the same media that's doing this: they'll take two images, which are by and large the same, and demonize one based on ideology while lionizing another based on ideology.

Who does it benefit?

Well, it benefits the government, and it benefits Justin Trudeau in effectively shaping—and as you say, not just Justin Trudeau but Doug Ford, all the provincial leaders—it helps them mislead an entire population as to what's actually going on for anybody who gets past the headline, which is already a very small percentage, and even then, it's buried in there.

And they do this so that they can create, promote a narrative that favours the government, a government which subsidizes them, and then people see this and think that they are informed. I knew people in Ottawa, not to identify anybody who doesn't want to be part of this. I've known people who live in Ottawa who thought what was going on was what was being depicted in the CBC; none of them stepped foot in downtown. And they all believed that they knew what was going on and that the truckers were Nazis, that they were desecrating statues, urinating on them.

I went down there with my camera, and I ran around, literally, everywhere. And I go past the memorial: it's clean; it's shovelled. There might have been what looked like coffee on the side of it, but, by that point, the lie has travelled around the world and the truth, as they say, is still putting on its pants. I did this for 13 or 14 days: just drive in, see what's going on and talk to people—just talk to people and hear them in the same way that they're talking now and sharing their stories with the world now because our elected officials refused. They didn't even have the courage or the dignity to come down and talk with any of the protesters—people who just wanted to be heard and share their story after two years of what can only be described as unconscionable inhumane abuse. They didn't have the courage to step down and talk to them. I just went around hearing people's stories, see what was going on firsthand. It wasn't to misrepresent; it was just to show without a filter what was going on. And that, without a filter, led to CTV News' "W5" attempting to make me look bad, as if to say, "This guy goes around with a camera with no filter; he's very popular. What's going on? Why are people watching this?"

Without understanding that that's exactly what the people want: it's just the truth of what was going on. And I went down there and I saw it with my own eyes. You know, when the CBC was talking about kids—hold on, I'll bring this one up as well—kids being among the crowd, making it hard for police to do their numbers. Here, I think this is it; yes, this looks like it. Look at this. CBC, notice the tactic: They make a statement, "Large number of **children among protesters hampering response, police say." Oh, well, we'll just unquestionably and unquestioningly repeat what the police say so that we can then continue with demonizing. And not just demonizing, by the way,**

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because I was there seeing people in tears because the implicit threat was that the government was going to come in and take children away.

This is not just demonizing and calling people Nazis or whatever. This is, you know, saying these parents are putting their children at risk, using them as human shields. But CBC says it again, "Large number of children among protesters hampering response, police say." CBC

is not saying it. They're just repeating it for and on behalf of the government to the benefit of the government.

And then, look at this, if anyone thought— Is this the right one here? Yeah, this is it. Ottawa police [an Ottawa Police tweet]: The CBC is just repeating the Ottawa police, repeating it and not condemning it. When the Ottawa police come in and say, "Protesters have put children between police operations and the unlawful protest site," they deemed a constitutional right unlawful just like that, willy-nilly. But set that aside. "The children will be brought to a place of safety." To me that is a very sinister threat of government-sanctioned kidnapping, but it didn't actually get there—but not for lack of trying from the CBC media. So I'm down there, oh, goodness. Yeah, sorry, go for it.

Shawn Buckley
Well, I'm just wondering, describe what you saw. So you're telling us about all this demonizing and you're telling us you were down there. So what did you see?

David Freiheit
I said I wasn't going to cry because I think it's weird when people cry. I cry when I get upset, but I also cry when I get really, really frustrated. What I saw there was one of the few times where I was on the verge of tears because of how magnificent it was. It was noisy: there's no doubt about it. There were horns and there was a beauty in the horns. But it was nothing but the most beautiful thing I have ever seen, for those of us who had spent two years under psychological, economic, financial, and spiritual abuse.

You know the previous witness talking about how Peel region was talking about locking kids up as young as five years if they just came across someone who's— We had lived through that. I saw people smiling. Hugging. And I'm never one to hug; I'm a bit of a germophobe even before all this. I even started to hug. You saw people smiling; you saw people wearing masks mingling among the crowd. But the media was saying that, you know, the truckers were demonizing people who were wearing masks.

Another grotesque lie because a lot of people, known to everybody there, were wearing masks so they wouldn't get identified and fired from their jobs for participating, partaking, or even being at the protest site. I saw kids playing hockey. There was the jacuzzi towards the end of it, the hot tub. Kids playing hockey, dancing, smiling. There was a section by Wellington and the main intersection, right in front of that hotel, the fancy hotel—

Shawn Buckley
Elgin.

David Freiheit
I called it the dance-dance. It was, say it again.

Shawn Buckley
Elgin.

David Freiheit
Elgin Street, yes absolutely. There was this section, I called it the dance-dance revolution because they had trucks—they were playing dance music; people were dancing. I'm not saying this, because I don't look at people and immediately see race, religion, identity, sexual orientation, I'm saying this because for a group that was called misogynist, there were women all over the place. For a group that was called racist, I interviewed Iraqis. There were black— I don't know if they were Canadians, but there were people of all races there. They were called anti-trans; I interviewed a trans person who was at the protest, Ari was their name. I interviewed this person and we had a good time. And Ari said that the only time they felt any form of hatred was when they crossed the line from the counter-protesters to the protesters, when the counter-protesters realized, "Oh, this is no longer an ally, Ari is an enemy." I interviewed people from all over the world. I interviewed Big Bear, a native man. And I'm listening to the media say that this group of trucker protesters was anti-black, racist, anti-Semitic, misogynist.

It was hogwash from day one, and I learned that after day one. Trista Suke, day one, I meet a beautiful young woman who's walking around with a guitar. I had no idea who she was. She says, "I want to sing you a song," and this was at the far end of the protest. And I was nervous for her because, you know, I was worried it was going to be like an "America's Got Talent" bad audition. She started singing and she sang Amazing Grace, and it was the most beautiful thing I've ever heard.

This was what the protest was.

And then for two and a half weeks, you had the CBC running around with that lone picture of a swastika on a flag. No one ever knew who that person was. But, you know, very fortunately there was a professional photographer right near him, so he could get that shot. You know, diffuse it to the media who would then run it around saying, "Oh, we're just reporting."

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For anybody who doesn't know that one scene on day one when someone was there with a Nazi swastika flag: The media ran with that. Politicians ran with that. Marco Mendicino ran with that. Justin Trudeau, Jagmeet Singh, they all ran with it. The media helped them, and they had their disinformation-laundering campaign perfectly set up. It's unclear what that person was even doing because there are some people who suggest the person was there with the Nazi flag to suggest that Justin Trudeau's regime was behaving like previous Hitlerian regimes. Others are saying he was a plant. Who knows? Bottom line: that flag existed on one person for one moment, never came back. And after that, it was nothing but love, peace, and a sense of joy that Canadians had not felt—and the world had not felt—in **two years. Sorry, I heard you want to say something.**

Shawn Buckley
Well, no, you answered my question because we've all seen that image because the mainstream media just kept repeating that image. So, you know, it's now a famous image in Canada, and it's burned into our minds regardless of whether we bought into the government narrative or not. And so I was just going to ask you, because you were literally walking around live streaming day after day, if you ever saw a Nazi or Confederate flag at the trucker protest?

David Freiheit
I never saw one and I didn't edit anything. I went for five and a half hours, sometimes every day, and I saw what I saw. And it's not just that I saw what I saw because I asked cops. I asked the police: "Have you guys seen any vandalism? Have you seen any violence?" They said, "No, it's cleaner and safer now that it's ever been." And I should add this, I'm very familiar with the city of Ottawa. I never felt comfortable in the city of Ottawa; I might be a bit neurotic and nervous, in general. But nobody liked downtown Ottawa at night because it's not a place where you would go walk at night. No judgment. There might be, you know, reasons why the government has sort of failed the homeless population and the addicts of Ottawa. But it's not a place where you would walk around; the Rideau area, it's not a place where you'd walk around at night. I had never seen the downtown core of Ottawa cleaner, safer. The homeless people were being fed. And so when you read these bogus rubbish stories coming out that the truckers went and harassed a homeless shelter and demanded food—they were literally cooking food on the streets and feeding the homeless people.

And it was so in your face and so shocking what I saw. And I went to ask the cops, "Have you guys seen anything?" At one point, one of the policemen said to me, "Yeah, actually, there's a broken window across the street." I was like, "Oh, where?" And then he giggles saying, "I'm joking; it has nothing to do with the protest." You could not understand what it—wasn't—unless you had been there. But they did a good job doing what they're doing in terms of making people think they understood what was going on, and it has its impact. And I always say, "The toxicity is a trickle-down and a trickle-up."

Let me play a clip. I interviewed a counter-protester. I'm just going to play one section of this interview. Let me see if I can bring it up here. And I'm not bringing this up to mock the person. I have no idea who this person was, ironically enough, wearing masks, and nobody cared. But listen to what the protester said. I thought this rang interesting.

[Video] Counter-protester
The occupation of Ottawa has to end. I live just outside the Red Zone. It's appalling. I cannot go to an office building. I can't shop. I can't go to church. I can't—

Viva Frei
You can't shop. You can't go to an office. You can't go to church. What do you have to say to the people who are protesting because they can't go to church, they can't go shopping, and they can't go to the office because of the government.

Counter-protester
Get vaccinated,

David Freiheit
"Get vaccinated." Listen.

[Video] Counter-protester
and do what you can.

Viva Frei
Okay, but now, if I may ask, could you recognize a certain inconsistency in telling someone that they have to do something with their body to do the thing that you're complaining you can't do now because it's an inconvenience?

Counter-protester
It's not an inconvenience, that's an occupation.

David Freiheit
"Occupation."

[Video] Counter-protester
I'm not telling them that they have to be vaccinated. I'm saying that if they want certain things, certain rights then they have to be vaccinated. If they want certain rights, you can't drive a car without a seat belt without facing the consequences.

David Freiheit
Where she says, "without facing the consequences," she goes on to say, "Get vaccinated or there will be consequences."

[Video] Counter-protester
You can't drive drunk without facing the consequences. If you don't want to be vaccinated, then you have to face the consequences.

David Freiheit
Where did we hear that terminology being used? I had to go back and double-check.

Shawn Buckley
So this is a counter-protester, just so it's clear for everyone watching. This isn't anyone involved at the Trucker Convoy, but they were counter-protesters. You went and interviewed this counter-protester.

David Freiheit
I interviewed a couple. I wasn't there to pick fights or start fights, but I went to interview this counter-protester. The one thing people should remark from that interview is that you could hear it,

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and this was barely four blocks down from the core of the protest. She went on later to say that it's torture, the noise. We were conducting an outdoor interview on my iPhone, and you could barely hear the horns from up the street.

But "get vaccinated or there will be consequences": where did I hear that terminology? This was February 2022. Well, lo and behold, you know, this was the exact terminology Justin Trudeau had used in August 2021. I had to double-check the dates to see which one came first. And you see how this all works: It comes from the "top down," recycled and regurgitated by the media that doesn't hold the government's feet to the fire. I've been saying that the Canadian media has gone from being the government watchdog to being the government lap dog. And so you get the government, you get Justin Trudeau, the highest person in political power in Canada: "If you don't get vaccinated, there will be consequences." You don't get a media grilling him for this Nuremberg-level violation of everything that history has taught us.

And then it trickles down, recycled, and then, lo and behold, you get your citizens regurgitating and repeating what would otherwise be atrocity-speak in different ages. I interviewed this protester. You could hear the interview. They were claiming it was an occupation: She said, you know, "The horns, it's torture. It's a violation of international law." And I asked her if she knew about the Nuremberg Code, and, lo and behold, you know, CBC wasn't exactly teaching people about the Nuremberg Code.

But that's what happened. I walked around. I talked to people and I heard their stories. I interviewed a woman whose two sons died of overdose during the pandemic. You can't listen to something like that and not have your heart hurt beyond any way that you can ever repair. But, you know, Jagmeet Singh, who goes down on Parliament Hill to protest with the federal workers, didn't step down. They like to use the word "step up." That's the propaganda, you know, "people step up."

The government wouldn't even take a foot down into the protest to listen to these people. A woman who lost both of her sons to overdose during the pandemic. She was telling me how, you know, they were good; they got their lives back on track. And then everything shut down: they lost their jobs, and they relapsed and died. No, the government doesn't have the courage to talk to her. The media doesn't have the courage to talk to her.

You get the CBC down there, and this I saw also. The most interesting was not just seeing the distortion of reality but seeing how they do it. So you get the CBC—and others, I mean, I don't want to only pick on them, but they really deserve it—looking for the drunkest people to interview, then interview the drunk people, and then say, "Look at this representative of the crowd down here. It's a bunch of bums, drunken; they're just looking for excuses to do this." They look for the exceptions to make the rule, and they don't actually talk to the people themselves. It was revelatory, but well, let me bring this one up.

This is just something that the world needs to see, speaking to what the CBC does in terms of reporting. This was an actual article. We're talking about state-funded media that is there to parrot and condition the population to accept unconscionable government measures. Why? Because they're subsidized by them directly and/or indirectly. This was an article, "The pleasure and peril of snitching on your neighbours during a pandemic." And their only problem with it, by the way, "Experts say reporting on neighbours offers a sense of control but adversely affects minorities." This is Canadian media, fully subsidized by government taxpayer dollars, and what they're out there doing is parroting, pre-suasion— planting the seeds—preconditioning people to accept the unacceptable and normalizing it.

Shawn Buckley
You know, it's interesting that reporter obviously hadn't learned what we learned in Manitoba. Because when the Commission has been travelling to different provinces, we've had one of our video people assemble news clips of the government speaking during the pandemic. In Manitoba, they didn't call them snitches; they called them "ambassadors." It was really Orwellian. I mean, it was upsetting to watch. And what the government was saying, they were basically encouraging people to snitch as if we were in East Germany, and, you know, there was the Stasi.

David Freiheit
It's the Orwellian newspeak like the previous witness was saying, you know, "We're closer together by being further apart." What is it? "War is peace, freedom is slavery, ignorance is strength." I forget the exact order, but it's nothing less than Orwellian newspeak.

[00:35:00]

Just to show receipts as well, this was the CBC, and notice the tactic again; it's the third time we've noticed it: "Protest convoy had 'worst display of Nazi propaganda in this country,' anti-hate advocate says." So the CBC is not saying it. They're just repeating what someone else says without holding their feet to the fire, without challenging it: it's the "worst display of Nazi propaganda in this country." This is, I like to say, "confession through projection," on my channel: accuse your enemies of doing what you're doing. This is the worst display of propaganda imaginable. You have the CBC, not saying it, just repeating someone else—the anti-hate network has its own problems in terms of reputation—but just repeating it: the "worst display of Nazi propaganda the country" has ever seen. And I went down there. Didn't see one Nazi flag, and it wasn't for lack of trying. Didn't see anything but the most beautiful unification I had ever seen.

I should say, it was the most beautiful thing I'd ever seen until Justin Trudeau deployed the stormtroopers after having invoked the *Emergencies Act*. I didn't see a lick of violence until the cops came in. Police, I should say the police—the RCMP, Sudbury Police, OPP, who are the other ones, Sûreté du Québec from Québec. It was the most beautiful thing I'd ever seen until the government said, "We have been embarrassed enough," and then called in the police.

I was down there the Friday and Saturday when they broke it up. And they came in, at the direction of Justin Trudeau, like literal stormtroopers in flank. One step at a time, knocking people, what do they call it, "the shove and grab," knocking people over, arresting them. I was there the day that they had assaulted, violently arrested, Chris Deering, an Afghanistan war veteran. A war veteran—his body had been literally destroyed in battle where his other mates did not survive—violently arrested, cuffed, had his hands behind his back for two hours. Then they drove them outside of the city and dumped them off like trash and let them make their way back.

I was there the Friday and the Saturday, and they had snipers on roofs, drones in the sky. They were detonating concussive grenades. I was like five feet from a concussive grenade as it detonated, as they're clearing the streets one after the other. Because Justin Trudeau, who promotes protest in India, promotes the rights of the citizens to protest in China— It wasn't even a question of negotiating. We now know from the Commission [Public Order Emergency Commission, (POEC)] that they had effectively negotiated some form of an agreement whereby the trucks would leave. But Justin Trudeau was so desperate to turn this into a quasi-January 6th—

Shawn Buckley
Let me just stop you, and I do want you to continue. But I just want the people that are watching your testimony to understand. So what you're communicating is the *Emergencies Act* was being invoked. So people understood that the troops were coming, so to speak, and the truckers had arranged to negotiate and had communicated "We will leave." So it wasn't necessary for the police to come in. And we've actually had one, I think, two witnesses that were involved in those communications, "We will leave." So I think it's important for people to understand, especially those that watched the troops come in—and there's still the videos online—that was completely unnecessary. That basically the truckers had agreed to leave and disembark and vacate the capital.

David Freiheit
I have sort of taken for granted and, wrongly, that everybody knows exactly what I'm thinking. Yes, so the protest goes on for near three weeks and peaceful, but it wasn't ending. The Windsor Bridge blockade, which everyone knows because that blockaded the border between America and Canada, Ontario and Michigan, had already been resolved via court order.

But Justin Trudeau was hellbent on invoking the *Emergencies Act*, which used to be the *War Measures Act*, which is the invocation of last resort for when there's a national emergency for which existing laws are inadequate to remedy. So Trudeau was hellbent on doing this. We now know this from the Commission (POEC), which revealed that they were discussing it. And even though a negotiation had been reached between the truckers and the city to at least clear up certain areas, that settlement was basically set aside so they could invoke the *Emergencies Act*, which was after the Windsor Bridge blockade, if you want to call it that, had already been resolved via court order.

So I don't care what the Commissioner Rouleau concluded.

[00:40:00]

It was the most egregious, unjustified, unconstitutional overreach to invoke the *Emergencies Act* for an issue of national security—a national crisis that cannot be resolved by existing laws—as relates to a protest in a four-block Red Zone, in pinpoint, geographically limited to Ottawa.

If nobody knows what an overreach that was, I've broken it down quite a bit on my channel. He invoked the *Emergencies Act* and then the police start coming in. Everybody knew it was going to end badly or more badly. The police came in flanks. You had multiple police [forces]. You had some with no identification badges coming in on the Thursday, Friday, Saturday, setting up fences, which people thought were for kettling, which is, you know, crowding people in so they can get arrested. You had heavily militarized police, armored vehicles, and police people, no badges. You didn't know who they were, just numbers. You don't know where they came from. And then all hell breaks loose of violence on the Friday and the Saturday when they decide it's over.

I said during this event, "If this event does not end in reshaping and revolutionizing where the world is headed, it'll be the biggest black pill following the biggest white pill that I've ever had." The day that this protest was violently ended, violently suppressed, it was one of the darkest moments for me after having seen the last three weeks of peace, love, and beauty. Nationalism in the best possible way—Canadians proud to be Canadian again. The amount of people who said it to me while I was down there: "I've never been prouder to be Canadian. I've been depressed and sad for the last two years. I've driven 13 hours from Nova Scotia. I've driven 12 hours from Northern Ontario. I've driven from Vancouver." The people were happy to be among other people. They were proud to be Canadians yet again, and then it was suppressed. The way it was suppressed also further illustrated the government-subsidized propaganda to downplay and deflect from the egregious over-the-top violence.

There was an image accidentally caught by the CBC, I think, of the police beating the ever-loving mercy—just kneeing a human being as though they were a sack of potatoes that they were trying to turn into mashed potatoes for dinner. It was accidentally caught live; they never spoke of it again. The media is covering this, you know, talking about violence—that could possibly warrant this action—when there never was. At one point during the protest,

the police cordoned off the cenotaph, the War Memorial, to protect it. To suggest that the protesters, who were military veterans in large part—

Shawn Buckley
Many wearing medals at the time and telling the police that they were not going to be violent.

David Freiheit
Wearing their medals. When Chris Deering was violently assaulted, he lost one of his medals in the snow when they shoved him to the ground, when they kneed and assaulted him. They were wearing their medals. They were—and I learned this by being there and asking them because CBC sure as hell was not reporting on this—they had set up 24-7 video surveillance of the War Memorial. They were shovelling the snow every time I was there, salting it, because the city was no longer salting. They had a drummer in front of the War Memorial, doing the military drums, and then the police come in and section it off as if to suggest that it was out of control and that people were desecrating it or vandalizing it. The military veterans that I was talking to—I've never served; I don't have this experience; I don't have this, you know, reflex of my soul—they were outraged. They said, "This monument is a monument for me to go pay tribute—honour—to my fallen brethren. And now I can't go step on it because the government is doing this as a sick ploy to make us look bad."

Did the media ever talk about how it was the military— It was spinning. I interviewed these guys, shovelling the snow, salting the walks, and watching over the War Memorial.

Shawn Buckley
Viva, I just need to focus us, and somebody just flashed that we have five minutes left.

I want to give the commissioners an opportunity to ask you questions because you've brought us a very important perspective, and the fact that you actually went there to deliberately see what was happening and contrast it with government narrative is of vital importance. So I'm just going to ask the commissioners if they have some questions, and they do.

Commissioner Drysdale
Good afternoon, Mr. Freiheit. We had previous witnesses who were at the protest in Ottawa, as you were,

[00:45:00]

and you were talking about how the CBC only presented certain pictures and so did the rest of the mainstream media. But that area, Elgin and Wellington, in and around and in front of the Parliament buildings, is probably the most surveilled, video-taped place in the whole country. Have you seen or have you asked for or has anybody to your knowledge demanded that the Government of Canada release some of that surveillance tape so we can see, using the government's own video cameras, what happened?

David Freiheit
I would say there's—I haven't done it. There's no need to do it because with all of the live streamers there who captured all of this in real time, there's no room for doubt. Thank you for reminding me of another fake news story that the media ran with but only corrected once it was well too late.

The arson, the alleged arson that the truckers had attempted to carry out on an apartment building. It had nothing to do with the protests and nothing to do with the protesters. By the time they go to correct that story, or attenuate it, it doesn't matter; it's already left its impact. When I was talking to the counter-protesters, they were just repeating the same things. They were just repeating the same things: people getting assaulted for wearing masks, the harassment. It was nonsense. But you don't need to ask the government for these videos. Everything was documented in real time.

The only issue really became, say, algorithmic suppression or soft censorship on social media where that video of the police kneeing, I think, a veteran in the torso as they're arresting him—that systematically gets demonetized on YouTube, which affects its visibility to others. But it was all captured. The only violence that occurred, in my experience and that I've seen, was at the hands of the government that came in to end this peaceful protest in the most non-peaceful way imaginable.

Commissioner Drysdale
Well, my only point, and I agree with you, it was documented by many people, including yourself. But my only point in getting the government videotape is it would be nice to hear from the voices of the government themselves, showing their own cameras, what their own cameras have shown. It would be difficult for people to say that the government edited or selectively videotaped when they have hundreds and hundreds of cameras. It reminds me a little bit of the Tucker Carlson thing earlier this year with their January 6th fiasco. It would be hard for the government to deny their own camera feeds, I think.

David Freiheit
Absolutely. Also, some of those camera feeds might show stuff that the government doesn't want you to see. Like there was a video of the police, while arresting someone, appearing to butt them repeatedly with the firing end of a gun. I'm reflexively a back-the-blue type person. But what I saw on the days when the protest was crushed violently was just following-orders-type conduct, which will leave a lingering bad taste in my mouth.

Commissioner Drysdale
Thank you.

Shawn Buckley
And there being no further questions, David, what a pleasure it has been to have you share this, your personal testimony with us. On behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

David Freiheit
Thank you for having me. I wanted to do this during the Commission, but I think too many people wanted to do that as well. But thank you for having me. I hope everyone really

appreciates—it's attributed to Denzel Washington, but I think it's more Mark Twain: "If you don't read the news, you're uninformed and if you read the news, you're misinformed." You have to know the tricks in order to understand how to digest what's being fed to you and make more people wake up to what is actually going on.

Shawn Buckley
Thank you.

David Freiheit
Thank you.

[00:49:10]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 10: Anita Krishna
Full Day 2 Timestamp: 10:18:39–10:47:30
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Hello?

Anita Krishna
Hello.

Kassy Baker
Hello, Anita. We're on right now. Can I please get you to state and spell your name for the record, please?

Anita Krishna
Anita Krishna, A-N-I-T-A, last name is K-R-I-S-H-N-A.

Kassy Baker
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Anita Krishna
I do.

Kassy Baker
Very good. Now I understand that you're here today to tell us about your termination from Global News from your position as a control room director. Is that correct?

Anita Krishna
Correct. Yes.

Kassy Baker
Before we get into that, I would just like you to tell us a little bit more about yourself. Can you please describe your education?

Anita Krishna
I have a bachelor's degree in Radio and Television that I got from Ryerson University and I've taken other college courses, but I have a bachelor's in Radio and Television from there.

Kassy Baker
And how long have you been working in journalism and broadcasting?

Anita Krishna
Twenty-five years, long time.

Kassy Baker
Can you please tell us about your work and duties as a control room director?

Anita Krishna
Okay, at Global News, I was a technician, I was a control room director. So what that means is when you're watching your newscast on TV at home, we are making the TV happen, so that's part of my job. The producers line up a show, and we all work out of a rundown: the software that we used there was called ENPS [Electronic New Production System]. So they build the show, and what we do is we run all the elements in the show technically. We roll the opening, the big dramatic music that says, "Tonight, on Global News," and then we do all the camera moves and decide what the look is, whatever the top story is. Let's say it's about a mudslide blocking traffic on a highway or something, then I put in pictures of the mudslide, things like that. If we're going to reporters live on the scene, I make sure that's technically all good to go.

My job is preparing the technical execution and executing a show. But I work in a newsroom, so I work alongside all the directors, or sorry, all the producers and stuff. So even though I'm in my own world kind of lining up, kind of technically figuring out the elements I'm going to use for the show, I'm listening to what's going on in the newsroom. And I've done that type of work for 20 years or so.

Kassy Baker
And how long have you been working for Global specifically?

Anita Krishna
Since 1997, that's when I started there and I worked there for a few years. There was a period of time, right around 2001 and '02 that I started working at other stations. So I was just freelancing around different stations in Vancouver. I worked for CTV and I worked for City TV and worked for Global and Shaw, kind of all at the same time. So yeah, so I did that. Then I got married, and then we moved to New Zealand and then we came back here in 2007, and then I started working again. I picked up a little bit of work at CTV, and then I went back to Global.

Kassy Baker
You were working for Global in this position when the COVID-19 pandemic arrived in 2019. Is that correct?

Anita Krishna
Yes, I was a director of newscast when COVID-19 happened.

Kassy Baker
So what did you observe about the virus and how it was reported in those early days?

Anita Krishna
Oh, well, I mean, obviously in 2019, you know, it seemed to be a thing that just was happening over there in a different country. You know, here we go, it's another SARS type-of-thing. And you know, we're just waiting; nobody was really freaking out too, too much about it then. When it hit big was March, like 2020. I remember I was working at Global National, I was directing that show, March 11th. And oh, boy oh boy, like, yeah, that's when the hysteria really, really hit hard I would say.

Kassy Baker
Can you give us an example of this hysteria, as you've called it?

Anita Krishna
Well, the funny thing is, is that— Okay, working on Global National, some of the headlines that we were running that day on the 11th is like, we had reported that "The WHO declares the coronavirus a global pandemic." This is like just in our headlines, right?

[00:05:00]

And then we ran a little clip of Trudeau saying, "We're going to give Canadians everything they need," you know, "don't worry." And then we ran another clip saying, Patty Hajdu. And then before we got into that, we said, "Are Canadian hospitals going to be able to cope?" And then we went to this clip of Patty saying, "Oh, about 30 to 70 per cent of the population could get it." Then we ended it by saying, "Social distancing, what you need to know about keeping your distance and flattening the curve." And so that was in one minute, we had outlined all those things—all those things like panic, fear, just trying to scare everybody when I could see that nothing was really happening yet, like nothing had happened.

At that point, I'm not sure if there were—who had it? I didn't see anybody in my community that had it; I didn't know anybody that had it. Yet all these measures, these crazy measures and these fear tactics were coming fast and furious. And it was also right around that time that all the sports had cancelled, like the MLB, the NBA put their season on hold. The NCAA cancelled all their championships. It just seemed to be like—whoa, how did all these corporations or institutions, how did they all come to do this? Bang, bang, bang, like shut down, shut down, shut down, when we hadn't seen anything happen yet.

So my gut instinct was just telling me that this was like a massive overreaction but, you know, the horse had sort of left the gate already. Everybody was sort of in on this and nobody seemed to question the hysteria. Because, at the same time, we're also telling

people, "Children could get it. Children could test positive. If you've travelled outside the country, make sure you isolate; nobody, non-essential travel—" and all our clips of running people like Bonnie Henry saying, "This is going to get worse." Well, I didn't even see anything happen yet, so I just thought it was a massive overreaction. But everybody was just sort of going along with it.

Kassy Baker
And from your perspective, how did that reporting change over time, over the next several months that came to pass?

Anita Krishna
Sometimes an event happens and then you see the reaction. Now people can argue whether you see controlled events happening in news and then you see the controlled newscast. Sometimes that does happen, right? But for this situation, it was like nothing happens and then you see this kind of overreaction. Okay, so fair enough. So maybe at the time people were just being prudent and being cautious.

As time wore on, it just seemed to be that there were things that we were not reporting. You could easily find these things on the internet or find these things in other sources, but for some reason, our own newscasts were neglecting to tell people that perhaps the origins, like where this came from, was not the wet market. We actually just made people believe that it came from a wet market and never addressed this laboratory, the Wuhan Lab. Which was a big concern of mine because if you don't know where this thing came from, how it came to be, how can you propose to know what it is and propose to stop it? So the fact that—

Kassy Baker
I was just going to ask, when you observed this, what was your reaction to the news being covered in this way?

Anita Krishna
Well, I just thought, how can we neglect this? How can we neglect to tell people this? How can we lead people to believe something which is not 100 per cent accurate? And we were leading people to believe things, about several things, that didn't seem to be accurate, and yet we were not reporting this other side to so many pieces of this story.

Kassy Baker
Did you raise your concerns with your colleagues or with your supervisors and superiors?

Anita Krishna
Yes, yes, I did, I did, yeah.

Kassy Baker
Sorry, what was their response?

Anita Baker
I was raising concerns left, right and centre about absolutely everything. So let's see here, I had a meeting— I mean, as soon as you raised an issue, let's say you talked about the Wuhan lab. At one time, I said I thought this was a synthetic virus, in the newsroom:

[00:10:00]

that did not go over well, people just ended up getting mad at you. Other things that I raised was why we were not telling people about medications that could possibly help you, right? All of a sudden, everybody had these very strong opinions on hydroxychloroquine, and they had already formed their opinions. But my opinion is, if it's something that could possibly help you, do you not have the right to try it?

My cousin ended up getting COVID and she takes hydroxychloroquine because she takes it anyway, because she's ill with something else. So she got COVID and described how awful it was for her, but that she got better in about eight days and she thinks she got better because she was taking hydroxychloroquine. She said, "I think that that made a difference, you know?" So I told this to an anchor at work. I said, "Hey, my cousin took this and she thinks she got better." And he just said, "Oh, she thinks she got better, eh; she thinks she does; she thinks she got better." Like he got mad about it, but why would you get mad? Wouldn't your answer be, "Hey, that's awesome. You know, I'm glad that that worked for her, maybe we should look into it. Maybe this is something we should do a story on."

I'll tell you something else. I brought up ivermectin to one of the assignment editors there, too. Because there was so much negativity going on in the newsroom and so much judgment of people that were questioning the vaccine and stuff at the time that you knew what you couldn't really even speak about. But you couldn't really even speak about drugs. So one time in the newsroom, I brought this up because somebody called up to say some story about how unvaccinated people were taking up beds in the Children's Hospital, like, "look at these unvaccinated people." And this one guy was just sort of saying, "Oh, what a bunch of idiots these people are." And then somewhere in this conversation, I had brought up early treatment. And I said to him, "What about ivermectin?" And he said, "That's debunked." He said, "That whole drug is debunked."

Kassy Baker
Sorry, and just to be clear, this was a colleague in the newsroom or in your work environment, correct?

Anita Krishna
Like a senior colleague. The reason that this is important is because this man helps shape the newscast. This man decides what goes on our newscast, particularly the big ones, the five o'clock and the six o'clock. And he's calling people—I mean, a lot of people there were calling people names, like covidiots and stuff like that. But then when I bring up a drug, he says, "That drug is debunked." And I said, "What? What do you mean the whole drug is debunked? You know, what are you talking about?" I said, "Did you not see that big, big study in India?" And he said, "That's debunked." That's all he could say was "that is debunked."

But to my mind, at that time in Uttar Pradesh, there was like 241 million people. They barely had any COVID because they had been using ivermectin. So that is a story. That is something that we should at least be looking into. And even if you don't believe that that

medication works, you still should be talking to doctors, talking to somebody who might have taken it and gotten better. And you should be showing that side of the story. Then you can show the other side, of someone saying, "No, it doesn't work." But you have to show both. And the problem is with him saying that this isn't even a thing— And right after he said that, my boss sent me an email saying, "Anita, you need to stop talking about COVID." So I wasn't even allowed to talk about this.

But the dangerous part of it is, these are people shaping your newscast. By them not telling you that there are medications that are not "horse medications," you are doing a disservice to the public. People have the right to try it because they might get better if they try it. But if you hide that information, I mean—that is misinformation. That is 100 per cent misinformation coming from Global News in Burnaby. I can attest to that.

Kassy Baker
You've touched a little bit on the vaccines already, but as we're all aware at this point, they were rolled out in early 2021. Can you describe the coverage that you saw regarding vaccines and vaccinations specifically?

Anita Krishna
Sorry, one other thing I wanted to say about that is we also ran stories making Joe Rogan look like an idiot for taking ivermectin: that was done on purpose and that is wrong. That is wrong and it just led people to believe that.

But vaccine. Well, yeah, I mean, the vaccine was like a religion.

[00:15:00]

All we did was constantly run stories of, okay, "Look at this person in the hospital, this person who made a bad choice and didn't get the vaccine. Oh, they ended up in the hospital." It's like all our stories were slanted to that. Everything we were saying was "pandemic of the unvaccinated. If you're unvaccinated, you'll be holding everybody back." And that we now know isn't true.

Kassy Baker
I apologize for interrupting. In your experience, have you seen any other event reported in this manner?

Anita Krishna
I've never seen an event in my life where you cannot go to someone to talk about it like a senior producer, like a news director, and express your concern. They would be open to your concerns. If you had a news tip to give someone, they would at least take it on board. They wouldn't say, "No, no, no. Stop talking." I don't know how many times there I was told to stop talking about something. So there's an absolute reluctance to provide accurate information and to cover things that you should be doing that could help you. All there was—what I would say—was propaganda that didn't speak up for people.

We would do things like on the 5 o'clock news where we would just say, "and sadly, another business has shut down due to COVID." And we were not actually holding anyone to account saying, "Is what we're doing fair?" You know, when people are using plexiglass

and sitting outside and you can go up to the counter and order, but you can't have a waitress come to you, or you've got to mask—you know, all the things that didn't make any sense. We were just shoving it in your face like it was something you needed to accept rather than questioning, "Is this really making sense for a business owner, for this person's livelihood?" We never stood up for the people. We just, as far as I'm concerned, shoved propaganda in your face.

Kassy Baker
Thank you. Now as an employee, I understand that Global did institute a vaccine mandate at some point. Can you describe the circumstances that led up to that and describe what the mandate required from you?

Anita Krishna
Well, they just pressured a lot of people to get vaccinated, and they'd make you fill out forms and they'd always want to know your vaccine status. And a lot of people were quite upset about that because we were trying to say, "Hey, we have a right to privacy." The people who believed in the vaccine just willingly went with it, as if they're in the good club. And the people who were reluctant and hesitant, "Oh, well, you're in the bad club," you know. So I didn't really even fill out the forms. And it should be noted that I didn't even get fired for not taking the jab. I got fired for speaking up.

Kassy Baker
We're coming up to that right away. So on that point, I understand there were a few things that led up to your termination. But in particular on, I believe it was December 12th of 2021, you attended a rally or a protest that was held in North Vancouver. Can you explain what prompted you to attend this rally?

Anita Krishna
Working at Global was like working in a twilight zone during the pandemic. Everything that you thought would have ever made sense for choice, for freedom, for your health just went out the window. And at this point, I was very concerned because we were running stories telling pregnant women to take this jab, and I personally had run those stories on some of the shows I was working on where we had some doctors telling pregnant women to take it. In my lifetime, I don't think you would ever tell a pregnant woman to take anything experimental because I'm old enough to remember thalidomide. I just think that for pregnant women, you have to be so careful, you can't even eat certain cheeses and things like that.

Why would we be telling women to take this vaccine that's never even been tested on women? How dare we even do that? I was feeling actually sick about that. But as time went on, then you started to hear [about] miscarriages. There were these reports in Scotland and Waterloo. And it was very hard to get a sense of like, was this really happening? And of course, our newsroom isn't even following up on any of this. Then I heard about this rally with this doctor, Dr. Mel Bruchet, and he had done some stuff and he had some videos online talking about it. I really was really wanting to know—were people becoming harmed by this and are people losing their babies?

[00:20:00]

So I just went to this rally which, by the way, Global News should have been at because if you're part of the community, you should be covering this stuff. And they did not. They don't care.

Kassy Baker
Did you attend the rally on behalf of Global or as an employee or identify yourself as such?

Anita Krishna
No, I did not. I went just out of my own curiosity as a private citizen and I knew no one there. But when I got there, I recognized a cameraman that used to work at Global. But I went as a private, curious citizen looking for answers.

Kassy Baker
Now I understand that you ended up speaking at this rally, is that correct?

Anita Krishna
I did. I did.

Kassy Baker
Can you describe the circumstances that led to you giving this speech? Was it planned or unplanned? Explain to us what happened.

Anita Krishna
Totally unplanned. It was just unplanned. I went up to a lady that I saw. She was a nurse, and I'd seen her online in one of these videos because I'd been watching videos of Daniel Nagase and Mel Bruchet. I saw this nurse and I just went up and said, "Hi," and I said, "I'm really interested in what's going on here," yada, yada. I said, "I can't really stay too long" because I had to go back to work. And then she asked me where I worked and then I said, "I actually work at Global," and she was like, "What?" And she just grabbed me, didn't want to let me go. She's like, "We cannot get anybody from the news to talk to us." And I said, "I'm not here as, like, I'm not a reporter." I've always said that: I'm not a reporter. I'm just here because I'm just curious. Then I ended up speaking because I just thought, well, what the heck?

Kassy Baker
I understand that your speech is recorded and available online if anyone wants to look at it. We have not got it here today. But more to the point, I understand that the speech was recorded. Is that correct? And obviously it was if it's online.

Anita Krishna
It was recorded. So many camera phones and then somebody sent it to Global, and then I ended up getting in trouble. I ended up getting suspended after that for violating journalistic principles, and they still have not been able to tell me how I violated those principles. They have violated their own principles by not reporting on community events. They have violated their own principles by not showing up to the National Citizens Hearing

when it occurred in Langley, not even sending a camera or a reporter, not even doing a voiceover on something like this. Who is violating journalistic principles? I can only say they are, by preventing this information to get out to people.

Kassy Baker
So when you were suspended, can you describe the circumstances of that suspension and the terms of your suspension? How long was it? Was it with or without pay?

Anita Krishna
This one was three days with pay, just because they had claimed I'd violated the journalistic principles, of which they still have not told me what principle I had violated. Show me. They could never show me. I said, "What article in this JPP [Journalistic Principles and Practices] did I violate?" They weren't able to ever even tell me that. So that first one was a three-day suspension.

Kassy Baker
And I see that I missed something so I just want to go back and clarify that. When you gave this speech, I understand that someone introduced you and how did they introduce you?

Anita Krishna
Oh, they said I was a Global TV director, yeah.

Kassy Baker
So you didn't make this assertion yourself. It was offered by someone else who was also speaking at the rally. Is that correct?

Anita Krishna
Correct, correct.

Kassy Baker
Following the suspension what was your relationship like with your supervisors and your colleagues at work?

Anita Krishna
Well, I guess in secret there are a lot of people that supported me because a lot of people felt the same way: They felt scared. They felt nervous. They didn't want to take it. They felt completely violated and threatened and bullied by management at Global which—they turned into bullies instead of managers.

My relationship became strained with the people who disagreed with me who thought that I was becoming radicalized. So lifelong friends, we ended up just completely disagreeing. Like my little cousin, he's 24 now, he took a Pfizer jab; he ended up paralyzed in the hospital. I was still working at Global at the time, and this happened right after his Pfizer shot. He got Guillain-Barré syndrome. And I said to people at work, this is what happened to my cousin. One of my good friends who's an editor there, and he just said, "Well, what

pre-existing condition did he have?" That doesn't matter. You don't end up not being able to walk for nothing.

[00:25:00]

He wasn't skydiving. Nothing happened. He took a jab. He can't walk. Now we've heard many stories of things like that. So there's just an absolute refusal to believe.

There are some reporters there that do and people that work there—they know what's going on, but they're not going to say anything because you're really not going to want to lose your job. I should say, though, I actually was so concerned with maybe children getting hurt, I told my operations manager when he was telling me to be quiet, and I said, "I'm really worried about children and pregnant women. They're the most vulnerable." But prior to all this, the news director—I encourage anyone to contact the news director at that station if you have any questions as to the news that's being presented to you—and I said to him, "I'm really worried about, like, there is very perverse incentives behind this vaccine. Are you not worried? How do you think they came up with this so quickly? How is this even possible?" And he just said, "All the scientists in the world got together, and when everybody gets together, then they can make this happen," which is a completely nonsensical answer. And then at the end of it, he just told me that I needed to get vaccinated.

Kassy Baker
Okay. Now, I understand that you were in fact terminated. Is that correct?

Anita Krishna
Yes.

Kassy Baker
And what date were you terminated?

Anita Baker
January 18th, I believe.

Kassy Baker
So roughly, and just for clarity, that was about, not quite a month after the rally?

Anita Krishna
I'm sorry it was January 6th.

Kassy Baker
Yeah January 6th. So a few weeks really after the rally, is that right?

Anita Krishna
Yeah, yeah. Right around Christmas time.

Kassy Baker
Can you describe what led to your termination or the reason that was given?

Anita Krishna
I think they gave me three. They told me something in my termination letter, one of which was that I had violated a social media journalistic principle policy. I don't even know how. They've never even shown me what clause I've actually violated of that. And I had said, "Can someone ask the Provincial Health Officer why the casinos, liquor stores, and strip clubs are open and the gyms and the churches are closed?" which is a valid question. But they fired me because on my Twitter profile, it just said Anita, Global BC director. So I guess they felt I was putting them in some kind of disrepute by asking them that question. But it's a valid question.

Kassy Baker
Sorry just for clarity, can you repeat the tweet that you had posted in which you were ultimately terminated for?

Anita Krishna
I said, "Can someone please ask the Provincial Health Officer why the casinos, liquor stores and strip clubs are open and the gyms and churches are closed?"

Kassy Baker
And that was it? That was the last tweet? Okay and I understand that you were terminated "with cause" is that correct?

Anita Krishna
So they say. That's what it says on my—actually, it doesn't even say that on my termination letter. So if anyone knows a good lawyer, please reach out to me, but it doesn't even say that on my termination letter. But they will say it was "with cause."

Kassy Baker
Okay. Were you eligible to apply for EI or any other benefits?

Anita Krishna
No.

Kassy Baker
Okay. I actually don't have any other questions. Are there any questions from the Commissioners?

Kassy Baker
Okay, I believe that's everything. On behalf of the National Citizens Inquiry, I would like to thank you very much for your testimony here today. Thank you.

Anita Krishna
Well, thank you for having me. Thank you very much.

[00:29:02]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 11: William Bigger
Full Day 2 Timestamp: 10:47:55–10:56:12
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Our next witness is Mr. William Bigger. William, could you give us your full name and spell it for us, and then I'll do an oath with you.

William Bigger
William Bigger, W-I-L-L-I-A-M B-I-G-G-E-R.

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

William Bigger
Yes, sir.

Wayne Lenhardt
What you're going to do today, I guess, is just outline the problems that you had as COVID developed in your community. You live in St. Catherine's, Ontario, correct?

William Bigger
Yes.

Wayne Lenhardt
And you've lived there for quite a while.

William Bigger
My whole life.

Wayne Lenhardt
Okay. In 2020, you were 18 years old. Tell us what you were doing in 2020, just as the COVID problems were developing.

William Bigger
Yes, so as you said, I was 18 at the time, freshly out of high school and was a very active member in my church as a kids administration leader with younger kids. I also was a competitive swimmer for our local Special Olympics swim team. I competed with them since I was very young. I was born with autism, so I always swim with them as a form of physical therapy and was pursuing a job out of high school, just at a local sports venue.

Wayne Lenhardt
And you had a job at that time?

William Bigger
I did yes, at the time. I had held that after high school and then once everything shut down, all of our events were cancelled, so I lost that job. Our churches closed, so I lost my leading opportunities and I couldn't swim anymore.

Wayne Lenhardt
So by August of 2020, you were out of work.

William Bigger
Yes, sir.

Wayne Lenhardt
By the end of 2020, you did get another job. Correct?

William Bigger
Yes, I did. After being off work due to lockdowns for several months, I was able to find work in our city as a new sub restaurant was opening up.

Wayne Lenhardt
Your family sort of was having problems as well during this period of COVID, correct?

William Bigger
Yes, unfortunately, both my parents both work in what were considered high-risk sectors, the hospital and a firefighter, and this became very challenging for them.

Wayne Lenhardt
Were both of your parents working at the time?

William Bigger
Yes. During the whole time, they were still able to work with challenges, with all the PPE and all that in their jobs.

Wayne Lenhardt
And there was concern about your father's job, which would have caused some serious problems, correct?

William Bigger
Yeah, sorry. It was just, very emotional.

Wayne Lenhardt
So you managed to get a job in a submarine shop in 2021 by April. Did you still have that job? What was happening?

William Bigger
Yes, I did have that job for nine to ten months in total. Through those nine to ten months, it was very challenging. They had all the social distancing and masks in place. At that time, there was talks about the vaccine as it rolled out, but nothing in place in terms of mandates. But it was just a challenging work environment, having to be careful where you stood and wearing the mask was difficult for me. Just to be able to understand and communicate with people and read their facial expressions.

Wayne Lenhardt
You did get a job at Costco at some point, correct?

William Bigger
Yes, I did.

[00:05:00]

At the beginning of 2021, around March, I was able to get another job there. Just out of my previous job, I had a fear that if I stayed there any longer, I would eventually have lost it due to vaccines. So I was trying to pursue work, and then I was able to find work.

Wayne Lenhardt
And you never did get the so-called vaccine, did you?

William Bigger
No, sir.

Wayne Lenhardt
Okay. Was there a reason for that?

William Bigger
As a family we decided that it was best to not participate. When I was very young, I'd had a bad response to my year one boosters, which I was, after, in the hospital for a short period of time. And so I just let my parents consult with family doctors and experts that they were in contact with to decide the course of action, so they decided to avoid taking them.

Wayne Lenhardt
Okay. I think I'll stop there and ask the commissioners if they have any questions for you. Anyone? Any last items you want to tell the commissioners?

William Bigger
I just really want people to know that if they're watching this that their stories can be heard and that they're not alone. These past few years have been challenging for everyone and I just want it all to be over.

Wayne Lenhardt
Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and telling us your evidence. Thank you again.

Commissioner Kaikkonen
I just have a quick question about you worked with youth. Do you know what happened with the youth when everything shut down? Did they feel the same way you did?

William Bigger
Can you repeat the question?

Commissioner Kaikkonen
You said that you worked with youth,

William Bigger
Yep.

Commissioner Kaikkonen
prior to the lockdowns? Do you have any understanding of what happened with them in terms of lockdown? Do they feel the same way you do, or do you have anything to add about the youth?

William Bigger
Over the past little while I've been slowly reconnecting with that group that I have served in my church. Although I have not maybe asked what their experiences have been, I've been

really wanting to, just over the past couple years of how it's affected them as even younger than I am—especially those that are younger and were still in school and how that would affect them. I haven't really gotten a chance to ask, but I would really love to.

Commissioner Kaikkonen
Thank you very much.

William Bigger
You're welcome.

Wayne Lenhardt
Any other last questions for Mr. Bigger? Okay, I want to thank you on behalf of the commission of inquiry for your testimony. Thank you again.

William Bigger
Thank you.

[00:08:32]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 12: Scott Routly
Full Day 2 Timestamp: 10:56:34–11:21:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is going to be attending virtually, Captain Scott Routly. Scott, can you hear us?

Scott Routly
I sure can. Can you hear me okay?

Shawn Buckley
We can hear you, but we can't see you.

Scott Routly
Oh. Let me see what I can do here. Okay. Can you see me now?

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

Scott Routly
Okay. My name is Scott Routly, S-C-O-T-T R-O-U-T-L-Y.

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

Scott Routly
So help me God. All glory to God.

Shawn Buckley
So my understanding is that leaving aside your other military service, you served fifteen years as a military pilot, and then you served an additional fifteen years in civil aviation [Exhibit OT-10].

Scott Routly
Yeah, that's correct, sir, yes.

Shawn Buckley
And you ended your career prematurely because of COVID, but at the time you were a chief pilot for an airline.

Scott Routly
That's correct.

Shawn Buckley
I appreciate we don't want to name the airline, but most people listening to your testimony are not going to understand what a chief pilot is. Can you briefly explain what a chief pilot is?

Scott Routly
Yeah, the chief pilot, he's a middle manager; he's in charge of the whole pilot group. In my case, I had roughly about 100 pilots in my charge. He's appointed, not only hired by the airline, but also appointed by Transport Canada because of the regulatory requirements.

Each airline in Canada, in the industry, basically has a few accountable executives that Transport Canada considers their go-to people: that would be the chief executive officer of an airline; that would be the operations officer or director of flight operations; that would be the director of maintenance; and that would be the chief pilot. The reason for that is because of the Canadian aviation regulations, the requirements and regulations and rules that need to be adhered to. So they then screen individuals for this role. The airline cannot just hire a chief pilot, they also have to be screened and approved by Transport Canada. So of course, I had to go to meetings and do knowledge tests. I had to have a certain amount of expertise—

Shawn Buckley
Okay, and I'm just going to shorten this because what I want people to appreciate is that in that role that you had, not only are you responsible to the airline for taking care of the flight crews, but you're also responsible to Transport Canada for taking care of the flight crews.

Scott Routly
Absolutely, yes.

Shawn Buckley
So you have a responsibility to two different parties and, literally, what would be described as the fiduciary duty to the pilots to take care of them.

Scott Routly
That's right. So of course, all the training standards are part of the Canadian aviation regulations as mandated by Transport Canada [Exhibits OT-10f, OT-10g, OT-10h]. So it's my duty and my role to ensure that all the training and all the standards, proficiency checks, evaluations, standard operating procedures, operation manuals—

Shawn Buckley
I'm just going to truncate because I'm watching a timer go down and we're at eleven minutes and twenty-eight seconds. I think people understand that it's a highly—there's a lot of responsibility. But I just wanted to get—because of what follows in your testimony—that people understand you're also responsible to Transport Canada.

So COVID hits, you're a chief pilot. Can you share with us your experience and, kind of, the steps that you ended up taking to try and protect the pilots under your charge?

Scott Routly
Yeah, so we all know what happened, of course, in 2020. We were subject to all the same measures, the lockdowns that were happening throughout the country. Now because we were considered as essential workers, we continued to operate. We were operating up in the north country and around Ontario for the most part. And so throughout that time period, it really didn't affect us very much. We just continued on with our operations.

Now for the passengers and what-not, protocols started coming out. You know, the social distancing, the masks, testing, and all these different requirements. So the airline, they tried to follow the best they could for Health Canada—as everybody was trying to do in all aspects of the industries.

[00:05:00]

In our particular case, this continued on until pretty much as the vaccine rollouts started to happen in late 2020, early 2021. I could see the writing— I'd been doing a lot of research and critical thinking, my background, and already starting to look outside the mainstream media into other avenues to see all about these so-called vaccines that were being rolled out, for obvious reasons.

The medical requirements for pilots, it's a fifty-fifty split in our licencing [Exhibit OT-10a]. We hold a licence for our type rating on the aircraft itself that we fly; we have to do training every six months to maintain our type rating. But more importantly, or just as important, on the other side is our medical requirements [Exhibits OT-10c, OT-10l], which without the two, in our aviation booklet, you can pass a check ride for your aircraft type rating but if you fail your medical, you do not fly, and vice versa. So in some cases, the pilots consider—depending on age and healthiness—that passing the medical is the highest priority because it's obvious they're really knowledgeable, highly skilled individuals. We're probably the most regulated industry out there, for obvious reasons. We fly in the air. We can't pull over when anything happens. You know, critical thinking, decision-making, and emergency procedures.

So all of a sudden, the vaccine started to get rolled out. I had my suspicions. I started seeing it happening—

Shawn Buckley
So can I just ask you beforehand— Because you were responsible, actually, for a large number of flight crew people. And you guys would have had to have been doing the testing before the vaccine rolls out. Were you finding that pilots were off work because they were actually sick?

Scott Routly
No, as a matter of fact, it was just like any other year and, you know, we're getting into the low vitamin D season, better known as the flu season. And so there was the odd sickness but nothing abnormal from previous years. But what was happening was through family members and through all the COVID testing, we started getting into these issues where pilots are calling in and they're saying, well, they phoned Health Canada and "my wife, you know, has tested positive, although she's not sick." And everybody was— They just started making things up, really, off the top of their head, in this region: so basically, "Well then, you better ground those people for, you know, forty-eight hours," and then it was seven days and then fourteen days.

So the pilots themselves were not getting sick. But they were being grounded because of Health Canada protocols that they were in the same household as apparently somebody who tested positive, although not sick.

Shawn Buckley
Right, okay. I just wanted to pull that out. So you weren't having pilots going down with COVID, but they were getting grounded because of the testing protocols.

Scott Routly
That's right.

Shawn Buckley
Okay, sorry to have interrupted. Now there was one other thing. My understanding is that you guys had to go for your six-month SIM training [simulation training], and you had related to me something that you observed in the hotel. I want you to describe that just because it's come up in some other testimony at the Ottawa hearings. So can you share with us please, what you observed when you were staying in Toronto for the SIM trainings?

Scott Routly
Yeah. So finally, there was a lot of exemptions, unfortunately, with medicals and training, so there was a little bit of a lapse. We finally were able, just after the second lockdown, to start going to Toronto and continue with our simulator training, which we do every six months. We rolled into Toronto and, of course, the country's been locked down for the last three months at that period of time, and we had a hard time finding hotel rooms.

So how could this be? Long story short, we get to the hotel, and we're being told that six of the seven floors are quarantined from international travellers coming into Canada through

the COVID protocol. We're going to stay on the seventh floor. Now you walk into the lobby, and half of it has a glass, of course, opened at the top, as we've seen in stores and whatnot. And so we had use of one side of the elevators, and the other side was for all these so-called passengers coming in. So I didn't really think a whole lot of it the first day, where it was late, got in.

The next day before I had to do SIM training, I just thought, you know, I'm going to go down to the lobby and see what's going on here. This seems a little crazy for my kind of thinking. So I just sat in the lobby to see who was coming in and out on the other side.

[00:10:00]

Anyway, I was starting to see busloads of people come in, and nobody could speak English. They were coming in not with a suitcase that you would pack for a week vacation or two-week vacation. They were coming in with carts full of baggage that you would bring if you were staying for a lifetime. And food was being provided to them. It was all kept separate. We couldn't communicate with them on the other side. I did ask the person at the front desk, and the cone of silence came down and I was pushed back, and they didn't have any answers for me. So I watched this the one day, went out, and did my SIM training.

The next day I thought I'd better go down and watch it again for a few hours before my next day of training and, sure enough, the same thing happened. Now what was happening too though, was the next morning, they were actually getting loaded up in buses, disappearing. And then more buses would show up, and they were being offloaded into the entryway, given rooms, given food. Then they would disappear into the hotel in the so-called quarantined areas of the hotel. So I thought that very suspicious from my background and of course, with my critical thinking, that what I was watching happened for the last, you know, year and a half at that point.

Shawn Buckley
Okay. Yeah, thank you. It had come up about the number of immigrants coming in, almost like the population was being replaced.

Scott Routly
My thoughts were too, Shawn, absolutely.

Shawn Buckley
Okay, so back to the airline. Can you tell us the story of what happened? You were kind of telling us that things were getting phased in and then the mandates came in. I'm wanting you to share with us what you thought, what you did, and what happened. I'll tell you, we've got about eight minutes left.

Scott Routly
So the red flags started coming up, obviously, when there was rumors with these vaccine rollouts that it could possibly affect everybody. Right away, I had done a lot of research, started listening [to], you know, off-media sites where Dr. Peter McCullough, Dr. Theresa Long from the United States Army, flight surgeon, Paul Alexander. All these experts you've already had; you've had them as witnesses. All these people were already speaking out now.

It's been a year and a half in, and we already know at this point that these experimental jabs are dangerous, a lot of adverse effects happening with them. They're also not stopping COVID, not stopping transmission. So what are they there for?

Well, from an aviation point of view, and certainly for the health and welfare of my pilots, I raised the flag. And so I got a meeting together, and I said, "Look, if these things are going to start to happen, we need to have a close look at this. This is against all rules, protocol. You know, we have thirty years from my experience anyway in aviation, where safety has just been the paramount ideal that we strive for all the time. With all the training and everything else we do in the safety management system—for actual flying airplanes and what-not; our medical categories and fitness of the pilots, including fatigue—we have to stress this point to find out what is going on here [Exhibit OT-10e]. There's no way that we can give this to pilots that are flying, an experimental drug, until we get further information. Here's information I have."

Now at one of the meetings, the first thing I got, you know, I stressed to the Air Line Pilots Association [ALPA] union members—because we did belong to ALPA—and they said, "Oh, yeah, no, we know about these incapacitations, and they're all false narrative." And I said, "Well, I don't think so. It's been reported by actual pilots on the flight line in the United States and elsewhere." And anyway, they said, "Well, Health Canada has said that no, they're safe and effective [Exhibit OT-10d]. Therefore, the union's all in."

I went to management. I said, "Look, you know, regardless of what's going to hopefully not come down the pipe, but there are rumors that we need to be careful of this because we are responsible for this. These are our people. We cannot, you know, put these unknown drugs—" You can't even give blood as a pilot and fly for forty-eight hours. You can't go scuba diving. You can't take prescription drugs unless a civil aviation medical examiner approves it, right? That's how serious and regulated our medicals are.

Anyway, that was at that point. Shortly afterwards, then the rumor came down that Transport Canada was, in fact, going to enforce mandates for all the federally regulated airlines, trains, or anything in transportation. That's when I really raised the flags and put together data packages, which we already had at this point. And I once again had another meeting. Once again, I was pushed back.

[00:15:00]

I went to the senior management. I explained to them that absolutely we cannot do this. I explained Nuremberg Code; I explained all the laws of Canada, Charter of Rights, just the medical safety side of it: "We cannot do this, not only for our own people, but for the travelling public, the safety for them." And it was pushed back.

I eventually ended up writing a letter. They had a mandate come out that if we were not all double-vaxxed by 15 November of 2021, that we would be fired or suspended. Now I'm the chief pilot; I'm the man that's in charge of all the pilots for their health and welfare for Transport Canada. I reached out to Transport Canada, I said, "What's going on here? You know, we cannot allow this to happen, this is insanity." And I don't blame any of the lower-level people, you know, they're just following direction from above—unfortunately, blindly. And they said, "Well, this is going to go through." So anyway, I put up my fight against it. I said, "What about exemptions for people?" [Exhibit OT-10k]

I've got the first third of the pilot group—like everybody else in Canada—just ran right out in fear. About the middle third, they heard, "Well, I'm not going to be able to travel, so I'm

going to go take it—what the heck, it's just another flu shot." I warned everybody it's not. And of course, there was the other third of the pilots that were extremely nervous and said, 'Look, we don't want to take these shots. What can we do? It's going to affect us possibly for the rest of our life; if we lose our medical because of these shots, then we've lost our career." And I totally agreed. So I went to Transport Canada who said, "There's nothing we can do."

Now they did roll out exemptions. But of course, it was all a big farce. It was all pre-planned that nobody would get one and, in fact, the people that did apply got refused. I didn't even bother as a man of God, as Jesus, my Lord Saviour Christian; I'm not going to allow somebody in Ottawa decide my faith, so I didn't even apply. So at the end, I did not get jabbed; in the end, I was the only one [Exhibits OT-10i, OT-10j]. They all, through fear and coercion, scared of losing their careers and their jobs, their paychecks, unfortunately, the rest of them submitted. And it's extremely unfortunate because I know they're all flying around right now, wondering—you know, with all the reports of myocarditis. It's insanity; it's criminal that these people should be out there.

Shawn Buckley
I just want to slow you down. My understanding is that you were terminated because you wouldn't get vaccinated or you were—

Scott Routly
I was put on the infamous "suspended without pay" for eight months or whatever. Until through the pressure of the—thank God—Trucker Convoy, the only reason, you see, that the mandates were suspended. Everybody needs to understand, the mandates are still in place. They were just suspended. I know everybody's having the summer of love, but they were merely suspended. And the reason they're only suspended is because I'm sure that they're going to bring them back in again. So after that, then I was terminated.

Shawn Buckley
Now, do you know, following vaccination were there any changes to the medical requirements for pilots?

Scott Routly
Well, during the whole time there—at least, the first year through 2020 and into 2021—they basically had exemptions for medical. So they suspended the medical requirements.

Shawn Buckley
Just wait, so 2020 into 2021. So once they roll out the vaccines in 2021, there's, basically, an exemption from having to get the medicals.

Scott Routly
That's correct, yeah.

Shawn Buckley
Now, the medicals were mandatory every six months, were they not?

Scott Routly
That's correct. Six months to a year, depending on your age, or if you have any underlying issues. That's always been the case with CAT-1 medicals. As I say, that's fifty per cent of our licence, right? And of course, we have to go to civil aviation medical examiners [Exhibit OT-10b]. We don't just go to normal doctors. We have to be approved by civil aviation inspectors who actually give us physicals. And the older you get, you have to get ECGs, urine tests, eye tests, all these different things, right? X-rays, if required, depending. Now they stopped all this because of COVID. But then, even after the vaccine rollouts,

[00:20:00]

which I found quite insane, is that knowing everything that's going on, they've now increased these medical requirements, the exemptions, basically to telecoms. So you can phone into the civil aviation inspector and tell him, "Yeah, I'm feeling good, doc. It's all good." "Okay, good to go."

Shawn Buckley
Let me just be clear. So you used to have to go in and actually see a doctor and get tested.

Scott Routly
Of course.

Shawn Buckley
And you would normally have to get an ECG. I mean, these were really strict and complete tests, am I right? But they included ECGs.

Scott Routly
Yeah. Now it's for initial testing. For the younger pilots, you're not required to get ECGs until you're a little bit older. Once you're at the age of forty years old, then you have to get an annual ECG.

Shawn Buckley
Okay, but that's been exempted, hasn't it?

Scott Routly
Sorry?

Shawn Buckley
That's been changed, hasn't it? Isn't there an exemption now from needing to get ECGs for a couple of years?

Scott Routly
That's correct, yes. Yeah, so even with all the knowledge, even more so now than we had prior to the rollout, they've now extended it even again for another couple of years to 2025. Now, within that, there's about a three-year period. But every two years, you will have to go

in to do a physical. But the point is, a lot can happen in two years when you used to go every six months to a year.

Shawn Buckley
So, I want to make sure that no one's misunderstanding you. So, you know, in this most regulated industry—because, obviously, we don't want pilots having heart attacks or strokes or anything while they're up in the air flying us places—

Scott Routly
That's right.

Shawn Buckley
there were strict requirements for them to go "in person" for medicals. But here we hit a global pandemic where, in theory, the pilots are at more risk of being sick, and they actually relax the medical requirements, including mandatory ECGs.

Scott Routly
That's right.

Shawn Buckley
And that's after they roll out experimental vaccines. So pilots are now being tested less than they were before.

Scott Routly
That's correct, yeah, yeah. Of course, logical common sense would be, you know, you'd be tested more now just to confirm if there's any issues.

Shawn Buckley
Okay, now we've run out of time so I'm going to ask you one last question, and then I'm going to turn you over to the commissioners for questions. My last question is, are you concerned about airline safety?

Scott Routly
Yes, I am. There's already been reports. I think you've already talked to Greg Hill with Free to Fly. There's also Josh Yoder down in the States, Freedom Flyers, two great organizations; I belong to one of them. And these jets are getting calls all the time from the flight line. Now pilots by nature, they do not want to lose their medical because that means you lose your licence, which means you just lost your career. They put a lot of time, a lot of effort, a lot of expense to this highly dedicated profession. But they were forced and coerced into this, and so now they're out there, they're phoning in. They don't know what to do.

The reason you're seeing a lot of—you'll hear from Transport Canada rep here and in the airline—issues that we had at the airports, these were airlines that couldn't find crews to fly. They were calling in sick for whatever reason, and they were just short of crews—that's why flights were getting cancelled. They were trying to, you know, they had their own

narrative they were trying to use at the time. But the real reality is they were short of crews on the line due to sickness. And let's face it, they also fired forty per cent of their pilots throughout the country, like nurses, like firemen, like police, right? So you're wondering why you have a shortage? Well, that's because you fired forty per cent of them. And we're talking highly experienced individuals, right? You cannot replace these individuals.

Shawn Buckley
But we're short on time, and I was asking you if you were concerned about airline safety. And you are. So I'll turn you over to the commissioners to see if they have any questions for you. The commissioners do not have questions for you. So Scott, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing this information with us. Your testimony is appreciated.

Scott Routly
Well, my pleasure. I would just like to say thank you for you and your team for all the good work you're doing for this very noble cause for the future of this country. It's extremely important where we go from here. And I just remember—in the face of evil—not to do anything is to be a part of the evil. So I hope Canadians can grow some courage here and stand up for this country. And you know what? Put our faith in God, the living God of the Bible. Thank you so much and God bless.

Shawn Buckley
Thank you.

[00:25:36]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 13: Laurier Mantil
Full Day 2 Timestamp: 11:22:23–11:31:50
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Hello, Laurier. Could you give us your full name, and spell it for us, and then I'll do an oath with you.

Laurier Mantil
My name is Laurier Mantil, L-A-U-R-I-E-R M-A-N-T-I-L.

Wayne Lenhardt
And you promise that the testimony you'll give today will be the truth, the whole truth, nothing but the truth?

Laurier Mantil
Yes.

Wayne Lenhardt
Thank you.

You have been a letter carrier with a federally regulated corporation and you've done that for some time.

Laurier Mantil
Mm-hmm.

Wayne Lenhardt
So maybe let's pick up the story in 2021, and you can tell us what happened.

Laurier Mantil
Yeah, so in 2021, November, to be specific, my employer imposed a vaccine mandate. And at the time, at the end of November 2021, I was about six weeks pregnant.

Wayne Lenhardt
Okay, so a vaccine mandate came in. Everyone had to get it, no exceptions.

Laurier Mantil
Yeah, it was a blanket policy, so everyone had to get it. They weren't offering any rapid testing. It was no jab, no job.

Wayne Lenhardt
But you had a specific reason for not getting it, correct?

Laurier Mantil
Yeah, I was pregnant.

Wayne Lenhardt
So you were pregnant for about a month at that point?

Laurier Mantil
Yeah, about six weeks.

Wayne Lenhardt
You weren't going to tell anybody, but at a certain point you ended up having to do that just because of the mandates, correct?

Laurier Mantil
Yeah.

Wayne Lenhardt
So your privacy got violated. But also, were you concerned about your baby?

Laurier Mantil
Yeah, absolutely. At the time, there was no evidence of safety. My employer did not provide any sort of handouts about any evidence of safety or why we should be taking these to keep our jobs. So I was really, really concerned. I was just trying to be really diligent and kind of decide my next steps because I was facing the loss of my employment, my job that I love, and I just wanted to be at work. I was an essential worker and I had worked the whole pandemic. And for my pregnancy, I felt for my mental health and for my physical health being pregnant, for me, the best thing was to stay at work and keep working and getting the exercise that I was getting. So I was really, really concerned, yeah.

Wayne Lenhardt
And at some point, did you apply for an exemption?

Laurier Mantil
I did. We had to attest our vaccine status and by a certain date. And if we hadn't attested, we would be kicked out and on an unpaid leave for we didn't know how long, if it was going to end up in a termination. So I did attest at the very last minute because I just wanted to stay at work, and so I tried to apply for an exemption at that time.

Wayne Lenhardt
And what happened with that?

Laurier Mantil
So I applied under a human rights exemption, not a medical exemption. I didn't really hear back from them right away. I was just allowed to be at work and keep working. But every day, I didn't know what was going to happen. I didn't know when I showed up to work if I was going to be booted out, like my other co-workers already had been at that time.

So here I was. I was waiting for them to get back to me about my exemption, waiting, waiting. Time went on. Months went on. And I never heard from them, and the only time I heard from them was at the very end, towards the end of my pregnancy. They contacted me and said, "This seems to be a medical case. Do you want to change your exemption to medical?" So I had gone this whole time—I guess I had an unofficial exemption—but I didn't hear from them. And they tried to get me to change over to medical, and I refused. And I went off on mat leave a couple months later.

Wayne Lenhardt
Okay, so you continued to work, but some of your cohorts ended up being put on leave without pay. Correct?

Laurier Mantil
Yeah, all my fellow employees that did not want to attest or did not get the jab were put on leave without pay—for seven months they were out without an income.

Wayne Lenhardt
So you kind of lucked out on that one and didn´t suffer seven months without pay like some of your other cohorts.

Laurier Mantil
I was the only one in my post office that was unvaccinated, working.

Wayne Lenhardt
Okay.

[00:05:00]

So what other negatives did you suffer?

Laurier Mantil
Just the utter despair of not knowing where my career was going. I'm seven years in to my career, which is fairly new in my position, so I was just trying to figure things out. My partner and I just bought a house. This is our first baby, so there's a lot of things going on. I was having difficulty sleeping at night, difficulty even going into work because I felt so alone. All my other co-workers were not there, and I was the only that was allowed to be there, so it was very difficult.

Wayne Lenhardt
So again, you couldn't go to movie theatres; you couldn't go to gatherings; you couldn't go to restaurants, all that stuff.

Laurier Mantil
I was denied entry to a movie theatre, a local one, actually for not wearing a mask while I was pregnant.

Wayne Lenhardt
And given that you were pregnant, was there any issues with respect to your partner assisting you during that time?

Laurier Mantil
Yeah, like my partner was my rock. I wouldn't have got through this without him. At one point, he even said that he would get it if I had to get it. But I thought, you know what, there's too many red flags. I had worked outside the whole pandemic. I worked mostly alone, walking on an average 20 kilometres a day. I was very healthy and I said, "No, I'm not getting this. If I'm going to lose everything, I'm going to have to fight for it." So that's why I applied for the exemption and tried to get around it.

Wayne Lenhardt
And did you have to wear a mask during this period of time?

Laurier Mantil
Yeah, we had to wear a mask, and if I didn't, you'd be suspended.

Wayne Lenhardt
Okay.

Laurier Mantil
Inside. Outside, I didn't wear it when I was outside, delivering.

Wayne Lenhardt
Did you feel you were allowed informed consent when you made your decision, or did they pressure you to proceed?

Laurier Mantil
Well, I thought it was my job, or, you know, so there was coercion there. No, I didn't have informed consent because at the time there was no evidence that it was safe for the fetus. That's what I was concerned about. They were saying it was okay for pregnant women, go ahead and get it. But I never saw anything about the fetus specifically. So that's what I was really concerned about.

Wayne Lenhardt
Okay. Is there anything else you want to tell us about your situations at that time?

Laurier Mantil
No, I just want to say I'm a very private person, so it was very hard. It took courage to come here today. But I really wanted to do this for all the other pregnant women during this time that may have had a similar story to mine. Also, all the babies that are not here. All my co-workers that took seven months without pay. And obviously my baby and my partner, because I wouldn't be here without them.

Wayne Lenhardt
Are there any questions from the Commissioners?

Commissioner Kaikkonen
Real quick, did all of your co-workers that went without pay for seven months, did they come back?

Laurier Mantil
Yeah, they were asked to come back after seven months. They were allowed to come back.

Commissioner Kaikkonen
And did you suffer anything from anybody who remained at the post office that would have known that you were not vaxxed. Did anybody say anything?

Laurier Mantil
They said it was going to be a private matter, people wouldn't know. But everyone knew. I had a few comments, but everyone knew everyone's status pretty much there. So there was no privacy of people's decisions. Everyone who wasn't there, you knew that they weren't complying with the mandate. And there was nothing in our collective agreement about this either.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you very much for coming and telling us your story.

Laurier Mantil
Thank you.

Wayne Lenhardt
Thank you.

[00:09:38]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 14: Maurice Gatien
Full Day 2 Timestamp: 11:33:08–12:39:00
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Hello, Mr. Gatien. Can you please spell and state your name for the record?

Maurice Gatien
First name Maurice, M-A-U-R-I-C-E, last name Gatien, G-A-T-I-E-N.

Kassy Baker
And, sir, do you promise to tell the truth, the whole truth, and nothing but the truth this afternoon?

Maurice Gatien
I do.

Kassy Baker
Very good. Now, Mr. Gatien, I'm hoping that you can provide us with some background about yourself and how you came to be a witness at this hearing. I understand that you were called to the bar of Ontario in 1971, which is "lawyer speak" for saying that you are, in fact, a lawyer. Can you tell us a bit about your background and what's happened more recently that might be of interest to this hearing?

Maurice Gatien
Yes, I graduated in 1969 from the downtown location of Osgoode Hall, since moved to York University, and it was a real privilege to be at their downtown location. I still return from time to time when I'm in Toronto to the great library. I'm always amazed at the contrast between the stacks of books, and they have high speed internet. So I can work and I can access the knowledge that's on those shelves faster than I could if I were to stand up and go fetch the book. So it's been an amazing evolution in the state of the law.

After I graduated, I returned to my hometown of Cornwall, practised for approximately ten years and, during that time, was involved in real estate primarily and contracts. I negotiated two large transactions in my last year there, which really left me with a lot of satisfaction. One was the purchase of the utility Cornwall Electric, and the other was the assembly for a large shopping centre.

I decided I would look in other directions and lived for the next 22 years from 1980 to 2002 in various big cities, Atlanta, Montreal, Toronto. And my last year 2001 and '02, I lived in New York City. I spent a lot of time in Houston, as well. So it gave me a perspective of having a footprint in both large markets and small ones.

When I came back to Cornwall in 2002, I built a substantial practice and ultimately ended up representing people who needed representation with regard to the vaccines. Ultimately, in September 29th, 2022, I was suspended by the Law Society of Upper Canada, well actually, Law Society of Ontario now.

I found myself in January of 2023 addressing a group of the people that I had represented at a potluck dinner at a barn in Dunvegan, and it was heartwarming to be addressing these people who had shown tremendous courage. Some of them had been vaccine-injured, some of them had lost their jobs, and I told them about three situations that were interesting from my perspective. One was sort of a legend story of a farmer in North Glengarry by the name of Oded Saint-Onge who had been run over by a truck, he and his two cows, Isabelle and Annabelle, and he went to court to sue the large trucking company.

In court, the lawyer for the big Toronto law firm, head of litigation, asked him, "Did you not, Mr. Saint-Onge, say to the police officer at the scene of the accident, 'I'm fine, see I'm fine'?" And the farmer started to explain and he said, "Well, I was taking my two cows across the road," and the lawyer interrupted him again and said, "No, no, Mr. Saint-Onge, didn't you say at the scene of the accident to the police officer, 'I'm fine, see I'm fine'?" And the farmer again started with his story. And the judge interrupted and said, "I'd like to hear this man's story, I'd like to know what happened."

So the farmer explained that he was going across the road with his two cows, Isabelle and Annabelle, and the truck ran a stop sign and smacked into them and knocked him into the one ditch and the two cows into the other ditch. The farmer explained, "I was lying in the ditch. I was hurt; my ribs were cracked. I could hardly breathe and I could hear my two cows.

[00:05:00]

"They were moaning and groaning and in great pain. And the police came along, and he could see the cows in great discomfort. He took his gun out. He walked over to Isabelle, and he shot her right between the eyes. Then he walked over to Annabelle and also shot her right between the eyes. And he came over to me and he said, 'And you, sir, how are you?'" And he said, "See, I'm fine, I'm fine."

So we can see where there's a form of intimidation that can take place, you don't have to shoot everybody or fire everybody. When one or two people—or animals or whatever it happens to be—when something happens to them, we get a signal. And when I was experiencing my discussions, I had Zoom calls continuously throughout the preceding year or two with people from different walks of life, and it was pretty clear that there was a lot of intimidation.

One of the people I also met in my various travels and different business ventures, I met Pierre Trudeau in the late 1980s; he had left politics at that point. He had successfully brought the Charter and the Canadian Constitution back to Canada. And when one of my staff found out that Pierre Trudeau was going to be coming to a reception that we were hosting, Trudeau was his hero. He asked me if I could arrange for him to just shake his hand. I said, "Sure, I'll ask when he arrives," which I did. Mr. Trudeau very gracefully excused himself from the group of VIPs with whom he was chatting and spent ten to fifteen minutes with this employee, and I could just see the glow on this person's face and how emotional they were about it. And afterwards, I thanked Pierre for taking the time and he said, "Well, he showed respect for me, and I was going to show respect for him."

Now we transport that to 2022, in February of last year in Ottawa, and we saw that the son, Justin Trudeau, perhaps didn't have the same respect for the small individuals, the average people, wouldn't even walk across the street in Wellington Street in Ottawa to talk to anybody. I walked there from Cornwall in the middle of winter to address the [Trucker] Convoy, and he didn't even walk across the street.

So when we look at intimidation, part of what brought me into this is, I received a phone call in May of 2021. At that point, one of my clients who owned a gym had been charged, and he asked me if I would also speak to a woman who had also been charged with him for attending a public rally. What had happened is that she had simply sung "O Canada," the national anthem. When the person who was supposed to sing couldn't make it, the speaker asked the crowd if someone would step up and sing the national anthem, and she did. And when I heard about this, I'm thinking, how could I not also step up and help her?

She was charged under the *Reopening Ontario Act*—which is really a lockdown act misnamed as the *Reopening Ontario Act*—pursuant to which she was subject to a $100,000 fine and up to a year in jail. So this hung over her head. We finally were able to get the Crown to agree to stand down from these charges in September of the following year. This hung over her head for fifteen, sixteen months, and it was not actually ultimately dismissed until December, so well over a year and a half to have this hanging over her head and also my client's head. He also was charged, and these charges are still pending against some of the people, including Randy Hillier, who was one of the speakers that day.

So just, sort of, to come to terms with a situation where people are showing tremendous courage, I as a lawyer felt that I had to do at least as much—not as much as they were doing because they were putting their livelihoods on the line,

[00:10:00]

and they were experiencing a lot of bullying and intimidation. Because I was dealing with **this particular matter, my name sort of got passed around. There weren't a lot of lawyers who were stepping forward, and I would spend one or two evenings a week on Zoom calls, speaking with EMTs, teachers, firefighters, police, nurses from Brockville, from Hawkesbury, from Ottawa, from Cornwall, all coming back with the same stories of intimidation, bullying, HR departments releasing their names to indicate who was vaccinated and who wasn't within their institution or their place of work.**

So there were a lot of threats and intimidation, and I formed a company to raise some money for women's shelters and to create goodwill towards these people because they didn't know how to do it themselves. They asked me to be the director of the company because they themselves were running into all kinds of intimidation. Within 24 hours, my home address was doxxed online. I live in a small hamlet of 350 people and shortly

thereafter, within about 48 hours, somebody came banging on the door at two in the morning. And then the harassment and intimidation continued. My car was stolen out of my driveway. I was assaulted at my office, and probably the scariest thing was one evening in October, this past year, my engine completely failed. I was on the 401 ramp, and somebody had put a contaminant in my fuel tank and it was a very, very scary moment.

So going back to February, I walked to Ottawa in the freezing cold to bring attention to the intimidation of lawyers, and I was joined on my walk—it was really inspiring—by three individuals, because I had to do it over three days. It's quite a distance. All three were former members of the Canadian Armed Forces. Two of them were police, and one was a firefighter, all suspended for not being prepared to take the vaccine. Each of the three had served at least 10 years in the Canadian Armed Forces and different stages overseas, involved in "black ops" and things of that nature. And all three made the same comment to me, which was "it wasn't over." There would be more, and there was, as I experienced.

Kassy Baker
Mr. Gatien, I hate to interrupt you, but you rather glossed over how far a walk it is exactly from your home to Ottawa? Can you tell us?

Maurice Gatien
It's 110 kilometres.

Kassy Baker
That's right.

Maurice Gatien
And at the time, I was 74 years old. So it was quite arduous, but I was joined along the way by people from all different walks. One was a doctor who—he's got very bad knees—was only able to walk about 100 metres, but I really appreciated it. And I also received more hugs. Lawyers don't get a lot of hugs, so it was pretty emotional for me.

Kassy Baker
Can you tell us, in the immediate period around the time of the Convoy in February, what else was happening to you before and after that?

Maurice Gatien
Well, the one thing I noticed is there was a complete radio silence from the Law Society, also from the point of view of the College of Physicians and Surgeons of Ontario. No messaging about civility; no messaging about being nice to each other. We could disagree about things, maybe everybody could have a different perspective, but the attitude of civility was not being cultivated. It wasn't being cultivated by the federal government as we saw with some of the interviews from our Prime Minister about people being racist or misogynist. I never heard those topics come up, and I spent hundreds of hours with people and those topics never came up. It was about health; it was about the pressure at work; it was about family. It was certainly not about misogyny or racism. I never saw it.

I did see one situation when I came to Ottawa,

[00:15:00]

not when I walked up here. But another time I came on a Saturday, and somebody had a Confederate flag. They were the only person wearing a full-face mask. People were very, very civil to this individual, basically saying, "Please leave, you don't fit here with that messaging, please leave." There was no bullying of them; it was just a gentle, "Please leave." He got edged to the side of the crowd where there was a TV camera to capture this messaging, which was really out of keeping with the whole tenor of the convoy protest. I was here four times. And each time, I can say that the atmosphere was joyous and positive, and the people were wonderful.

Kassy Baker
Now, I understand you have a PowerPoint presentation for us [Exhibit OT-9]. Would you like to take this opportunity to set that up?

Maurice Gatien
Well, I think it's supposed to be—

Kassy Baker
Thank you.

Maurice Gatien
So one of the things I'd like to talk about is the bold lie technique. When I was working in Montreal managing office towers and shopping centres, one project was an office tower that had defaulted on its mortgage, and one of my staff went around with the lender. It was a New York-based lender. It was their largest defaulting mortgage in North America, so it was a very significant file. And when they got to the building and went around to different office suites, there were signs on some of the office suites. They'd open the door. There was no furniture. There was no equipment. There was nothing. And in other suites, there would be someone there. But they would look at the rent roll and say, "Well, those are not the terms of my lease." And what was evident was, it was either a combination of ghost tenants or leases that were just not the same. And yet the bank, a very sophisticated bank, had lent, at the time, $86 million. So it was a significant amount of money. But it was an example of a Bold Lie.

My next-door neighbour, at the time we're living in Montreal, was a TV producer, and he wanted to do a TV program about a forensic accountant who went around discovering **fraud, and he asked me to help him with this. So I ended up, even though I was a small-town lawyer and am now managing large real estate projects, ended up becoming quite knowledgeable about fraud.**

And the most interesting fraud that we came across was after the First World War in Paris. This fellow had contrived a scheme whereby he had gotten a printer to produce a very fancy letter head from the Ministère de l'Approvisionnement, Ministry of Supply and Services, which he had sent to the five largest contractors in Paris, basically saying, "I've got a very confidential project. I cannot meet you at the ministry offices. I have set up a suite at the Hôtel Crillon"—which is a very fancy hotel in Paris—"and your designated time . . . ." And each of the contractors had a different time slot, "Please come and we can discuss this confidential project." Of course, all five bit and all five showed up.

The pitch was the following. He said, "Once you know what I've got to discuss with you, you'll realize how you must keep this very secret. The government is looking under every manhole cover. We need money. We've come out of the First World War owing a lot of money. And we want to disassemble the Eiffel Tower and sell the scrap steel. However, I can probably steer this contract to you if you can come back a week from today, no obligation, with an envelope full of"— I forget the amount, 100,000 francs, 200,000 francs, whatever the amount was. Of course, they bit, and this guy absconded with the money and everybody laughed. But no one wanted to fess up or prosecute this individual because it was extremely embarrassing and very clever. But it showed the originality and the planning that goes into the Bold Lie. That was the phrase that this TV producer and I came up with: not just the lie, not the Big Lie—but the Bold Lie.

And we saw the Bold Lie with Bernie Madoff with—I just looked at the amounts today—it was about $65 billion U.S. that he was able to pull out of investors, and they only got back maybe about 20 of that.

[00:20:00]

The rest just disappeared into a massive Ponzi scheme.

The 2008 mortgage funding fraud, which took place, had gone on for a couple of years in the United States. Now as a lawyer, we know that a document called a mortgage is something secured on real estate. But if the mortgage is for $500,000 and the house is worth $400,000, you can still call it a mortgage, but now it's become a hybrid: it's now a partly unsecured loan. What the banks did at the time is they bundled hundreds of millions of dollars of these types of instruments and sold them to unsophisticated investors and sometimes, also, very sophisticated investors. And when this finally imploded in 2008, as it would, people lost many dollars, huge amounts. Several films have been made of this and books, and everybody could see it coming except the investors because they were buying in to the Bold Lie: they were buying something safe called a mortgage and a mortgage fund.

Since that time, we've seen these things repeated. There's been Bre-X, Nortel, FTX. They're all the same model where it's a Bold Lie: you're going to make a lot of money. We wondered, the TV producer and I, tried to analyze things as to why the Bold Lie works and we came to the conclusion, it works for two primary reasons. One is most people have a sense of morality. Most people would not exploit the other person to their detriment. The other aspect is practical, which is most of us also don't want to face the consequences of going to jail. We are concerned for ourselves, our families but the main one, though, is that moral inhibitor, which is we don't want to exploit other people to that extent. But the Bold Lie is the foundational element to a lot of things that have transpired.

So going from the Bold Lie, okay, we can also see that with COVID— The way I would like to describe it is that there's two Bold Lies that were coexisting at the same time. So to get a sense of it, I'd like to take you on a bit of a journey of imagination. I'd like you to think of March 2020, and we're in the Mediterranean. We're on this beautiful yacht, and there's Kassy, you, me, at a table. We're on a yacht to celebrate the profits from a company, and we're going to call it Geyser Pharma. There's no such company as Geyser Pharma, so I'm not suggesting, aiming at anybody. And we're at our table. There's a gentleman, it's a fictional person by the name of Gill Bates. It's a situation where there's the finest champagne being poured into the finest crystal glasses. There's caviar, there's the finest shrimp, and there's a classic trio flown in from Milan to play for our entertainment. And off in the distance, we can suddenly hear the voice of somebody who's crying for help and someone who's drowning.

So Kassy, you and I would probably jump up, and we would look for some rope to throw to this drowning person. And Gill says, "Well, don't worry. I've got it." So he goes up to the side of the wall and picks out a rope. He mentions to us, he says, "Well, this rope cost $1.50 a foot, but I'm going to see if I can get this guy to pay $30 a foot." And he goes to the railing and starts to negotiate and, ultimately, in order to help the negotiations, says, "Gee, I think I see some shark fins there. It could be dangerous." And you could just hear the person crying.

That's the setup for a Bold Lie: when we're desperate, when we're scared, we're more likely to make bad decisions. So with COVID, there were two Bold Lies. One was, you're going to die. COVID will kill you. And we'll go into some of the reasons why that was not true in our area and in our province. And the second Bold Lie was, only the vaccine will save you. No other strategy,

[00:25:00]

don't worry about losing weight or taking vitamin D or whatever. Nothing was offered as an alternative except the vaccine. So it'd be like going back to the fellow in the water drowning and not telling him, "Oh, there's a sandbar five feet away. If you just go over there, you won't have to worry about paying $30 a foot for some rope."

So when we looked at the situation, we saw no promotion of good health. The gyms were closed. Liquor stores remained open. And at the same time, with all the stores, the small businesses that were closed, it was a massive wealth transfer. When I was choosing a photo for this particular slide, I could not get all of this yacht—this is the new yacht that Jeff Bezos just took delivery on a couple of days ago. Cost $500 million. It's the length of a football field. In recent weeks, I've also noticed that yachts are backordered 30 months. So, Kassy, even if you made a billion dollars, I'd have to tell you bad news: you're going to have to wait for your yacht. Ferrari SUVs are back ordered till 2026. And there's been a whole raft of new billionaires that have achieved this status in the last three years. It's been an amazing transfer of wealth. And I've had people coming into my office, restaurateurs in particular, have been decimated by what happened in the last three years.

So when we look at the numbers, and it was very interesting for me in a small town to be in touch with the numbers. I speak to other lawyers on a continuous basis. I personally—and I'm in an age group that would be very much in the right profile—I personally, after three years, don't know anybody who's died from COVID in the Cornwall area. I ask other lawyers, "Well, do you know anybody who's died from COVID?" And they'll say, "Well, no, not really." "Have you noticed the surge in your probate files?" "Well, no, not really." "Have you been called to the hospital to do a will or a power of attorney for somebody who's imminently going to be dying from COVID?" The answer has been, "Well, no, not really." So after a while when you hear enough anecdotal evidence, it becomes statistical.

Partly because of my background in managing large real estate projects, I became quite acquainted with software and statistics. And one day, there was an article in the local paper about the COVID deaths, and there was a link on their online version to the Eastern Ontario Health Unit database, which I clicked on. I ended up in a database of about 6,000 scrambled pieces of information, which I organized into 10 lines. Basically, by decade of life of each of the people who had theoretically died from COVID. So, from 0 to 10; 10 to 20; 20 to 30; 20 to 40. Under 40, there was not one single COVID death. So I was kind of amazed with that fact because the schools were closing. There was panic. And it was, to me, a piece of good news that should have been out there instead of being suppressed and buried in this very scrambly database.

So when I looked at this, and also looked at the profile of the other, there were only two people between the ages of 40 and 50, and most of the deaths were from 70 to 100, with most of those being from 80 to 100. There was no listing of comorbidities. Yet I knew from all my reading that a lot of COVID deaths were accompanied by people being overweight, people having had strokes or other problems.

In March of 2020 on my way back from—my wife and I were in Hilton Head—I had read that COVID affected the pulmonary system. So I downloaded a book on breathing. I started doing breathing exercises.

[00:30:00]

I immediately experienced better sleep, felt better. And I kept waiting for that big, big government push on improving your breathing. That big push never came. We're three years later, and it still hasn't arrived. I went through a number of evaluations of different initiatives that could have been taken by government. My daughter and I drew up a list, A to Z, whether it was breathing, weight loss, reducing alcohol consumption, you name it. There was nothing that was done to encourage better health.

So this vacuum created this anxiety that the vaccine was the holy grail. The vaccines were going to save everybody, but nobody had done anything to mitigate this big fear. So when I looked at the numbers, I looked at numbers, not just for the Cornwall area—I just took one at random because one of my friends was from Niagara—I looked at figures from Ottawa, Toronto. All the figures were under four one-hundredths of one per cent. I'm not a statistician, but by the same token, I'm not a journalist. But I would have thought that the newspapers would have been filled with this good news.

There was a day, a couple of Februarys ago, when I was looking at the weather channel predictions and there was a beautiful blue sky day, quite cold, but good day for cross-country skiing or snowshoeing. At the top of the weather channel prediction was a big red bar warning me of snow squalls. So I clicked on it, and it was warning me about snow squalls around Lake of the Woods, which is about a thousand kilometres from where I live. So I took my chances, and I went out and had a wonderful day of snowshoeing. The next day, I also looked at the weather channel. It was a Sunday and again another blue sky day. And I looked at the weather channel radar map, it was one of those polar highs that covered all of North America, and there was no clouds, there was nothing, it was just going to be beautiful everywhere. But the red bar warned me about solar storms on the planet Venus. Again, I took a chance, and I went out and had a wonderful day again.

So in the media, it seems there's an overemphasis, even on something as fundamental as weather, an overemphasis on the negative and on alarming us. When I grew up, the **newspaper in the top right-hand corner of the front page would have two, maybe three lines about the weather. Things like, "It will be cold tomorrow." That was it. So we've now put ourselves in a position where the media are constantly bombarding us as much as possible it seems with negative news as opposed to, you know, "Get out there, enjoy yourself, be positive." And I've turned it into a game for myself when clients come into the office and I'll ask, "How's it going?" And they'll say, "Oh, it's supposed to rain tomorrow." So, I always know the weather forecast. I always know that the rain will end. And I'll shift the conversation to, "Gee, it's supposed to be nice on Sunday. Do you think you could go and play some golf?" And all of a sudden, the conversation has turned to something positive. And I feel that it's a fun thing to do, but the media doesn't seem to have that optic on things—it's how do I make people anxious? And the weather network now has it set up so**

that it'll say at the bottom of the screen, "This will refresh in 30 seconds, do you want to hang on and see?" And I'm thinking to myself, "What could change in 30 seconds?"

So we're always on this edge of anxiety. And COVID came along and amped that up tremendously, and we were bombarded with bad news, bombarded with statistics all the time. It got to the point where I had to turn my radio off. I live about 20 kilometres from Cornwall, and I just had to stop listening because it was just always, always panicky.

One of the things I talked about when I was at that potluck supper—which I have very fond memories of in a barn in Dunvegan. I wouldn't call it the big time of the speaking tour in Canada, but certainly in terms of satisfaction was there.

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Talked about the Charter of Rights. I talked about it when I addressed the crowd at the Convoy. And we tend to forget that our rights originated with something called the Magna Carta, which was signed in 1215 after a war against the king, who was a very tough king at the time. He died the following year, and the Regency Council tried to renege on the Magna Carta. It ended up having to have another war, and it was re-signed and ratified in 1217. And what most people don't realize is, it only applied at the time to 25 people, 25 lords and barons, and they were given a very short list of rights. One of the rights was the right against arbitrary imprisonment, which would be equivalent to being stuck in a home imprisonment, which we saw with COVID, "shelter in place," they called it. But it was really home imprisonment. And the other was the right against arbitrary taxation, arbitrary decisions being made. So it took until 1911 for the *Act of Parliament* to be passed in England whereby the House of Lords could no longer veto bills from Parliament.

So almost 700 years have to go by and every year the rights got a little wider. And I'm sure after 1217, some of the lords went back to their fiefdoms and there would have been somebody tapping them on the shoulder saying, "Well, my Lord, you have certain rights, can we have some too?"

When we looked at the history of this situation as well, it was something that seemed so incremental, it took so long. In the 1600s, there was a concept that evolved under the first King Charles called the "divine right of kings." In other words, "My king is plugged into God, you have no right to question the decision." And at the time, the king had no problem getting reports and studies and scholarly works to support the notion of that, just by promising an earldom or a manor house to somebody. And things haven't changed a lot since that time. If you want a report, and I do remember when I was working for this large company, we paid $250,000 for a report, and the president of the company picked it up, looked at it and said, "huh, $250,000 to tell me I've got a nose in the middle of my face." **When we look at the studies and reports that were surrounding COVID, who paid for it was certainly going to determine a lot of the outcome of what the report was going to say.**

So when we look at the Magna Carta, what evolved in Canada, it wasn't until 1982 that we got our Constitution repatriated; the Charter of Rights was implemented by Pierre Trudeau. And in literally a week, in March of 2020, we lost all those rights. Parliament did not sit; it stopped sitting. And I'd like to joke to my friends, "Well, the Ottawa Senators have not made the playoffs in a while. The arena should have been open; there could have been plenty of social distancing, they should have met." But by not meeting and by defaulting on any discussion, all of a sudden, a handful of people were making all of the decisions for millions and millions of Canadians. We had no outlet. We had no way to express any of our concerns.

So when we look at the Charter— And it was interesting for me to also look at the history of marketing and advertising. Because what happened over the hundreds of years of evolution of the Charter of our rights, something happened in the 20th century. From 1900 on, it really evolved after the First World War. During the First World War, we saw the first forms of advertising with any sophistication. So think of how much it would take to persuade somebody to go from New Zealand or Australia or Canada or Newfoundland,

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to go into the fields in Europe and to live in trenches for months at a time. And at the sound of a whistle, to jump out of the trench, and because the colonials were the lucky ones, to lead the first charges. And nobody had told them, by the way, the machine gun has been invented. So they were being persuaded for glory, for God and country, to give up their lives.

So when the 1920s came around, the advertisers of everything from Pepsodent toothpaste to whatever, realized, wow, there's something available to us to push our products. Radio came along, then television, then the internet, telephones. Now with social media, we are constantly bombarded by messaging, and these expanding platforms have meant that we can almost find no safe harbour. I try to get out snowshoeing or cross-country skiing, get out into nature, if only to shelter myself from this constant bombardment. Our bandwidth, if you will, of available brain power to deal with everything is getting increasingly compressed.

There were some experiments that I read about and the first one I read about— I had actually read about it in 1965 when I was at Carleton University. We had to take a mandatory course in psych 101, and they were called the Milgram experiments. The Milgram experiments were designed to explore the proposition about people following orders. At the time, a fellow by the name of Adolf Eichmann had been detained by the Israelis in Argentina and had been brought for trial. His basic excuse, even though he put millions of people to death running the concentration camps was, "I was just following orders."

In the Milgram experiments, which were conducted at Yale University in 1961, Professor Milgram set it up so there were three people involved. One was called "the learner" and that person sat in a chair with electrodes and was electrified. It really wasn't, but it looked like it was, and it contained an actor who sat in it. The second person was called the "person of authority," wearing a lab coat and clipboard, and he would be telling the person upon whom the experiment was going to be conducted that they would have to give the learner some electric shocks. You'll notice that one of the settings on the electric shock board was DANGER: SEVERE SHOCK. So the person who was controlling the experiment, controlling the amount of power, was being alerted that this could cause harm.

The professor asked his students to estimate how many people would dial it up right to the top. Most people figured, well, one, maybe 3 per cent, there's always somebody who's a bit of a jerk out there. The actual number turned out to be 65 per cent; 100 per cent of the people were willing to give at least a mild shock. And the actor, by the way, in the other room, was trained to yell in pain as the shocks increased. So it was pretty amazing that somebody would suspend their judgment, suspend their critical thinking if someone in a lab coat, someone of authority, would tell them to do something.

The next set of experiments—in the 60s, there was a TV show called "Candid Camera," and it evolved out of that—and they were called the elevator conformity experiments. It

consisted of a person getting on an elevator, and there would be one person on the elevator initially, and they'd be facing the back wall. Almost everybody would face the normal way: they'd pivot, they'd look at the door, they'd look at the buttons. But once they got up to five people on the elevator, 100 per cent of the people would pivot and face the back wall, as well. That's the pull—the gravitational pull that we experience from the tribe—from people around us.

Now, if there was a sixth person on the elevator facing the right way,

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a person would feel encouraged to use their critical thinking, would feel encouraged to be separate from the crowd and would face the right way. So it just shows our inclination to abandon our judgment, if you will, if there's enough people doing something. We saw this happening during COVID many, many times.

The third set of experiments were conducted in 1971 at Stanford. They're known as the Stanford prison experiments, and it consisted of 12 students who were designated as prisoners and were put in prison garb and 12 who were designated as guards. They actually built some cells in the basement of the psych building, and the experiments were to be conducted over a period of 14 days. They had to suspend them after six days because the guards were getting out of control. They were becoming abusive and what happened is that once the first guard started to go over the line, that would encourage others to do the same and before you knew it, they had to suspend the experiments. That shows that you need rules. The rules have to be thought out before you do something. Trying to implement rules on the fly doesn't work very well. You try to implement rules when you're calm, when you're rational, not when you're panicked.

So what we saw during COVID was the opposite of these things: we saw rules invented on the fly; we saw rights being suspended; we saw the tribe, the herd basically running and influencing each other in their panicked state.

Foundational documents like the Charter of Rights—the right to assemble, the right to speak—became suppressed; censorship became the norm, and even to disagree became in and of itself almost demonized. I can't tell you how many evenings I spent on Zoom calls with people who were upset: who were threatened, who were worried. They'd lost friends; they'd lost family, just for expressing an opinion. So we did engage in a form of groupthink, which from a lawyer's perspective were very troubling because under our Charter of Rights, we have the right to express our thoughts and opinion.

Now one of the things I also noticed in my research, in 1930s Germany, there were a lot of **parallels with what we saw, and people were reluctant to state it. But one of the things I found alarming in 1930s Germany is group after group were mobilized and purged from their ranks people of Jewish background. The first group to do so were judges and lawyers; the last group to do so were midwives, presumably because they valued all life. So in 1933, first group, judges and lawyers. And after that, quickly after, followed doctors, veterinarians, architects, engineers. It's pretty amazing that they were able to do this. And one of the other things I found troubling was I looked for any comments; I looked for any writing from the 1930s from Canadian lawyers, Canadian judges, American judges, American lawyers. Nobody criticized what had occurred, and yet we know, it led to some very, very bad outcomes.**

So when we give up rights, when we treat people as "the other," as we saw, these are very troubling tendencies in society. And when these institutions of trust—like law societies, like colleges of physicians—go in a direction, a lot of people take it as a cue that, well, it must be all right. And there wasn't the critical thinking that was applied.

As lawyers, normally, we rely on evidence. And as you saw, with a death rate of four one-hundredths of one per cent, with almost a negligible change in the number of probate files and whatnot, where was the evidence?

Kassy, to your point, when we were talking earlier, where were the lawyers? We, I guess, unfortunately,

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were subject to the Milgram experiment; we were subject to the elevator conformity experiment; we were subject to the Stanford prison experiment without being aware of it.

As far as I'm concerned, these things, these experiments should be taught in our ethics courses. They should be taught in medical school, in law school, as part of our ethics courses, and we should never forget how vulnerable we are and how important it is to have these foundational concepts always borne in mind. That's how important they are. They are the guardrails against bad decisions.

The last observation I'd like to make about this aspect, too, is sometimes when I go to Toronto, I will buy all four newspapers. A story, it could be any story, might receive a favourable treatment on the front page of the Globe, might be front page of the Post, will have a different slant on it. It might be on page 37 of the *Toronto Star*; it may not even appear in the *Toronto Sun*. And by the way, the story, what I've expressed, could just as easily be the other way around. And sometimes when I engage people in discussion about this, they read the same newspaper every day. And they don't realize what a silo they have been placed in and how they have been compartmentalized from getting a range of ideas, a range of thought. So it's important to basically get your news sources from more than one place because, otherwise, it's very easy to divide and conquer if we're in compartments.

I need to go back a bit here, sorry. One of the things I do want to talk about is the clown deals. I've done a lot of negotiating and large deals, small deals. One deal I did was for a fellow who came to our house—he arrived on his riding lawnmower because he didn't have any other way of getting to our house—and he was trying to buy a $5,000 piece of property that his house sat on. And I worked out the deal with the church that owned the land whereby he could work off some of the purchase price by mowing the lawn at the cemetery. And the pastor and I joked about the "art of the deal."

So when we look at deals, most deals start out—if you think of, in your mind, a table—the contract, the proposed deal, will be in the centre of the table, and typically it will migrate a little bit to one side or the other. It might be 50-50, in most instances; it might be 52-48. At 55-45, most deals start to fall apart. If the person is asking too much or if the terms are too onerous, something happens to break the momentum of the deal. If you have a million dollar house and you want 10 million for it, that won't work. And if somebody offers you $100,000, that also won't work; you'll walk away. Most lawyers also understand that if you ask too much, people won't want to negotiate with you. And if you ask too little, nobody will want to use your services because you're not in the middle of the table and you might refine the deal. When we look at the vaccine supply contracts, they did not end up in the middle of the table.

The other thing that I would mention with regard to most deals, if you look at TTC [Toronto Transit Commission], you look at the OTC, you look at Hydro, where there's a potential for abuse of pricing and for the benefit of people, it makes more sense to own it yourself. Just like it sometimes makes more sense for a company to run its own trucking fleet. If the trucking costs are too high by externalizing it, they'll bring it inside. So I've read articles indicating that vaccines may be with us for a long, long time. Why aren't we making our own vaccines? Why are we passing on these huge profits? When I looked at the profits for Pfizer

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that increased to $35 billion in 2022; it's an enormous amount of money to transfer to a private corporation.

The other thing we should be looking at is the history of Big Pharma. I like doing research, and one of the things I notice is that Big Pharma has paid massive fines in the past. Nobody has ever gone to jail. Even something as bad as the oxy crisis in the United States, which they estimate killed 60,000 people, the company there, Purdue pharmaceutical, the family that owns Purdue, the Sackler family, their only consequence is that they had to resign from the board of the Metropolitan Museum of Art in New York. I know that tickets to the Met Gala are hard to get, but it seems like that would be not exactly the penalty you'd expect of 60,000 people that died as a result of a product being sold. They kept about $10 billion out of the $18 billion that they made. When we look at Pfizer, for instance, has paid $1 billion in fines in the past, for lying, for misrepresenting their products.

And the other element that really troubled me in all of this as a lawyer, when I looked at the self-testing aspect of the deals that were put together, can you imagine hiring a lawyer who graduated from a law school where people graded their own exams? I would expect that everybody would say—anybody graduating from such a school would say, "I was at the top of my class; I tied for first." And then just to have that law school say not only do people self-mark their exams, but instead of a three-year course, you can get it done in 90 days. So on its face—preposterous, preposterous—and yet, this is what transpired with the vaccines in terms of testing.

So when we look at the "clown deals," and again, keeping in mind how a contract normally is in the middle of the table, these are the benefits that were accrued to the vaccine makers: There were massive amounts paid to them for their R&D. All of the vaccine jab clinics were paid for by the taxpayer. All the marketing costs, all the massive advertising was paid for by you, by the taxpayer. There was massive support on air, on radio, on TV, everywhere, and censorship as well of anybody expressing a contrary point of view. The vaccine manufacturers had no liability for their product. If it didn't work, they didn't bear any of the costs. There were no outlets—like I've looked at the various health unit websites, there's nowhere to file for a vaccine injury. There's no information about how to communicate with anybody about a vaccine injury. There were mandates that were imposed that put a person at risk of holding onto their job, and I know from having talked to people who had come into my office, people with mortgages, people with families to feed, they didn't have huge savings. They were at risk, and they were subject to enormous stress and pressure as a result.

The doctors as well were placed in a position of—how would you describe it—duress, suspension of their licence if they gave a vaccine exemption certificate. I had one woman call me, she was five months pregnant. She had had two very difficult pregnancies. Her children were now eight and 10. She herself had almost died from a vaccine given to her

when she was eight years old. So here she was wondering about placing her unborn child at risk, and herself.

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And the irony was that if she had wanted to have an abortion, it was my body, my choice, was the mantra. But if it was about whether or not she should take a vaccine, it was a totally different mantra.

In discussing these clown deals, and I'm being generous to call them clown deals. Because I wonder if there's an association of clowns somewhere and one of them wanted to get his driveway paved, he'd pay a certain price. But if he had a thousand other clowns who also wanted to get their driveway paved, and they said to him, "Do you think you can get us a better price?" We know he'd get a better price. So we had thousands of vaccines, millions of vaccines being purchased with no discount, no claw back, no price adjustment if they didn't work. It was all, all full price. And at different times, there were also vaccines being thrown away because they'd become outdated.

So there was a tremendous amount of waste. And, normally, in a deal, again, going back to contracts, if somebody's putting up all the money, they get stock options or they get some kind of profit sharing or they get a royalty, something for the taxpayer. Instead, we got nothing. So again, I'm probably insulting clowns to be calling these clown deals. I don't know what else to call them. Perhaps hostage deals would be close, as well, because people were feeling like they were being held hostage.

Kassy Baker
Mr. Gatien, thank you very much for everything that you've testified to today. I'm aware that we are officially out of time and I just wondered if you perhaps had another something else quite pertinent that you wanted to add and if not, I mean everything you've said has been quite—what's the word I'm looking for—not intriguing but very compelling. Do you have anything final to say or should I go to the commissioners?

Maurice Gatien
Well, I would like to just perhaps leave on this one anecdote. Because it's been difficult but, at the same time, very rewarding. I was assaulted in my office, and I'm fairly wary. This is in February; this is what caused me to walk to Ottawa. The following week, I was at the grocery store in Lancaster—it's a little town of 600 people—and I noticed that this one person was paying attention to me. They were wearing a mask, and I was kind of aware, a little bit anxious, perhaps. I paid for my groceries. I went out to the parking lot. As I was putting my groceries into my vehicle, this gentleman came running up to me and I was momentarily taken aback. But he took his mask off and he said, "Can I give you a hug?" He said "My wife almost died from the first shot. She was feeling suicidal. You don't know how important she is to me, to my children, and I just want to thank you." Moments like that made it possible for me to live with all of the things that I've had to deal with in terms of the threats and the intimidation. And people like that are to be cherished and honoured. As much as it's been a challenge, I just tell my friends I'm fine.

Kassy Baker
Are there any questions from the Commissioners?

Commissioner Kaikkonen
At the beginning of your presentation, you contrasted Trudeau Senior and Trudeau Junior. I'm going to add an extra contrast. If it was Trudeau Senior, Pierre Elliott, who was in Parliament right now, I'm quite sure that he would have wandered down here himself or at least sent some of his MPs down this way to see if any of their constituents were in the room and testifying at some point since we are in Ottawa. Seeing that it's Trudeau Junior, Justin, that's in Parliament, I would like to add that he has censored his MPs, and his MPs don't think that we're valued enough to come down the road, down the street, to see who's in the room,

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whether it's some of their constituents. So there is that contrast.

The other thing, as you mentioned, the Milgram experiment. Some of us do teach at every opportunity those experiments to any youth or students that we have and have done so consistently, as well as encouraging people to take the Tri-Council Research Ethics course, which is two hours online. And what I've found is that when I speak to my colleagues and my peers as to why they don't do the same, it's because they don't think that anybody is ever going to come for them when this lets go.

I thank you for your testimony, it was very intriguing, but it was also very enlightening. I hope someone's listening that can make a difference in people's lives. Thank you very much.

Maurice Gatien
Thank you.

Kassy Baker
And I would also like to thank you on behalf of the Inquiry. Thank you very much.

[01:06:10]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
OTTAWA HEARINGS

Ottawa, Ontario, Canada
May 17 to 19, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 00:33:43–01:09:55
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[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence the second day of proceedings in the nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-led, and a citizen-financed group that have decided to appoint independent commissioners and march them across the country.

We had no idea how ambitious that vision was and soon learned that it was something that we couldn't do. But it's happening, and it's happening because you're participating: you have volunteered, you have encouraged, you have donated. You have allowed this to happen. And if you have been watching the NCI proceedings, I've been saying—and everyone agrees who's done it—that if you watch a single full day of the National Citizens Inquiry, you will never be the same again. It changes you. Yesterday was no exception. The witnesses that we had, some of them, will be with us—their testimony—for the rest of our lives.

I'd like to start this morning, Commissioners, by stating my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. Before we move to our first witness, I'd like to share some opening remarks. I ask that you bear with me today.

We're having to interview witnesses, and we're having to see them testify day after day. And it's frankly emotionally exhausting at times. All of us that have been following these proceedings are aware of that. I was particularly touched yesterday by the testimony of Sheila Lewis. If you recall, Sheila is the one who needs an organ transplant, is under a gag order, so she can't tell us what organs she needs transplanted, nor can she identify the doctors or the hospitals involved. But she was on the stand yesterday, literally sobbing. She was just saying she wants to live. Her life is in the hands of a group of doctors that made a policy—and it's just their policy; they can change it. But they made a policy decision that she could only have the organ transplant that her life depends on if she gets vaccinated for COVID-19.

The irony is that she has had COVID. She has had her blood tested and she is filled with antibodies to the COVID-19 virus. She has strong natural immunity. We have had doctors explain to this Commission how actually someone in her position shouldn't be vaccinated because the vaccine would not be helpful, and, in fact, could be dangerous for somebody in her position. Any concern that she would get COVID-19 is non-existent. Because we've also had witnesses tell us that natural immunity is more robust, and we've seen government data to support that.

So she asked, and I asked, how can people do this? How can they basically be making decisions and taking actions that are leading to the deaths and the suffering of a large number of people? We had a gentleman on the stand yesterday who could not find a doctor to admit that it was vaccine injury. We've had witness after witness basically giving shameful testimony about how people that are vaccine-injured are being treated in our healthcare system.

When I ask the question—how can we do this?—I'm asking it as a rhetorical question because I know the answer. It comes down to personal responsibility and fear. The fear one is interesting because I've indicated in other openings how fear is a weapon used against us.

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The minute you start to feel fear and you start to have that chemical reaction that you have no control over, you have to start training yourselves to keep that link to your logical mind and understand that you're having a physical reaction, that you can't control it. But you can keep connection to your logical and rational thinking.

But what I thought of this morning, we've had doctors explain that their colleagues, some of them, have gotten vaccinated knowing they shouldn't for health reasons but saying things like, "I've got kids in private school, I've got a mortgage, like I've got to do it." There's financial fear. We've had witnesses back out because they're concerned about economic repercussions. And so the thought came to me this morning that we need to understand that our debt model is part of our slavery framework.

We live in a society that is self-based and greed-based. The phrase—keeping up with the Joneses'—we all know what that means. If you drive an old rusty car, you're going to feel self-conscious. Why? Because we're taught to privilege people that display wealth, and we have been encouraged. The system is designed for us to pursue things and to have a lifestyle that we can't afford, so we go into debt. And then we find ourselves in a situation where we actually have no room to move when we're placed in that ethical dilemma: where to do the right thing would actually put our family and our children at risk economically. **And so, going forward, I think we have to understand that we cannot allow ourselves to be dependent upon not just government but also institutions like banks for our well-being. I just want you to understand that our debt-based model is deliberate. We have participated in it, and we've participated in this drive to look like we have wealth, to fit in, to not be "less than."**

I've spoken before about personal responsibility, that people will do terrible things to other people—in the Second World War, rounding up Jewish people, locking them into a church, and lighting the church on fire, or lining them up in front of a pit and executing them. We will do those things—the authorities know—things that we would never do on our own if our personal responsibility is taken away. I spoke about this in Toronto.

I first became aware of this idea in the Dostoevsky novel, *The Brothers Karamazov*. There's a chapter about the Grand Inquisitor—so the Spanish Inquisition, and Christ had returned. So the Grand Inquisitor is having a conversation with Jesus. And the idea comes up that people will do atrocious things if someone else takes the responsibility for their actions. Himmler, who was the head of the SS, understood this and in one of his speeches—I think it was before the Night of the Long Knives—but it was a speech before they were being sent out to murder people. And he literally said, "You're not pulling the trigger. I am." He understood that if he took the personal responsibility from them that they would follow his orders. It's why when we got to the Nuremberg Trials after the Second World War—when people were saying, who did atrocious things, "I was just following orders, I was just following orders"—we had to, from a legal principle, establish that following orders is not an excuse for harming and murdering people, as if that had to become some new legal principle.

In fact, I wonder going forward when we get our institutions back, if anyone who has committed a heinous crime, who says, "I was following orders," if the maximum penalty should be double in that case. Because as a society, our worst problem that we're facing right now—

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the most harm is being caused by people following orders. And we structure our laws actually to protect ourselves.

The doctors in Alberta, I'll take them as an example; it's the province I live in. Their college told them you are not to treat early-COVID. I know of one doctor who volunteers with the NCI who voluntarily gave up his licence to practise because, for ethical reasons, this person was not willing to be part of an organization that would tell physicians that you cannot treat early-COVID—because it is unethical and it is going to lead to death and it's going to lead to harm. But it's an example of personal responsibility being taken away from the doctors. They're being told by their college that they "can't." So now, they're just following orders and well, "I'm helpless. I will lose my licence." These are lies. But it explains how we find ourselves in a situation where people that we have entrusted with our very lives and health have turned against us.

And it's still happening. I can't think of a single institution in Canada that is now working for the people again. Name me one institution in Canada that has stood up during this COVID experience to protect us: to act as a shield between us and the government; to act in the public interest. And it's still happening. Here we are in May 2023 and vaccine-injured people are being treated as lepers and second-class citizens and shamed and humiliated and left to suffer by our medical system. Their existence is being denied. It's like we can't admit they're there. They're an inconvenience to us because we can't admit that the vaccine caused injuries. Because we're still pushing it on children. We're still murdering children. The attack is still happening. We're still censoring doctors. They're still afraid. Professionals are afraid to follow their ethics and do their job.

So we know that this spell that we've been under, it's literally like people are asleep. And language is deliberate; when we use language, the truth sneaks out. I've done a lot of criminal law and I think of statement analysis where most people lie by omission. There are simple things that people can't hide. When they're lying, things happen: they drop personal pronouns like clockwork. We cannot—you know the word, Freudian slip—we can't hide the truth. It comes out in different ways. We can obscure it. But our language speaks volumes.

And isn't it interesting that in the freedom movement if you don't know somebody or where they're at, but you're starting to think, "Oh, just wait a second, maybe they do know what's going on," you ask them, "Oh, are you awake?" We ask each other when we're feeling each other out: "Are you awake?" That's not an accident. It tells us that there are people among us, and we know that, that are asleep. They're literally asleep: They're having a dream. Their eyes are not open. They do not see what is going on. So that tells us the spell is still in force.

There's two problems that these people who are asleep are having. First of all, they still believe. Many of them actually still believe the lie. The other problem they have—and we need to pity them for this, but many people who are awake still have this problem too; denial is a great self-protection mechanism—is they just want it to get back to normal. "Don't hold this Inquiry." "Don't reveal the truth about what happened." "We don't need to figure out how not to do this again." "Just stop. We just want to get back to normal. We just want to forget this happened and go back to normal."

That is a delusion because there is no normal to get back to.

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That is a complete failure to understand that we are in right now "the Great Reset." Now, what the Great Reset looks like at the end depends on us. But we know when we hear people like Klaus Schwab saying, the Great Reset—the leaders are using the term the Great Reset—it's not something that's going to happen in the future. It's something we're in right now; we are experiencing. There is no going back to the way we were. Our past is done. It's finished.

Just on the vaccine alone. From the evidence we've heard, we can predict that there will be more people becoming disabled. I recall Ed Dowd using the data of the working population in the United States, traditionally, the healthiest people, that the number becoming disabled—well, the percentage isn't rising, although it's dramatically higher than it was pre-vaccination and alarmingly high. It's levelled off, but it's still there. We're experiencing more and more people at a very high rate of what should be our most healthy population becoming disabled and the deaths will follow. So we'll peak with disabilities first and then we'll peak with deaths. But we're still facing it. These people that we heard from yesterday with their lives literally—literally—being destroyed. It was hard to believe what it would be like to have their experience. We're going to have more of those.

The problem of sterilization caused by the vaccines has not been dealt with much in these proceedings. We were hoping to have Naomi Wolf testify, but she wasn't available for the date of the Ottawa hearings that we had wanted. But it appears that's another issue going **forward that we're going to have to face. It's interesting, I have a friend in Alberta who is a health care practitioner who's been reporting to me that if a child dies *in utero*—so while the mother's carrying the child—it used to be that the hospital would take care of that and get the dead fetus out, and then it would be recorded in our statistics. But the mothers are now being sent to abortion clinics for that to be done, so it will not be included in our statistics. So we're hiding information.**

I saw a disturbing billboard about a month ago in Alberta. There's a support line for mothers who have miscarried to phone. So it's now, obviously, enough of an issue. This is happening in large enough numbers that there are now billboards telling mothers that they can get support for this. I've never seen anything like that in my life and it tells us that we're still there.

Catherine Austin Fitts testifying yesterday, and we've heard it from other people, telling us this isn't an accident. This is planned, what we're going through, this Great Reset. The world leaders tell us. Google the term. Well, no, don't Google it; DuckDuckGo it because you'll get different results because of the censorship. That in itself should tell you volumes. This isn't an accident; it's an attack.

It came up during her testimony, one of the commissioners said, "Well, we've had more immigration than since the Second World War." We're going to have a witness testify today about seeing, during the pandemic, just tons of immigrants arriving while we were all locked down. It's almost like the population is being replaced as part of the Reset. So we've been taken down. We have been judged. And understand that they can't stop—you can't pull that trigger and call the bullet back. You can't stop because otherwise, we will get control of our institutions again and we will hold them accountable.

So we have to expect that what we're experiencing will continue.

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And what we're experiencing is that our government and our institutions have become the weapons against us. Catherine Austin Fitts referred to it yesterday as "the great poisoning." She spoke about our food supply and how it's basically become a weapon against us. She spoke about 5G and cell towers. We've had Dr. Magda Havas speak about that. But understand that our wireless technology, it could be done safely, but it's not done safely. It's done in such a way that reduces our health and reduces our lifespan, and this is deliberate. We are facing economic collapse. We're in it now. It is likely because they're telling us that we're going to have starvation.

We've already seen religious prosecution in Canada. We have called some of the pastors who have been jailed as witnesses, and that is not going to stop. We're literally in a situation where you need to prepare both physically and spiritually. Physically, I think you need to get out of debt, you need to have extra food, you need to have currency. I'm not here to give advice on that, but you need to be prepared because we are entering the next phase of this information war, and you need to act accordingly. We also need to prepare ourselves spiritually, and I'm going to go back to the evidence of Sheila Lewis yesterday.

Again, she was the one whose life depends on an organ transplant, and she's going to die. She's the one that was sobbing and telling us she just wants to live: she wants to see her grandchildren grow up. That's all she wants. She told us that this was evil, that what was happening to her was evil. As if evil is a tangible thing. And the thing is, evil is a tangible thing. If you open your eyes and look around, you will see it. We've seen it in these proceedings. You can hear it. You can taste it.

I've spoken several times about my opinion that the way back for us are what's called the first and second commandments in the Bible. I've explained that they're not just the basis of our legal system. But it's important for us to understand as we find ourselves in a situation where our government is adversarial to us, where institutions have become adversarial to us—that's because we actually moved away from the principles upon which our society and our legal system is based. When you move away from your foundations, your society falls. And I've explained to you how the second commandment, basically, is the foundation of freedom. Both of those commandments are intended for freedom. I'm going to explain that a little differently, and I think some of you are going to be shocked by how I end this.

There was a deliberate decision to remove God from our society. We all know that we can't speak about God. That it's almost like a conspiracy theory hat or you're a climate denier or you're an anti-vaxxer. God needs to be separated from our society: He needs to be removed from the schools. He needs to be removed from our institutions. This was deliberate. We have been taught to put ourselves first, and we live our lives to put ourselves first. We all do it; we've all been taught to do that. Our society is based on greed. I have two trucks. I have an old truck with 447,000 kilometres on it that's rusting, and I have a 2012 truck. Well, if I'm going to pick somebody up from the airport, I'm not using my old truck. Why? Oh, because I'm worried about being judged. I'm just using that as an example, and you all know what I'm talking about. Our society is based on greed, which is putting ourselves first.

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We also view God's law or following God as restrictive. And that is the greatest lie. I'm going to explain that to you, and you're going to go, "Oh, my gosh. I see it; it's our greatest lie."

For those of you who have no idea what I'm talking about when I say first and second commandment, I'll just tell the story. It comes up in different ways. But when Jesus was on the earth in Israel, it was a rules-based society and it had become oppressive. It was a religious rules-based society. They actually referred to it as The Law. It wasn't meant to be restrictive. It was meant to be helpful. We're all aware of the Ten Commandments: don't murder, don't steal, don't commit adultery. Well, that was the beginning. But there was just rule after rule, and it actually had been turned against the people. So it was extremely, extremely restrictive. But it gave the religious leaders power over the people.

Then this Jesus comes along. He's talking about the law but in a way that's freeing—in a way that actually serves the people—literally that becomes so popular, he can't move around. He has to, at times, get into a boat and cross a water body just so that he's not surrounded by people. And the religious leaders are going crazy: "We've got to stamp this guy out." He's a political threat to them. So they plot several ways to try and get rid of this guy. But one of the ways was, they were going to ask Him a question. They were going to get Him tied up in a legal argument.

So they decide, "Well, let's ask him what the greatest commandment is, and it almost doesn't matter how he answers. Then we can argue with him and just show people he's not as clever as he thinks he is." Because they knew the law; they were the lawyers, so to speak. So they ask Him, "Teacher, what's the greatest commandment?" And He gives them an answer. He says, "Well the greatest commandment is to love the Lord your God with all your heart, all your strength, and all your mind." Now Jesus was out of the trap. He was out of the trap. That first commandment comes up in other places in the Bible but basically love God first, not self. You see, we're a self-based society now. But you're not supposed to put **self first; you're supposed to put God first.**

Now understand, Jesus was out of the trap. But he continued, and he didn't have to continue. He said, "And the second commandment is to love your neighbour like yourself." Basically, to treat others like you would like to be treated but further than that because he used the word "love." Now that is following the second commandment and the reason why every single Western liberal democracy—which have been the freest societies that we are aware of in history—they're based on the second commandment. Because if you teach your people and base your laws on the principle that you treat others like yourself and you don't put yourself first—God goes first—then you're not murdering each other. You're not stealing from each other; you're not sleeping with your neighbour's wife because you don't

want your wife sleeping with another neighbour. Basically, you have a freer and more civilized society if you are putting other people first.

So understand—because remember, I told you the greatest lie is that following God is restrictive. Well, if you believe that you have to be first, then—"Oh jeez, I don't want any restrictions on myself"—you misunderstand, completely, that actually you are more free. When you love God with all that you are, you're no longer putting yourself first. That's how it works: you're not number one anymore. And then, you're forced to realize that you're just one of His children. We are the same; we're together. Do you see how, all of a sudden, it's not adversarial? So when you're not first and you're just one person following God, we're just all His kids. We're all together; we're all the same. It's not about us anymore. That's why the first commandment serves us,

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and I've already explained how the second commandment leads to our freedom.

Now here's where it gets interesting. Because one of the popular myths to get people to hate God and think that the first and second commandments are just crazy is—"Well, this is all fire and brimstone and judgment." So I want to describe how the New Testament refers to judgment. What are we going to be judged on if this is fire and brimstone? I probably can't go through this without choking up. It's just so touching.

So you would think if God's real— Because in the New Testament, it says that at the end of time, Jesus is basically going to separate the sheep from the goats, much like a shepherd which separates the sheep from the goats. The sheep are the people that lived right, and the goats are the people that lived wrong. You'd think the touchstone would be, "Well, you murdered and you stole and you're totally unethical." No, no, no. That's not how He's going to judge us.

You know what He said? Well, He's going to turn to the sheep and He's going say:

> When I was hungry, you fed me; when I was thirsty, you gave me something to drink; when I was a stranger, you took me in; when I was naked, you clothed me; and when I was sick, you took care of me.

And the Bible says:

> Well, these sheep are going to say, Lord, we never, ever saw you. When did we feed you or clothe you or take care of you? And Jesus will say, when you did it to the least of these—meaning anyone else—when you did it to **the least of these, you did it to me. And then, He's going to turn to the goats and He's going to say, when I was hungry, you didn't feed me; when I was thirsty, you didn't give me anything to drink; when I was a stranger, you didn't take me in; when I was naked, you didn't clothe me; and when I was sick, you didn't take care of me. And they're going to say, well, Jesus, we never saw you, so what are you talking about? Obviously, we couldn't have fed you or given you something to drink or clothed you or taken care of you when you were sick. And He's going to say to them, well, when you didn't do it to the least of these, you didn't do it to me.**

So the whole point—the whole point—of these commandments and our basis of our society, is to take care of each other. So when we have Sheila Lewis on the stand, sobbing

and begging the unnamed doctors—that she can't name because she's under a gag order—saying, "I just want to live. I just want to see my grandchildren grow up, that's all I want," she doesn't understand why they will not reverse their decision. They're not feeding her when she's hungry. They're not giving her a drink of water when she's thirsty. They're not taking her in. They're not clothing her. And they're definitely not treating her when she's sick. Do you see how this serves us?

We can use these as the basis for understanding how we are to proceed going forward because it's all about standing together. You have no choice. We're in this together. You are not alone. You're not alone. And we have a task. You can't avoid it. We're in the Great Reset. And we're going to decide whether those that have pushed us into this get to decide the outcome or whether the outcome is going to be one based upon the first and second commandments. You have a choice. This is a historical moment.

There are times when a generation is asked to define who they're going to be. What are the history books going to write about this generation? I think of Churchill, remembering how he was so stirring in his oratory. In the darkest days of the Second World War, when he's saying,

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"We'll fight on the beaches, we'll fight on the streets," he had a phrase. He said, "If the British Empire lasts for a thousand years, they'll look back and say that this generation was their finest hour out of a thousand years."

We're there. It's this hour. It's this hour for Canadians. Our actions will define whether this will be referred to as our finest hour or will we be a footnote in history of a civilization that fell to its knees without a whimper. I'm participating. I'm volunteering. I'm putting my neck on the line because I want the history books to say this was our finest hour.

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 1: James Corbett
Full Day 2 Timestamp: 01:09:56–02:25:20
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
I'd like to call our first witness of the day, who is joining us virtually from Japan. So, James, can you hear me?

James Corbett
I can hear you. Can you hear me?

Shawn Buckley
Yeah, I can hear you. I'll ask our AV person to turn your volume up a little bit. I'd like to begin today by asking you to state your full name for the record, spelling your first and last name.

James Corbett
My name is James Corbett, that's J-A-M-E-S, Corbett, C-O-R-B-E-T-T.

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

James Corbett
I do.

Shawn Buckley
Now, James, you are an independent journalist. You have the Corbett Report, which is an independent, listener-supported, alternative news source, and it operates on the principle of open-source intelligence. You've got a different history in your background, and I have to

tell you that I've heard from several people comments about you that are just full of respect for the work that you do and the integrity of your research. So you come to us with a very good reputation, and we're pleased to have you join us today.

And you are here to discuss with us some kind of global issues, like the Global Pandemic Treaty, the International Health Regulations, and One Health. And I'm just going to let you march into the presentation that you've prepared, and then we may have questions along the way and certainly afterwards.

James Corbett
Okay, excellent. Thank you for that. Thank you for inviting me here to talk about this. I think this is incredibly important and, in fact, in some ways goes to the heart of what all of the craziness of the past few years has really been about. So I hope I can do it justice. I do have a presentation prepared, but obviously please do interrupt and ask for clarification at any point you need to.

In order to start in on these subjects, I think we need to establish some ground facts. And so, it would help probably to know what is the World Health Organization [WHO]. And for those who don't know, the World Health Organization was founded as a specialized agency of the United Nations in 1948 specifically to promote, quote, "the attainment by all peoples of the highest possible level of health." And it proposes to achieve this task by acting as, quote, "the directing and coordinating authority on international health" work. All right, excellent. That sounds noble. It sounds like something that people could get behind. But as always, the devil is in the details.

So some questions that might arise, as we hear these words that come from the founding Charter of the World Health Organization: What is health? And who determines the highest possible level of health, let alone how to attain it? These aren't idle questions, as I know you know from the very impactful harrowing testimony that you have heard over the course of this Inquiry.

The answers to those questions really do go to the heart of what we are facing: what we have seen over the past three years, certainly, and what we might see again in the future if we allow this to continue—lockdowns, mandates, travel restrictions, forced medical interventions and procedures, and rule by decree of governmental or presumed health authorities.

So this is an extremely important subject. And I just want to lay that out before we start diving into the details. Because although the worst of the COVID hysteria may or may not be behind us, I think the real battle is only now beginning. And that battle is a battle over **the definition of, and the declaration of, and the ability to govern over the next, quote-unquote, "the next pandemic," which we are constantly assured is right around the corner. So this is an incredibly important issue.**

So today I want to talk about two separate but related processes that are taking place under the auspices of the World Health Organization. One is, well, it's being referred to officially as the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response [WHO CA+], which is a very, very long roundabout way of not saying Global Pandemic Treaty. But they, I think, specifically do not call this a Pandemic Treaty because the word "treaty" brings with it certain legal obligations and would require ratification by legislatures, at least in those states where they have constitutional procedures for governing the signing treaties.

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But conventions and agreements are covered under the WHO Constitution itself, which grants the governing body of the World Health Organization, the World Health Assembly, the power to, quote, "adopt conventions or agreements with respect to any matter within the competence of the organization," which when ratified, will oblige each member of the WHO—which for the record is almost every nation-state on earth, of course, Canada, no exception there—would oblige them to adopt those conventions or to notify the WHO's Director-General of rejection of those, or reservations to those, stipulations within 18 months.

So that's kind of the framework for why it is not being called a Global Pandemic Treaty. But at any rate, this treaty, in all but name, is being drafted behind closed doors right now. This process has been going on for the better part of a year now and is expected to be unveiled with an agreement or other instrument at the 77th World Health Assembly, which will be taking place next May.

In the meantime, they are having closed door briefings and sessions that are not open to the public in which they are negotiating the text of this document. There is an entire bureaucracy that has been set up to handle this process of the drafting of this not-a-treaty called the INB, the Intergovernmental Negotiating Body. And that has held, I believe, a couple of hearings now for public input into this process. But all that means is that accredited institutions and organizations that get permission can Zoom in and basically make a short presentation about their feelings about what the treaty should include. Very few people given a chance, of course, to speak out against the process itself, and I think that's instructive in and of itself. But the meat of the negotiations of this draft treaty are taking place behind closed doors, and there is very little transparency on this process.

We do have a zero draft of this treaty that was unveiled earlier this year [February 1, 2023] and that we can at least see the text that they started with from ground zero, which gives us some insight into this process. It includes increased tools for epidemiological genomic surveillance and integrated One Health surveillance systems, which might raise the question, what does any of that mean? And those are good questions, but unfortunately not ones you will find the answers to in this zero draft of the treaty. Because in the definitions section of the zero draft, you will note that, for example, it says, under definitions, "'One Health surveillance' means . . ." And then, of course, that's left blank because they have not come up with a definition of One Health surveillance yet, but it is included in the text of this zero draft [February 1, 2023]. They talk about the need for integrated One Health surveillance systems without telling you what One Health surveillance means.

Other such things like that abound in this document. There are obligations for member **states to, quote, "tackle false, misleading, misinformation or disinformation." And I think given the events of the past few years, we know exactly what that looks like and what form that takes. As someone who had his YouTube channel of nearly 600,000 subscribers scrubbed for daring to talk about such things as the philosophy of science and other things related to the events that are going on, I know firsthand what that legalese text implies.**

The zero draft also includes verbiage about control over when, where, and how a pandemic is declared within each member state's borders. So it says, quote, "the INB is encouraged to conduct discussions on the matter of the declaration of a 'pandemic' by the WHO Director-General under the WHO CA+ . . ."—which is what they're calling this not-a-treaty— ". . . and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments."

So yes, even the process by which a pandemic will be declared by the World Health Organization under this new treaty, or whatever they're calling it, is left open to negotiation. And again, negotiations which we do not have access to as lowly members of the public who will simply be subjected to whatever rules end up getting forced into this document.

I think that should be concerning in and of itself. But actually, it's in some ways, maybe even worse than most people realize. Because at least at this point,

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the World Health Organization does not officially declare a pandemic to have started or over. There is no official declaration of pandemic. There is an official declaration of a public health emergency of international concern (PHEIC), which is a different declaration altogether.

People might have heard recently that the WHO has declared the pandemic over. But that's not quite true, as even the fact checkers will, in this case, correctly tell you, "No, they declared the end of the public health emergency of international concern," but they did not say that the pandemic is over. So this document is at least putting on the table the possibility of literally a declaration of pandemic by the WHO Director-General, in particular, which is interesting for reasons that relate to that PHEIC.

But let's delve into the other side of this. Because as it says in that text, talking about this rule of the WHO Director-General declaring a pandemic, it says, "including interactions with the International Health Regulations." And that is the other document that I want to talk about. One is this treaty, which they are not calling a treaty. The other is amendments to the International Health Regulation.

Shawn Buckley
James, can I just slow you down for a sec before you go to the International Health Regulations. Because to some of the people that will be watching your testimony today, this will be brand new. So you're basically saying that we should be calling this a "Global Pandemic Treaty," what they're negotiating. But even the title—they're using words to kind of confuse so that we don't understand what it is. And that this is being negotiated behind closed doors, so it's not a public process. Is that right?

James Corbett
That is correct in substance. Obviously, it's my supposition that the unwieldly title contributes to the confusion around this process. But it is not supposition that the word "treaty," specifically brings with it certain legal obligations that I think are being obviously avoided in this lengthy appellation.

Shawn Buckley
And then I just want people to understand. So when you're saying definitions are left blank—when laws are drafted or treaties are drafted, they'll actually put a definition in and then start using those words. So the definition is very, very, very important. So when James is saying, "One Health surveillance"—which sounds very Orwellian—or "One Health surveillance systems," saying these terms are being used, so they have a specific meaning. But the text that's been released, they're not telling us what the meaning is.

So I just want people to understand how important that point is that James has brought up. It makes it impossible for us reviewing the text that has been released to really understand the significance. And I can tell you, having drafted legislation for government, that when you actually already have a term, you have a definition in mind. You know what that term means; you're not throwing it in there for good measure. So to me that's quite concerning what you brought up.

And also, just slow this down before you move on. You're telling us there's actually provisions in there to deal with misinformation. So they're already anticipating censoring information that goes against what they say?

James Corbett
That is the certainly the implication. There is no language, at least in the zero draft, that's been provided to the public to specifically say how member states are committing to tackling false, misleading, misinformation or disinformation. But I think we've seen exactly how that has been done over the past few years, including direct governmental interference in social media. For example, trying to censor—not trying, but actively censoring people who go against the pronouncements of any declared public health authority. So I think that's essentially what is being declared.

But specifically, it's from Article 17, paragraph 1 [zero draft, February 1, 2023]: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation," which is an interesting addition.

And just to clarify, yes, Chapter I, the Introduction, Article 1, Definitions and use of terms. They do have in the zero draft [February 1, 2023], four of the terms defined. But they leave "pathogen with pandemic potential," "One Health approach," "One Health surveillance," "infodemic," "inter-pandemic," "current health expenditure," "universal health coverage," and "recovery" are all left undefined at this point.

Shawn Buckley
Interesting. Okay, sorry for interrupting, please continue.

James Corbett
Valuable things to elaborate on.

[00:15:00]

All right, so let's talk about the other process that is going on. And I think, again, supposition, this is another part of the deliberately confusing nature of this process. In addition to this treaty, or whatever they're calling it, there is a proposal to amend the International Health Regulations. So what are the International Health Regulations?

Back in 1951, the World Health Assembly, the governing body of the WHO, adopted the International Sanitary Regulations, which was an attempt to consolidate the multiple and overlapping international agreements that then pertained governing quarantine procedures and other international health controls—that were, at that time, a series of bilateral deals between various countries and that was quite confusing, obviously, for an

increasingly globalized society, international trade, et cetera. So that was consolidated into this International Sanitary Regulations. And that was ultimately turned into the International Health Regulations in 1969. And those IHR, International Health Regulations, were amended in 1973 and 1981.

At that time, the entirety of the International Health Regulations covered specifically six diseases, but specifically focused on three of them: cholera, yellow fever, and plague. But after the SARS-1 hysteria of 2003, there was a push for amendment and sweeping reform of these IHR, International Health Regulations, to take into account the new and novel diseases that could appear in the future. So that push led to the adoption of the last round of amendments to the IHR in 2005. So that is the most recent edition of the International Health Regulations. And that was the addition of the International Health Regulations that introduced that aforementioned public health emergency of international concern, which is a specific declaration that is made ultimately by the Director-General of the World Health Organization.

Although, supposedly, theoretically, there is an independent advisory board that advises the Director-General whether or not to declare a public health emergency of international concern for any emerging virus or pandemic, or what have you. And that independent advisory board, really—according to what I think the drafters or, at least, what was presented to the public—it was the advisory board that's ultimately making this decision, and the Director-General just gives the rubber stamp to their recommendation.

Of course, that turned out not to be the case with the declaration of the monkeypox public health emergency of international concern last year, in which, according to reports, apparently, the Director-General Tedros broke the deadlock in the advisory panel by declaring that it was a public health emergency of international concern. And it's interesting that it's even portrayed as a deadlock when, in fact, the majority of the independent advisory board recommended against declaring a PHEIC.

But what is a PHEIC? Why is it important? What does it do?

Essentially, the declaration of public health emergency of international concern opens up a number of powers for the World Health Organization up to and including—as was reported back in the mid-2000 "teens" during the *Ebola* public health emergency of international concern; it was reported even in Newsweek and other places—that the powers that are unlocked by such a declaration could even include, conceivably, NATO boots on the ground in order to enforce quarantines or deliver medical aid or intervention, or what have you.

So this is a significant declaration. And of course, it also brings into effect a number of contracts that are signed for various governments that ultimately obligate them to purchase prophylactics, including vaccines or whatever else may be available for the declared health emergency. And that became a significant factor in the first ever declaration of a PHEIC back in 2009, during the swine flu pandemic, which ultimately ended up being a less deadly flu season than regular. But that being what it is, the declaration of PHEIC obligated countries around the world, including, of course, in Canada, to purchase swine flu vaccines that, ultimately, a lot of them ended up getting destroyed, unused. But whatever, at any rate, it was there. And an awful lot of money was made on the back of those vaccines.

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And an independent investigation from the Council of Europe the following year, as well as a British Medical Journal investigation, found that there were serious conflicts of interest between the independent advisory board that advised then WHO Director-General Margaret Chan to declare that PHEIC and the very pharmaceutical manufacturers who ended up benefiting from that declaration. So that's kind of the context of this International Health Regulations and what's on the table.

This current round of negotiations for further amendments to those IHR include a grab bag of proposals of potential amendments. Some of the ones that pop out immediately include the idea of striking out the words, quote, "full respect for the dignity, human rights, and fundamental freedoms of persons," from the IHR principles, giving WHO greater authority over surveillance monitoring and control of health threats—including greatly expanding the PHEIC power with proposals suggesting giving the Director-General the authority to declare not a public health emergency of international concern but an "intermediate public health alert" where a public health event does not actually reach the threshold of declaration of PHEIC but "requires heightened international awareness" and preparedness activity.

So, whatever that means.

Granting the WHO the power of a global emergency health legislature, including proposals to potentially change the currently "non-binding" and "standing recommendations" on medical and/or non-medical countermeasures to address a PHEIC that the Director-General shall issue to WHO member states after a consultation into binding recommendations. So they are actually proposing to change that wording from non-binding to binding, which ultimately does make the WHO into a de facto government, at least, public health emergency legislature.

It includes proposals for working with partners to establish a Global Digital Health Certification Network, which is intended to enable member states to verify the authenticity of vaccination certificates issued under IHR, as well as other health documents. And proposals to expand the scope of the International Health Regulations to cover not just demonstrable ongoing public health emergencies, but all risks with a potential to impact public health.

In other words, this is an astounding power grab that is, again, represented in these two parallel processes: the treaty that they're not calling a treaty and the International Health Regulations amendments that are separate processes, that are being run by separate governing bodies, but that, as the WHO states, could overlap. And there are meetings that again are going on behind closed doors as to whether or how these two processes should merge. Or maybe there should be two separate processes. Maybe they should continue with one of them, but not the other. It's all left completely opaque at the moment.

So those are the two processes. And in order to understand, I think, what's really on the table, we have to understand the overall idea behind the concept of public health in general and where it is going in the future. I'll pause for a moment in case you need any further clarification on anything I've presented so far, though.

Shawn Buckley
And actually, that's a perfect time for pause. It's interesting. We had a witness yesterday, Denis Rancourt. I don't know if you're familiar with him. He's a physicist by training but had been a full professor for years at the University of Ottawa and an interdisciplinary

researcher. He's presented on all-cause mortality using Canadian and U.S. data. And one of the points he brought up a couple of times was, in the past when pandemics were declared be that avian flu or swine flu or whatever, there was no indication in all-cause mortality that there was ever a pandemic. So, in other words, you couldn't see it. But he says you could see a heat wave for three days; that would show up, other things would show up.

But actually, every single time a pandemic had been declared, there was no rise in all-cause mortality. So basically, the implication is that these pandemics are declared when there is no public health emergency. And here you are telling us that basically, countries like Canada would lose their sovereignty so that if a pandemic was declared by the World Health Organization, we would have no choice but to allow them to basically counter some pandemic. Are we hearing you correctly about that?

James Corbett
Member states are already obligated to do a number of things under the WHO Constitution,

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including implementing the conventions and agreements that are decided upon by the World Health Assembly. So really, there are already obligations that are in place for Canada, as we've seen, I think, through the course of the past few years, let alone decades. That in fact, for example, there is a stipulation in the existing International Health Regulations that all countries have to comply and actively assess their compliance with the International Health Regulations and pandemic preparedness generally. And Canada, as you may or may not know, actually, the Government of Canada posts on their website, occasionally, their updates as to their self-assessment of their compliance with the International Health Regulations. So there are already stipulations in place. I think the proposed amendments just give the potential for these obligations to expand.

Shawn Buckley
It's interesting. So that explains why, I mean, it seems that most of the world, certainly the Western world, followed kind of one plan. And James, what I've always found interesting—and this is just my thinking—but let's say we were facing a serious threat by a virus and we've got to figure out what to do. It would seem to me you'd actually want different countries trying different things so that you could see what works and allow different theories to be tested.

But we basically have entered a world where one organization has the power to decide how we deal with a serious threat. And if they get it wrong, then the whole world will face the consequences of that. Because that's the flip side. But if they get it right, well, great; all's well and off we go. But if they get it wrong, it means the catastrophe is magnified. But basically, that's where we're at legally.

James Corbett
I concur wholeheartedly. I think that gets actually to the real heart of the philosophical issue, let alone the legal issue, that we're facing here—which is the question of the centralization of power over "public health" in fewer and fewer hands. And, in fact, that's kind of how I'm planning to end this presentation. But perhaps we should cover One Health before wrapping up with that.

Shawn Buckley
Sure, can I just ask one more thing? Because you just went over it quickly. You were saying they were striking out some principle. Can you just read that text slower for us? I think it's important for us to understand.

So there's principles in the current International Health Regulations. So it means, principles—just so that people hearing your testimony understand—they're supposed to be what guides the interpretation and application of these regulations. So they're kind of fundamental to what our goals are. But please share with us what is being removed or being proposed to be removed as a principle.

James Corbett
Yes. So the text that is being proposed to be struck out from Article 3, which is the principles of the IHR document, is ". . . with full respect for the dignity, human rights and fundamental freedoms of persons." And the proposed alternate text—again, people can find this on the WHO's own website; they have a post of the proposed amendments [IHR proposed amendments, WHA75(9) (2022)]. The proposed alternate text: instead of ". . . with full respect for the dignity, human rights and fundamental freedoms of persons" is ". . . based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." I will let you parse that for yourself. But, anyway, that's what they want to replace the text with.

Shawn Buckley
I think George Orwell would be proud of that one.

James Corbett
I concur.

Shawn Buckley
Yeah, please continue this. And I can just share with you that I believe everyone is finding this very interesting and we haven't had somebody speak to us about these issues. So we certainly appreciate you sharing with us.

James Corbett
All right, so what we have heard, so far, I think is fairly concerning. But actually, where I think this is going demonstrably is even more concerning. And what this is raising the spectre of, is the concept of the One Health approach or One Health agenda, which is being adopted by many different health authorities in many different countries. The CDC in the United States, the World Health Organization is talking about it. In fact, there's an entire institutional framework that's taking place, taking shape around it.

One Health: that phrase was apparently coined in the wake of the SARS-1 events,

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back in 2003–2004, to discuss the threat of emerging diseases—diseases emerging from animal populations and the contact of animal and human populations, so zoonotic diseases.

And that concept started to come on board that public health is not just about your individual health as a human being, it is about the health of nature, including animals. So the CDC, for example, defines the One Health approach as "a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment."

So again, I think like the founding principles and definitions in the World Health Organization Charter, this is language that is designed to sound very appealing. But I think quite quickly starts to get into some very interesting philosophical areas, shall we say.

So I think we have to recognize what is being done here is a rhetorical move to essentially make every corner of the globe, every natural resource, every plant, every animal, including every person, as part of an interconnected web that forms this new definition of public health: One Health. And so, embedded within this idea, within this concept, is if we have a centralized, specialized agency of the UN, like the World Health Organization, which is in charge of coordinating international public health, we need some sort of centralized control that will have jurisdiction essentially over every one of these constituent elements—every habitat, every resource, every animal, every plant, and every person—in order to coordinate not public health but international One Health.

So I think we see where this is starting to go. And of course, it doesn't just involve the World Health Organization. Again, by its very nature, this is such a broad concept that it applies to every nook and cranny of every bureaucratic infrastructure in at least the UN panoply, as evidenced by the fact that the World Health Organization has just joined a quadripartite coalition—consisting of the Food and Agriculture Organization [FAO] of the United Nations, bringing in that food concept that was referred to by Catherine Austen Fitts; the United Nations Environment Programme [UNEP], bringing in the spectre of Rio Summit and UNFCCC [United Nations Framework Convention on Climate Change] and the IPCC [Intergovernmental Panel on Climate Change], et cetera. The World Organization for Animal Health [WOAH] and the World Health Organization have now combined forces to tackle this One Health approach idea. And they have set up a new "high-level expert panel," to coordinate activities on One Health, which is defined as "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems."

So again, this sounds laudable. But it is predicated on a devaluing of human life in order [inaudible: 0:33: 19] equity, which I guess we're supposed to assume is always, in every context, a wonderful word—equity with nature. So humans have to be devalued to the point where we do not prioritize human health over the health of, say, an animal species or something along those lines. And I think people understand where that concept is going or where it could go. But at any rate, that is the One Health approach that is now being fostered under the auspices of not just the WHO but a number of international organizations.

Shawn Buckley
So that's how we end up locked down in 15-minute cities and eating crickets.

James Corbett
Unfortunately so, or at least I believe that is part of the plan. So yes, as you indicate there, this is not just about the concept of health as we tend to think of it—as in you feel sick and

you go to the doctor and you get some medicine, or something along those lines. It has to do with every aspect of your life: where you live, how you live, what you eat, et cetera, et cetera. It would be difficult to think of any aspect of your life that would not come under the purview of this One Health idea.

Shawn Buckley
That's quite striking actually. So did you have more to share?

James Corbett
I can talk about the next steps in this process.

So with regards specifically to the International Health Regulations, again, they are being proposed to be adopted at the 77th World Health Assembly next May by a simple majority vote.

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And so, given the scope of the Constitution of the WHO and specifically Article 21, the amendments of the IHR—when and if they are adopted—will come into force within all member states within 12 months of adoption unless a state proactively files rejections or reservations within a 10-month period after the adoption. At any rate, this is a very, very short timetable and I think, again, the momentum is on the side of the bureaucratic meddlers here, shall we say.

As regards to the treaty, that they're not calling a treaty, that would require—I think there are different interpretations of this—but I have read that it would require a two-thirds majority vote in the World Health Assembly with each member state being able to sign and ratify the treaty in accordance with their own domestic laws.

But, as I say, I think overall, the World Health Organization Constitution, as it is written, is interpretable in ways that would suggest that any World Health Organization member state is obligated to enact whatever convention or agreement is signed. So, again, I think that there are different legal opinions of what this is. But I think we have a very narrow window in which to act. And I guess the question for Canadians is, what can be done or what should be done?

So I guess on the most basic legal/political level—obviously, given the fact that a formal registration of concern is required to at least stop this from being automatically implemented in Canada within one year of its adoption—then obviously, I think, politically, people's energy should be directed in that direction, at least at this moment. And there are movements afoot in a number of different countries right now not only attempting to preventatively get their member states out of this process for the negotiation but actually to withdraw from the WHO altogether. And I note that there was a press conference on the steps of the U.S. Capitol just this week involving several U.S. congressmen, I hear 21 of them, actually, were there demanding a complete withdrawal of the United States from the World Health Organization.

So that is, I think, at least a sign of the type of political movement that could be happening if people were engaged and aware on these issues. Although, obviously, the Canadian political context may be a little bit different than the American context. And I think one thing that we could be assured of is that the establishment media would ignore or denigrate such a

political movement, to the extent that they acknowledged it at all, in the exact same way as they did with the Freedom Convoy.

But more to the point, I think, perhaps more hopefully, I see the formation of communities of interest—public and private membership associations and other organizations—forming on the basis of the principle that human beings have natural bodily autonomy, and medical interventions cannot be enforced or forced upon anyone against their will. And so, I think the idea of people coming together on that basis, including doctors and other medical professionals and regular people, coming together on that basis to form their own sort of splinter medical system, to me, seems the more thoroughgoing approach here, not recognizing the diktats of centralized health authorities.

However, obviously, nothing is going to change unless and until there is a widespread recognition among Canadians, and people all over the world, of the fundamental underlying issue: What is "health"? And who gets to define that word? Who gets to describe what a health crisis is, and what states, let alone individuals, must do in the event of a declared health crisis?

These are the fundamental questions. And who controls those powers? Which really raises, I think, the fundamental underlying question of all of this. Because what I've been describing with regards to these powers that are coming into view might raise the spectre of medical martial law—essentially times of suspension of regular law in which health authorities essentially act as martial authorities, being able to dictate law into law just by saying it. Which is exactly what we saw over the past few years.

But I think it's even worse than that. What we are seeing is the erection of an infrastructure

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for a new paradigm of governance: the biosecurity state. And if you are unfamiliar with the writings of Giorgio Agamben, he is a famed and noted Italian philosopher who has been writing about this subject for the past few years. I highly recommend his work, including an article he wrote in March of 2020 called "Biosecurity and Politics," where he identified this as the crux of the issue. He wrote, "the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity)." And I think that is the spectre of what we are facing: the imposition of medical interventions in the name of health but essentially as a new paradigm of governance that we are looking at.

And so, I think we need to fundamentally question the need for health authorities' centralized control over the medical system rather than the idea that people can choose for themselves what medical interventions and what medical precautions they are willing to take or not take. And also, the acknowledgement that with our fundamental right of bodily autonomy comes with it our right to essentially ignore and to go against the outward imposition of dictates and obligations by any presumed health authority. So, any treaty, any convention—International Health Regulations—that are signed that do not recognise, fundamentally, informed medical consent and the right to bodily autonomy, it's null and void.

Shawn Buckley
James, I'm just going to step in if you'll let me. It's interesting. So you're telling us stuff. And I've just, when I do have time to see non-mainstream media, you hear about International Health Regulations and that this is going on. But I can tell you personally, I've not heard this type of detail that you're providing. So basically, Canada is walking into the situation where really our entire sovereignty could be given up in the name of this One Health initiative where everything from our food supply to our complete medical system to our freedoms could be dictated from an outside source. That's basically what's happening and we're not hearing anything about it.

James Corbett
Yes, I think it is already happening and yes, we are not hearing about it.

Shawn Buckley
Are you aware of a single group or anyone that is on this issue in Canada that should be given some support, or we could be directed to?

James Corbett
There are a number of individuals and independent media that are talking about these issues. But in terms of actual coordinated political movement on this front, I don't know. As I say, I live in Japan, so I am not in touch with any particular group.

Shawn Buckley
No, I was just asking because if you're not aware of one, then perhaps that there's a need that needs to be filled here and that's important for us to know.

Also, it's interesting, just as the National Citizens Inquiry has been moving about province to province, I ended up being out for dinner with some of the people involved in the NCI, including local organizers in Vancouver. And sitting to my left was a person from Quebec that lives on a fairly sizable acreage, he is telling me that his chickens have to be registered and he's only allowed three chickens. And then somebody living on a farm in BC is saying, "Oh, I have to register every cow, every sheep, every chicken," like, the amount of control. And then I have a personal friend in Alberta who's being told that, well, any water body, they have to have a fence this size and that would include their rain barrel. Like, it's just, all of a sudden, this micromanagement of rural properties and animals being imposed from above, which makes zero sense unless there is an effort to basically have total control over food supply and animals and rural properties. And it sounds like this would be connected.

James Corbett
I think it is. But on that note, I think that the pushback that we're seeing from Alberta, from Saskatchewan, the Alberta Sovereignty Act [*Alberta Sovereignty within a United Canada Act*], or whatever these things are being called—which I'm not following the passage of these bills closely—but I understand would essentially be a declaration of the provincial government's right to exclude federal authorities from butting in on their jurisdiction,

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which, of course, health is actually a provincial jurisdiction not federal.

Shawn Buckley
Right, okay. I'm going to turn you over to the commissioners to see if the commissioners have questions. And they do.

Commissioner Drysdale
Good morning and thank you for coming and providing your testimony.

You know, we've completed 22 days of testimony across the country at the NCI right now, and it's like a large jigsaw puzzle that seems to be coming together. And when I was listening to your testimony, it reminded me of some testimony I think we had in Vancouver, and one of the witnesses held up a document that they said was prepared by Theresa Tam. And what it was is that the climate emergency was the biggest threat to human health in Canada. And I kind of wondered about that. But are you aware of that document? And does that kind of fit in with this whole WHO control and pandemics that you're talking about?

James Corbett
I am not familiar with that document in particular, but I am certainly aware of many pronouncements along those lines that have been made over the past few years. And I certainly do see that as absolutely a fundamental part of the One Health agenda. I think the preparation of the public for the idea of a climate crisis, climate emergency, and ultimately lockdowns on the basis of such an emergency has been foreseen, has been talked about, has been openly written about by a number of people and institutions, the World Economic Forum and others, for years now. And so I definitely see that as part of the unfolding One Health agenda.

Commissioner Drysdale
And I forgot to mention, and I don't know whether she still is, but I know Theresa Tam was the head of one of the WHO health committees. I can't quite recall which one it was, but I believe it just started a few years ago, and again, I don't recall whether she's still the head of that or not. But it certainly, it goes right along with what you're saying.

We had another witness in, I think it was Vancouver, and she was an expert in international law and human rights. And in her testimony, she had demonstrated how Canada, during the pandemic, had violated, or allegedly violated, a number of the human rights, which are guaranteed under the UN treaties, underneath a number of health treaties. And it's just interesting, then, how these human rights guaranteed under similar documentation by the UN are being trampled on by the health care directives that are being contemplated or being implemented by the WHO through the UN. Are you aware of that contradiction between human rights treaties and what you're talking about here, the proposed WHO?

James Corbett
Yes, in a sense. But I think that the legal documents and constitutions and other things that presumably we are ruled by, or that constitute the rule of law, are not really worth the paper that they're written on, generally speaking. And in fact, that's, of course, I would say, exactly what we've seen over the evisceration of the *Canadian Charter of Rights and Freedoms* over the past few years. In fact, Giorgio Agamben, who I mentioned earlier, wrote an entire book about *State of Exception*, talking about that issue and exploring it from the philosophical and jurisprudence and historical angle, that there is always a moment of

aporia in these constitutional documents that essentially allow for the declaration of some sort of emergency that says all the rules are aside.

And I would note specifically with regards to the United Nations and the *Universal Declaration of Human Rights* that it propounds, they all sound wonderful and woolly until you get to Article 29, paragraph 3, which says, "these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations." Essentially, yes, you can have all these wonderful rights unless and until the United Nations says you can't, and then you can't. So I think those are the types of legal trickery that are played in these documents.

Commissioner Drysdale
Well, I think that's why you rightly pointed out definitions and the grab bag of words that were in definitions. And Canadians, if they aren't, should be very much aware of how their constitutional rights or their *Charter of Rights and Freedoms* was completely neutralized by what seemed to be innocuous words,

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high-minded words.

I mean, if we're not aware of those things now and scared to death about these definitions that go on and on and on and could mean anything. But it seems, to me, that you're saying that this is a common practice, that they put in these kinds of words they can manipulate any way they wish.

James Corbett
I think that is the case. As I say, I would definitely direct you to Agamben on that issue. He has written extensively about this, and it is demonstrable in a number of documents. And there is, generally speaking, some sort of emergency clause or an emergency act, a public order emergency, for example, that can be declared that will suspend basic constitutional rights.

Commissioner Drysdale
The last thing. You know, when I was listening to your presentation and also listening to some comments made by Mr. Buckley, it reminded me of what's happened so many times in the past. I mean, in Soviet Russia, they got a hold of the food production and they murdered or starved to death 20 million Ukrainians, I can't remember what the number is; **they argue about what that number is. In China, they did the same thing during the late 1950s and early 1960s, and they took control of all of the food production. Are we seeing that same thing happening today in Canada and in the Western world, but more importantly, at least to me, in Canada?**

James Corbett
I would say, anyone who isn't paying attention to the consolidation of the food supply in the hands of fewer and fewer corporate interests—but also governed over by an international institutional infrastructure, the Food and Agricultural Organization and other associated institutions—if you're not concerned by that process, then you're probably not paying attention.

And in fact, the consolidation is getting worse and worse as we step forward into the Great Food Reset, which has been declared. And that involves such things as lab-grown meat to try to cut down on the horrible pollution that we know that actual regular farming and ranching are wreaking on our environment. Except for a recent report—that may or may not throw any kind of spanner in those works—that apparently, the lab-grown meat will be 25 times more energy- and resource-intensive than regular farming. I wonder if that will in any way derail the plans.

But at any rate, this is definitely a part, again, of that One Health agenda and that One Health approach. And the consolidation of the food supply in the hands of a few corporations cannot be ultimately for the benefit of all humanity. There is, at the most basic level, a very obvious financial incentive for corporations to do this. But from the perspective of people who are literally thinking about trying to manage the human population in general, there could be no greater choke point for doing that than by controlling and manipulating and rationing the food supply.

Commissioner Drysdale
You know, historically speaking—except for a handful of people at the top, some of those names that we know—central planning, state Soviet-style planning, has never been successful. I mean, have we not learned our lesson in history? I mean, the 20th century was predicted to be the century of the masses, mass control; there were a number of books written in the late 1800s about that. And have we not learned our lesson?

We had a witness yesterday, we talked about the definition of fascism, and these are not their words, these are my words. They were talking about us going into fascism on steroids because, you know, in the past, they never had the technological and electronic control and brainwashing that we have today. I mean, have we not—will we not—learn our lessons from history?

James Corbett
Unfortunately, it doesn't seem so. And, actually, history would give us the proper terminology for this because people are grasping around for historical precedents and political analogues—and they talk about fascism; they talk about communism. What they should be talking about is technocracy, and that was a movement that was quite popular in the United States and in Canada in the 1930s. In fact, Elon Musk's Canadian grandfather was a prominent member in the Canadian technocratic political movement who ultimately ended up fleeing Canada and going to South Africa, but that's another story.

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But technocracy was an idea that was predicated on the idea, not of a fascist system, not a communist system, but the control of society, the engineering of society, at a scientific and technical level by technical experts who would decide—who would calculate—the entire energy inputs and outputs of the entire economy and base the economy around that calculation. And they would issue energy credits to the people who would then use those energy credits to purchase items. And that was a truly bizarre and crazy idea in the 1930s because it would have required systems for continuously monitoring and surveilling every transaction in the entire economy in real time, which, of course, didn't exist in the 1930s.

That technology exists now. And although the historical technocratic movement and Technocracy Inc., which was one of its products, has not exactly disappeared, but it's

certainly not a prominent political part. But I think that ideology is still around and that really starts to explain some of the directions that we're heading.

For example, the concept of carbon rationing and the concept of universal basic income, and some of these other concepts that are floating around, are at base technocratic ideas that have been adapted and adopted for the terminology that appeals to us in the 21st century. But I think if we don't understand that history and where that idea developed from, I think we will not truly be able to understand what is happening until it's too late.

Commissioner Drysdale
Well, yeah, I mean, we now have state-sponsored euthanasia. We have the state holding back life-saving medical procedures from a lady who testified yesterday because she wouldn't comply with something, you know, a procedure that had nothing to do with the transplant. We have state-based racism, where they're pitting every different group of people against each other, regardless of what measure you want to look at. We have unprecedented propaganda, 24 hours a day. People are acting like cyborgs where they carry a device in their pocket and they think because it's not under their skin, they're not a cyborg. But even in this room, we hear the phones ringing and beeping and clinking and clanging. I mean, from what I understand from you, and I understand from some of the other witnesses, this is at an unprecedented level of control. And therefore, we as a human race are at an unprecedented risk to their will. Can you comment on that statement?

James Corbett
Yes, let me underline and underscore exactly what you're saying there. For any of the Commissioners who do not know about it, I would wholeheartedly exhort you to look into Policy Horizons Canada, which is an arm of Canadian government that a few years ago produced a document on biodigital convergence, which talks exactly about what you're talking about: ultimately towards the creation of that cyborg-intermediate species, whatever we are becoming with this increasing adoption of technology, where they actually talk about the ways that at the medical level, we will be more and more merged with machines. And again, you have to read this document in its own words; don't take my word for it.

But one of the things that they talk about in the document is the breakdown of the philosophy of vitalism, which is the idea that there is actually a real and meaningful distinction between organic life and inorganic matter. And they say that those lines are blurring because now people and animals and plants are engineerable, and we can put various biomechanical devices inside of them, and we can tinker and alter them.
So the actual distinction between life and nonlife is beginning to break down. And they, I believe, frame that in a positive context in their documents. So yes, these are some very fundamental questions that we're facing.

This agenda is really about much more than simply public health. I think this is about the real question of the definition of human: What does it mean to be human? What is the value of human life itself? And obviously, it does raise the spectre of eugenics and other really terrible ideas from history. Ultimately, I think you could trace it back to Malthus and the fundamental Malthusian idea that there are too many people and that we must get rid of some portion of the population so that we can continue to live. Those fundamental philosophical wrong turns, I would say, continue to haunt humanity.

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And that is the direction in which I think all of this institutional momentum is heading.

Commissioner Drysdale
Thank you, sir.

Commissioner DiGregorio
Thank you so much for your testimony today. It's been a while since I studied international law, a number of decades, I guess, back in law school. But my understanding was always that international law isn't really a set of rules that are imposed on countries, but it's more a set of agreements that countries reach with each other about how they're going to behave both with each other and internally.

And so, I guess with that framework in mind and thinking about the treaty that you've talked about today and the International Health Regulations—should we be thinking about these documents, and these amendments to these, as things that really Canada is signing up to be binding and to be bound by? Or should we really be looking at these as something that maybe just will give our politicians legal cover: if they want to implement things that maybe aren't in the best interests of Canadians, but they can then turn to and say, "Well, but it's the law, we've signed up to this"?

James Corbett
There is absolutely an element of that. And I think the underlying principle that we have to understand here is that, exactly right: there is nothing that would stop Canada from tomorrow declaring we are not part of the World Health Organization and making it so by fiat. It can be done. And of course, there is actually a process for withdrawing from the World Health Organization, et cetera. But what would happen if Canada just simply declared themselves to be out of the World Health Organization? Well, then by decree, it could essentially be manifested in reality. Because as you say, there is no international courts that could adjudicate this in a way that they could impose rules from the outside. It has to be done to some extent willingly.

So yes, it is important to keep that in mind because I think that is part of what I'm gesturing towards: not just with the political solution, but the political solution as a manifestation of that change in public perception and public consciousness—that, in fact, actually, it is what we are deciding.

Now, of course, there could be and presumably would be many different knock-on effects in terms of Canada's relation with the United Nations, and with various other states, et cetera, if they were to make such a declaration. But at the end of the day, it is essentially a choice that each member state makes.

Commissioner DiGregorio
Thank you.

Commissioner Massie
Thank you very much for your root cut analysis of this very, very complex situation. It actually goes in many different dimensions in terms of the definitions, as you mentioned. The One Health, to me, evoked immediately this notion by a lot of technocrats that they

really dream of a one-size-fits-all solution because they think they know it all, right? And if we just listen, then everything would be fine.

It seems, to me, as you pointed out, that we are living a paradigm shift in terms of governance. But to some extent, it seems to me that since the dawn of civilization, there's been a kind of a dream by rulers to control everything. It was not possible sometime if they had more control by fiat with soldiers and stuff. But nowadays, the main way to control is information and the connection of people across the world. And because it seems to be able to connect in a virtual world with internet and stuff, I think that people in the ruling class, the technocrats, think that it's now possible to actually control the world because they have technology that will allow them to do that.

So we are sort of back to the same sort of conflicts between what I would call the subsidiarity principle as a model of governance versus a top-down governance with wise people that know it all and will do it for our own good. The issue I found in terms of fighting that, and you've mentioned a few areas where we could actually be more active and combat it, is that human beings, being what they are, no human being is infallible and can actually fall prey to corruption. Some people are more susceptible to that than others, but in the end, if you have good institutions,

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this will actually keep that under control to some extent.

So as you move the control or the regulation or the exercise of power in any area higher and higher, what is going to be the control mechanism to ensure that the wise people on those boards are smart enough and, I would say, honest enough to do the right thing? And if they don't, then what? Who's going to be the arbiter that says, "Guys, you're not doing the right thing. We need to change you. We need to take care of your conflict of interest." Who's going to rule that? That to me seems to be the issue. And I don't see any solution to do that in a really high-level, international governance where the people there are not elected. Where's the accountability in this system? And is it possible to do it effectively?

James Corbett
It has always struck me as a kind of a strange conundrum that we can recognize that people are inherently fallible at the very least and corrupt, corruptible at any rate. And yet, those from that very same pool of fallible and corrupt people, we should be able to pick people who will then rule over vast swaths of humanity for the best interest of all. It's always struck me as a strange contradiction in terms.

But the question ultimately, I think, answers itself. Because as you say, as we get further up that ladder towards more and more centralized control, by fewer and fewer people, over more and more of the globe's population with less and less accountability, obviously there is less and less mechanism for there to be actual control when people start to act in fallible and corrupt ways. So the obvious answer to that is—well, then, we need to decentralize and get down closer to a local level where people have more accountability over what's going on.

As was raised earlier in the questioning, I think it's important to understand that the idea isn't that that would somehow solve the problem of corruption or fallibility. Of course, there would still be problems in various places. But there would, at the very least, be a plethora of different alternatives that people could turn to. Well, if I don't agree or like this

particular paradigm of governance, well, there's this other one just over there. And I think the expansion of basically the competing systems of control, at any rate, competition is generally good. And it is, I think, good in the concept of creating positions of power and control.

Of course, I, being myself, I tend to take that to its logical conclusion, which is, ultimately, power should be decentralized all the way down to the individual. But I know that's seen as a radical idea for many. At any rate, I would be happier if the institutional momentum was going in the opposite direction and less power was being ceded to the centralized authorities rather than more.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning, James. Thank you for your testimony. I tend to judge organizations by the mantra that you use, and I noticed that you mentioned DIE, diversity, inclusion, and equity. So when I think of that from the WHO perspective, I think of Taiwan. And I don't want to get into the one-China-two-states issue. But I think of Taiwan wanting to apply to be a member of the WHO since 1971. They've continued to make that request, and they continue to be denied. And then I think of your testimony that there should be a parallel kind of movement for democracies of people who are free.

Would it be possible, and just kind of taking all of those thoughts together, and make it a possibility for Taiwan and Canada to agree to move forward as a free and democratic society where persons have personal autonomy and continue to work outside of WHO, instead of Taiwan trying to become a member? I know in 2022, they were looking at observer status, but even as an observer status, as you allude, we don't really have input and the opportunity for feedback. So I'm just wondering, would that be a starting point if we could get democracies outside of WHO, who were rejected, to start the movement?

James Corbett
It certainly would be a possibility. In fact, often, I find it interesting that we get so normalized and conditioned into the status quo

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that we forget that there was a time before the status quo.

So thinking, for example, about the International Sanitary Regulations that became the International Health Regulations—as I say, there was a vast sea of bilateral and trilateral and other deals between various nations for quarantine regulations and other medical procedures that pertained at that time. And it was seen as just this horribly complex mess—Well, we have to sort out, you know, where is this coming from? And what needs to be done with it? and blah, blah, blah—rather than just one overall International Health Regulations that all of these states will agree to, and it'll make it easier.

But in fact, the very same technologies and other things that are being talked about now—that could make, for example, digital health certificates, i.e., vaccine passports, feasible—is the very same technology that would make those types of bilateral relations, Canada

agreeing to work with Taiwan and "we will set up this particular regime of health regulations and controls, and whatever, between our two nations." Imagine if Canada did that bilaterally with every country that they traded with or had relations with: Why would that be difficult in this technological age where knowing the process for importing goods, or whatever, can be obviously put into an app and put on everyone's phone? It wouldn't be a difficult thing to do in this case.

But now we've been so trained into the idea that it must be handled in one overarching International Health Regulations that governs almost every state on the planet. Why? So I think we do need to interrogate that fundamental assumption. And it should be noted that there are alternate organizations to the World Health Organization that are out there.

The World Council for Health and other things, which are predicated on the idea of individual human autonomy, bodily autonomy, health freedom, et cetera, rather than the principles of the World Health Organization. It's just most people don't know about the World Council for Health because they don't have the funding of the pharmaceutical industry and others behind them.

Commissioner Kaikkonen
And then my last question is just about Taiwan itself and how they managed through the pandemic. When you think of Taiwan being a little bit bigger than Vancouver Island and housing 23 million residents, I'm just wondering, somewhere in the pandemic when I checked on how they were doing, they had eight deaths. And I just kind of think that maybe we should be following what they were doing. And so, when we talk about health and WHO being mandated to protect our health and then still rejecting Taiwan, as a viable example, I just wonder what your thoughts are there.

James Corbett
Well, as I understand, you did hear testimony from Denis Rancourt, and I have interviewed him about the mortality statistics surrounding the so-called pandemic, et cetera, that, as he testifies, indicates that there was no identifiable wave of deaths that were attributable to some novel virus, et cetera. So, at any rate, I think that does show something about the way that we count and order these statistics could have an effect on how the country managed them.

But even if we were to accept at face value just the terms of the World Health Organization and other presumed health authorities about how to measure these statistics, I will note that the Independent Panel for Pandemic Preparedness and Response has an interesting admission on their recommendation report, which is available on their website: Namely, **that they look at the different measures that different countries took for pandemic preparedness before this so-called declared pandemic took place. And they plotted them against, at least, the reported death rate in each country. And you can look at the graph that they came up with, which shows that there was absolutely no correspondence whatsoever between the compliance with various pandemic preparedness ideas that are being propounded by the World Health Organization and the ultimate outcome in terms of measured death rate from the pandemic.**

So, I don't take those statistics seriously, but those are the official statistics. And you can look at them and see that, for example, Canada, highly compliant, getting a 93 out of 100 score for external evaluation of pandemic preparedness and yet having one of the top death rates in this graph. So it shows that whatever they are proposing in terms of pandemic

preparedness and in terms of how we should position ourselves for the future is demonstrably, quantifiably, according to their own statistics, clearly made-up nonsense. So I don't know why we should be putting any faith whatsoever in these proposals from the World Health Organization and others about what to do for pandemic preparedness.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
James, those are the Commissioners' questions. There being no further commissioner questions, on behalf of the National Citizens Inquiry, I sincerely thank you for joining us today and sharing this information.

James Corbett
Thank you for the opportunity.

[01:15:35]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 2: Rodney Palmer
Full Day 2 Timestamp: 02:25:33–03:14:10
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

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Shawn Buckley
Our next witness today is Mr. Rodney Palmer. Now for those of you that have been following the National Citizens Inquiry, Mr. Palmer testified as a witness at the Toronto hearings. He has come back today to testify about something that's come up since then, but I will introduce him again.

Mr. Palmer, can we start by having you state your full name for the record, spelling your first and last name.

Rodney Palmer
My name is Rodney James Palmer, R-O-D-N-E-Y P-A-L-M-E-R.

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

Rodney Palmer
I do.

Shawn Buckley
Now, you're not a journalist now, but you were a journalist for 20 years. You had been a general assignment reporter for *The Globe and Mail* newspaper. You've worked as a daily news reporter at the *Vancouver Sun*. You were a CBC producer and investigative reporter. From 1996 to 2004, you were a foreign correspondent and bureau chief for CTV News based in India, Israel, and China and, in fact, in that role, you participated in reporting on the SARS pandemic as it first came out in China, as I understand it.

Rodney Palmer
That's all correct, yes.

Shawn Buckley
Okay, now you're here today to add to the testimony that you've given earlier, so I'll just let you launch in [Exhibit OT-15].

Rodney Palmer
Since my first testimony in March, there was quite a big story where Twitter decided, basically, at the behest of Elon Musk, to label the CBC's Twitter page as government-funded media. And this, to me, wasn't that surprising. He'd already done it for the BBC; he'd already done it for National Public Radio. And the CBC is government-funded media: it receives its funding from the government; it is media. I wasn't that surprised by it.

The 16th of April was when it was done, and the next day, the CBC paused its Twitter activity and made quite a big fuss and a public announcement that it didn't like being labelled government-funded media, which I found a little bit surprising. And there was an announcement made on the CBC website which quoted Brodie Fenlon, the CBC's editor-in-chief, the top journalist at the CBC, saying, "According to Twitter, 'government-funded' media means 'outlets where the government provides some or all of the outlet's funding and may have varying degrees of government involvement over the editorial content.'"

That, specifically, what he objected to and what the CBC brass objected to was not being called government-funded media but Twitter's definition of that—meaning the government is involved in the journalism. The next day, Mr. Brodie Fenlon wrote on his blog explaining why they've paused the CBC News Twitter accounts: "Editorial independence is a bedrock principle of CBC journalism." And then he had three sentences: "We are beholden to no one. We report without fear or favour. We act only in the public interest."

It seemed to me that this was right out of a Marvel comic, where somehow the CBC was the *Justice League* and had these great principles, and I knew all of these to be false. When I read it, I was quite concerned about this. He went on to say that "while CBC/Radio-Canada is publicly funded," there is "no —" and he emphasizes " zero — involvement in our editorial content or journalism." No involvement. Zero involvement. I did an entire testimony for an hour and a half here that showed that they're basically carrying out government propaganda. I described the transition of the CBC News & Current Affairs from a news-gathering organization into a propaganda organization on behalf of the Trudeau government during the COVID period.

So I knew this not to be true, what Mr. Fenlon was writing. Especially because I keep hearing the same experts on the CBC—this is what tweaked me to it initially, as a listener and a viewer. They were going to independent experts over and over and over again, and these people did not sound like the scientists I've come to know and work with in the last 10 or 20 years in my business. These were people who had clearly had corporate media training: the type of people who begin an interview with, "Well, that's a very good question. I'm so glad you asked it." This is somebody who's had training. Politicians speak this way. Scientists generally don't. People pushing a product on behalf of a company talk that way when they're in the media.

The one at the centre, Professor Timothy Caulfield, is a great Canadian. He is a Canadian Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and

Policy] at the University of Alberta in Calgary [sic] [Edmonton]. And for people who don't know, the Canadian research chairs are at every university, and they're funded entirely by the Canadian government.

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Something like $140 million every year pays for these research chairs to be representatives as the greatest in their field in their area, which Mr. Caulfield has held that position for some time.

On April 2nd of 2020, however, just a couple of weeks into the emergency, Mr. Caulfield was granted $380,000 of government money to push a government agenda. This came from the Government of Alberta and the Government of Canada combined. And specifically, what he said he was going to do was focus "on misinformation around cures and treatments for COVID-19." Well, two weeks into an emergency, there is no misinformation: there is only information, and scientists are looking for any information they can get worldwide. But Mr. Caulfield, a law professor, was going to focus on misinformation about cures and treatments. And he took $380,000 from the government to do it. And this is how he did it: he went on the CBC and talked about the government policy—whatever the government wanted to say, that's what he was saying.

One of the first appearances was in May of 2020, where he appeared with Nancy Carlson, the CBC TV Edmonton six o'clock news host. This is one of the most important people in journalism in all of Alberta. Nancy Carlson brought him on and said, "You have a very impressive resume. Calling you an expert is incredibly valid," as if she was trying to convince herself of this line. She didn't say he'd received $381,000 from the government to push the government COVID response agenda. That was not mentioned. That was suppressed information; that was a lie by concealment. She said, "Everybody watching, this is a chance for you to get the facts right from an expert." Now, Mr. Caulfield is not a scientist and doesn't pretend to be one. He wasn't introduced as one. He was introduced as a law professor and said, "Today we are debunking all of the myths around COVID-19."

I didn't know three or four months into it that there were myths. I thought there was just lockdown, distancing, getting my groceries at a certain hour, wearing a mask when I didn't want to. And Mr. Caulfield came on and said, "Do not take hydroxychloroquine." I don't know how he knew that this was a drug that people shouldn't take. He also said, "Don't think you can boost your immune system in any way." This is when people were taking vitamin D3, vitamin C, quercetin, zinc. These are the things that were recommended for boosting the immune system, and Mr. Caulfield said, "Don't think you can boost your immune system." And Nancy Carlson didn't tell her viewers on CBC Edmonton that he was speaking on behalf of the government.

About a year after that, in April 2021, they upped the ante. Professor Timothy Caulfield, the Canada Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and Policy] at the University of Alberta, helped to form an organization of actual scientists called ScienceUpFirst. And they had a foundational grant of $1.75 million from the federal government's Immunization Partnership Fund whose mandate says that it is important that as many Canadians as possible get vaccinated against COVID-19. This is ScienceUpFirst, the organization, a new organization.

Mr. Caulfield appears in October of 2021 when people were starting to realize that ivermectin was preventing COVID, treating early COVID, and helping people get out of the intensive care units much more quickly. There were many, many studies emerging around

the world showing this. And there was a push to suppress ivermectin that, I understand from witnesses who have been here at this Inquiry, was designed so that it would appear there was no medicine so that it could satisfy an American requirement for the emergency use of a vaccine that was not fully tested. And so he's on this political show called "The House" with a guy named Chris Hall. And Chris Hall is an amazing CBC reporter, host, anchor. I liken him to Freddie Van Fleet of the Toronto Raptors. He was steady as she goes. Chris could do anything. And he ended his career as the host of "The House."

And in his last season, he betrayed Canada by allowing Tim Caulfield to lie to them about ivermectin. And Chris actually uttered the words, "Have we heard the end of ivermectin overdoses yet?" Meaning, are Canadians going to stop overdosing on ivermectin? Well, Chris apparently didn't know that nobody ever overdosed on ivermectin. There are more overdoses from aspirin causing death every year in America than there have been in the 50-year history of ivermectin. And he said this. And he didn't tell anyone that his expert on misinformation, as he was introduced to us on "The House,"

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was actually part of ScienceUpFirst, which received $1.75 million from the Trudeau government to push vaccines. He suppressed that information. He told us he was an expert on something that he wasn't and didn't tell us he was working for the government.

Mr. Caulfield showed up on "The National" with our friend Adrienne Arsenault talking about the truth about immune boosters, during which Mr. Caulfield was not introduced as a member of ScienceUpFirst, which gets its money from the Canadian government, from the Trudeau government, to promote vaccines—this was not mentioned. He was introduced as a law professor and the Canada Research Chair. So Mr. Caulfield said that "immune boosting," this is a quote, "is kind of a myth. Because it's not a muscle." So, as a medical person, he made a good lawyer when he said that because he clearly doesn't understand much about the human immune system. He then said, "You don't want to boost your immune system. That's anaphylaxis. That's an autoimmune disease." He said a healthy immune system is anaphylaxis, and it's an autoimmune disease. It's neither of those things. That's why we have different language for all of those things. They're not the same. We didn't get to hear that he's being paid by the Canadian government to say this. We were lied to by omission by Adrienne Arsenault in that story. She ended it by saying, "You're a wise man as always."

Now, "[Cross] Country Checkup," one of my favourite shows on the CBC. I used to work in phone-in-shows, and it really brings together Canada on a weekly basis. And it's hosted by Ian Hanomansing, a longtime veteran of CBC television. He had a section called, Ask Me Anything, which was all about COVID. Ask the doctor. And he had Dr. Isaac Bogoch on there, **innumerable times. And on this occasion, December 2021, he brought him on. He introduced him as an infectious disease specialist at Toronto General Hospital, which he is. But he didn't say he's a scientific advisor for ScienceUpFirst, which receives $1.75 million from the Trudeau government to make us take vaccines. Didn't mention that. During this interview, he declared, "Two doses won't be enough Canada." He said, quote, "This is clearly a three-dose vaccine."**

Dr. Bogoch showed up on multiple shows after that. In September 2022, he was on CBC "Metro Morning" in Toronto. This is the morning show in the Toronto area. And he said it was called "When to get your Fourth Dose." Previously, it was a three-dose vaccine. In October 2022, he was on CBC News saying, "You got to get your next dose every six months." And Andrew Chang introduced him as an infectious disease specialist, Dr. Isaac

Bogoch. Didn't mention ScienceUpFirst. Didn't mention he's a spokesman for the Canadian government, or he advises ScienceUpFirst, which is paid for by the Canadian government.

He also appeared on "The Dose" with Dr. Brian Goldman. Dr. Brian Goldman has these great shows called "White Coat, Black Art." He's a great guy. I really like this show. He kind of takes you as a listener, as a patient, which we've all been, into the world of medicine as he sees it. He's so curious, which is really the greatest attribute of any broadcaster, the curiosity. And he brought on a doctor named Tara Moriarty, an infectious disease researcher at the University of Toronto, which she is, top person, so decorated, so accomplished. Didn't mention an executive of ScienceUpFirst, paid for by the Canadian government to promote vaccination. Didn't tell us that. And during this interview in June of 2021, Dr. Tara Moriarty said, "Anything that states . . ." This was the red flag—how do you recognize misinformation? Well, this was their lesson to Canada. "Anything that states that vaccines cause or may cause something is a red flag for misinformation. We don't have any evidence," said Tara Moriarty, "that the vaccines cause anything but immunity against COVID-19." We don't have any evidence. So, she said, don't believe anybody.

Well, the Canadian government seems to have evidence. They had a list that these numbers of Canadians have been injured or killed by the vaccines. They say it caused Guillain-Barre syndrome 27 times. They say it caused low blood platelets 196 times.

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Canadian government says that the COVID vaccines caused 55 cardiac arrests, 73 cardiac failures—I'm pretty sure that's death—145 heart attacks, 1153 predicted cases of myocarditis and pericarditis, 376 cases of deep vein thrombosis, 524 pulmonary embolisms. I feel like I want to say a partridge in a pear tree here. Blood clots, 324. These numbers are really small. These are the ones that are admitted to on a Canadian government website that the CBC just told us didn't exist—78 acute kidney injuries; 37 liver injuries; 187 Canadians with Bell's palsy; 281 Canadians got a stroke from the COVID vaccine, according to the Government of Canada website; 16 of them had a very rare inflammation of the spinal cord, never heard of it; 776 cases of anaphylaxis; 5 fetal growth restrictions; 87 spontaneous abortions; and independent of all of the above, 427 deaths.

Let's just go back up to the slide. "We don't have any evidence," said the ScienceUpFirst spokesperson for the Canadian government—disguised as an expert on Dr. Brian Goldman's show—misleading Canadians that everything was safe and effective when, in fact, it's a game of Russian roulette and the CBC suppressed that information and told you to go ahead and do it. They said it's safe—there's no evidence.

There's a story this month that we're starting to recognize excess deaths, excess all-cause **mortalities. The province of Nova Scotia recently noted 262 excess deaths, and the CBC was quick to report that they're not saying why. And the province has repeatedly declined an interview as to why. They have no official word on why. So they put the ScienceUpFirst scientists and spokespeople, lawyers, on the air, or in this story, where they said, Tara "Moriarty believes the excess mortality is mostly being caused by COVID-19 . . ." This is now: this is May 2023, ". . . caused by COVID-19, urging people . . . , " and the World Health Organization says it's over. So it's caused by COVID-19, according to her, or she believes it, and she's "urging people to wear masks and get vaccinated." This is the solution in May 2023. They didn't mention that she's paid, that ScienceUpFirst is paid—and she's an executive—$1.75 million to say these things on behalf of the Trudeau government. Tim Caulfield was in the same piece, identified as "a misinformation expert" now. I agree.**

Caulfield said, "The COVID-19 vaccines are safe, despite some claims that they're causing large numbers of people to die." "Some claims" by the government of Canada, Mr. Caulfield.

"The Current" on CBC Radio used to be one of my favourite things to wake up to in the morning with Matt Galloway, one of the greatest hosts that the CBC has. And one of his stories was that "our best shot at getting back to normal is getting everyone a shot in the arm." So he put on this cute little story with a researcher named Samantha Yammine. She's a scientist and she's afraid of needles, and they go through this really cute little conversation about how she overcame her fear of needles. But they never mentioned that she is on the executive of ScienceUpFirst, which received $1.75 million from the Trudeau government to promote vaccines. Not a word, he tricked us. If I'm listening to that, I think they found it. Where did they find this person? Well, they found her because that's all they do.

The CBC is using ScienceUpFirst and not telling us where the information or where the point of view is coming from. It's coming from the Trudeau government. And they're not telling us that on a daily basis.

So now ScienceUpFirst has got quite a coup. They've embedded one of their own in the CBC staff. CBC "The Nature of Things," you know David Suzuki at, I think, 80 years old, finally retired, and he's been replaced with a co-host, Anthony Morgan. I looked this guy up: He's great, I'd hire him too. He's fantastic. He's engaging, he's a molecular scientist. He is one of these curious fellows who just lets you feel that he really wants to learn, but he's on the executive of ScienceUpFirst, paid for by the Trudeau government to promote vaccines. And now he's the host of a CBC,

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one of the most important science shows we have in Canada, "The Nature of Things." He's embedded.

ScienceUpFirst has its prime directive to stop the spread of misinformation. What is misinformation, and who decides? Apparently, it's the Trudeau government that pays them; otherwise, why would they pay them?

When Brodie Fenlon says the government has no or zero involvement in our editorial content of journalism, that's not true. And when they got caught, this is the graph they showed from the CBC annual report. Now you'll notice up the left side, it goes up—Basically, it's a snapshot. A bar graph is designed to give you a quick visual snapshot of what all the numbers mean. The blue is the revenue that CBC earns, and the burgundy or the purple is the government funding. So it looks as though it's a little bit less than 50 per cent. Except if you look up, it's going up in increments of hundreds of millions until it gets to very near the top when it goes from 700 million to 1.7 billion. It jumps from increments of 100 million to increments of a billion partway up, so the graph visual is actually not accurate.

Now, this was pointed out by one of the great Canadian academics, Dr. Jordan Peterson, who then put out what it actually looks like. And it shows you, and it's no big deal. I mean, we know the CBC gets all of its money from the government, or CBC Radio does; CBC Television gets most of its money from the government. So why would they obscure that fact? Why would they give that half-truth? Why would they mislead us into that visual snapshot that they don't? I would put forth to the Commission—because that's how they roll now. The CBC is all about misleading. It's not about news gathering or the

dissemination of truth. Brodie Fenlon oversaw the betrayal of the audience, the betrayal of Canadians, the betrayal of every Canadian who listened to an expert on the CBC and thought they were an expert, not a spokesperson for the Trudeau government. But who he didn't betray was the Liberal Government. He was a good soldier there.

This is from the Liberal Government website today: "A re-elected Liberal Government will require [that] Canadian travellers on inter-provincial trains, commercial flights" and "cruise ships, and other federally regulated vessels to be vaccinated" for COVID. "A re-elected Liberal Government will ensure vaccination across the federal public service." So if you are a public service worker and you dodged the vaccine because you didn't want it, because maybe you figured out it was the same Russian roulette that the Canadian government info base describes, a re-elected Liberal Government will ensure you're vaccinated or fired, according to this platform. And they'll work with "Crown corporations [and] federally regulated workplaces to ensure vaccination is prioritized for workers [in these sectors]." We know now the thing doesn't work. Your own websites show that people are dying from it. Thousands of people are permanently injured from it. And your platform is more—or lose your job. And the CBC is your way to convince us to do that.

A week after, Twitter removed the government-funded media tags. It came after the Global Task Force on Public Media called on Twitter to correct the description of public broadcasters. Now, I mentioned in my previous testimony that the Global Task Force on Public Media is an amalgamate or conglomeration or a cartel of serious public broadcasters that do real journalism or used to across the world: the CBC, the BBC, ABC Australia, Korean Broadcasting, France Television, Radio New Zealand, ZDF Germany, and SVT Sweden. They have this Global Task Force to develop a consensus and speak with a single strong voice. So they came down heavy on Twitter. The current president of the Global Task Force is our own CBC president, Catherine Tate. They noted that Twitter's own policy defines government-funded media as those with varying degrees of government involvement and editorial content, which I've just shown that it has. So Twitter dropped it all and, in, I think, a cheeky little move, also dropped it from China's Xinhua News Agency and Russia's RT, saying, "Okay, none of you are government-funded now." They're all state broadcasters, including the CBC, in the strictest sense of the phrase.

I have a few story ideas that the public will be interested in hearing because I used to sit in story meetings daily with some of the best journalists I've ever worked with in my life when I worked at CBC.

[00:25:00]

We used to put out story ideas that were kind of the obvious things to cover that day. Here are a few that would be a good idea for the CBC to cover: investigate the number of **Canadians killed by COVID vaccines; investigate the number of Canadians disabled by COVID vaccines; investigate the details of vaccine approval safety standards that were waived in order to get the COVID vaccines into Canadian arms. Investigate the source of the SARS-CoV-2 virus: Where did it come from? What are we doing with all this stuff? We don't know where it came from. We know where it came from—but let's admit it. Let's talk about it. Let's investigate it. That's your job.**

What is the purpose of gain-of-function research and development of pathogens? Who benefits from that? What is Canada's involvement in gain-of-function research and development of pathogens? Why did we fire those two Chinese nationals who were running the Canadian Level 4 Virus Lab in Winnipeg six months before COVID broke out? What's that story? Because we still don't know. Go find out. And investigate the conflicts of interest

between Health Canada and the pharmaceutical companies. That one you could do with Google.

But you're not going to hear any of those stories on the CBC because these are the people you're going to hear over and over again as the experts. And these are the shows you're going to hear them on. And these are the broadcasters who are going to tell you they're experts and suppress the fact that they all are affiliated with ScienceUpFirst, which gets all of its funding from the Trudeau government—and significant funding. This is the way they're going to explain themselves when they get caught with their hand in the cookie jar. And these are the phrases that they're going to pull off the Marvel comic movies when they're going to say that they report without fear or favour in the public interest. And I changed his name to Chief Propagandist. In case you didn't notice.

So I have to tell you that it is with great regret that I'm going to make six recommendations to the Commission. I recommend that the CBC President Catherine Tate be dismissed from her position, all vice presidents and executives be dismissed from their positions. They can no longer work there, having committed the atrocity on Canada of suppressing the identity of spokesmen for the Trudeau government as experts for years to trick us into taking this vaccine. Certainly, dismiss the editor-in-chief Brodie Fenlon. Although he might become a senator before you get a chance to do that.

Dismiss all on-air staff who are evidenced to have participated in the propaganda disguised as journalism since March 2020. Detach from the Trusted News Initiative and all other fact-suppressing organizations which currently determine which experts and which stories Canadians are allowed to hear on the CBC. Replace the position of ombudsman with a board, including journalistic, legal, and scientific expertise, and give them the power to fire journalists who breach the corporation's journalistic standards instead of apologizing. You can go on the CBC's apology page, I call it—it's their correction page. There's half a dozen every month for the last three years. "Big deal. We're sorry. We got it wrong again." Fire them. We don't need them. And this new board that replaces the ombudsman, I recommend you task it with investigating who in the CBC participated in misleading Canadians by routinely suppressing the identity of government spokespeople for the purpose of promoting ineffective and potentially harmful experimental vaccines during the COVID emergency.

The CBC is government-funded news. We know that. And Twitter is right because they're using government-funded experts, disguising them as "independent" to give us government-loyal messaging.

I just wanted to thank the Commission for allowing me to come back. As a Canadian citizen with some expertise, I feel compelled to come forward and say what I know to be true. Thank you.

Shawn Buckley
No, we're not done. I don't have any questions for you, Rodney, I'll ask if the Commissioners have questions. And they do.

Commissioner Drysdale
I'd like to refer to some of your graphs. Can you bring up the graph where you showed the Canadian government counts of the various deaths and vaccine reactions?

Rodney Palmer
This is from health-infobase.canada.ca. It was updated on the 7th of March, which seems to me a while ago. This one here?

[00:30:00]

Commissioner Drysdale
Right. My question there is, and you may not know the answer, but under pregnancy outcomes, it says spontaneous abortions, 87. And then it's got deaths, 427. Are the 87 deaths of the babies in the mothers' tummies not included in the 427?

Rodney Palmer
I don't know that. And the reason is this is not an easy website to navigate. So the information is there, but it is more than likely intentionally obfuscated. You have to go through link to link to link to link. So there is something under deaths, and it says 427, and more than likely, you will be able to find if they are included or if they are additional. But I don't know what the answer is.

Commissioner Drysdale
My second question has to do with the slide you have on the Liberal Government platform, three points that it had on there. And my question to you about that—is that the current Liberal platform?

Rodney Palmer
I downloaded that today.

Commissioner Drysdale
You don't know if that's the current one?

Rodney Palmer
That's today. That's up there. You can look that up under platform re-election, I think it is something like that. Yeah.

Commissioner Drysdale
So today, I just want to make sure I've got this right. So today, the platform that the Liberals are running on is—require that travellers must be vaccinated; ensure that vaccines are across the federal public service; and that Crown corporations and federally regulated workplaces will ensure that vaccines are prioritized. That is still their government platform today?

Rodney Palmer
"A re-elected liberal government will," is what it says, and then it gives those ones. And I've not augmented them all, except to add the highlights for my own notes.

Commissioner Drysdale
I wanted to make sure I understood that. Could you also now show the graph of the income for CBC?

Rodney Palmer
That is off the CBC's annual report, and the second one on the right was provided by Dr. Jordan Peterson.

Commissioner Drysdale
My question on that is, I'm looking at some of the other—and I'm asking this question because I've seen it from other witnesses. There's various other items there. They've got government-funding revenue; they've got advertising. How much federal government is in their advertising income? Because we see the federal government advertising on CBC constantly. Is there additional government funding hidden in some of those other stripes that should be in the government funding?

Rodney Palmer
I don't know the answer to that. But I'll tell you that I certainly suspect that the whole thing's a sham. So then, more than likely, they're hiding other things. But what's very interesting, what you say about the federal government advertising: When I travel to America, I see almost entirely pharmaceutical advertising, and there are very strict rules that they must announce the side effects. And it's almost comedic to listen to the side effects. They list these horrible lists of side effects to their pills, and then they say, "but ask your doctor about getting it." In Canada, we don't have pharma advertising on television. But we have a de facto pharma advertising in this ScienceUpFirst group that is disguising itself as experts going on the CBC and denying the side effects—saying they don't exist.

Commissioner Drysdale
Yes. Also, in your slide—and you don't have to bring it up—but your slide about CBC story ideas, and you listed a few things about investigation. I mean, I ask you, wouldn't a good source of those stories be for some CBC reporter to be sitting here following the National Citizens Inquiry? And why do you think none of them have done that?

Rodney Palmer
I think they would have a hard time wiping the egg off their face once they realize they have blood on their hands. They're not coming. They don't want to hear this.

Commissioner Drysdale
You know, I believe, I hope I get this right. I believe I saw a story on CBC not that long ago and I could be wrong, it might have been one of the other stations. But the point is they did an entire investigation: They had an investigative news team out to decide whether or not Starbucks was recycling their paper cups or not. They put sensors in them, and they traced them to the garbage cans, and they did an incredible investigation as to whether they were recycling their coffee cups or not. And they can't do any research on this? They don't have the capability? Do they not have the will?

Rodney Palmer
Won't—not can't. My dad used to say, "Can't lives on won't street."

Commissioner Drysdale
Thank you.

Commissioner Massie
Well, thank you very much, Mr. Palmer, for this second enlightening presentation.

[00:35:00]

It seems to me that we are in a very, very hard conundrum with respect to financing this major news institution in Canada. You're making suggestions to reform it. But the business model that they're living on right now seems to be struggling to get, I would say, other sources of finance besides the government, for whatever reason. And even if you reformed it, if you maintain the finance from the government, what would guarantee that with this current government or a future government—that would want to be as, I would say, intrusive in the agenda of CBC—what would allow to maintain the independence of the CBC with the government? Because they need money, and the money's coming from the government.

Rodney Palmer
But the money's come from the government since the beginning, and there have been multiple different parties, two, you know, rotating. And the CBC's always been there. To your point, I think there needs to be an investigation about how it happened. Just like we have to have an investigation into where the virus came from. Otherwise, we can't stop it from happening again.

But there's a lot of talk about defunding the CBC, which makes me nervous because I think it means dismantling CBC News and Current Affairs, and I think it's foundational to our democracy. Without journalism, we have no democracy because democracy requires the transparent distribution of facts on a daily basis. From those same facts, we all make our opinions. And then in an ideal situation in a democracy, the majority of the opinions are where the decisions are made. But how can we possibly form an opinion when the facts are fake? When we don't agree on what's true, we can't possibly agree on what's right.

Commissioner Massie
Aren't you describing some of the, I would say, political platforms for some of the current political parties we have in Canada? Are they basing their promise and ruling of society based on true facts? Or their representation of reality? Which sometimes is, I would say, not aligned with reality. But as long as people believe it, they will be re-elected, as you've shown from the platform, which is a copy-paste from the previous platform that they ran on in the previous election.

Rodney Palmer
I think that there's two different things there. One is what the government says, and one is what the CBC says, and today, they're one and the same. So this is the problem, is that the CBC has let itself become a propagandist in an indefensible cause—which is promoting a

vaccine that doesn't work, that hurts people, that doesn't do its job, and continues to promote it, even in May, this month, are saying, "Get vaccinated, wear a mask." All those people that died probably from the vaccine, we don't know, in Nova Scotia, it's being denied. It's not being investigated properly. They could find out if they tried, but they don't try. It just goes back to, it's not that they can't do it—it's that they won't do it.

They have to get reassigned back to what their job was. I don't know exactly what the mechanism is. It's going to take more people than me to figure it out, but that's an excellent suggestion about putting them back on track in a way that they're not going to get off the rails again. We need some new mechanism in place to ensure on a daily basis that the CBC is doing the job.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning. Thank you for your testimony. The Canada Research Chair selection program used to be very rigorous, and it used to give new researchers who had a PhD that opportunity to build on that body of research. Given the timing of Dr. Timothy Caulfield's Canada Research selection and his research, I'm just wondering at what point he would have been able to build on a body of research when the pandemic is only three years old. Taking that thought further, is it not incumbent on CBC journalists—and other mainstream journalists—to actually investigate the qualifications and not just accept that Canada Research Chair title? Before declaring that the person they're interviewing as an expert?

[00:40:00]

Because Canada Research Chair is usually given to a person who is brand new in creating that body of research. And the exception would be if they had a renewed contract under the Canada Research Chair, where they would already have that body of research. But if we're declaring indiscriminately everybody to be an expert, at what point do we consider that maybe they're not, as a journalist?

Rodney Palmer
Well, I don't think this is an error that these people have been put on; I think it's by design. There's too many examples, and I've only shown a handful of them. It's just too obvious that in every single case, they suppressed the fact that they're with this separate organization that's largely a slush fund for the Trudeau government to promote vaccines and to put experts.

Caulfield is the only one who's not a scientist among them, but he's declared himself, self-declared, misinformation expert, and the CBC to my feeling has never defined what misinformation is. I've written to Brodie Fenlon and to others at the CBC asking to please define misinformation: How do you define it? And provide examples outside of the COVID model of where you've applied it. And why you feel that you have to correct it? And that's almost the only thing that they do because they're not correcting misinformation. They're promoting a propaganda message. That's what they're doing. So your question suggests that there's a mistake being made and there's not. This is intentional.

Commissioner Kaikkonen
I also note he's not a doctor. Thank you very much.

Rodney Palmer
Yes.

Commissioner Drysdale
Sorry, I couldn't resist, seeing as I have you here.

Can you comment on the effect that the latest changes to the Canadian *Broadcasting Act* will have, I mean, on the CBC and on social media? You know, you talked about changes that we could consider to the CBC. But it sounds like it's going the other way. It sounds like they're making changes to independent broadcasters and bringing them into this model that was created in the '70s or '90s, or whenever it came up. Second part of that question, can you comment on the independence of the members of the CRTC?

Rodney Palmer
I can't comment on that because I'm not familiar with the makeup of the CRTC at the moment. However, in the past, there has been a bit of a revolving door with tech companies and the CRTC.

On the first part of the question about the *Broadcasting Act*, we saw an almost instantaneous reaction where the CRTC was openly discussing eliminating Fox News, like it or not, one of the biggest networks, news networks in the world, banning it from cable in Canada. On what grounds? On the grounds that they can, it appears. We should expect more of it. We are seeing censorship on a daily basis on the CBC. We're seeing the elevation of the government agenda for COVID vaccines and the suppression of independent voices. We are seeing the censorship of people who want to speak out. We're seeing the censorship of vaccine-injured people, the entire stories are being censored. And the censors are never the good guys. The censors are the Dr. Evil in Brodie Fenlon's Marvel comic universe that he lives in.

Commissioner Drysdale
Thank you.

Shawn Buckley
Mr. Palmer, are you aware whether the CBC is under any specific legal duty in its enabling or enacting legislation to report fairly to the public?

Rodney Palmer
Most likely. That's a good question. I'm not intimate with all the language in the *Broadcasting Act*, but more than likely it is there, and certainly in their foundational documents to report the news of the day. I remember when you couldn't have advertising in the newscast. And then they changed it so you could have it after the first, I believe it was, eight or nine minutes so that the first chunk was advertising free—normally, when they do their political reporting of the day—and then you can have an advertisement afterwards. So there are very strict rules about how much commercial voice can get into a

newscast. But there's commercial voices daily in the newscast now that I've just demonstrated.

Shawn Buckley
I'm just curious because you just think as a Canadian citizen that in funding, creating a broadcaster, a state broadcaster, that there would be a duty in the legislation creating it for that broadcaster to report fairly to the Canadian public.

[00:45:00]

Where I was going is I'm just going to read to you two different sections of our *Criminal Code*. And the first one I'm reading with in mind—because you're saying we should fire the leadership of the CBC, and so this is 217.1 of the Canadian *Criminal Code*.

"Everyone who undertakes or has the authority to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person or any other person arising from that work or task." I can tell you I read that as including—if you're running the CBC or some other news organization and you're directing basically propaganda on health issues that if that leads to harm in the public, you could be criminally liable.

Now, I'll just read you another section of the *Criminal Code* and then I'm going to ask your thoughts. This other section I would think would apply to the leadership of the CBC, the public face, the journalists, and to any experts that would be attending and spreading misinformation with the view to having people vaccinated—if it leads to harm or death. And that is section 219 of the *Criminal Code* dealing with criminal negligence, and so listen carefully.

"Everyone is criminally negligent who in doing anything, or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons." I'm wondering, just because you're familiar with how journalism works, if that section could be applied to journalists and the CBC?

Rodney Palmer
It could be applied to so many people. I think it should be applied to the guy who turns the microphone on and lets somebody lie—live to Canada. Every single person down to the technicians who participate knowingly in this fraud should be investigated. There's two sections of the *Criminal Code* you mentioned; I mentioned one in my previous testimony about fomenting hatred against an identifiable group. The unvaccinated became **identifiable based on their absence of proof of vaccination and the social outcasting that the CBC promoted. I think that maybe another recommendation would be to investigate for criminal wrongdoing among the journalists at the CBC—right down to the producers, the writers, the story editors, the technicians, as well as the anchors, the hosts, the editors, and the executives.**

Shawn Buckley
Well, it'll be interesting because there's not an example in history of a Western democracy experiencing what we've experienced with a state broadcaster. If we can get control of our institutions back, it'll be interesting to see how we deal with that.

Rodney Palmer
The problem here is that they have the full support of the current government, and they're acting on behalf of the current government. To get back to your point about whether there's an obligation to tell the truth, I can assure you that in the foundational documents of the Canadian Broadcasting Corporation, it did not say that the purpose is to espouse the views of the government of the day. It did not say that.

Shawn Buckley
Thank you. I have no further questions.

Rodney Palmer
Thank you.

Shawn Buckley
Mr. Palmer, on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for returning and sharing this testimony with us.

Rodney Palmer
It's my pleasure, thank you, and my duty.

[00:49:01]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 3: Marianne Klowak
Full Day 2 Timestamp: 03:27:46–04:56:32
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue our proceedings in Ottawa, Ontario. Our next witness is Marianne Klowak.

Marianne, can you please state your full name for the record, spelling your first and last name.

Marianne Klowak
It's Marianne Klowak, M-A-R-I-A-N-N-E, Klowak, K-L-O-W-A-K.

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

Marianne Klowak
I do.

Shawn Buckley
Now, Marianne, my understanding is, and it might be easier for you to give the highlights, but I'll try and go through some of them.

You have been a veteran senior reporter for the CBC, which for our international participants is the Canadian Broadcast Corporation, for thirty-four years. And as a journalist, you've been involved in all aspects of news gathering and investigative reporting for radio, television, web live reporting, short and long-form documentaries. You have been involved with current affairs as a current affairs news anchor for radio and television. You've filed stories nationally for "World Report," "The World This Weekend" and the hourlies. You've basically done regional stories published on CBC National's digital

platform. And the highlights could go on and on. Are there any other highlights that you'd like to just, kind of, describe your career? Because you've been at this for thirty-four years, and I've got a whole list of highlights. I just don't know which ones to touch.

Marianne Klowak
The only other thing I'd want to touch on is the year I left, I was given an award for a series I pitched on "Pandemic Perspectives." And the piece that won the award was a homeless person's perspective of how their life had changed. So that was a national award.

Shawn Buckley
Good. And David, I'll ask if you can turn Marianne up because I'm having trouble hearing her. Or if you can speak clearly into the microphone, Marianne.

Marianne Klowak
Thank you. Is this better? Is that better?

Shawn Buckley
Thank you. Now you're here to share your experiences while you were still at the CBC and working as a reporter and some of the stories you tried to run and what happened. So I'm wondering if you can just start into that and then if we need any clarifications, I'll jump in.

Marianne Klowak
Before I get into that, I think there's a little bit of background that's required. I know that as a public broadcaster, you expect us to be telling you the truth, and we'd stop doing that. And there was another number of stories that I had put forward that were blocked. But it would seem to me as a journalist who'd been there thirty-four years, it's like the rules had changed overnight. And it changed so quickly that it left me just dizzy in disbelief.

I was blocked and prevented from doing stories that I'd pitched, that I'd put forward. They never saw the light of day: they never made it to air or print. And some of those stories were protests against vaccine mandates, people's safety concerns about the vaccines, and also the many problems with reporting adverse reactions in Canada. And for me what was so disorienting about this was that, you know, I had learned from the best of the best at the CBC. This is where I learned to think critically and fearlessly hold power to account, to break stories and uncover information that you, the public, has a right to know.

And I also would like to mention that the newsroom I worked in, in CBC Manitoba, that they were a leader in investigative journalism across the entire network, second only to Toronto. And this was a newsroom that produced award-winning stories that sparked change at the highest level of corporations and government. By the time I left in December of 2021, I no longer recognized the CBC. And I really didn't think my career would end this way, that the skills I learned and honed at the CBC would be used to hold power to account within the corporation.

Shawn Buckley
Can I just slow you down because I think it's important for people to understand what you're saying. And especially because you were working as a journalist and as an

investigative reporter for much of the thirty-four years. So my understanding is, when you're a senior reporter like yourself, you can just follow a story, like, "Okay, I'm going to report on this," and you can do the story.

[00:05:00]

And generally speaking, you're not second-guessed or your story isn't changed. So your experience in learning from true journalists in the past was just to run a story, to be fair, and that was your experience until COVID hit.

Marianne Klowak
Absolutely. I would say, like, prior to COVID, I was expected to come into that editorial meeting. I would have two or three original stories, what we call enterprising journalism, original stories. And I was able to work on those unless there was big breaking news that day. But normally, I would be assigned that story, given the time. And within, you know, a day or two, I could turn those stories around on all three platforms, radio, TV, and web. And I would also like to mention that I had one producer vetting for TV and radio. And rarely were there any changes made in my script or the content. And for web, it was another producer, but it was minor things like, let's move this sentence, let's change this word, we'll tighten lead. That was prior to COVID.

Shawn Buckley
So I'll just follow up on that again because I think it's important for people to understand. So basically, your stories were standing as you made them.

Marianne Klowak
Absolutely, and they backed me in doing that. I was supported in doing it. That's what they wanted: original enterprising journalism.

Shawn Buckley
Okay. And so that ties into when you're saying the Manitoba news desk at the CBC prior to COVID, I mean, that was a hardcore journalistic news desk. They were expecting you to get truthful fair stories. And they were not censoring. They were wanting the news.

Marianne Klowak
That's the way it was prior to COVID.

Shawn Buckley
Okay. So COVID—that was a completely new ballgame when COVID hit. So even the swine flu? Because we experienced that, you know, during your career.

Marianne Klowak
Yes.

Shawn Buckley
None of this. It just started with COVID.

Marianne Klowak
No, it changed so quick that it left me spinning. And I mean, the way I saw it, I'm just going to give you a little bit of a synopsis, and then I'll get into specifics in terms of what was done with my stories.

But we betrayed the public, we broke their trust. And we had been riding on a reputation of excellence for years. And now we were quickly shutting down one side of the debate. And how were we doing that? We branded the doctors and the experts the CBC chose that we used in our stories: we branded them as competent and trustworthy. And those who questioned and challenged the narrative were portrayed as dangerous and spreading disinformation. And that was regardless of what their specialty was, what their background was, and what their experience was.

And I just also want to sort of give you a window into how this affected me personally. As a veteran journalist, I had solid contacts in the community. I had people calling me with stories. So I was seeing and I was hearing and I was absorbing all their stories of suffering and pain. And they were sharing them with me, and these stories weren't being told. Some of those were from the vaccine-injured. Some were from people who had lost their job because of their vaccination status. Those whose families had been blown apart, and they'd been ostracized. University students who were depressed over repeated lockdowns and mandates. And parents who were calling me that were agonizing on whether they should vaccinate their child or not. So all these stories were sitting inside of me. They were left with me. And I felt the crushing burden and the weight of their truth not being given a voice. And it affected my well-being because these people trusted me, and I felt I had failed them and I had let them down.

Shawn Buckley
So can I just interject? So when you're a journalist and people are coming to you with stories that should be reported, you're feeling a responsibility to give voice to those stories, but you're not being allowed to do so for the first time. And that's what was causing the distress internally.

Marianne Klowak
Absolutely. I was losing sleep, it was distressing. It was like I had failed these people as a journalist to give voice to their truth.

So I had witnessed in a very short time the collapse of journalism, newsgathering, investigative reporting. The way I saw it is that we were in fact pushing propaganda. And to define propaganda: it's information, ideas, opinions, or images that give one part of an argument which are broadcast, published, in order to influence a person's opinion.

[00:10:00]

And mental health workers have their own definition of propaganda as manipulative persuasion in the service of an agenda.

In a published article written by a former CBC editor-in-chief in 2018, she outlines what's called the Journalistic Standards and Practices [JSP] [Exhibit OT-4]. And these are the most fundamental principles that govern who we are as journalists and who we are as a public broadcaster. Basically, these are the pillars—the holy grail for journalists. This is what every story we do can be measured against these: they are accuracy, fairness, balance, impartiality, and integrity. She goes on to say that "the JSP is not merely a guide for the people who work at CBC/Radio-Canada. It's a key component of our promise to Canadians that the work we do is, first and foremost, a public service." Then she says, "The real test, of course, is ensuring that our journalism is credible, reliable and worthy of your trust." So in other words, you the audience decide if we're trustworthy, if we're telling the truth. It's not up to us to hammer you with what we define, decide, or think that the truth is because the pillars of balance and fairness require us to present both sides. And after you examine them, you ultimately decide what the truth is. She says, ". . . you can hold CBC News accountable against the principles that are laid out in the Journalistic Standards and Practices."

In my last year and a half at the CBC, we violated all of them. Not only had we shut down one side by silencing and discrediting anyone opposing the narrative, we had elevated and designated ourselves as the gatekeeper of the truth. We no longer believed our audience was capable of critically thinking for themselves. I'm going to give you very specific examples of that. But before that, I'd like to read you a page out of a journal that I wrote a month after I left the CBC. It gives you a sense of the culture and the toxic work environment that led me to leave before I had wanted to.

For months prior to my departure in December 2021, the complaints and criticism from listeners and viewers continued to mount from the public. Calls, emails, people stopping me on the street and saying, "What the heck is going on at the CBC?" People telling me they felt betrayed, lied to. A gut feeling that they weren't being told the whole truth. They no longer trusted the CBC to tell them both sides of an issue. What was most troubling for me as a journalist is that they no longer felt safe to tell me their story and have their voice heard by their beloved public broadcaster.

Passion for the truth has been my driving force as a journalist, and we become journalists because we see ourselves as truth tellers. The vast disconnect between the stories people were telling me and what we were broadcasting and publishing just tore me apart. So armed with documented examples and specifics, I voiced my dismay about our editorial direction to all levels of management over several months—both locally and at the highest level of power in Toronto. And I did this; I brought in a witness to every scheduled meeting who would document what happened in those meetings.

The narrative among mainstream media including the CBC emerged early on in the **pandemic. By narrative, I mean presenting one side of a complex issue and effectively censoring, cancelling and silencing the other side—only giving voice to experts who control and reinforce the narrative. I'd seen it happen on issues in the past but never to this degree. For the most part, logic, common sense, and critical thinking are suspended, preventing deep dives on stories holding power to account. Facts may be omitted if they don't fit into the narrow focus of the narrative.**

Who were we to deliberately withhold information the public needed to know and had a right to know in order to make a decision based on informed consent about their health? Canadians were starting to see this, and they were calling us out on it.

So for me things started to escalate, I would say it was early 2021.

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And I was disturbed and alarmed about the language that was being used in some of our editorial meetings. All of a sudden, the term "anti-vaxxer" came up and I said, "Whoa, whoa, let's stop right there. What is an anti-vaxxer? Who is an anti-vaxxer? What do they believe? Because are you saying it's someone who's against all vaccines? Because the people I'm speaking to, who are vaccine hesitant, have had all their other shots, but they have problems with this particular one." I also brought up those who couldn't get it for health reasons because of allergies. And what about people who just needed more time and information to make a decision. And yet we were lumping them all in this same pot as being an "anti-vaxxer." I said, "Using this term is dangerous. It's discriminatory. And why are we talking about these people with such hostility and such contempt?"

Shawn Buckley
So Marianne, can I just stop you there because that's a term that's become very sensitive at this hearing. And I'll explain that in a second. So when the term comes up in the newsroom, it's being used in a really negative term? Like, it's meant to be pejorative?

Marianne Klowak
Almost laughing, ridiculing. It's like these people aren't educated: that was the kind of term that was being used and that was what was inferred.

Shawn Buckley
And I'll tell you why I've stopped you with that. So we've had, and I think it was the Saskatoon hearings where I started to notice it. So we'd have witnesses, like literally vaccine-injury witnesses, talking about how their lives were literally destroyed by this particular vaccine. But then they would add during their testimony, just literally out of context, "but I'm not an anti-vaxxer." And then, we had a lady that really was part of one of the biggest freedom groups in Saskatoon that arose because of the mandates and things like that. And she made a point, "but we're not an anti-vaxxer group." So that told me—because my understanding, and it's based on a lot of the evidence that was here, but also, you know, prior to me coming here—is that these terms are created basically to ridicule and basically to close our minds, right? Because no one wants to be labelled as an "anti-vaxxer." So if somebody is labelled as an anti-vaxxer, you'll close your mind to them, right? So it's just interesting. I'm sorry to stop you, but it's interesting to hear because you basically used laughter as a description: that these people would be laughed at in a newsroom.

Marianne Klowak
And ridiculed. And I think that was the prevailing consensus in the newsroom. That if you were educated and if you were intelligent, you got the shot. To question it meant you weren't intelligent, which really flies in the face of critical thinking. And it's opposite of journalistic practice.

In June of 2021, the Manitoba government had carried out its own survey on vaccine hesitancy.

Shawn Buckley
And we'll just pull up your slide for a second [Exhibit OT-4]. There we go.

Marianne Klowak
So in the next slide, you see the reasons for vaccine hesitancy—why you're not in a rush to get it/not sure if you will get it/you're not going to get it at all. Look at the top three: It found 25 per cent were concerned about long-term effects; 18 per cent were concerned about side effects and reactions; and 15 per cent said the vaccine was experimental and unproven. So more than half, that's 58 per cent, almost 60 per cent had concerns about safety and that it was experimental. Now notice where religion comes in, it comes in at 4 per cent.

So more than half of the people were listening to their gut and they weren't convinced by the mantra of "safe and effective." But instead of critically thinking, doing newsgathering and real journalism on safety concerns, scrutinizing the Pfizer data, and asking some of the hard questions people were asking me—like, "Why is the CBC the arm of public health?"—we chose to focus on that four per cent. Those who were hesitant for religious reasons. So our mission at the CBC now was to educate these people, or for that matter, educate anyone who was vaccine hesitant and eliminate it, because surely if they were educated, they would have changed their mind.

This to me was arrogant, it was condescending, and we were telling people what to think because we didn't trust them to think for themselves. Our tone implied they were a danger to society if their thinking didn't fall in line with the narrative. And to me,

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this was mind boggling because I understood our mandate of the CBC was to elevate the voice of Canadians to tell stories on a local, a regional, and a national level, reflecting Canadians to Canadians to promote understanding and unity. And instead, we were fanning the flames of fear, of division, of segregation and hatred against a particular group, the unvaccinated. So the stereotype we were creating emerged early on: The person who was unvaccinated was uneducated; they were likely a person of faith. They were denying that COVID was real. They probably lived in a rural community. And they were branded—"a danger to public safety."

Shawn Buckley
So I'm just going to stop you. So these are themes that the CBC in their newsroom came up, to actually use, to basically denigrate, create a group called "the anti-vaxxers" and denigrate them. So we actually have our state-funded news organization coming up with themes to create a separate group and to make them look uneducated and basically like "Luddites."

Marianne Klowak
That was the image that was portrayed.

Shawn Buckley
And this was a deliberate decision.

Marianne Klowak
It was a deliberate decision because look at the government survey: it showed that almost 60 per cent of people were concerned about safety, and yet we were focusing on religion. I'll give you a couple examples of the stories.

Shawn Buckley
And if I can just interact a little bit. Because it would seem to me the story is, "Here's what people's concerns are, and let's go talk to those people." Right?

Marianne Klowak
That would be the common thinking, wouldn't it?

Shawn Buckley
And then see what flows from that as the story develops. Okay.

Marianne Klowak
That would be the common thinking.

This is a story we ran in May of 2021: "Death bed denials" in southern Manitoba hospital patients, the doctor says. So it was a fact that pockets of Southern Health in Manitoba did have the lowest uptake of the vaccine. But I challenged the stereotype: I'm saying, you know, "I know doctors, I know educated people, I know people in the trades, I know people working in garment factories, social workers, people all over the province that are vaccine hesitant. They do not fit this stereotype." But many of them, by now, were too afraid to be interviewed because they knew it wasn't safe. They knew what would happen to them—that they would be labelled, stigmatized, and they would likely lose their job.

Here was another story we did in targeting people in faith communities that we ran a few months later. And that was in September of 2021. Manitoba health officials were targeting the low vaccination rate in the southern part of the province. They thought the best way to get through to these people is to get the community leaders and the religious leaders on board, and then "we can convince people to get the shot." The story says: There's "no legitimate reason for religious exemptions" to get the shot "across several major belief systems, the leaders say."

That's not what I was hearing from people. People were applying for exemptions and on their deeply held spiritual beliefs. And their applications were consistently being rejected, and they were losing their jobs because of it. These were gut wrenching stories that people were calling me saying, "I'm being escorted out of my workplace right now. I can't believe this is happening. I'm being discriminated against because of my faith." They said, "Where's the right to religion, freedom of religion and where's the right to bodily autonomy," and where was the CBC and why weren't we telling their stories?

I mean, there was one man that I had spoken with, he'd been with a company for 25 years and he was in a management position, and he was working from home and he applied for an exemption that was rejected. He lost his job and he was—because he wouldn't get the shot and he was continuing to work from home. It was ludicrous. It was absolutely ludicrous. And we didn't do these stories.

So this was all sort of coming to a head and on June 3rd, 2021, I called for a meeting with the managing editor of CBC Manitoba, the executive producer. And I asked that a witness be present at all of the meetings to hear my concerns about our editorial direction. Now that witness was a person who was recently hired as the executive producer of diversity and inclusiveness. So in that meeting, I raised a number of issues. I said, "Why weren't we investigating the safety of the vaccines when that's what came up at 60 per cent in a government survey? Why were we creating a dangerous stereotype of who we thought a vaccine-hesitant person was? Why were we creating a hate culture against them and demonizing these people as a threat to public safety?

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"Why were we endorsing and promoting an experimental drug that we didn't know much about other than what the government and the manufacturer were telling us?"

And I'm going to give you an example of how that happened. Going back to the journalistic standards about how we're supposed to be impartial: We had reporters posting on their CBC Facebook page at the local and national level with a sticker on their arm and their hand up in the air saying, "I'm part of Team Pfizer and Team Moderna" with their hand up. And I said, "How is that being impartial and how is that being objective? And why were we getting behind Pfizer, which paid out huge criminal settlements? And would these images convince people who were not sure to get the shot?" I said, "Clearly, this is a journalistic breach." When I flagged this to management, they didn't have an issue with it. They didn't think it was a problem.

I also brought up to them.

Shawn Buckley
Let me just stop. The management didn't view those issues as a problem?

Marianne Klowak
No, they said if they want to do that, that's their choice.

Shawn Buckley
You mean, if who wants to do it?

Marianne Klowak
If a reporter wants to post on Facebook they've gotten the shot and they've got a sticker and they're part of Team Pfizer or Moderna, they didn't have an issue with that.

Shawn Buckley
Okay.

Marianne Klowak
I also brought up at that meeting what happened with thalidomide. That's a drug that was endorsed in the early 1960s for pregnant women who were nauseated: a drug that caused

severe birth defects. And that we shouldn't be getting on this bandwagon—we should be very cautious because this was a brand-new vaccine that had just become available.

Now I'm going to give you a specific example of a story that I was shut down on. So June 2021 was the time when Israel was starting to see some links between the Pfizer vaccine and heart inflammation. And I was getting calls from parents who were really distressed and just saying, "There's the potential risk of heart inflammation in young people. I don't know if I should vaccinate my child, I don't know what to do. How safe is this vaccine?" They were in angst about—they wanted more information. And at that time, the Center for Disease Control and the FDA had put a warning on their fact sheet about rare cases of myocarditis.

Some parents in Manitoba thought, you know, Manitoba should be doing the same for their fact sheet on Pfizer because that was the only one that was authorized in Canada for those twelve and older. They had sent letters to the province, the health minister, public health officials, and they shared all these documents with me. So I pitched this story on the June 3rd meeting, and I was given the go-ahead and I interviewed several parents.

And I approached this story like I would approach any other story: Is this true? The government and the manufacturer are saying it's safe and effective, and yet we've got parents worried about some evidence that's emerging that there could be some health concerns. So I set out to news gather, investigate, do the research, and find the answers to the questions people were asking.

And for me, this story was reflective of that 60 per cent where people were saying, "This is what we're concerned about." So I thought, great, we're going to do a story that the public has a right to know. And these were some of the things that parents said to me on the record. They said, "Giving youth a drug that's still in the trial phase is a terrible idea. It's dangerous." They wanted to know "who would be responsible if their child had an adverse reaction?" Most troubling in their opinion was that some of these children didn't need to have their parents' consent to get the shot. "Why was the state taking control of their children?" They were asking me this. This is all credible and legitimate questions. They were fed up with their kids being threatened and bullied in and out of school for not being vaccinated.

I'll tell you one story. There was a rural community, and this mother phoned me and there were two families. One family was vaccinated; one wasn't. And the daughters were best friends. And one of the daughters said, "Well, you know, if you want to get the shot, you can come over to my house on the weekend and my mom will take you. And your mother never has to know." So that was the end of that friendship. That was the end of that. And it divided the whole community.

And these people were questioning, they were asking me, they were saying, "Well, if this vaccine is safe, then why does someone who's vaccinated have to be afraid of someone who's unvaccinated?" Very logical questions. And they were angry with the CBC. They expressed that to me. They said, "Why was the CBC and the media cheerleading the government's message that the vaccine was safe and effective?" because they weren't convinced by it.

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So that's basically what they said to me on the record.

And most of them had referenced and voiced their support for a body of scientific research that was put forward by the Canadian COVID Care Alliance [CCCA]. Specifically, by Byram Bridle, a world-class immunologist from the University of Guelph. And the Alliance had been raising flags about the safety of the vaccine based on scientific studies. They'd even filed a petition with the federal government, and they were calling the feds to suspend the use of the vaccines in children, in youth, in adults, in women of childbearing age until there would be long-term and short-term safety trials that were completed and this would be published in peer-reviewed journals. Many of the parents I spoke with had signed this petition. Certainly, this was newsworthy and something the public had a right to know. These were Canadians that were voicing a different or dissenting voice, and up until now, all we were airing and publishing were experts aligned with the government's view. This is a story I thought that would bring some fairness and balance to our one-sided coverage, and it would punch a hole in the narrative.

I contacted the Alliance, and I spoke with a scientist by the name of Stephen Pelech. He's a highly reputable scientist. He's a professor of neurology in the Department of Medicine at the University of British Columbia. He had been doing COVID research in his lab for two and a half years. He also published more than two hundred scientific papers over the course of his career. He praised the parents I interviewed and he said, "You know, they're wise. They're wise to question this narrative" because he had serious concerns with vaccinating children with this new vaccine.

He shared with me the Pfizer data that showed with children, there's the least amount of data from testing on whether there's a long-term or short-term side effect. So according to the document I was looking at from Pfizer, it was just over 1130 adolescents between 12 and 15 in the U.S. were vaccinated in phase III trials. And in his opinion that was problematic. He said the tests were done on a very small number of children and the test wasn't powered enough: so what that meant is there wasn't enough participants to determine if, let's say, there was a reaction of one in five thousand, that wouldn't have been picked up by Pfizer. So I had Pelech on camera; I had these parents all lined up. And I told you what my workflow was like prior to COVID. But it changed with this story.

When it came to this story, I never had more hands in the vetting of this story. While it was cleared by the Manitoba managing exec and the director, a local web writer flagged it. And she said, "You know, maybe we should get a response from Pfizer." I said, "No, I think we've heard more than enough from Pfizer." Then she said, "You know, I don't think the vaccine is still in the trial phase." And I produced a document saying it is until 2023. But she sent out an internal email to several people in the newsroom, and she decided that my story should be forwarded to the Toronto Health Unit. Now this is a special unit within the CBC, and she wanted them to do a final vet of my story. So now the CBC Toronto Health Unit was in charge of my story. It was the end of June, and I was really getting anxious over how long **this was taking because as I mentioned before, I was used to turning stories around in a day or two. But to me, it was critical timing because the rollout was ramping up for the vaccination of young people in Manitoba. It was in full swing. Finally, five weeks later on July 8th—**

Shawn Buckley
Five weeks?

Marianne Klowak
Five weeks. Remember, I could turn around stories in two or three days—this was five weeks. So I think they were sitting on the story. Maybe they were just hoping that I would go away and not persist in doing this story.

But five weeks after, July 8th, I pitched the story, I was called into a meeting. Well, this was on Zoom because we were all working from home by then, and they had a verdict from Toronto. And you know, I should mention to you that over three decades at the CBC, I'd say 30 to 35 per cent of the stories I did were health stories. Never had I had a story that had to go to the Toronto Health Unit. And never was a story given this level of scrutiny.

Shawn Buckley
So I just want to emphasize this because you had told us earlier that basically things changed at COVID. So what you're saying is, for your thirty-five years as a journalist

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like, 35 to 40 per cent of your stories were health stories. So you knew what it took to run a health story and that never before had it been sent to this Toronto Health Unit or no story in your career had ever been put under this much scrutiny.

Marianne Klowak
Never. Like I had mentioned, it was one producer, and the story was put through and it was published. And all of a sudden now, there were all these hands in the story.

And what I want to mention to you, which is key to know here, is that before I tell you what happened, that none of the facts, none of the data, none of the research, nothing I put forward in that story in terms of any of the information was contested. It was rock solid journalism. And I knew that I could put my name to that and defend every word I had written.

They raised two concerns that was an issue for them: Did I know that the Alliance promoted ivermectin? And did I know that some of the members of the Alliance chose to be anonymous? Those were their two concerns. So my thought was, okay, now the story is being blocked further up the chain.

I did know they supported ivermectin, but that was not the focus of the piece. And I had been sending for weeks links to management from medical journals about the success of ivermectin in treating COVID. I got no response. I said, We should be having a debate about ivermectin on air and hear from experts who support its use. But that was not the focus of this piece."

As for members being anonymous, I was confused by that because, I thought, I interviewed Stephen Pelech. He went full-face on camera with his credentials. So there was no anonymity there. And I could only guess that maybe some were choosing to be anonymous because they wanted to be able to continue to practise without fear of being disciplined anyway.

But what came next left me just speechless. I was just astonished. They said, "While there's a story to be told about the parents' concerns, the Canadian COVID Care Alliance was problematic." I should "drop them out of the story, keep the parents' concerns in, but

interview two experts that CBC Toronto was recommending." And of course, I did my research, "Well, who are these people?" One of them was a pediatric immunologist who told me both of her kids were vaccinated. She had worked with the federal government. She chaired a national committee overseeing the approval process of COVID-19 vaccines in Canada. I was being told to drop Pelech out of the story who was raising flags about safety concerns and put this woman in.

I was just stunned. I was shocked. I could not believe that they were asking me to do this. I said, "This is unethical. This is immoral. You're violating all our principles of fairness and balance and accuracy and being impartial and acting with integrity." And I said, "What you're asking me to do is dishonest and it's manipulative." The parents I had on tape, I'd interviewed, they were backing the science of Bridle and to include them in the story but leave the Alliance out, to me, defied logic. It didn't make any sense. We were effectively censoring people in the scientific community with impeccable credentials because they just didn't fall in line with the narrative.

I said to the managing editor, "I'm standing down. I'm walking away from this story. I'm not going to do what you're asking me to do. I've invested too much in this. I'm not going to sell these people out. And why should I have to include two doctors that Toronto has picked out?"

And then I think, you know, what if this story had made it through and it went national? Wouldn't that have changed the narrative across the country? If parents had been armed with this information, would we have seen fewer vaccine injuries?

Shawn Buckley
Can I just stop you. Because another thing just kind of occurred to me when you were sharing that story and you mentioned how they were actually critical of the CCCA—and I'm thinking, well just wait, just so people that don't know the term—so that stands for the Canadian COVID Care Alliance. My understanding is, I mean, if it's not hundreds, it's thousands of scientists and doctors. Like we're talking very credentialed people that have formed an organization to basically look into COVID issues objectively and to provide fair and balanced information.

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And you know if that leads them in a direction that goes against the government narrative. But isn't the fact that that group formed and exists, itself, a story that should be covered, let alone cutting them out of a story. I was just thinking that in itself is somewhat fantastic and likely would be a story.

Marianne Klowak
And they formed specifically because of COVID and to give an alternative perspective. And I had pitched, "Let's do a story on them," but it was like, they weren't interested in it. They weren't interested in hearing what these people have to say because they figured they supported ivermectin. So they didn't want to do any of those stories.

Shawn Buckley
And just to give perspective—because I know when we had a conversation and likely you'll get to it—like, a reporter will go to a demonstration on an issue where there's twelve

people and report a story. But when tens of thousands of people show up for a demonstration, that might not be covered if it's going against the government narrative now. So, just kind of along those veins, like just even the size of the CCCA itself is quite—

Marianne Klowak
The numbers.

Shawn Buckley
Yeah, and it's quite something.

Marianne Klowak
The fact that they had filed this national petition was to me huge. They were saying, "No, we need to stop, we need to pause, we need more information before we roll this out across the country for young people," and that story was shut down.

Shawn Buckley
And that was a petition backed by scientists and medical doctors citing peer-reviewed evidence.

Marianne Klowak
Correct.

Shawn Buckley
Okay.

Marianne Klowak
So the day that that happened to me, which was July 8th, it's burned in my memory because for me, part of me died that day with that story. And that was the death of journalism for me, July 8th, 2021. Instead, we were clearly pushing propaganda.

So I had to call back everyone. And I thought, how am I going to handle this? So I apologized and I told them the truth. And it was shameful and it was humiliating because these people had put themselves on the line to tell me their story. And I said, "This is why I can't do it. This is why I won't do it, and it wouldn't see the light of day." And I said, "I'm sorry that I have failed you and I have let you down."

I didn't go to work the next day because I thought I have to strategize. How am I going to deal with this? Do I quit right now? Do I stay and try to push stories through even harder? The following day I asked for a conference call with the managing editor, the exec, and the witness and I said, "Here's the deal." I say, "You know that story was solid journalism. I'm asking you to publish it. You have that power." And I said the timing was key as the province was ramping up the vaccinations of young people. It was urgent that this critical information get out there. And I said, "I'm asking you to do this despite what Toronto has said." And if they wouldn't, I could no longer continue to work in this environment. They didn't publish it.

It was also at that time I decided I had to start reaching out to other journalists because I felt like I was just losing my mind. Surely other people were seeing what I was seeing. And I did reach out. I reached out locally to a competing network. I also talked to someone south of the border. Through internal email at CBC, I sent out notes saying, "This is what I'm seeing. What are you seeing?" And I didn't hear back from anybody.

So I thought, you know, I'm going to call the CBC Union. I called the CBC Union and they said, "Oh yeah, we're getting all kinds of calls about people concerned about our biased reporting." And I said, "Well, where are they? Put me in touch with them." And she said, "Oh no, they're not, it's staying with the union. They're not going to go past the union." I say, "What does that mean?" And she says, "Well, they're not prepared to do what you're doing. They're not prepared to go all up the ladder and call power to account."

So then I reached out to somebody. And I guess, you know, I understand that because I was sort of at the end of my career, but a lot of the journalists that were calling the union were midway in their career and they were afraid of losing their jobs. I contacted a senior reporter from a competing network and I said to her, "What are you seeing?" She said, "Oh, I'm seeing the same thing, you know, why has the media become the mouthpiece of public health?" Then I managed to contact a reporter who worked for *The New York Times* who told me what was happening to me was exactly what was happening to him. His stories were being shut down: he was being blocked. As he saw it, we had two options. One of them was quit and be a whistleblower,

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or to stay and fight it out and keep trying to push those stories through. He also gave me some advice. He said, "document everything that's happened to you, as you would cover a news story. Who said what, when, who was present and the date." I was just reeling from all this because I thought, you know, we have betrayed our audience on a massive scale, massive.

And even the CBC acknowledged that erosion of trust in a blog that was written by the editor-in-chief Brodie Fenlon in March of 2021. Forty-nine per cent of Canadians think journalists are purposely trying to mislead them. About half of the fifteen hundred people of the Canadians surveyed felt the CBC was more concerned with supporting an ideology or a political position than informing the public. And that the media was not doing well at being objective. How is the CBC going to rebuild trust in journalism?

In 2019, it became a member of the Trusted News Initiative—so that brings together news organizations from all over the world and tech platforms to combat coronavirus disinformation: to identify and stop the spread of it, false claims, half-truths, conspiracy **theories, basically, a way to filter news through its own filter system. I saw it basically as a mechanism to "call people out" who disagreed with the narrative and to label them dangerous and extreme.**

Why do you need a trust filter system if you're consistently telling the truth? Why are tech platforms involved in combating disinformation? And who are these people in this Initiative? Are they journalists? Are they scientists? Is artificial intelligence involved? Who is the Trusted News Initiative? This was an effective way to stop the flow of information: to censor one side, skew reporting, and label opposing opinion and thought as disinformation. Sometime after signing on with the Trusted News Initiative, there was a shift in the lens of how we saw news. It was no longer from the bottom up—it was from the top down.

Let me give you a specific example of how this played out in the newsroom in another story that I was blocked in doing. I'd gotten a tip about a peaceful protest in Winnipeg about vaccine mandates, and it was in September of 2021. There was about two thousand people out on the street. We didn't cover it because it was decided at the editorial level these people were spreading disinformation. This was just unbelievable. I was stunned because I had been sent in, you know, to cover stories and do live hits from protests with twelve people present. But we were going to ignore a group this large and not send a camera and find out what these people had to say. I thought not only is the size of the group newsworthy, it was the fact that it was both vaccinated and unvaccinated people were walking together and they were united in their opposition to vaccine mandates.

I had gotten a call from someone on the protest line who says, "Where's the CBC? There's people here that are cutting up their vaccine passports as a show of solidarity against the mandates." And I thought, wow, this is a great story. This is great visuals. This is a powerful story of people at the grassroots uniting. Why wasn't the CBC there? It was a decision made at the top level rather than looking at the news that was unfolding on the ground.

When I asked why we weren't there, I didn't get an answer. It wasn't worthy of covering because in the CBC's eyes, these people were disseminating disinformation. How could we say that if we never even spoke to any of them? We ran a few lines of copy that day saying, "More than 250 people in Winnipeg held a protest against mandates." That was misleading and it was a half truth. There was at least 2000 people. By saying more than 250, we were trying to minimize, in fact, how large it was. And to me, we missed the story entirely, which was people uniting against a cause.

Instead that day, I was assigned a story about a cricket infestation. No one was sent to cover the protests, and the cricket story went national.

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But there was nothing about the Manitoba protest.

Shawn Buckley
So, Marianne, just so that we have contrast because you've told us about, listen, there's this protest, 2000 people. The real story is that both sides are coming together, that people with the passport are so concerned about the mandate, they're cutting that up. So tell us about the exciting cricket story that became national news in Canada. What was the story, just so we're not left in suspense?

Marianne Klowak
That people's back lanes and garages and houses are being filled with crickets. And I'm thinking, really, we're going to tell that story, and we're going to basically ignore two thousand people walking through the city uniting in a cause. We are just going to ignore these people. To me that was just unconscionable.

Shawn Buckley
And was the cricket story urgent? Like—

Marianne Klowak
No, I don't— Well, I guess if you were living in a house full of crickets, it might be, but that was not the story to be told that day. But that was the story they decided should be told that day. Later that month, I pitched another story, and it was shut down.

Shawn Buckley
Can I just stop and I'm sorry. So we have, literally, vaccinated people and not vaccinated people coming together against the mandate. And we have crickets from the CBC. I'm sorry I couldn't resist.

Marianne Klowak
It's shameful.

Shawn Buckley
That was just too easy. So okay, and I'm sorry to interrupt, I just truly couldn't resist.

Marianne Klowak
So later that month, I pitched another story that was also shut down. And it was about what vaccine mandates were going to look like at universities in Manitoba. I had a professor lined up, an immunologist lined up from Ontario. They were on a committee there helping to draft the rollout of mandatory vaccines at the University of Guelph and McGill. They talked about students having less freedom on campus: There'd be more security, more policing of students. Those who refuse to wear a mask could be hauled off by campus police. I also had an ethicist lined up who was willing to talk about his concerns over mandatory vaccinations for students.

And both the experts were saying they were worried about the mental health of students that were going into a second year of restrictions. Both were getting contacted by parents and students who just were not in support of this. And I thought this would be an excellent discussion to have in Manitoba with faculty and parents and students for our audience to hear because it was already rolling out in Ontario, and it was going to be coming into Manitoba; they were ahead of us. And I also said I had spoken with two legal firms that were fighting mandatory vaccines on campuses, and they felt the court ruling in Ontario could set a precedent for the rest of the country. There was no response to what I pitched that day. Instead, I was assigned another story about an infestation. This time it was bedbugs in a local housing complex. And no one else had been assigned to that story that I had pitched.

So I interpreted that as I was quickly becoming silenced and cancelled for trying to get the other side of the story out. I was battle weary. I was exhausted from fighting. I never felt more alone in my profession. And as a veteran journalist who is usually fearless and outspoken, I no longer felt it was safe to pitch stories that I knew that we should be telling. And I quickly felt that my existence there was becoming null and void. But I wasn't done yet.

In September, I decided I'm going to go directly to Toronto to voice my concerns about our editorial direction. And I was going to tell them what I was experiencing. I started sending emails to Brodie Fenlon, CBC's editor-in-chief, and Paul Hambleton, who was the head of Journalistic Standards. Now he's no longer with the CBC, he left a month after I did. I shared

with them what I'd documented about what was happening with my stories, specific details what was going on in the newsroom in Winnipeg, the language that was being used. How we had created this culture of hate and division, feeding people's fears. And why were we so hostile to people who had an opinion that was different from ours? And while I applauded the CBC's initiative of diversity and inclusiveness in hiring people of different cultures and ethnic backgrounds,

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I said, "Where is our diversity in thought? Where is that?"

Again, I was hearing the word "anti-vaxxer" being used in the newsroom, and this is already a year and a half into the pandemic. We'd failed to create a safe environment for people to speak to us on the record so their voices could be heard. I told them we had violated all our journalistic standards. We'd broken the public trust. And we withheld information the public had a right to know, and we were guilty. I asked to have a conversation with them before I left. And Brodie Fenlon emailed me back. He thanked me for what I sent, said he'd be happy to talk to me. But with the federal election going on, could we schedule a time afterwards in October, and he would invite Paul Hambleton into this discussion as well. I was pleased he had responded.

At that point like I knew, I had my end date. I'd spoken to HR; I knew when I was going to be leaving the CBC, but I had one more story in the queue I wanted to get out. And it was about a woman who was vaccine-injured. I had several calls and conversations with people who had contacted me about they had been vaccine-injured, they knew someone who had been vaccine-injured, or there was a family member.

One of them was the mother of a teenage boy. He was an elite athlete, he had gotten the shots, he had chest pain. He was told he was going to have to spend his summer lying on a sofa recovering, and he could not do any sports that summer. A woman called me who got her first shot and she was really sick. And she was anxious because she went for medical help, and she was told that she should still get the second shot, but maybe she should be admitted to hospital to get the second shot in case she had a worse reaction. This to me was madness, was madness. The rest were afraid that they wouldn't be believed because of, you know, the media mantra we were putting there, "safe and effective."

The way I saw it, we were gaslighting these people. You know, let's say you have a refugee coming into the country, and you know they've suffered trauma and they've been through hell. How do we treat them? We treat them with mercy and compassion and kindness. And yet these people who were being injured—we were gaslighting them. One man who had an adverse reaction said to me, it had to be him, "It's got to be me. There's got to be something wrong with me because it's safe and effective."

So getting back to the woman I did the interview with. She had had an adverse reaction after her first shot in May of 2021. It took me weeks to gain her trust, for her to go on the record. She was thirty years old. She was an avid runner and she worked with the federal government. She had no previous heart condition. The very next day after getting the shot, May 27th, she had chest pain. Then she said she was short of breath. She felt like she had this huge weight sitting on her chest. The pain got worse, she had trouble breathing. She described it as the feeling like there was thick smoke in her lungs, but she wasn't a smoker. She knew something was really wrong.

She went to emergency at St. Boniface Hospital where she was diagnosed with pericarditis. And that's inflammation of the tissue around the heart. She shared her written medical report with me from the emergency room doctor. Since her shot in May—within the next month—she'd been to emergency five more times with increased chest pain. She could no longer run. She was winded from walking up a flight of stairs. And she said she thought that she was dying. And I had interviewed a cardiologist as well who told me, "if there's damage to heart cells as an adult, they don't regenerate. The damage is permanent." And yet we were running stories saying, "Take a couple of Advil, and there shouldn't be any lasting symptoms from heart inflammation." This woman was on anti-inflammatory medication for months. She was battling depression and anxiety because she was no longer the outgoing, active, happy-go-lucky person she used to be.

She also told me how difficult it was to get someone to document what happened to her as an adverse reaction. She said the first doctor who diagnosed it was hesitant to put it in writing. Some doctors didn't know how to fill out the form. Finally, a nurse had filed it for her, and that was another story I pitched.

The problems with doctors reporting adverse reactions in Canada.

[01:00:00]

They have to download a PDF, takes about fifteen minutes to fill it out. The doctor has to sign it. Then it goes to a health authority who has to approve it. And some of the doctors were telling me that their reports were getting rejected. And I was hearing more and more about the problems with reporting these adverse reactions in Canada. And there was even a period during the pandemic that the line that they used to report these adverse reactions was down, the link wasn't working. Surely, this was newsworthy. No interest in that story.

But getting back to the woman, I interviewed. I stayed in touch with her. After doing her own research, she connected with three other women who were diagnosed with heart inflammation after being vaccinated. I wrote her story. Here was my first line based on what she told me. This was the original before it was edited: "A 30-year-old Winnipeg woman says she's not confident the COVID-19 vaccine is safe for everybody and is advising people to do their research. She admits she was hesitant at first to get the shot, but she felt pressure from people posting online that she was selfish if she didn't." Two words the editors didn't like in there: "vaccine" and "hesitant." Again, several hands were in this story, several. A managing editor, two web writers, another producer, and I fought several edits that were made. By now at this point, I was sort of afraid because I thought if I pushed them too hard, they could pull the story entirely.

Okay, here's the story the CBC published on July 12th, 2021. This is my story, and this is **what they changed: "Winnipeg woman shocked by heart lining inflammation after COVID vaccine, but experts say the risk remains low." Look at the first line. "A 30-year-old Winnipeg woman says she was shocked to be diagnosed with the condition involving inflammation of the lining around her heart days after she got her COVID-19 vaccination in late May."**

The changes that they made didn't reflect what she was saying to me about the safety concerns. It was propaganda editing to change the meaning entirely. Any reference to vaccine hesitancy was taken out. I fought the web writer on that first sentence. He says, "Well, no, we can't say that; we don't want to scare people." I say, "That's not journalism." I said, "Maybe we should be concerned, look what happened to her." And I said, "We can't negate her personal lived experience: her story is one of caution and to do research."

And if you look at the next sentence which says, "But a Winnipeg cardiologist says despite concerns about heart inflammation, vaccines are preventing illness from COVID-19." Why would anyone read any further in my story. Basically, the message was it happened to her, it's too bad, it's unfortunate, but vaccines are still doing what they're supposed to be doing.

But there were medical experts who were disputing this, but they had been cancelled by the CBC because according to the CBC, they were spreading disinformation. The fact she was an avid runner was taken out of the story, and I fought to have that put back in. I say, "No, I think that's important. You know, she was a runner and now she can barely walk up the stairs. It shows what happened before and after the shot." And she never got the second one because her reaction was so severe after the first. And I also didn't think there should be experts or stats negating what she was saying. Because we'd heard more than enough from all of the experts. It should be just a straight-ahead story about someone who suffered an adverse reaction, and we shouldn't downplay it. Instead, the way I saw it, her story was buried in experts and health officials and stats—it was sanitized.

I lost sleep the night before that story was published. I knew we didn't do justice to her story. I spoke with her the next day, and she was so traumatized she couldn't read the story. I should also tell you I contacted her five months after I left the CBC, and she was still suffering from health problems, blood clots. That story was the breaking point for me. I was waiting for that final exit meeting with Fenlon and Hambleton in October. And when I had it, I told them what had happened to my stories. How devastated I was to be leaving the CBC after spending three decades in a career that I loved.

I asked them what's the makeup of the CBC Toronto Health Unit, like who are these people: "Are they journalists, are they scientists, like who are they?"

[01:05:00]

I was basically told they were experts who are really good at what they do. But I still don't know who they are. Then I brought up the issue of mandatory training and seminars for journalists that we had to take on what was called conscious and unconscious bias. We had to sign off on this training. It was to identify any bias we may have in doing a story. And to be aware of it, to make sure it doesn't impact the story that we're doing and that we are more inclusive. I said, "You know what, we the CBC have a glaring bias, both conscious and unconscious, when it came to stories involving experts opposing the narrative and with those who were unvaccinated, we had a glaring bias." I said, "I was worried about the next generation of journalists. They're young, they're inexperienced. And that the editorial meeting is not a safe place to have a different opinion. Why are we so mean and hostile to people with different opinions?"

And I said, "Did you know how we were being branded outside the walls, the corporate walls of the CBC?" I've seen those protests; I've seen those signs. We were being known as the Canadian Brainwashing Corporation or in faith circles, the Christian Bashing Corporation. Some of my final words to them, as I saw it, I said, "The CBC is morally and ethically culpable of the narrative that it pushed to the public, and we are going to be held accountable. We failed to hold power to account, and no one was holding the media to account. We failed to serve the public. We broke their trust."

I told them, "You can silence and cancel scientists with impeccable credentials, you can even cancel me." But I said, "My solace is that the truth will come out; it will come out." Brodie thanked me, and he said he was sorry that it had ended this way and that he didn't think the CBC had done all that bad. He wished me well. Hambleton, who is the head of

journalistic standards, he was still on the screen, and he told me, that the most heat that he took during COVID was over ivermectin. People calling and writing with letters with no let up. I said, "The CBC should have listened on many fronts. The truth will come out." That's what I said in October 2021.

So here we are a year and a half later, the truth has come out. Even though people still do not want to believe the truth. According to Health Canada's own website up and to including March 3rd, a total 427 deaths were reported following vaccination, 427. Each and every one of those deaths was worthy of a story. Where was the CBC? Where was any media on this? And is that number accurate? The same Health Canada website posted more than 10,000 serious injuries for the same time period. Are those numbers accurate? Are they higher because of all the problems with reporting adverse reactions in Canada? Who are the injured? What are their names? What are their stories? What are they suffering?

Lawsuits are going on, and there's a few people of the vaccine-injured who are getting settlements. We have one before the courts right now in Manitoba involving a young man from Steinbach.

If reporters were doing their jobs, we would not be here today in this forum, funded by citizens, telling our stories. Mainstream media would have done it. Where are they? Where are they?

On February 27th of this year, papers with hundreds of profiles of suspected COVID vaccine injuries and deaths were plastered onto the doors and windows of CBC Toronto. I had a really hard time looking at those pictures because that to me was proof and evidence that the public had trusted us and they had listened. And some of them paid dearly for it. I waited to see, is CBC going to cover this? Is any media going to cover this? How could you ignore this? It was just unconscionable and appalling that nobody covered it. I thought, I wonder how employees felt that day when they came to work and they saw that—those posters on the outside of the building. Did they stop? Did they look? Did they read? Did they look at the names, or did they just go into the building and carry on with work that day? The same thing happened in Winnipeg on a smaller scale.

[01:10:00]

Again, no media coverage.

And as mentioned earlier, CBC decided to pause its Twitter activity after it was labelled "government-funded media" by Elon Musk. Brodie Fenlon had responded by publishing a piece saying, "Journalistic independence is the cornerstone of who we are as a public broadcaster." Then that tweet was removed. CBC is not impartial—it is not independent. I think what I shared with you gives witness to that.

There was some excitement over the fact CBC Manitoba covered the NCI when it stopped in Winnipeg in mid-April. Maybe, finally, the CBC was going to report the other side. But it was a low-impact piece in that it didn't talk to anyone who was vaccine-injured. It didn't delve into any of the Pfizer data. And it didn't talk about safety concerns or side effects.

Shawn Buckley
Can I give you even more shocking information? Can you go back to that slide? So Jay Bhattacharya is on the screen—while CBC is there—talking about CBC censoring him. And there was no mention about that.

Marianne Klowak
Those stories should have gotten out. And there's so much more that should have gotten out. I mean, basically, it was a low-ball story, in the sense, the bar was low. They didn't delve into what they should have dug into there.

I don't know if any of you have heard of Naomi Wolf. She's a famous American author and journalist. She posted a video on YouTube last month exposing what is in the Pfizer documents. I think it's something that all critically thinking journalists should have been digging into. The FDA wanted the documents to be hidden for 75 years. A judge said, "No." So Pfizer was ordered to release 55,000 documents a month. And according to Wolf, around 2,500 experts from all over the world are interpreting this data. They're churning out reports to tell everybody what's in it. The evidence in her words is dark, devastating.

One of the many findings is that Pfizer knew the vaccine didn't stop the transmission of COVID one month after rollout in November of 2020. But yet public health officials were telling us, were running campaigns to say, "Get the shot to protect those you love." And the media, including the CBC, was still demonizing the unvaccinated as a danger to public safety.

I'm inspired by Wolf and those outside of legacy media who are tenacious and fearless about reporting the truth, and they're truly independent. For me, that would be, on this side of the border: True North, *Western Standard*, podcast by Trish Wood.

I was fortunate that when I left, I was at the end of my career. I still wanted to work for two or three years, but to leave the way I did was crushing. It was heartbreaking, and it was definitely a journey of grief. I was able to take an early retirement.

Shawn Buckley
Marianne, I'm going to have to focus you just because we're really running over.

Marianne Klowak
I got 30 seconds. Maybe even less.

So my heart goes out to those who are starting out or midway in their careers. And for them the challenge is even more daunting. When I was asked to testify, I said, "You know it's dangerous to tell the truth but I think"—as someone with the Inquiry said to me—"it's even more dangerous to not tell the truth."

So getting our institutions back: Will we get the CBC, our public broadcaster back? I don't know. But I do know that more journalists need to stand up, speak out, and stand firm as a truth-teller.

Thank you.

Shawn Buckley
Wait, wait, we have commissioner questions. So, and the Commissioners have questions.

Commissioner Massie
Thank you very much for your testimony. I'm learning on a specific story that you illustrated, what I have witnessed from the outside So it's interesting to have this confirmation. I'd like to ask one question because I'm not a journalist, so I don't know. But when we, I would say, use or abuse the term "expert" in journals, shouldn't there be some sort of gold standard that,

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first of all, you cannot cite experts that are faceless, you don't know who they are. And if you cite them, you give their credentials so everybody can judge by themselves what is their expertise.

Secondly, you mentioned that in many stories that were produced over the pandemic, it was one-sided, and it was the official narrative. And every time somebody was trying to come up with a different version, another expert, they were either dismissed or denigrated.

So about your story that went to be checked in Toronto, wouldn't that be a good idea to say, "Okay, you're proposing these other experts. I will accept if you agree that this expert has a public debate with the expert I'm citing in my article." What do you think of that idea?

Marianne Klowak
That would be the ideal. But that was not something they were open to. And I think in Mr. Palmer's presentation earlier, in terms of that term "expert." You know, it goes back to when they were giving me the names of those two people. You know, do your research: Who are these people? Are they really experts? Are we just designating them experts? And that was a problem that I saw throughout the pandemic. It was very specific about who their experts were going to be, and they were going to be portrayed as competent and trustworthy.

But to have a debate. I mean, that's something I challenged them on many topics: like, ivermectin in terms of experts on both sides; the vaccine injuries, being concerned about safety. I was constantly putting that before them, but it was like, I wasn't being heard. And that was coming from the highest level of the CBC.

To be fair to CBC Manitoba, I mean, they cleared the story except for that one web writer. And then it was shut down in Toronto. And I had no power at that point in terms of— You know, I said, "I think these people should have a say, for the sake of fairness and balance, they should be heard." And I even challenged them to publish the story without Toronto's consent, but they wouldn't do that.

Commissioner Massie
So just a complementary question. Was that a common practice in the past to do that sort of confrontation of expert with different view? Or is it something that was never practiced in journalism? You would do it like a common way of reporting on different opinion, [where] you had to really make sure that when two different views are presented that they were framed in a way that the reader could actually make it their own judgment about it. And now it seems that it's completely disappeared from what we're being exposed to. And I can tell you it's not only CBC; we see the same thing in Quebec with all of the journals. We are seeing the same story.

Marianne Klowak
It just happened to this degree I would say during COVID. Before we would do thorough vetting of people we put on the air as experts and thorough checking of their credentials and what their experience was. And usually, we'd even check them out with two or three other sources if they were legitimate. And were they in good standing? But that seemed to have all gone by the wayside.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
I was going to say good morning, but I realize it's now good afternoon. Thank you for your testimony.

When I think of the daily PMO news releases that are sent out every day from the PMO's office to which CBC journalists would receive and how religious holidays are identified, recognized, and celebrated. And I should also add rightly welcomed in a democratic nation that recognizes freedom of religion and beliefs as a fundamental right in this country and, similarly, as a foundational principle in our constitution under the supremacy of God and rule of law. These PMO releases often offer very lengthy and detailed descriptions of respective religious traditions.

And then I think back to a comment made by the PMO prior to his first election—Christians need not apply. And then I combine it with a very short PMO release that came out one year, I believe it was 2017 or 2018. I believe it was one paragraph regarding the Christian holiday, the traditional Christmas.

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Two things come to mind. It appears CBC is broadcasting the PM's personal opinion publicly, essentially becoming the PM's mouthpiece. But even more so, targeting specific faith groups, using hatred for these faith groups to which the PM has publicly disagreed. And if this is the case, how can Canadians be confident in a publicly funded broadcaster that deliberately and intentionally ignores entrenched protected grounds under human rights legislation? And two, should we as Canadians be considering CBC in its current mindset, a danger to society for not adhering to their own "DIE" ideology? That is diverse, inclusive, and equitable treatment of all persons regardless of their faith and personal beliefs to which they subscribe?

Marianne Klowak
Which part of that do you want me to respond to? That was—

Commissioner Kaikkonen
Whatever you think you should respond to.

Marianne Klowak
You know. Here's the thing. That was an issue I had brought forward a number of times in CBC, about the fact of how do we cover different faith groups? And we even had a working

group on that and we invited a number of people in from different faith communities to you know, say, "What are the stories that you think we should be telling?" And for a while there, we were doing that. We had a forum, and it was a wonderful forum: we had a rabbi in there, we had Muslim people, we had Catholics, we had Evangelicals, we had Mennonites, we had Jewish people in there. And there was a consensus working group on, how do we move forward stories that are faith based? And we were going in the right direction for a while.

And then all of a sudden, it just swung the other way where we'd become hostile again. And anyone who expressed their faith in a story— I mean, I look at all the pastors in Manitoba that stood out during the pandemic and defied rules and said, "How can you have 300 people in Costco when you're telling us we can only have 25 people in our church at a service on Sunday? We're not going to stand for this." And they didn't. And you know, they were hammered by the media for expressing their faith and standing up for it.

So there's definitely a hostility towards faith in, I mean, just my experience at the CBC. And I was constantly bringing that to the forefront and trying to do more stories that way. And sometimes I was able to get those stories out and in some, I wasn't able to. But clearly, like, we made a specific decision here in our coverage during the pandemic to hammer those communities in southern Manitoba that were faith-based, that were pushing back against this narrative in the agenda. And that was so wrong.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
I'm from Manitoba, and I mourn the loss of the CBC as a fair and unbiased news reporter. I had personal friends who were on the I-Team years ago, and I remember the stories they used to bring out.

One of the things that we've heard over and over and over again in the testimony is that prior to 2020, things changed: Words changed. Definition of pandemic changed. Definition of vaccine changed. Definition of human rights changed. A lot of things changed. And my question is, usually, you know, there's an old expression that a leopard can't change its spots. Was there significant changes in the higher management of the CBC prior to 2020, like in 2018, '19? How did they accomplish this complete change of philosophy without changing the management?

Marianne Klowak
Well, I think the management just bought into it. I think, you know, I look at other stories where the language changes in order to make it acceptable to the public. And that's basically what was being done. The whole thing, the mantra of "safe and effective," you know, like we didn't even investigate that. And yet the people that were in management, I mean, these were people that had worked that I-Team you're talking about.

So, for me, I was shocked and sort of disoriented about, why wasn't there any pushback about the language and the words we were choosing to use that were dangerous and misleading?

Commissioner Drysdale
You know, we heard testimony from many witnesses about how they were treated,

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specifically, by the CBC. And according to those witness testimony, didn't the CBC go beyond just ignoring certain stories? We heard testimony after testimony of personal character assassinations carried out by the CBC. Were you aware of any of that? Can you corroborate any of that?

Marianne Klowak
I was aware of that. I mean, to give the best example would be Byram Bridle. Look what was done to him. I mean, this guy is impeccable credentials, immunologist, and the smear campaign against him was just, it was unconscionable. What was done to his career was a character assassination to discredit him for all the safety concerns he was raising. And I raised that with management because I wanted to interview him in a story. And actually, what was interesting is I wanted to interview, as well, Dr. Christiansen in Saskatoon. He was the doctor, Dr. Francis Christian, he was the doctor who stood up and said, "You know, I haven't met a twelve-year-old yet that understands informed consent." And I wanted to interview him, and I was blocked from doing that as well. It was like, "Oh, no, his reputation, he stood up; he's pushing against the narrative." And I'm thinking that's exactly the people we should be talking to, to have fairness and balance.

Commissioner Drysdale
There was also something that you said that I just want to make sure I understood properly. When you were doing one of your original stories and you were quoting the doctors from the Canadian COVID Care Alliance, when comments came back from Toronto, I thought you said one of the comments was, "Well, some of the members are anonymous there." Is that what you said?

Marianne Klowak
That's right. That's what they said to me.

Commissioner Drysdale
But then, didn't you also tell us that when you asked the Toronto people who the members of the Toronto CBC health group was that you were told they were anonymous?

Marianne Klowak
I wasn't told they were anonymous. I was told they were experts at what they did, but I didn't know if that meant they were journalists or were they scientists. I still don't know who they are, but they were not anonymous. But the reference was the Toronto Health Unit was concerned that some members of the Canadian COVID Care Alliance were anonymous. And I said I didn't think that was an issue because the fellow I interviewed had gone full-face on camera. But the reason for their anonymity, they were concerned, like, what did that mean? And I said, "Maybe it meant the fact that they're trying to continue in their practice without being disciplined." But for them that was an issue.

Commissioner Drysdale
But they were—

Marianne Klowak
But it was unrelated to the story.

Shawn Buckley
Can I just break in for a second because we've got a couple of hard starts that I just need to inform you of. We have a person online that basically if we don't start immediately, she'll be a short witness. And then I was hoping, you know, then we have a shorter lunch break to hit another hard start. We could bring Marianne back like we had done with Rodney for questions at the end of the day.

Commissioner Drysdale
It's not necessary.

Shawn Buckley
So, yeah, and I'm sorry to cut that short, Marianne. It's just we're trying to manage some other witnesses too. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and attending. I know that it was a big step, but we really appreciate you sharing with us some insight that we couldn't get unless you came and shared with us. So deeply, thank you.

Marianne Klowak
Thank you for this opportunity. Thank you.

[01:28:58]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 4: Samantha Monaghan
Full Day 2 Timestamp: 04:57:12–05:07:58
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Samantha, can you hear me?

Samantha Monaghan
Yes, I can.

Wayne Lenhardt
Okay, and we can hear you. Could you spell your full name for me? And then I'll do an oath with you.

Samantha Monaghan
Samantha Monaghan, S-A-M-A-N-T-H-A M-O-N-A-G-H-A-N.

Wayne Lenhardt
Do you promise that the evidence you'll give is the truth, the whole truth, and nothing but the truth?

Samantha Monaghan
I do.

Wayne Lenhardt
Samantha, to set the stage here, this is about your son who died after he got a blood transfusion. And I think the issue for the Commission is, is this an issue with respect to COVID relating to tainted blood?

And to just set that stage for a second, there was a commission years ago by a law professor by the name of Horace Krever relating to tainted blood related to HIV. So I think this is probably the only time the Commission is going to touch on this issue is with you, so could you give us a quick summary of what happened to your son?

Samantha Monaghan
I took my son to the hospital. I think it was back in September 2022. He had a swollen elbow. So we just were coming from his naturopath and getting a panel done—

Wayne Lenhardt
Could you turn your volume up a tiny bit? I think we're having trouble hearing you. I am at least, anyway.

Samantha Monaghan
I think it's up as high as it'll go. Can you hear me?

Wayne Lenhardt
Yeah. Do we need our volume turned up?

Samantha Monaghan
Yeah, it's up as high as it will go.

Wayne Lenhardt
Okay, I'm sorry, could you start again?

Samantha Monaghan
I took my son into the IWK [Izaak Walton Killian Hospital for Children] hospital in September, and he had a swollen elbow. So I was getting it checked out and they ended up doing his blood work. To make a long story short, his hemoglobin came back and it was very low: it was extremely low to the point that he was going to need a blood transfusion. I said, "Oh, no problem. I have no problem giving my blood for blood transfusion."

Given all my research and studies that I have done with the blood supply and the vaccines and everything, I wanted to make sure that the blood that he was given was safe. So I ended **up rallying about 300 donors to give blood to my child because he was O positive and myself was O positive. And I was denied by the blood supply in Nova Scotia that this couldn't be done and that I couldn't be a donor to my son as well. It was all denied, and then I ended up having to give him donated blood from the blood bank.**

Wayne Lenhardt
And at that point he died relatively shortly after that, correct?

Samantha Monaghan
He died November the 21st.

Wayne Lenhardt
Do you have any evidence that it was because of tainted blood? Have you looked into that?

Samantha Monaghan
No. No, my son was cremated, and there was an autopsy done. They said that he died from underlying conditions, which possibly could have happened. But it's the way he died that kind of struck home for me. There was no evidence that he was going to die or that he was sick in any way. He got his blood transfusion. We get out of the hospital. It was around three weeks after we were in the hospital, I think, a good couple of weeks. And we were getting our blood done. We'd seen the pediatrician. He was, everything was good. On November the 21st at 5:24 pm, he was sitting on my knee, and he just stopped blinking and he passed away. There was no indication that he was sick or he was going to pass away, and he didn't have any heart conditions.

Wayne Lenhardt
Yeah. He did have some sort of conditions though, did he not?

Samantha Monaghan
He did. He had fumarase deficiency and polymicrogyria, but it doesn't affect the heart. And it wouldn't cause him to have blood clots or anything like that.

Wayne Lenhardt
Okay, and how old was he when this happened?

Samantha Monaghan
He was 11 years old. It happened 12 weeks after the blood transfusion.

Wayne Lenhardt
And I understand he died of cardiac arrest.

Samantha Monaghan
That's what my doctor thinks he had passed away with. But the autopsy said that he passed away from underlying condition.

[00:05:00]

Which possibly could have been because I didn't have anything tested or any means to test his blood after he had the blood to make sure that his blood was okay.

Wayne Lenhardt
And you had rallied some people that had the same blood type as he did, and I understand you have the same blood type as he?

Samantha Monaghan
I have O positive, yeah.

Wayne Lenhardt
And the hospital either didn't want to, or wasn't able to use any of your blood, is that fair?

Samantha Monaghan
Yeah, my parental rights would have been taken away if I hadn't chosen to go the route of the blood donation from the blood clinic. I tried to rally them, but there was no way that I could have used my blood or anybody else's blood. My fear was that he would have gotten vaccinated blood and then he would have died from that.

Wayne Lenhardt
I think I'm going to stop and ask the commissioners if they have any questions or any issues they'd like to explore on this.

Commissioner Kaikkonen
You made a comment, your parental rights would be taken away. Can you add to that and just let us know how?

Samantha Monaghan
Well, if I didn't agree to the blood transfusion, the pediatrician on at that point in time said that my parental rights would have been removed and I would have to leave the hospital. And Luke would have ended up getting the transfusion anyways. So I decided to stay and okay the transfusion under duress.

Commissioner Kaikkonen
So just to make sure I got this right, the pediatrician said that if you didn't agree to a blood transfusion that—

Samantha Monaghan
Yeah, there wasn't any option. I couldn't use my blood, nor could I use the donors' or anybody else that would want to donate to my son. The only option I had was to use blood from the Nova Scotia blood bank. There was no talk. There was nothing: either I did it this way, or they would have took my parental rights away and I would have ended up having to do it anyways. He would have ended up getting the blood transfusion.

Commissioner Kaikkonen
So did Canadian Blood Services and Halifax inform you that there is an option for putting your blood aside when you're expecting to have some sort of blood transfusion in the future?

Samantha Monaghan
No, I wasn't given an option.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Yes, Dr. Massie.

Commissioner Massie
I have a question about the underlying condition or the situation that actually led to the necessity of blood transfusion. Are they related or are they completely two separate medical conditions?

Samantha Monaghan
Fumarase deficiency controls the Krebs cycle, so it could have been a factor for his iron getting low, his ferritin getting low. But he never had hemoglobin getting low because of his condition before. His survival rate was infancy, and he was 11 years old. And I did all natural treatments with him.

Commissioner Massie
My other question, you had concern about getting blood from the Canadian blood bank. What was the kind of information that you gathered in order to raise some questions about that?

Samantha Monaghan
It would have been what was in the vaccine that was killing people or making people sick. My worry is that it was going to be in the blood if it was infused out, spike proteins or graphene oxide would have been in the blood that would have harmed him in some way.

Commissioner Massie
Thank you very much.

Wayne Lenhardt
Are there any other questions from the Commissioners? One question that I have is what was on the documents as to the cause of death of your son?

Samantha Monaghan
"Underlying conditions," I do believe.

Wayne Lenhardt
Okay. Any last questions? No. Okay, I want to thank you very much on behalf of the National Citizens Inquiry for giving us your testimony today. And thank you again.

Samantha Monaghan
Thank you very much. Thank you.

[00:10:00]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 5: Dr. David J. Speicher
Full Day 2 Timestamp: 06:00:07–06:44:31
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Welcome back to the National Citizen Inquiry. My name is Wayne Lenhart, and our next person to testify is David Speicher. David, can you hear me?

Dr. David Speicher
Yes.

Wayne Lenhardt
I can hear you. I believe you have some slides set up with AV here. So I'll just quickly introduce you, and then you can launch into your presentation [exhibit number unavailable]. You did your university, I believe, in Ontario. You have a PhD from McMaster.

Dr. David Speicher
No. No, I do not.

Wayne Lenhardt
Okay, you have a doctorate from somewhere. Can you tell me where that is, please?

Dr. David Speicher
I will launch into my slides, if can you see them?

Wayne Lenhardt
We've got your first slide. But before we do that, could you spell your full name for me and then I'll do an oath with you.

Dr. David Speicher
Dr. David Jeremiah Speicher, it is D-A-V-I-D S-P-E-I-C-H-E-R.

Wayne Lenhardt
Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. David Speicher
Yes, it is. Absolutely.

Wayne Lenhardt
Thank you. I see from your slide there, you're a visiting professor of health science at Redeemer University in Ontario, and I believe you have a position at McMaster as well.

Dr. David Speicher
No, I used to. So if I can go to my next slide.

Wayne Lenhardt
There it is.

Dr. David Speicher
My undergrad is in Biology at Redeemer. I have stuttered my whole life. It gets worse when I'm tested up. And that is okay. I know my things well. I have a Master's in Diagnostics of Coronaviruses, and a PhD in Viral Diagnostics, both of which are from Griffith University in Queensland, Australia. I have worked in Kenya, India, Australia, Egypt, and here in Canada. I've done two post-doctoral fellowships at McMaster University, in molecular microbiology and in epidemiology.

I have run as a lab director two COVID-testing labs during the pandemic, doing between 5 and 15 thousand PCR tests per week, all on asymptomatic transmission. I have taught at Redeemer University since last fall in the courses of microbiology, genetics,

[00:05:00]

and PCR testing. I am now a visiting prof here in a paid job. And to disclaim: I am a co-applicant on a new SSHRC [Social Sciences and Humanities Research Council] grant a few months ago.

All of these are all scientific observations I have made during the pandemic. And I have 34 publications. Most, if not all, use PCR. And I have co-authored a method paper with the Wuhan Institute of Virology on Whole-Genome Sequencing of SARS-CoV-2 in Saliva.

Would you like me to keep going and dive into my thing or just my background?

Wayne Lenhardt
I think you are very well equipped to deal in this area, Dr. Speicher. I wonder if perhaps you could go to your slides relating to PCR testing, and maybe we'll have a look at that.

Dr. David Speicher
Sure. I'd like to say, too: I worked on the team that first isolated the virus. I was removed off the team before I could see things. A FOI [Freedom of Information] request has shown that McMaster records has found no responsive records about isolates of this virus apart from this published paper. So, it begs the question: either there's scientific misinformation going on or something isn't right at McMaster for them to give false information on the FOI.

There's been millions in Gates funding poured into McMaster. Millions, including their new NEXUS pandemic hub for $12 million given to McMaster by Bill Gates to look into COVID-related issues.

There is also a potential conflict of interest. One of their profs in the field of ethics and policy for innovation on their NEXUS hub—before the pandemic—was paid $278,000. In 2021, this jumped up

[00:10:00]

to $623,000 and last year $461,000. She has ties with Bill Gates and the WHO. So are these people funding our Canadian institutions? Absolutely, they are.

I work on PCR. I love it. It's a very elegant, super test. However, it cannot tell us if we are sick. It can just tell us—is this DNA or RNA sample sequence in my sample? And that's it. Is this viral RNA in my sample?

And so, a lot of people on our side, I've heard things said: "PCR assays are 97 per cent false positive. It should not be used." Well, let's not throw the baby out with the bath water.

So all of this occurred in the first paper looking at Sars-CoV-2 by PCR. It was poorly designed and improperly validated and made.

Well, my team put out this. And the main point is the bottom line here: "If someone tested positive by PCR at a threshold above 35 cycles, the probability that said person is actually infected is about 3 per cent."

Why is it 35 cycles? If we go beyond that, it does not work. This is the limit of the detection of the amplification. On the left is right out of the Seegene package insert. These are for E **gene, RdRP gene, and the N. These are highly conservative rates areas and great PCR targets. It says below on the left: a positive is anything before 40 cycles. If we look on the right—this is all my own data—and it shows the cutoff limit of detection of the test is 37 cycles.**

And therefore, we can't tell. The lower Cts cannot be compared between labs. It's all dependent on when the sample is tested, which swab, the hour things are extracted, amplified, and looked at. And so, a cycle between institutions

[00:15:00]

varies sometimes two or three, sometimes five cycles, and this is why CTs from a clinical lab never report these to a physician. So, a Ct value might change, except a positive in one lab should be a positive in another lab.

So Public Health Ontario put out a report in September of 2020, and said, on the left, any amplification that occurs before 37 cycles is a true positive. If it's between 38 and 40, it needs to be retested.

In my lab, on the right-hand side, this is what we did—if it's two or three [positive genes] before 37, things are positive. And key values are never given out to a physician. We need a better link-up between a physician and the clinical lab, and, too, a PCR assay, most times if it is a true positive with symptoms amplified before 30 cycles. And, therefore, I think we should have had two cut-offs: One between 35 and 37, which is the assay limit of detection—"Is this virus in my sample or not?" And then at about 30—"Is this individual infected or not?"

So, if we look at PCR versus a RATs [Rapid Antigen Test]: Is this thing actually replication incompetent? The PCR is very, very sensitive, although it doesn't tell—is this replication competent? Or is it replication incompetent and, therefore, is not in fact infected? And so we needed to not run things basically off of a single PCR test.

Now, how were our samples worked out? Well, most people drove, in a big line-up, to a collection facility,

[00:20:00]

and they had a nasopharyngeal swab rammed right to the back of their nose. Is this the best test? Sure, it's the gold standard. But if you are sick with symptoms, a simple mid-turb [mid-turbinate nasal swab, MTS] right in here, works just as well.

As well, if you look at the lower right, if you're doing a nasopharyngeal, it's going right in the back: it is 97, 98 per cent. But a mid-swab [MTS] is about 87 [per cent], which is just as good as an oral swab of the mouth. And so why didn't we swab people's mouth, swab inside their nose? And not ram things right to the back, and then in some instances cause harm.

This is a case-demic. It's not a pandemic of all sick individuals. We need to work out: Is this individual infected at a low level and has no symptoms? Or do they have a high enough viral load to infect other people?

And if you are infectious, most times you have symptoms. These are all numbers of people with COVID. COVID is a disease, and therefore, you must have symptoms. Except most of **these—and all of these case counts—are off of a PCR positive test where the individual is either asymptomatic or with symptoms. Those things were not differentiated at all. And so, this is not just sick folks: these are sick people carrying the virion and those who are not sick.**

We've all heard of HPV, which is the cause of cervical cancer. HPV is found easily on your forehead, on your hands, on your skin. Unless it infects your cervical cells, it will not cause harm. Therefore, I don't care if you are infected or if you have it and don't have symptoms. You need to be sick with a high enough load to pass on things to make other people sick.

This brought up the whole thing of asymptomatic transmission. If you are asymptomatic, you could pass on things and make other people sick and "kill Grandma." And this is highly unlikely.

[00:25:00]

An infectious dose is between 500 and 2000 replication competent virion, which is around a Ct of 24 to 27. Therefore, we must have two cut-offs: one at the 35, which is at the limit of detection; and one at 30—is this high enough to cause someone else to get sick?

The viral load always jumps up within two days before the symptoms, then comes back down around day six to eight. And an individual can be PCR-positive 90 days post-symptoms. This is all non-infectious, non-replication competent virion being sent out of the system.

Therefore, asymptomatic transmission is rare. If you are sick, you don't lock down an entire city. If you are sick, stay home. It's that simple.

Last point: rapid antigen tests. We've all seen them; we've all done them. You stuff things in, you add the stuff, wait 15 minutes. If you don't do it right, if you don't add enough stuff, or if you add too much sample, if you don't add any stuff first: these here will give a false positive test.

And Public Health knew this. We were all informed. These are a cheap, quick screening tool. They are about $16 per test. A PCR test is between $50 and $100 per sample. However, a rapid antigen test has a limit of detection of about 1 million viral copies and that's it. One million, which is around a PCR cycle between 25 and 21.

Therefore, you will develop symptoms before these here turn positive, except for Delta. And therefore, a RAT test should never have been used on people which are asymptomatic and only in people with symptoms. A RAT is a presumptive test, and any positive test must be confirmed by PCR.

Now, last point. We have wasted millions on PCR testing

[00:30:00]

of people which were asymptomatic. These should only have been used on people with symptoms. There's been five or six non-health care providers that have set them up and most of those are now shut after the PCR has been pulled. They did between 5,000 and 15,000 tests per week and charged between 50 and 100 bucks per test. You can work out **the math on how much they made.**

And so they are now folded. Most of those said, "Oh, we'll do asymptomatic testing to take things off of our main hospital labs." They made millions.

As soon as PCRs ended, they were pulled. There were five Thermo Amplitude systems set up across Ontario in our government labs. They were about $500,000 per system and can just run a full plate of 384 samples per plate, 10,000 bucks per run. And if someone messed something up and you had to repeat the whole thing, you've just wasted $10,000 of taxpayers' money.

Most of these systems have not been used since April of last year, April 2022. And there are thousands of expired reagents sitting on shelves, all purchased by taxpayer funding.

Therefore:

Bill Gates has infiltrated most of our institutions to push these vaccines.

The PCR is an elegant, sensitive lab technique when it is used right and not to inflate numbers of asymptomatic folks with COVID when they aren't actually sick.

We don't need a nasal pharyngeal swab if a mid [MTS] or an oral swab will suffice.

It's not a high cycle count thing, which I've heard some folks say. Any sample beyond 35 cycles should not be called as a positive test ever.

We need more relations between a clinical lab and bedside to work out if they are "infected" or if they are "infectious," and not rely just on the PCR test for our numbers to represent a pandemic.

And a PCR and a RAT

[00:35:00]

should only have been used ever in people with symptoms.

That is all I have. And I am more than happy to answer any questions from anyone, ever.

Wayne Lenhardt
Are there any questions from the Commissioners? Yeah, Dr. Massie.

Dr. David Speicher
Dr. Massie.

Commissioner Massie
Thank you, Dr. Speicher, for your presentation. I have a couple of quick questions. First one is about the comparison between the rapid antigenic tests and the PCR.

It was argued by some people doing, I would say, monitoring of the epidemiology that, **although the PCR test was more sensitive than the rapid antigenic test, the advantage of the rapid antigenic test is that you would get the answer immediately instead of waiting for whatever—sometimes it was days, depending on the system you were relying on. And it would give you the answer: Am I infectious now? Versus, am I potentially infectious? And I would get the answer by the time, I don't know, I'm isolated or I risk contaminating other people.**

For the management of this kind of— If one assumed that any contamination has to be avoided at all costs, which is a different topic altogether, having a rapid response to tell the people, "Okay, you have symptoms; you seem to have the virus because we can detect the antibody. You can self-isolate for a couple of days and wait until you're no longer infectious."

So why is it that this has not been more readily implemented? Because I don't think that the delay between the time the PCR was available and the rapid antigenic test was made public to people was that significant in terms— So why is it that we have not proposed this approach instead of the massive PCR testing?

Dr. David Speicher
What is your question simplified, Dr. Massie?

Commissioner Massie
What I'm asking you is—were we technically limited in the deployment of the rapid antigenic tests? And that would explain why it took so long before we had them available? To my knowledge in Canada, I don't think we've seen cases where the monitoring of the waves of infection was relying on this method versus the PCR. The PCR had always been the gold standard to monitor the number of cases.

Dr. David Speicher
It is the gold standard. And you're right there. A PCR test is made faster; it's much more easy to make and to use. Our first tests were deployed around late March, most of which are lab-developed tests. I think, though, that if we are looking at infectious loads, a rapid test is actually better. Because if you are sick and you have a high enough load, you will get a positive test. But if you are before symptoms when it's low or you are post-symptoms, you're not going to get a positive test. And so, there is a very short step, a shortened

[00:40:00]

window of about five days when they are actually useful. And that's it.

Commissioner Massie
My other question has to do with following of the different way that we always focus on cases based on PCR positivity. If we're not arguing at this point about the threshold that has been established and was not well-communicated—sometimes it was higher; sometimes it was lower, we didn't know. But my point is: If you want to look at historical data since the beginning of the pandemic up to now, why is it that we don't see more frequently what I would call the positivity rate, which is how many positive cases you get per number of people you've tested? Because if you want to compare whether you are in a very big wave or small wave, you could be misled by the number of tests you're doing.

So why is it that this was not implemented from the get-go?

Dr. David Speicher
It should have been. I talked early on with a colleague and I'm like, "Why are we calling all of these 'COVID-positive tests' and not a 'SARS-2 positive test?' One has symptoms and one doesn't." It was all because "COVID" would make things easier. And I'm sure it also inflated the count from a lab. All we receive is a tube with a name, date of collection, birth date, and that's it. There's no vaccine status; there's no symptoms. And all we give back is a positive or a negative result. And that's it. And so, it could be a positive with symptoms or without. On a lab end, we have no idea at all. That is all the physicians.

Commissioner Massie
Thank you very much. Thank you for your answer.

Commissioner Kaikkonen
I have more of a comment. I just want to applaud you in speaking or confronting the stereotypes that go along with stuttering. You did a great job and you're certainly a prime example of someone who pursued education and stands as an equal. Thank you for your testimony.

Dr. David Speicher
Just for the record, I thank you for that. I have now lost five jobs during the pandemic because of my stance on things. So you just have to keep fighting and keep to the scientific facts, that's it.

Wayne Lenhardt
Are there any other questions from the Commissioners? No.

Dr. Speicher, I want to thank you very much for your testimony today on behalf of the National Citizens Inquiry. Thank you for coming.

Dr. David Speicher
Thank you so much. Thank you.

[00:44:35]

Final Review and Approval: *Margaret Phillips, September 24, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 6: Jean-Philippe Chabot
Full Day 2 Timestamp: 06:44:50–07:28:08
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Good afternoon, Mr. Chabot. Can you please spell and state your name for the record?

Jean-Philippe Chabot
Yeah, it's J-E-A-N, dash, P-H-I-L-I-P-P-E. Chabot, C-H-A-B-O-T.

Kassy Baker
I apologize for my mispronunciation. Do you promise to tell the truth, the whole truth, and nothing but the truth regarding your testimony to us this afternoon?

Jean-Philippe Chabot
Yes.

Kassy Baker
Very good. Now I understand that you were employed by the CBC and that you were subsequently suspended because you refused to disclose your vaccination status. Is that correct?

Jean-Philippe Chabot
That's correct.

Kassy Baker
Before you tell us a little bit more about that experience, can you just start by telling us a little bit more about yourself? I understand that you're married, is that correct?

Jean-Philippe Chabot
Yeah, I'm married. I have four children: three girls, ages seven, five, three, and a seven-month-old boy. I'm a French Canadian. I was born in Montreal in 1982. I've worked as an analyst most of my career, including 10 years in mainstream media. Software quality analyst, mostly.

Kassy Baker
Very good. And were you trained for this line of work or how did you come to have this profession?

Jean-Philippe Chabot
Yeah, I had a little bit of training, did a little bit of computer science in CÉGEP [Collège d'enseignement general et professional]. But mostly I'm self-taught. I mostly learned on the job.

Kassy Baker
Very good. When did you first start working for the CBC?

Jean-Philippe Chabot
I joined the CBC in 2018, specifically, Radio-Canada's Médias numériques. And by the way, I'm going to be saying CBC a lot. But most of the time I mean CBC/Radio-Canada. So I joined the Médias numériques, which is where they do most digital projects for the French-speaking audience. So websites, mobile apps, all the infrastructure underneath the streaming services. Myself, I worked mostly on TOU.TV when I was there. So it's the equivalent of CBC Gem. It's the streaming service, the French streaming service.

Kassy Baker
I understand from your description that this was a largely digital role or something that you largely performed with computers. Is that correct?

Jean-Philippe Chabot
Yeah.

Kassy Baker
Where were you required to perform these duties?

Jean-Philippe Chabot
Well, when I joined, we were at the office in Montreal. But when the pandemic started, I was on parental leave. And when I came back from parental leave, everyone was already working 100 per cent from home. Everyone at Médias numériques.

Kassy Baker
When you returned to work after the pandemic had started, were you able to fulfill all of your duties from home or only most of them?

Jean-Philippe Chabot
Oh, yeah.

Kassy Baker
Sorry, all of them?

Jean-Philippe Chabot
Yeah, all of them we could fulfill from home. There was no use case that required me to go on the premises. And it was the same for almost everyone.

Kassy Baker
And so, most employees at that point in your division were working from home at that point. Is that correct?

Jean-Philippe Chabot
Yeah, to my knowledge all of them. All of us were working at home.

Kassy Baker
Prior to having left for a parental leave and the onset of COVID, what was your relationship like with the CBC, your employer?

Jean-Philippe Chabot
Well, I really enjoyed working there. I would describe it as an extremely positive experience. Professionally, it was an ideal place for someone in my field because there were many issues to tackle and a lot of freedom to use our creativity, our problem solving. It was just incredibly positive. For me, it was a source of motivation that it's a public entity. I felt like a civic responsibility working there. So that was important. Overall, I felt it was an important institution. And the work we did there, even though it's not life or death deciding services that we worked on, but it's every Canadians': we're all co-owners of the CBC and what they produce there. So that felt good working on that kind of thing.

And overall, like the culture there, the attitudes of my colleagues, they were a good fit.

[00:05:00]

The three years and a half that I was there, I met a substantial amount of people that I really enjoyed working with and being around. It's basically where I wanted to be for the rest of my career. I just loved it there. I made plans to keep working there, and it didn't happen.

Kassy Baker
Alright, so you are no longer working for the CBC at this point in time, correct?

Jean-Philippe Chabot
That's correct.

Kassy Baker
Why is that?

Jean-Philippe Chabot
Well, they implemented mandatory vaccination, and I didn't disclose my vaccination status. I was put on indefinite leave without pay for a while. But overall, all the measures they took for that policy, it just led to me not being able to continue working there or to work there ever again, I feel.

Kassy Baker
When was the idea or the suggestion of a vaccination policy first raised or introduced by your employer?

Jean-Philippe Chabot
Well, we'd have to go back to spring or summer of 2021. During that time, mandatory vaccination, or just vaccination in general, was a heavily discussed topic. I think it's June or July, the CBC felt compelled to, at one point, state its position on mandatory vaccination on the internal employee website. They posted a statement that basically said that vaccination was a personal choice and that they couldn't impose it unless a law was requiring it. So that's the first time we started hearing about it internally. So, yeah, that's the first time.

Kassy Baker
Obviously, at some point, that policy changed. When did that policy change?

Jean-Philippe Chabot
Well, not long after that. I think it was the early fall or the end of August or September. I was hearing the federal government talking about mandating the vaccines for federal workers. So I was concerned. Even though the CBC stated that it was a personal choice and that they couldn't impose it, I wasn't really reassured by that. But at one point, the CBC announced that they would ask us to disclose our vaccination status. I think they announced it at the end of September, and on October 1st, we got the form that we needed to fill to disclose our status.

Kassy Baker
Did you complete the form?

Jean-Philippe Chabot
No, I didn't complete it because I didn't want to disclose. I didn't think, at that point, it was even in their right to ask for our vaccination status, which I consider to be personal medical information. So I didn't disclose. And on the form, there was not even an option, something like—I opt out; I prefer not to disclose. There wasn't that on there. But I screenshotted the form and photoshopped in an additional option that said I prefer not to disclose. That's what I sent in just because I didn't want them to accuse me of not replying. So I did reply in that way.

Kassy Baker
What response did you receive when you submitted this altered form?

Jean-Philippe Chabot
They acknowledged my response, and they basically just said thank you. But at that point, they had already given us a deadline up until October 31st to do it. But, yeah, they acknowledged it.

Kassy Baker
I understand you did some research in coming to the decision of whether or not you would complete the form. Can you tell us a little about that?

Jean-Philippe Chabot
Yes. So the reason I didn't want to disclose, like I mentioned earlier, I didn't think they were in their right. And that's because I'd found out on the CRHA website, which is the l'Ordre des conseillers en ressources humaines agréé, which is a professional association in Quebec— Well, I guess these HR directors, there's a few of them, but those that were communicating this stuff to us at the CBC,

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I guess they were part of this association because they have this title in their signature, CRHA.

So they put out a statement, not a statement but more like a dossier, like a webpage with information on vaccine status disclosure. And in there, it said very clearly that disclosure had to be voluntary and that no reprisals could be brought upon an employee who refused to disclose. They cited different laws: they cited the Charter; they cited the Code civile du Québec and other laws. So I felt pretty confident that I was right, that I didn't need to disclose. Like I said, I was working remotely, so it didn't even matter whether I was vaccinated or not for me at this point.

Kassy Baker
If I understand correctly, the form was due October 1st, is that correct? The disclosure form.

Jean-Philippe Chabot
Yeah, they sent it to us October 1st, but we had a month to reply to it.

Kassy Baker
When was the mandatory vaccination policy brought into effect?

Jean-Philippe Chabot
Well, the federal government brought its directive for mandatory vaccination of the federal— Well, not all federal workers, but it was central administration workers and the

RCMP. That came down on October 6th. I don't know when it was announced, but they had been talking about it for a couple of months earlier. And not long after, October 21st, the CBC announced its own mandatory vaccination policy. Most people had disclosed their status at this point. But this new policy was announced, and we had until December 1st to show proof of having had two doses. This applied to every employee, pretty much like it was announced by the federal government. There were also people working remotely in the central administration, but probably the RCMP, as well. It affected even people who worked 100 per cent from home. So the CBC pretty much copied the federal government in that sense.

Kassy Baker
You've said that the policy required all employees to show that they had received two doses by December 1st or that they would be put on indefinite leave without pay. Was there any option to test instead of receiving the vaccination?

Jean-Philippe Chabot
Nope.

Kassy Baker
I think you've already answered this, but just to be very clear—was there any exemption offered to those employees who were working 100 per cent remotely?

Jean-Philippe Chabot
Yes, there were exemptions offered to everyone, even people working on premises. So you could request a medical exemption or a religious exemption. But what bothered me is that when they announced that, right from the start they said that— Well, medical exemptions, probably they would honour that. But it's rare that people have a medical condition that prevents them from getting those vaccines.

But the religious exemptions, a lot of people applied for them. But right from the start, the CBC told us that very few would be granted. So I don't know. That just didn't resonate well with me. I didn't apply for one myself. That's not the path I chose to defend my case. I spoke to many people who applied for one, and every single one was rejected. Even those who seemed bulletproof, basically, who were signed by their bishop, and they were all turned down. So that was kind of disappointing.

But the way they announced it, I kind of expected that. It was supposed to be based on your sincere belief. So if you hold a sincere belief, you'll be able to get an exemption. But I think there was something else going on with the process. It seemed like it was based on something other than the person's sincere belief—the decision to grant the exemption or not. Some people even received

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their letter informing them that they were being put on leave without pay. Around November, just before the deadline of December 1st hit, some people even received confirmation that—"Yes, you're being put on leave without pay for not complying to the policy," while they were still waiting for a decision on their religious exemption. So something's not right there.

Kassy Baker
What did you do in those few weeks between when the policy was announced and when it was actually going to be implemented?

Jean-Philippe Chabot
I wanted to resolve this, so I wrote to HR. They had set up this generic email for all of these issues that had to do with the policy. So I wrote to that email and I asked them if it was legal, what they were doing, if it was constitutional. The answer I got back was that it was mandated by the government. So one of those HR directors told me that it had been mandated and that the mandate applied to the Crown. Well, it was mandated through a directive that applied to federal workers, including Crown corporations.

I also brought all these arguments that the CRHA, the l'Ordre des conseillers en ressources humaines agréé, put out; I also sent that to my union. So I was in discussion with both the CBC and my union at that time.

That's also what my union told me: that it had been mandated by the federal government. After that, I asked them— Because I had read the directive. So when they mentioned that, I had already read it. And I knew, at least from what it seemed—and I had other people read it as well, just to make sure—it didn't apply to Crown corporations. It didn't apply to us. It was limited to the central administration and RCMP, and there was no mention of Crown corporations in there.

Kassy Baker
Did you specifically point that out to your employer and to the union that it appeared from your reading that it did not apply to Crown corporations?

Jean-Philippe Chabot
I did.

Kassy Baker
What was their reply?

Jean-Philippe Chabot
Well, I pointed it out to the union. I sent them the text. I basically walked them through it. And my union ignored it. What I asked the CBC—when they mentioned that directive—I **just asked them very simply, "Which directive is that? Can you tell me where it says who it applies to, just to verify that it applies to Crown corporations?" And they basically shut the door to any further discussion when I mentioned that.**

Kassy Baker
I understand that the CBC also has an appointed ethics commissioner. Did you attempt to raise this issue with the Commissioner?

Jean-Philippe Chabot
Not myself. But because we were able to form a little group of people who were in the same situation, we reached out to each other via different means. I know that one person in the group wrote the ethics commissioner at the CBC and basically showed her that the mandatory vaccination policy violated many, many points in the CBC's own Code of Conduct. I don't remember a reply exactly, but it was something like— Well, she just basically stated that it was out of her purview. She didn't seem to want to get involved with us at all.

Kassy Baker
Okay, and what did you do when the deadline came along finally?

Jean-Philippe Chabot
I'm just checking to see if we missed anything.

Kassy Baker
You mentioned to me at one point that you believed, you referred to the CBC Code of Conduct. I believe that you've mentioned certain criteria that you believed they would be required to meet in order to implement a mandatory vaccination policy. Is that right?

Jean-Philippe Chabot
Yeah, exactly. That's a very important point. One thing I want to mention before that. You know those statements that l'Ordre des conseillers en ressources humaines agréé put out on their website. I found out later that Radio-Canada, in French, put out an article where Manon Poirot,

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which was the head—I don't know if she's still the head of that order—but she basically stated in the article exactly those points: that a vaccine disclosure had to be voluntary and that no reprisals could come to employees who refused to do it.

So regarding these other points that I brought to the attention of my union— Because the CBC had refused to discuss this with me and since my collective agreement and my contract didn't allow me to represent myself, I had to go through my union. So at this point, I was basically trying to convince my union. And one way I attempted to do this is using Charter law. Because I read that— Well, to me, mandatory vaccination was pretty clear that it was by itself a violation of your Charter rights. There were limited circumstances under which Charter rights could be suspended, I guess. But from what I'd read, the law really seemed to be on my side. Because I'd read, for example, that it had to be demonstrably justified. It had to be the least infringing measure available. And it had to be proportional. This principle of proportionality, it has to do with the means of attaining an end being no more than what's necessary.

When I read those things and I considered the CBC's policy and my context—I'm being remote, working from home all this time. I didn't think the policy met those criteria. So I felt pretty confident that if I demonstrated that and showed all that to my union they would have to, even though I knew that they were reluctant. It was obvious that they didn't want to represent me. I thought that if I did the work—that's supposed to be their work—if I did

that, like in a well put out manner, that it would have to represent me. But yeah, that's not what happened.

Kassy Baker
Did your union ever end up filing a grievance on your behalf?

Jean-Philippe Chabot
No, they refused to do it. And I did multiple demands for a grievance. Because initially, I argued on that front using Charter case law—that it was just that the CBC could meet that threshold of implementing mandatory vaccination. They rejected that demand for a grievance based on that. I also asked them to grieve the fact that the CBC was using "leave without pay" as a disciplinary measure, which is not something that's in the collective agreement. It's not something that's in my contract, either. But my union basically just said that the CBC was fully in their right in doing those things. They cited a clause, I don't remember exactly, but there's a clause in the collective agreement that says something like, "for every point that's not stated explicitly in the collective agreement, well the employer can do pretty much carte blanche whatever it wants."

Kassy Baker
When the mandatory policy took effect on December 1st, what happened to you on that date?

Jean-Philippe Chabot
Well, you know, I'd been working from home all this time. So that morning, just like usual—I knew this was coming, and, at that point, I was pretty sure that they would enforce it—but I went on the computer, tried to log in to do my work and meet my team, and all my access were revoked. So even basic things like email, access to the employee portal. Like email and employee portal, I don't think someone— Because usually leave without pay, the employee has to ask for it; it's something that the employee requests. When they do it under normal circumstances, I don't think their email access is cut off. I don't think their access to employee services, like the portal we have, is cut off, either. So seeing all that was kind of a shock. To me, it just meant that they really didn't want us even communicating amongst ourselves,

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or communicating easily, at least, with each other using our work email. So, yeah, that was a shock on December 1st.

Kassy Baker
What impact did the suspension have on you and your family financially?

Jean-Philippe Chabot
Well, I lost my income. And we didn't have access to EI [employment insurance]. I say "we" because that's basically the experience of everyone I've spoken to that was in my situation. We didn't have access to EI because it was considered misconduct to not comply to these

policies. So having to find work—this was December—so having to find work or other sources of income during the holiday season, that's not ideal.

Kassy Baker
Were you the sole earner of the family?

Jean-Philippe Chabot
Yeah, I was. Yeah, my salary was my family's only income. So that was stressful not only for me but for my wife as well. And when two parents are stressed out or anxious about something like that, about the financial strain like that, it had an impact on my children, as well. And they're young, so they're sensitive to this kind of stuff. They can't understand yet what was going on.

Kassy Baker
Now, something you've mentioned to me earlier that I would just like to talk about a little bit. So you were not dismissed or terminated, but, instead, you were suspended without pay. I understand that you were also required to maintain your insurance and benefits. Is that correct?

Jean-Philippe Chabot
Yeah, that's correct. That's part of the policy. The CBC told us that— Well, they didn't leave us a choice, really. They said, "You will be keeping your insurance and benefits, and the cost will effectively double because we won't be covering half of it," like they normally do. So that was an extra financial burden that they were putting on us. I guess what bothered me about that is that the union didn't bat an eye at that. They seem to endorse that kind of stuff as well.

Kassy Baker
Were you aware of other employees who were similarly suspended as you were on December 1st?

Jean-Philippe Chabot
Yeah, like I mentioned, we were able to organize a small group so that was incredibly beneficial because none of us had to go through this alone. I can't imagine having gone through this. I wouldn't be here. If I had gone through this alone, I'm pretty sure I wouldn't be here testifying because it would have made things much, much worse.

I heard their stories, as well. Because I was one of the lucky ones. I found work pretty quickly. I mean, the kind of work I do, there's a ton of demand for it right now. So even during the holidays, I was able to use my remaining vacation time, use just a little bit of my savings to keep everything going, basically feed my family. And then I could work again pretty quickly. Even though I had no EI, it went pretty smoothly. So I'm one of the lucky ones.

But some of the stories I've heard. People were put in very vulnerable positions by these measures. I'll give you an example or two. I know this woman who's 58 and she was employed at the CBC. She has a specialized skill set in broadcasting, TV broadcasting, so

there wasn't any work for her in her field when she was put on leave without pay. She's a single mom. She has a house; she has a daughter in university. So just to keep things together, keep her house, keep her daughter in school, she had to look for a job. Basically, she found a minimum wage job, and she had to burn through all her retirement savings, her RRSPs, just to keep things going. And she's not seeing that money again. So that's one example.

Other examples, well, just in general, there were other measures affecting the unvaccinated at this time. So people couldn't travel.

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I had a colleague who had family overseas who wanted them to come over because a family member was dying. They were sick. They were dying. They wanted to see their family one last time. This person, on top of being put on leave without pay, they couldn't travel. So that's compounded pressure on these people. That's just horrific.

Kassy Baker
Now, we're nearly out of time. I don't want to rush you, but there's just a couple of more quick points that I would like to talk about. The vaccine policy was actually suspended at some point. I believe you told me it was June of 2022, is that correct?

Jean-Philippe Chabot
Yes.

Kassy Baker
Were you asked to return to work at that point?

Jean-Philippe Chabot
Yeah, I was asked to come back to work after being on leave for seven-plus months, receiving no communication from the CBC. I considered personally myself constructively dismissed at that point. So I told them, "No, I won't come back to work."

And one of the other reasons is that because— They had basically mirrored what the federal government was doing, and the federal directive that applied to federal workers also ended just before the CBC ended theirs. And it was clear in one of the documents that the Treasury Board put out—that they called the manager's toolkit that talked about people coming back from leave without pay—that they were only suspending the policy. They weren't revoking it. So I couldn't see myself going back there and having this Damocles' sword above my head that this could happen all over again. It was just too much pressure.

People in my group, some of them wanted to go back. Some of them considered it, but they engaged with the CBC. They asked questions: "Well, if I come back, what will happen? If you decide to bring the mandate?" All that stuff. Well, first of all, the delay that they gave us to come back was very short. So in those short few days or weeks, the people asking questions weren't really getting the answers that they were expecting. The CBC was putting pressure on them, and some of them were resigned. Without even resigning themselves, the CBC just

stopped talking to them, stopped answering to them, and they learned through employee services that they had been effectively resigned.

Kassy Baker
My final question, subject to any questions that the commissioners of course may have, is why did you want to testify today?

Jean-Philippe Chabot
Yeah, so the main reason I wanted to testify was because I want people to be able to have an informed opinion on the CBC and what it stands for. It's an important institution, like I said, and I think you can learn a lot about an organization by the way it treats its employees.

We haven't really talked about this, but the stated goal of the CBC, by implementing mandatory vaccination, was to ensure the safety and the security of its employees in the workplace. So I don't understand why that would apply to people working remotely. I mean, it's not even logical. So it looks like they put aside even the most basic logic in favour of this all-vaccine ideology. Everyone had to be vaccinated. I was supposed to continue working from home. During those seven-plus months, almost everyone in my department was working from home. Here and there, people who wanted to could go to the office. But they were allowed to work from home during all this time. Even today, remote work continues. This had been communicated to us that the remote work would continue, by the way, even before the policy began. So everything pointed to remote work, and this is what the union should even have pushed for. There's no better measure to ensure the safety and security of people in the workplace than remote work.

So I don't know why they coerced me. But when you have a stated goal that there's no logic with the measures you're taking—this has to do with also being demonstrably justified and the least infringing and all that stuff. If they followed the law, they would just have kept the status quo and allowed me to continue working from home. But they didn't. So that really bothers me.

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And to me, it feels like that's not the real goal. The official one that they stated is not the real goal. It bothers me that the CBC seemingly tried to use one ostensible purpose "safety in the workplace" to make this policy appear acceptable, while they don't disclose the real reasons behind it.

So I want people to think about that and to reflect on the fact that, yes, you can learn about an institution or any organization as a whole by the way it treats its employees. There was no justification to treat us this way, to prevent us from keeping working from home. And I wonder, I want people to ask themselves—if the CBC can't be trusted to be ethical in the way it treats its employees, people should ask themselves if it can be trusted to be ethical in its other activities, including news reporting and all that stuff.

So that's the main reason I wanted to come and tell this story.

The other reason is because I don't know how many people the CBC coerced into getting these vaccines. I know some people didn't want them and some people had to betray their own conscience to comply to the CBC's policy. So those people, I want to acknowledge that

they exist. I know that some of them have been harmed physically by the vaccines. I wish I could have reached out to them just for mutual support and to tell them that they were not alone. So those are the reasons.

Kassy Baker
Thank you. Okay, there's one question. Please go ahead.

Commissioner Massie
Thank you, Mr. Chabot, for your testimony. Do you consider yourself as an informed citizen?

Jean-Philippe Chabot
Yes, yes, I do. I'm an analyst by trade, so I'm used to dealing with information in general, and I'm someone who grew up with the internet at their fingertips. So, yeah, I do consider myself pretty informed.

Commissioner Massie
What kind of research would you have done to raise doubt about the vaccination to the point that you were willing to put everything on the line not to get vaccinated?

Jean-Philippe Chabot
Very simply, I just thought that the risk–benefit ratio was not in favour of the vaccines at all, at all. The risks were scary, and the benefits, I didn't see any evidence of that. The CBC, when they tell you, "Well, we have this objective of ensuring safety and security in the workplace," I would assume that they would show evidence that it has an effect on safety and security in the workplace. I haven't seen that evidence myself. And the CBC certainly hasn't produced any to show to its employees. So from the research I did, the benefits didn't seem to be there, and the risks seemed huge. I have four young children—so I can't afford to be injured or killed by these injections and leave them without a father. So for me, it was out of the question, mostly because I'm a father and I didn't want to put that risk.

Commissioner Massie
Did you have the opportunity to discuss your analysis or your questioning with some of your colleagues within your environment?

Jean-Philippe Chabot
Yes, I did. I discussed it. It's something I talked about openly with my colleagues. But my environment was—we were not news people. We were analysts, programmers, project leaders, and our world, it's digital. And most people there already had gone and gotten two doses of their own volition. People were scared at that time. They weren't really open to—Even though I thought my arguments were good, now is a much better time to use reason. People are much more open to those kinds of arguments. So I wasn't able to have a huge impact, even though I tried.

But yeah, it's sad because even though I discussed it, and I discussed not only the reasons for not getting vaccinated—the risk–benefits and all that stuff—I also discussed the ethical implications.

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People at the CBC, not just people close to me but people in general at the CBC—what I heard from my other colleagues who went through this—there was very much a lack of empathy and indifference over there. Friends that I'd been friends with for 10, 15 years, I mean, people who actually got me to join the CBC, and I was very close with, who just willfully looked the other way while this was going on. I lost those friendships. That's the same experience my other colleagues have gone through. So yeah, at that time, most people over there were really in the narrative. I've wondered a lot about why that is: why did people stick to that narrative and have this very narrow way of navigating through it?

Commissioner Massie
What is your current condition with respect to your family or people around you? How do you feel about the decision and even though it was somewhat hurtful, how do you feel about the whole situation right now?

Jean-Philippe Chabot
Yeah, it went good for me. I found work. I found a consulting firm that hired me, and they gave me a contract for a big bank. And while the CBC had mandatory vaccination in place, at that bank, even though it was mostly remote work, I could go meet my team. And I did. There was testing that was offered to people who weren't vaccinated, and we could meet in the office. You wore your mask when in the corridors and when you're in the meeting room with your team, you can take off the mask. And really quickly even that requirement of testing went away. I don't know if it's because public health guidance changed, but the experience I had in that bank was so refreshing because it was a good example, basically, of proportionality. They didn't go beyond what was absolutely necessary and what made sense.

So really quickly, even though I was unvaccinated—I couldn't go in the CBC—I could go meet my team there at the bank and work remotely. People had such a different culture. It didn't really matter to anyone. They hadn't been subjected to this very strong pro-vaccine bias that was present at the CBC. So it was an incredible experience to get out of the CBC and feel like in a normal work environment again where it's just not a concern. So that was good. I don't work for that bank anymore because I went on parental leave again. But I'm still with the consulting firm and am very happy now.

Commissioner Massie
Thank you very much.

Jean-Philippe Chabot
Thank you.

Kassy Baker
Very good. On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today.

Jean-Philippe Chabot
Thank you.

[00:43:30]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 7: Dr. Edward Leyton
Full Day 2 Timestamp: 07:29:38–08:27:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is Dr. Edward Leyton, and Dr. Leyton, I thank you for your patience. You were scheduled this morning, and we kept bumping you back.

Dr. Edward Leyton
I think I can get into my doctor sooner than that. I've had to wait.

Shawn Buckley
I'm sorry?

Dr. Edward Leyton
That's a joke.

Shawn Buckley
Yeah, can I ask you to start by stating your full name for the record, spelling your first and last name?

Dr. Edward Leyton
Edward Leyton, E-D-W-A-R-D L-E-Y-T-O-N.

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

Dr. Edward Leyton
I do.

Shawn Buckley
Now I want to introduce you a little bit, and then I'm going to let you tell the evidence that you've come to share with us today.

You had practised for a full 40 years as a complementary and alternative medicine physician. You graduated from medical school in 1975. You practised medicine. You focused on chronic illness and psychotherapy; you're practised in those areas also. You actually retired just before COVID hit, back in 2018. And then when this global pandemic starts, you thought, okay, I better renew my licence and go and help because we're facing a crisis. Since you renewed your licence, I want you to start from there and share with us then what was your experience like going back and where did that lead you?

Dr. Edward Leyton
Okay, thank you. Thank you for the opportunity, Commissioners, and thank you for doing this. Good afternoon to the audience.

So yes, I decided to go back in 2020. It was mainly to help out with COVID stress-related illness, and I did that for about the first eight months. I was treating people with psychotherapy, which was my focus. And that went on for that length of time.

I do want to make a little disclaimer before I start. That this is my personal experience that I'm talking about today, and it doesn't in any way represent an official corporate response of the Canadian COVID TeleHealth (CCTH) group of which I was a part. I was a director for a number of months. So I just want to make sure that that's the case. I guess I'm ready with slides.

Shawn Buckley
Yes, please start your slideshow. They'll show up on your computer screen and that will tell you they're on the screen behind you also.

Dr. Edward Leyton
Yeah, the screen is up. Okay, great, thank you.

So I'm going to talk about why I treated COVID-19 and long COVID and what was the response to treatment. And also, how did the media and the CPSO—which is the College of Physicians and Surgeons of Ontario, which is the regulating body of physicians that acts under the RHPA, which is the Regulated Health Practitioners Act [sic] [*Regulated Health Professions Act*].

So I'm going to be talking about all of those things.

You've got most of my resume already outlined. I want to take you back for a moment to before the College even started. The reason I'm doing this is some people might think that the College and the way they've behaved towards practitioners who are trying to treat COVID is something that started with COVID.

But in fact, physicians have been operating under the shroud of a College which is extremely detrimental towards physicians who are practising alternative kinds of medicine. And this has been going on for a long time.

So this quote here from 1859 will show you that. It's from the York County medical practitioners meeting minutes. And it says, "that the members of the Medical Profession, considering themselves the best, [as] . . . the only true judges of the requisite qualifications of the Art of Medicine claim the power of regulating the amount of those to be possessed by candidates for practice and of granting licences accordingly."

So that paragraph, I think, demonstrates the arrogance, I guess, of the medical profession,

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thinking that they're the best and that nobody else can come close to them. That was prevalent even in the 1850s when, in fact, medical treatments were pretty primitive. Blistering and arsenicals, and all kinds of things were being used. The germ theory hadn't even been introduced into medicine at that point.

It was clear also that when the College was eventually formed that even legally qualified physicians who wanted to practise what was called heterodox medicine or alternative kinds of practices—that would be chiropractic manual therapies, naturopathy, homeopathy, that kind of thing—they were actually denounced by their colleagues and regulating bodies as violating the terms of their licence.

So this is the shroud of secrecy under which we practise. All doctors practise under this, and many people don't realize that. The College has been investigated on a couple of occasions, two or three occasions actually. I'm going to quote now from an investigation that was initiated by patients and physicians back in around 1998, finished in 2001, and became known as the Glasnost Report—referring to transparency is needed in medicine.

This investigation was headed by a lawyer, now Justice Michael Code, who was a former attorney general, and he investigated the practice of six physicians who had been treating for chronic pain and other difficult situations.

He came to the following conclusion: "These are College-driven fishing expeditions, which are initiated under Section 75"—that's the *Regulated Health [Professions] Act*, section 75—"they can be misused in such a way that they do not serve the public or the evolution of medicine.

"They can ruin the life of the doctor involved and have done so in several cases. It is highly unusual that even people under criminal investigation in prison attempt suicide, yet we know of four doctors who committed suicide while under CPSO investigation. None had patient complaints against them." These are all College-driven issues.

Mr. Code refers to a particular case, saying that this case allowed Mr. Code to assert that it provides "*prima facie* evidence that CPSO officials may have committed the criminal offence of obstructing justice by repeatedly misleading the Executive Committee as to the true state of the evidence in this case."

This is our College—the College that is supposed to regulate practitioners involved possibly in criminal offences, a very serious charge. It's almost impossible to launch a complaint against the College of Physicians and Surgeons. I tried to do that in 1998 around the time of this investigation and was told that I couldn't really launch a complaint against them unless I launched it with the actual prosecution.

So there's no recourse; there's no way of launching a complaint against the College at all. So given that, it wouldn't perhaps surprise us to see the edict that came out in May 2021. I'll just read it because it's probably not terribly clear:

> **The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding those physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements**

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> and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.
>
> Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be reported by available evidence and science.

It's an interesting wording because they use "a position of trust": we have a position of trust with the public and a responsibility not to communicate these things. Do we have trust in the CPSO who are supposed to protect the public and guide physicians? No, we don't. There've been at least two demonstrations by physicians and patients outside of the College in this pandemic, maybe three, and those demonstrations have been met with silence by the College.

In fact, the College has vacated the premises for a number of months during the pandemic because they were afraid that their safety was in danger. So that's the position that we were working under during the pandemic.

This is the position of the CPSO on vaccine anxiety. It's an interesting concept that having anxiety about a new drug—or in this case, quotes "a vaccine"—can be considered an illness, but in this case, it is. Here's one of those statements from their website: "It is [also] important that physicians work with their patients to manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of **prescription medications and/or referral to psychotherapy are available options."**

So if I offer you a high blood pressure medication in my office, and I say, "I want you to take this," I would obviously go through whatever is important about the side effects, the positive effects, the negative effects of this medication. And if the patient said, "Well, I'm anxious about that," according to this—and a vaccine is kind of like that—I would have to say, "Well, take five milligrams of Valium and come and see me tomorrow, and you'll feel better about the whole thing." That's what they're suggesting.

In November 2022, they added for some reason, I'm not sure why, the "extreme fear of needles, (trypanophobia)," it's called, or other areas of concern—I don't know what that means—and that we should be treating that with medication or with psychotherapy. Well,

first of all, you can't get a psychotherapist for love, nor money. And second of all, the prescription medications that would be used for that—I'm not sure how I would treat trypanophobia other than by giving a sedative of some kind so that you are half asleep when you have your vaccination. It's really an outrageous suggestion.

And then there is the circumstances of the pandemic which "support physicians declining to write notes or complete forms when the patient is making a request." Usually that's a natural thing that we would do if a patient came with a request to have medical forms completed. They're saying, in this case, you don't have to do that. So you don't have to write prescriptions for exemptions and so on. You have to "sensitively explain to your patient that you can't provide them" with that.

Shawn Buckley
Dr. Layton, can I just ask— Because you practise psychotherapy, I imagine that some patients will legitimately, not just for a vaccine like this, but legitimately have anxiety that reaches a medical condition, a mental health condition,

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and that it would be reasonable in some situations to exempt people. Is that a fair comment?

Dr. Edward Leyton
To accept people?

Shawn Buckley
No, to exempt somebody. If they legitimately are anxious about it, that could be a valid ground for an exemption, actually having undue anxiety about a treatment.

Dr. Edward Leyton
Yes.

Shawn Buckley
Yeah, but physicians are basically being told no, not for this one.

Dr. Edward Leyton
Right.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
So we weren't allowed to write exemptions unless there was anaphylactic shock. I wrote a couple of exemptions during the first year or two, and it was because of very significant

side effects that I figured might happen as a result of genetic thromboembolic disorders and so on. But I wasn't supposed to do that.

So the other thing about the RHPA in section 75 that's important to know is that section 75 allows the College to investigate our practice completely and to remove files, that is to remove patient files. This has been challenged in the last six months by a couple of challenges.

If you refer to the second paragraph, second bullet point: "about 100 patients of Dr. Sonja Kustka, under investigation for writing two mask exemptions"—that's apparently enough for an investigation—"during COVID, unsuccessfully filed their motion to stop CPSO investigators from gaining access to their private medical records."

I want you to go down to the fourth paragraph, and this reflects the attitude of the College, which I brought up at the beginning, which says—this was the lead counsel for the College. She stated: "Patients should not have any say about their own medical records or how the CPSO wishes to use them when a physician is under investigation for potentially putting a patient at risk of harm."

So to come back to my story. After 2020, when I was practising mainly psychotherapy, I joined a Facebook group in February of 2021. That was just when the vaccines were starting to come in. And the Facebook group was a professional group with, I think, nurse practitioners and physicians. I noticed two things happening. I noticed that physicians and nurses who were actually starting to give vaccines were starting to see side effects, even at that early stage. They would come back with reports of aches and pains, orthopedic issues, arthritic issues, swelling of joints, brain fog, musculoskeletal symptoms, and so on.

Also at that time, ivermectin was being touted as a useful tool in the treatment of COVID, because there was no treatment given. Doctors were told to send their patients home with Tylenol, and they should go to the hospital if they couldn't breathe anymore. That was the only treatment that was on.

So I started to bring up questions on this Facebook page about ivermectin and also about the fact that vaccines seem to be detrimental in some cases. I was immediately pounced upon by a number of people in that group saying, "You cannot talk about this because this is a public health recommendation, and they are our colleagues, and we shouldn't be criticizing them." So naturally, I went on to criticize them and, eventually, I was ousted from the group; I was removed.

So then I joined the Canadian COVID TeleHealth organization. I came to know about it because I started to look into what was going on. I found a group that was definitely on my side and was open to different opinions about things.

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I also started looking into ivermectin. And several people in the CCCA [Canadian COVID Care Alliance] talked to me about the possibility of prescribing ivermectin, and so I looked at that. And I thought, there's a lot of evidence to show that ivermectin is very useful. One of the people in the group said, "Well, why don't you prescribe it?" So I said, "Well, I'm a psychotherapist. That's my focus."

But I was a family physician at one time, and so I thought about it a lot and I researched it. And so in the summer of 2021, I decided to start prescribing ivermectin. I was fortunate at

that time to be able to be in touch with Dr. Ira Bernstein, who some of you may know was a prominent physician who had been treating COVID quite successfully for some period of time with ivermectin and other treatments. And in fact, he attended the first international conference in Rome and was very up to date on COVID treatment.

So I began to use ivermectin in my private practice and found excellent results. I used it for prevention for simple COVID, which is COVID which we treat in the first few days or one week, and then for more complex COVID, which lasts longer than a week. Eventually, we decided that it would be good to form a clinic.

So a number of us got together and we formed Canadian COVID TeleHealth. This was a telehealth group: We had at that time about half a dozen physicians and an equal number of nurse practitioners and nurses. We operated throughout Canada and we saw patients in every province except Manitoba, which didn't allow us to do telemedicine without a licence. But we could in other provinces.

That went on, well, it still goes on; I'm still prescribing ivermectin. But it went on at a fairly good clip because that was right in the middle, if you'll recall, of the Delta variant, which was probably the worst variant that we've seen. People were getting really quite sick with that. And one of the things that was very noticeable about our patient population is that people were terrified of COVID. They had been completely propagandized, if you like, to believe that COVID was a terrible disease and a lot of people wanted prevention.

Most of our patients called up wanting ivermectin prevention, and we had at that time about half a dozen pharmacies in Ontario and a few out west that were dispensing ivermectin freely. They were compounding pharmacies. They weren't using the Merck product. Merck didn't want us to use their product, so they pretty much stopped making it. But the raw materials were available to pharmacies and pharmacies were dispensing it freely. So we were very busy at that time. And we saw a lot of patients. I myself personally prescribed, I think, around 800, 900 prescriptions for ivermectin over that period of time and on into 2022.

But there was a problem. We had a hit piece in the Global News and also in the *Toronto Star*. The reporter from the *Toronto Star* had impersonated a patient and called our clinic asking for ivermectin. And of course, our physician responded appropriately. And she then proceeded to write about us in the *Toronto Star* and denigrate us as a clinic, saying it was all misinformation and we shouldn't be doing that.

As a result of that,

[00:25:00]

or maybe it was happening anyway, the College decided to raid the office of Dr. Ira Bernstein and that contained the electronic medical records of our clinic. The CPSO went in without asking, without Dr. Bernstein being there, being present. They took all the information, information that they had no business taking. And they used that information to target all of our physicians. They did that over a period of time so that we lost all of our physicians, except myself, over a period of about six months. We also lost nurse practitioners and nurses.

I have to tell you, we had an amazing team of people. We did full assessments on everybody; we did full histories. We couldn't do physicals, of course. But we made every attempt to follow up, and nurses spent hours on the phone, often with patients who were

anxious, and either sick and anxious or anxious about getting sick. We treated them all. It wasn't just ivermectin. I'll come in a moment to how we treated them. But we treated them all.

Then in 2022, of course, Omicron came along, and we actually had a decrease in the number of patients because Omicron was much less—although it was more infectious, it was much less serious. And so people started to accept that they had COVID and they would get over it on their own.

I don't know if there are any questions up until this point and how much time I have. But I'd like to go into some of the treatments that we did and how those worked and didn't work.

Shawn Buckley
I just wanted to ask, how did you guys lose the doctors and nurses after the CPSO? So the CPSO raided, and you said you've lost all of the doctors except yourself. What was the cause of losing the doctors? How did that happen?

Dr. Edward Leyton
Some of the doctors had privileges at hospitals and worked at hospitals. Often the hospitals made complaints to the CPSO that the doctors were either unvaccinated and shouldn't be working or they were prescribing ivermectin. The College took it from there: they either de-licensed them completely or they restricted their licence.

Dr. Bernstein, for example, had his licence restricted. He wasn't able to treat COVID anymore. He wasn't able to use ivermectin, and he had to put a notice up in his office saying, "I do not treat COVID."

Shawn Buckley
So these are medical doctors.

Dr. Edward Leyton
Yes.

Shawn Buckley
That are fully licenced.

Dr. Edward Leyton
Yes.

Shawn Buckley
There are not complaints against them by patients.

Dr. Edward Leyton
No.

Shawn Buckley
And basically, their right to practise is either fully or largely restricted.

Dr. Edward Leyton
Correct.

Shawn Buckley
Just because they are treating COVID patients in this clinic.

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
The other thing, for example, I don't know if Dr. Patrick Phillips testified. I think he did. For example, he and Dr. Hoffe out west both reported side effects from vaccines because they were both emergency physicians, reported that to public health. As a result of that, they lost their jobs and couldn't work. So it was either the hospitals complaining or it was the CPSO saying that they couldn't prescribe ivermectin.

Shawn Buckley
Now, just so that it's clear—especially for people that are participating online to watch your evidence—my understanding, though, is that it's federal law that a physician is to report a suspected vaccine injury.

Dr. Edward Leyton
That is correct.

Shawn Buckley
You just cited the names of two physicians that were disciplined for following the law?

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
Who should really be disciplined is the CPSO for not following the law.

[00:30:00]

So we treated COVID using the Frontline COVID Critical Care Alliance protocols. Now, the Frontline Critical COVID Care. You've heard from Peter McCullough. You're probably aware of Dr. Pierre Kory and Dr. Paul Marik: these physicians were ICU physicians, intensivists, boots on the ground people, who saw that something was wrong and wanted a primary treatment for COVID, found out about ivermectin and did very thorough research into that. We're extremely grateful to them for putting together protocols that we could use. These protocols came from physicians all over the world who were communicating with Dr. Kory and Dr. Marik. They were very thorough, and they worked well.

So you can see that we divided treatments into prevention, early treatment, and complex COVID. I'm not going to go over those treatments. And I don't expect you to read the protocols, but we used to send the protocol to the patient after each consultation so they knew exactly what to do and how to manage it.

We treated viral entry points because there was some research that showed that this was very important. Because the virus starts in the nasal passages and that's where you need to treat it first of all. So we used simple things like povidone-iodine sprays and cetylpyridinium chloride, which is in things like Scope and Act.

We also had a cocktail of immune modulators. I don't like to use the word booster because you don't always need to boost your immune system. But what you do is you give the body the orthomolecular ability to correct whatever is wrong with the immune system by using these kinds of things, and they would include, of course, vitamin D, zinc, quercetin, sometimes melatonin. We also sent patients home—sent patients home, I think I'm seeing them in my office. We also gave patients over the internet things like this: this was a home treatment put out by the World Council for Health, which was a really good home treatment that people could follow.

So we made sure that not only they got the treatments; they knew how to take care of themselves and that we followed up with them. Some of the nurses were on the phone with them two, three times a week reassuring them that they were doing okay. And of course, in the more advanced cases, we had to measure oxygen uptake, and sometimes, we even had to give IV fluids. And this was all through home care that we had to arrange for them because we weren't physically present in the same city as them.

As I mentioned, the patient volume dropped with Omicron, and that was a good thing in some ways. And now, we don't even actually give ivermectin for prevention anymore because the virus is pretty mild.

So in October of 2022, I got the dreaded section 75 from the College of Physicians and Surgeons. They started an investigation into my practice. There was no patient complaint: I've practised for 40 years without a complaint. There was no patient complaint in this case. They sent me 400 pages of documents to read, most of which were propaganda from Health Canada about ivermectin. They didn't really send me anything substantial in terms of research. The complaint was that I was prescribing hydroxychloroquine and ivermectin. That was it. They were correct; that's what I was doing. But it's not illegal to do that. It's what's called off-label prescribing. Happens all the time.

Example: Metoprolol is a blood pressure medication.

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It's often used for stage fright. Doctors do that all the time; they prescribe off-label because there are indications that it might help other conditions. That is exactly what ivermectin is: ivermectin is a safe, widely used drug that's been used for many, many years, particularly in the tropics for river blindness and, sometimes, here in the west for scabies. Very safe and very available.

When Omicron came along, we also started to see a number of patients who were vaccine-injured. The Front Line Covid Care Alliance, once again, started to put out protocols. Now you have to remember that vaccine injury is something we knew nothing about. Until a vaccine came along, it didn't exist. So here we are, faced with an illness that nobody knows anything about.

It has extraordinary breadth of spread in terms of what it does to the body, and we didn't know really how to treat it. So again, we relied on the Front Line COVID Care people to gather information again from the rest of the world about vaccine injury. And they put together some protocols.

It turns out that ivermectin also binds spike protein. The spike protein is the protein that the body makes as a result of the vaccine.

Of course, we were told that the spike protein was short-lived: it didn't live in the body; it just stimulated the immune system, stayed in the shoulder, as did the mRNA. Neither of those things were true. The spike protein goes into every tissue in the body, including the brain. It's been found there in pathology and histology slides. You can stain for it. We know it does that.

That's why we see so many symptoms throughout the whole body. We get brain fog; we get things like POTS, which is orthostatic hypertension. It affects the autonomic nervous system. The spike protein can affect the neurological system. It's all over the place. So these are some of the things that we used for treating that.

I want to give you a couple of case histories just to finish up here. I don't want you to get the impression that this is easy to treat. Acute COVID was relatively easy to treat because it worked really quickly, and you knew when you were over it.

Vaccine injury is completely different. It's a complex illness about which we knew very little. I would say that in my experience, treating vaccine injury, probably 50 per cent of people respond to treatments. It often takes a long time and a lot of work on the part of the patient, as well as the practitioner.

[Case #3—Vax Injury]
This is the case of a 40-year-old mother breastfeeding a 19-month-old child. She had an immediate reaction to a mandated Pfizer vaccine in January 2022. These are some of the symptoms. You can see them there. The main ones were chest pressure and facial rash, cold extremities, twitching all over the body.

These are symptoms that we generally don't see as physicians. If you saw this as a physician and you had no knowledge of the fact that they had a vaccine, you would say, "What kind of illness is this that does this?" Completely new.

A lot of those symptoms are neurological. They affect a nervous system—shooting pains, paresis, weakness of the limbs, difficulty getting up and moving around. And the tests are often normal. This lady's vitamin D was low and her nutrition wasn't that great.

[00:40:00]

She says after three and a half months, she was left with "intermittent pressure, tightness and numbness in face, head, neck and soft tissues inside the mouth. Chest pressure feels like squeezing and a push [outwards that made] me dry cough. "

Can you imagine having chest pressure and going to the emergency, thinking you're having a heart attack and being told, "No, it's not a heart attack. We don't know what it is, but just go home, take some Advil." Now it could be myocarditis. It's possible; sometimes it's not. But it would terrify you, and especially, it would terrify you not knowing what that is.

[Video from patient]
So this patient had some changes in her extremities. I'll just demonstrate for you. Normally when you hold your hand, for example, at heart level, your veins are not filled because that's the blood going back to your heart. When you drop your hand down below heart level, your veins will fill up. But you'll watch this video; you'll see that her veins and her skin and the swelling in her hands develops as she drops her hand. So there you see the normal hand and now you'll see the veins filling. Some of this is normal; veins will fill up. But you see how engorged they become and then the swelling and the redness of the knuckles. Very bizarre symptoms that you might not see, that don't fit any disease category at all.

So we treated her with ivermectin. Now some people respond to ivermectin very well, and she happened to be one of the fortunate ones. We increased her vitamin D to 5,000 units a day, put her on an anti-inflammatory diet and started her on some gentle exercise. She had 30 per cent improvement within two weeks and 60 per cent in three months.

[MSQ Totals]
How do we know this? We do a very careful, what's called functional inquiry. We question people about every organ system in the body. So you can see them all there: head, eyes, ears, nose, mouth, throat and so on. The patient scores them as to how much problem a symptom is within that particular group. You can see that she scored 154 at the beginning. And then after her treatment, a couple of months later, she was scoring 65.

So we're measuring change. We're trying to be objective about it and measure how much improvement people are getting. It's helpful for the patient to see this, that they are improving.

[Case #5—Vax Injury]
Another case of a vaccine injury was a 51-year-old female, former athlete, actually, a very athletic person. She, after the second vaccine, had significant symptoms that developed less **than a month later. You might say, "Well, how do you know it's the vaccine that's doing this?" Skeptics will say that. You can ask that question. It's important. From a temporal point of view, if I'm working in my workshop and I hit a nail and then I hit my finger, I can be pretty sure the pain is due to the fact that I hit my finger with a hammer.**

So the closer the temporal relationship, the closer the cause is likely to be something. If somebody has a vaccine in a pharmacy and drops dead, which has happened, you can be pretty sure it was probably the vaccine, not a coincidence.

The longer between the vaccine and when you have symptoms, the more difficult it is to assess. But you can tell, in a sense, because the symptoms are so unusual and they're so varied.

Now, her D-dimer was elevated, and she had blood clots. She knew that something was wrong and she had chest pain as well. Again, an MRI and colonoscopy and stress test, they were all normal. By the time we see these patients, sometimes they'd had a lot of tests.

So I said, she gave some very typical symptoms

[00:45:00]

of post-vax inflammation and injury, on-set within a month—probably the vaccine, given the kinds of symptoms that she was having. Headaches too, helmet-like headaches that can last for hours, shooting nerve pain, extreme fatigue—that's a very common symptom—increased brain fog.

When the spike protein gets into the brain, it creates inflammation. And then, of course, increased anxiety as a result of all of this. So again, we treated her with ivermectin and we started her on an antihistamine. Sometimes these people get what's called mast cell activation: so their mast cells are producing a lot of histamine, which produce symptoms. So we give an antihistamine and that helps, that it's a non-drowsy antihistamine.

[Symptom Scores]
And she, after this treatment, could actually bike five kilometres without being short of breath. So she was very pleased about that. Again, looking at the scores, you can see the scores going down over a period of time. So we know we're having an impact with our treatments.

[LH—VI-Treatment]
Now, she had a drooping of the face, sometimes known as Bell's palsy. She's given us permission to show this. Next slide. So on the left, you can see that the right side of her face, she's trying to smile. And she can't smile because the facial muscle is paralyzed on the right side. But she can smile on the left. You can see the crease. You can see the facial crease on the right side is almost non-existent. But then after treatment, her facial smile is almost normal. You might say, "Well, Bell's palsy is self-limiting." True. But she'd had this for, I think, over a year. And then suddenly, it gets better. Well, could be a coincidence.

So in summary: We've had a disease with a 99.5 per cent survival rate. We've had poor testing: our speaker showed a diagnosis of PCR with false positives. Rushed vaccine development; absence of treatment until hospitalized; lack of recognition of vaccine injury; and persecution of doctors and other health care practitioners by regulating bodies with their loss of licences. I'll stop there.

Shawn Buckley
Before I turn you over to the commissioners, I just wanted to clarify, you had practised a full 40 years. Longer now, right? Because you got your licence back in 2020. So how many years have you practised medicine in total?

Dr. Edward Leyton
Well, I graduated in '75, so '78 to 2018. So that's 40 years.

Shawn Buckley
Right, and then, now, for a couple more years.

Dr. Edward Leyton
Two years now and I'm now into my third year.

Shawn Buckley
Right, so 42 and a half years. You have never had a patient complaint in that 42 and a half years. Am I right that in the next month or so, you might lose your licence to practise because of the activities that you've just shared, where you're trying to help people with vaccine injuries and in preventing and treating COVID?

Dr. Edward Leyton
Possibly. It's ironic that when I renewed my licence in 2020, the College gave me a free licence for a year because they wanted doctors to come back. And I've been rewarded with an investigation. So I might lose my licence. I might be restricted. I have no idea. I might retire, too. I think it's a race.

Shawn Buckley
Right. I think I can speak for pretty well everyone that we're thankful for people like you that are willing to do what you think is ethically correct—actually being a doctor and using your discretion to help your patients.

I will turn you over to the commissioners for questions.

Dr. Edward Leyton
Thank you.

Commissioner Massie
Thank you very much, Doctor.

[00:50:00]

I have a couple of questions. This is not a medical consultation but close.

I'd like to know—given that we've heard from many other doctors and patients that during COVID, the people that were more likely to be affected by the disease were, in general, people affected by other conditions that would somewhat compromise their ability to build a strong immune reaction to the infection.

So it could be because they are old and their immune system is not as active. Or it could be because they have other immune suppression of some sort. So these so-called frail people, or more fragile people, were initially targeted to be vaccinated to protect them from the disease.

Dr. Edward Leyton
Right.

Commissioner Massie
So it's my understanding, based on my research, that the vaccinations should work by triggering the immune response in order to protect against the infection. But if the reason why you're mainly susceptible to the infection is because your immune system is not properly functioning, how come vaccination will solve that?

I'm asking that to a practising doctor.

Dr. Edward Leyton
Well, vaccination doesn't solve it.

First of all, this isn't a vaccine in the true sense of the word. We think that it actually makes the immune system worse, and in fact, you're more likely to get COVID the more vaccines you have.

That's a Cleveland Clinic study that, I think, has already been reported on in the Inquiry. The more people are vaccinated, the more likely they are to get COVID, which is kind of weird. I don't know if that answers your question or not.

Commissioner Massie
Yeah, it does.

My other question has to do with the CPSO, which we have the equivalent in Quebec. We've heard from other doctors that testified recently in Quebec that they went to interrogate the Collège des médecins and asked them a number of questions about the scientific rationale to promote vaccination of children and pregnant women.

These doctors had several questions that were never answered, ultimately, by the College. And the Collège de médecins said, "We're not a society that generates new knowledge. This is not our role. You should consult with the official society and SPQ and the other society."

So I'm just wondering, if such a question would be addressed to the CPSO, would they come up with a similar explanation—that it's not their role to generate new knowledge and to ask those very specific questions that arose from the deployment of the vaccine with respect to the risk–benefit balance for children and pregnant women, and so on. What would be their position in your opinion?

Dr. Edward Leyton
The College doesn't answer questions like that. The College is a regulatory body. It investigates people on a whim.

I don't know what goes on inside the College, to be honest with you. But it's something pretty nefarious. So in terms of asking the College to explain something like that, they don't do that. Their motto is protect the public, which they don't do, and guide physicians, which they don't do.

Commissioner Massie
My last question is about—what's the state-of-the-art in terms of the practice of medicine?

Did the practice of medicine evolve in your experience through, I would say, the practice of science observation and medical treatment that any given physician can actually do

[00:55:00]

in their normal activity? Or does it evolve solely when some new treatment or protocol has been checked very rigorously through these randomized control trials—that is the only way to come up with new solutions for treatments?

Dr. Edward Leyton
Well, it should be a combination of those things, in my opinion. It's a complicated question.

The problem is that when somebody comes up with a solution for something that's unusual, for example, I'm thinking of Barry Marshall, who is an Australian physician who came up with the idea that an ulcer was caused by a bacteria called *Helicobacter pylori*. This was many, many years ago. And he couldn't convince anybody in the scientific community that this was valid, despite publishing.

So it's very difficult to convince the medical community of new things. Eventually, he had to give himself an ulcer and then take the treatment and cure himself. And now, antibacterials are used for ulcer treatment with success, killing *H. pylori*. But that was a hard fight.

There's multiple examples of people who've come up with innovative solutions, who have been put down and not recognized throughout the history of medicine. I'm not a philosopher, so I can't answer why that might be.

What has happened, also, is that in a regular doctor's office, you get visits from a pharmaceutical company with the latest and greatest medication for something. Physicians are heavily influenced by that. And as we know, the only way to get grants for research is through money from pharmaceutical companies. So there's a built-in bias that is quite extraordinary. Does that answer your question?

Commissioner Massie
Yeah. Thank you very much.

Shawn Buckley
Thank you. There being no further commissioner questions, Dr. Leyton, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing this information and sincerely thank you for the service you've given as a physician.

Dr. Edward Leyton
Thank you for the Inquiry. Appreciate all you guys are doing.

Shawn Buckley
I will just state for the online audience that cannot participate that there was a standing ovation for Dr. Leyton. He is very well-respected for the service that he has given.

[00:59:00]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 8: Dr. Keren Epstein-Gilboa
Full Day 2 Timestamp: 08:38:23–09:28:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Good afternoon. Can you please spell and state your name for the record?

Dr. Keren Epstein-Gilboa
My name is Dr. Keren Epstein-Gilboa.

Kassy Baker
And can you please spell that?

Dr. Keren Epstein-Gilboa
Keren is K-E-R-E-N, sometimes K-A-R-E-N E-P-S-T-E-I-N, hyphen, G-I-L-B-O-A.

Kassy Baker
Very good. And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony here this afternoon?

Dr. Keren Epstein-Gilboa
Yes, I do.

Kassy Baker
Very good. Now, I understand that you're here today to describe various childhood traumas that were suffered largely as a result of COVID or COVID measures. Just to start with, can you give us a little bit of your background? Can you briefly describe that for us, please?

Dr. Keren Epstein-Gilboa
Well, I graduated with an undergrad degree in a health-related area, more than 40 years ago. My master's is in Counselling and Applied Psychology, and my doctorate is in Developmental Psychology.

Kassy Baker
So you're here today to speak to us as an independent scholar, is that right?

Dr. Keren Epstein-Gilboa
Yes, I'm an independent scholar.

Kassy Baker
Now I know that you have a presentation that's ready to go and my intention is just to let you carry on with that [Exhibit number unavailable]. I will interrupt if I have any questions, but we're in your capable hands for the moment, so please start.

Dr. Keren Epstein-Gilboa
Okay. Thank you very much. I'm going to be presenting insights from behavioural science.

My agenda, my question in 2020 was, "What is the reason that existing and long-standing research practices related to social determinants of health were discarded," and now I would say, "during the past three years?" I'm going to provide insights from behavioural science, a little bit on systems models, and the individual—and that's when I'm going to be talking about children as well, infants and children. A little bit on bioethics. And then I'm going to be presenting about the psychological model used to circulate systemic messages, which is often called the Nudge model.

Kassy Baker
Dr. Epstein-Gilboa, if I can interrupt you for one moment. The Commissioners have just brought it to my attention that I didn't swear you in. Did I swear you in or did I not?

Dr. Keren Epstein-Gilboa
Okay. Sorry.

Kassy Baker
I apologize.

Dr. Keren Epstein-Gilboa
Do I start again?

Kassy Baker
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Keren Epstein-Gilboa
Absolutely. Yes, I do.

Kassy Baker
Now that we have that out of the way, I will let you continue. My apologies.

Dr. Keren Epstein-Gilboa
I'm going to go insights from behavioural sciences. Systems model: a systems model is used in family therapy to explain organizations, to explain child development, and essentially states that, "Interaction occurs between multiple different systems and affects development at multiple levels, affects function and development, which means everything that's going on now, everything that goes on in general, is affected by multi-levels of interaction."

So there's the individual. The individual interacts with the family, with the health system. This is at the micro level: so with the health care centre, with the school. That's the media at the next level. All those systems, by the way, interact with one another and the individual. And the individual influences the systems. And the systems affect the individual.

There's the media at the higher level. There are different systems: health system, educational system, the legal system, politics. And all of these are affected by our beliefs, the belief system. So our beliefs can be affected at the individual level and go up all these levels. And by the same token, the belief system will then go down, be in all the different systems along the way, and then affect the individual. I based this model here on Bronfenbrenner's model. And Bronfenbrenner didn't originally have the chrono system in. Later he added it.

And the chrono system means we can look at history: it means events over time, which means to me that we can assess events by also looking at the events in history. So that's the systems model. Please bear that in mind as I now go to the different levels. And I'm going to look at the individual by using developmental models regarding social and emotional development.

[00:05:00]

So what is human development?

It's a change over time in multiple body systems, meaning that all the different systems also affect one another. And we have developmental tasks and sensitive periods: this means that specific events have to take place at a time when the organism, meaning the child or the adult, is ready. And if we miss it, there might be problems.

Resilience. Resilience implies that one can bounce back. And one's ability to bounce back is dependent on a balance between protective and risk factors.

So there's diverse interconnected domains of development: The domains are associated with specific areas in the brain. And there's specific neurons, and there's interactions between the neurons. And that's how development occurs. That's how these functions take place.

I'm going to look specifically at social and emotional development. Because social has a lot of meaning for what we've been going through in the past three years.

Let's look first at emotional development. So emotions are feelings, affect, mood. Emotions take place from birth and become more complex. Yes, little, tiny newborns have feelings. There's emotional regulation. That's also a process: So we understand we have feelings. We understand what we feel. We define the feelings. We share the emotions with another person. That's how all of this process takes place. And we understand eventually that others also feel, and we're able to emote properly in the context. Emotions affect all domains, including the capacity to learn. So, in other words, a child who's very anxious, feels stressed, feels sad, might have problems learning. Social interaction, therefore, plays an important role in emotional development.

What's also very important is that emotions are associated with specific neurotransmitters or hormones. And what's really interesting is these emotions either enhance or reduce immune function. So we would want people during a time where there's pathogens to engage in actions that are going to enhance their immune function, not stress that reduces immune function.

So social well-being: those are the emotions in all the neurotransmitters and the hormones. Social well-being is also central to overall well-being. If you know Maslow's hierarchy of needs, there are needs such as physiological needs: water, food, air, essential. Think about it, essential. Security means job security, for example, that's the next level. Love and connection mean social needs, means social connection, not distancing, and so on. These are the three lower needs: means that they are very basic to human function.

And we start off with symbiosis with mother, meaning, of course, pregnancy. That's the primary relationship. You could have a primary relationship, of course, with an adoptive parent and with the partner, and the father or the other partner. We have individual capacities and needs; individual capacities and needs vary over the lifespan. There are critical periods, such as infancy, adolescence, and older age, when social interaction is extremely important. Social interaction, then, is a protective factor. It's a determinant of health. As I said, when you feel good, you have enhanced immune function. Loneliness, sadness are risk factors.

So as you can see, these are some of the researchers who looked at social isolation and loneliness. And by the way, to the panel, I have sent, I think it's a 40-page list of references for everything I'm presenting today. So this is the research on social isolation, loneliness, which is a risk factor for multiple pathology. Now, I knew that in 2020. And I would think that most people who are in similar professions to the ones that I have would also know that because this is a known fact for many years. It's a known fact because it's based on **research.**

[00:10:00]

So stress increases the HPA [hypothalamic-pituitary-adrenal axis] axis. One of the reasons that these researchers, as well as others, believe that people of older age are more at risk for cardiovascular risks, cancers, reduced immune function, and other diseases and death are due to stress—stress due to loneliness, being separated from significant people. As I said, all of this was known before 2020.

And here's some evidence: if you don't believe me, the evidence is that we changed the hospital system. Initially, we didn't have visitors all day long. Until 2020, people could bring

their families in. And it's not because the nurses and the physicians loved the family so much. It was because they knew—because the research stated, because they engaged in critical thinking—that bringing the family in makes people healthy or prevents illness.

Just to show you how important social-emotional function is, I'm going to show you social-emotional development in infancy and early childhood. And we're going to talk about sensitive interaction, proximity behaviours, and neurobiology. These are some of the researchers. You can see, you probably can only see little black dots. These are only some of the researchers in this area, which means there was loads of research on the importance of maternal-infant proximity, smell, touch, everything that I'm going to talk about, before 2020. And if you could see these references better, you'd see that some are even, well, Melanie Klein, she didn't know about neurobiology. But she did research and she wrote about her theory, object relations, starting in the 1920s.

I'm going to focus specifically on infancy and early childhood for one reason because it is my area of specialty. But also because we barely have spoken about infants and young children during the past three years.

The first 45 months of life are the most rapid stage of brain development. So it's a very critical period. And during that time, like other periods of development, the child, the infant, is sensitive to specific stimuli. Factors that affect development, of course, are intrinsic: so genes and temperament. But there's also extrinsic factors, and they work together. Nature and nurture work together, and that's environment and parent and epigenetics, changes to the gene expression based on the environment. The most important factor is the toned, sensitive relationships with the primary caregiver, also in other models called holding containment. And this is the capacity of the parent or caregiver to notice, interpret, and match responses to the infant's cues. And cues are conveyed through interactional components: visual, to see each other; hearing, hearing well; tactile; olfactory; and just being close and listening and smelling and touching. Sensory, it's very sensory: face-to-face interaction is vital at the beginning of life.

So here's what happens. The first task is, we need to make connections between the synapses, and when there are connections between the synapses, we then have optimal development. Synapses, the connections between the nerves, cause the messages to flow. The messages to flow, together with myelin that makes the messages flow quicker, mean that this person—this little person, this growing person—can engage in multiple tasks. The brain controls the task that we engage in. Trauma, for example, will cause overabundant synapses in the amygdala, meaning this happens for adults as well, but this is at the time of the development when the brain is structured. So a traumatic or an anxious, depressive situation will change and alter the child's, the human's brain. The brain is plastic and can change; however, there's specific tasks that are more difficult to change, such as lack of early interaction, appropriate interaction in early life.

Factors that protect interaction are calm and confident parents, a positive birthing experience, sense of being supportive—

[00:15:00]

They need support: they need to be with people, and smelling and seeing and touching, all of these are very important to the infant—an uninterrupted interaction, uninterrupted breastfeeding, the ability to engage in synchronous, mutual, and intersubjective interaction. Intersubjective means shared emotional interactions.

But look at this side. If a parent is anxious or worried, if they have birth trauma, if they have to birth alone without their support system, if they believe that the birth experience was terrible, if they have birth trauma, they have lack of support, limited touching, face covered, distancing from infancy—then the infant, then this puts people at risk. It's a risk factor. Not all mothers are going to have difficulty with those risk factors; it's multiple risk factors that occur at the same time.

So I spoke about that, but just to go over: it's proximity behaviours, tactile interaction, cue-based breastfeeding. And here's really interesting, this is Schore's work. Schore, I'm sorry, I didn't put it here, but it is in the reference list. Schore found that when mothers and infants are looking at one another, their brains fire at the same time in the prefrontal cortex. In other words, when mothers and babies are engaging in facial interactions, both brains develop. The sense of being heard, engaging with the primary caregiver—these all lead to adequate synaptic connection and pruning. Pruning means getting rid of the cells, the area that we don't need; so instead of connection, we take out, like in the garden.

Actions that are perceived as traumatic or anxiety-provoking may affect memory, especially implicit memory, that's the memory, like a feeling memory.

So here's what we need: "I see your face." And here, you see a father and a son, and I said there, "I'm not sure what you're feeling" because we have to learn. How do we learn what others are feeling if we don't see their faces?

So healthy interaction versus blocked: answering cues; joint attention means we both look at the same thing at the same time; intersubjectivity, we share emotions; sense of self—all this leads to a sense of self, emotional regulation, social capacities, cognitive development and learning. And what we don't want is a hidden face, limited interaction and connection, the interactional components are stifled.

So if you don't believe me, then again, bringing in some research: touch, loving, seeing and feeling are essential for healthy growth. And by the way, touch causes the secretion of oxytocin. Oxytocin is a hormone that makes us feel good. It does a lot of other things as well, and it causes people to attach to one another, feel good about one another. For example, a father does not have to breastfeed a child in order to make the connection; they can just take off their shirt and there will be a connection forming due to oxytocin.

But on the other hand, maternal deprivation leads to anaclitic depression, which is depression in infants: they look totally muted. Loss is detrimental for life. This still-face experiment—that I won't be able to show you here, that I had hoped to show you—I will explain in a moment, is more evidence about the importance of the face-to-face interaction. And the lost sensitive period: I spoke before about neuroplasticity, but there are specific tasks that the brain cannot correct, and one is lost interaction.

And Nelson, Fox, and Zeanah did research on that. They looked at children adopted from Romanian orphanages, and even though those children were adopted to wonderful, caring families, there were specific tasks they had problems with because that part of the brain was not developed at the right time. And a very important part of the interaction is the parent's feeling. Parental anxiety and depression lead to muted affect; lack of stimulation; maybe hyperarousal and anxiety in the child, which impair learning; trauma. These are only some of the researchers in that area.

[00:20:00]

What is the still-face experiment? If you're watching now, you can press that YouTube link, you can watch this experiment. This experiment has been replicated multiple times. In this experiment, the mother or the father sits opposite the child in a normal way, and all of a sudden, the experimenter tells the parent to stop using expressions, to stand like this, opposite the child, opposite the infant. They're about 18 months. And the baby who's used to interaction gets very, very upset. And you can see how they're trying to bring the parent in, and they're unable to because the experiment is that kind of a face.

The child who has a secure attachment will immediately return and be okay; they're resilient, even though they just went through that momentary trauma. But it's very upsetting to see that. I always used to warn students before I showed that video because it is upsetting. Now think of this: what happens to our infants and some of our young children during the past three years who didn't see faces for hours, for hours? Watch that experiment if you can, and you'll see what I mean.

What happens to the mother? The mother needs to be very sensitive, so let's look at the mother during pregnancy. Look at all this stress that she's had, threat. You might have to birth at home because some parents over the world—for example, one of my references here, I believe it was the Jewish General in Montreal where they didn't allow birth partners to come in. Now here in Ontario, where I live, mothers could only bring one person. So you had to choose between your doula—who knew how to support birth, who was a woman and maybe gave birth—and the father who loves the child or the other partner but who might not have given birth.

So mothers had that difficult and I know from experience many mothers struggled with that. And they hear: "danger, danger, danger," "inject, inject, inject," "You're going to harm your baby." "You're going to get a virus; you could die because mothers who are pregnant are more likely to die from COVID-19." "The virus is going on hard; it's going to harm your unborn baby." "Strangers covered," "That's where your support," "You have lots of risks." Fear: "You can harm your baby; your baby can harm you." Imagine that—no support, separation—that's what our mothers went through and how they started this.

So I'm just going to go quickly through these. This is one if you are pregnant, recently pregnant, you're more likely to get sick. The reference, sorry, do you need to see the reference? No, okay.

This is one some people might remember that the Almonte, if I'm saying that right, General Hospital asked all moms to have an epidural when they arrive just in case they need a caesarean. Imagine that. What does that tell you about birth? "Birth is dangerous." You're already nervous. "Birth is dangerous. You might need a caesarean. Get the epidural." Who cares about natural birth? And Blakely's work on the hormones during the birthing process **and so on. Birth alone. And this is a petition by some Canadian mothers who were afraid they were going to have to birth alone, and they asked not to.**

And this you won't believe, but first of all, some fathers could only FaceTime with the mothers during birth. I wish I had time to read you all these quotes, but I don't. But this was on CTV, and they were talking about parents who were FaceTiming with their newborns who were in the NICU [Neonatal Intensive Care Unit]. Imagine that, imagine that. Now, compare that to what I just told you very briefly about what young humans require. Imagine you're in your mom's uterus, you come out, and "hello?" There's no mother there, but she's on FaceTime. I just have to read you this one quote: "We were asked, 'if you would like to FaceTime?' to see our daughter. And it's been amazing," said 28-year-old Mary McKenna, who recently gave birth to her daughter Harper at 26 weeks. "But I'm also

struggling so much not seeing her." That's not just a struggle. That's essential for human growth and development.

This is from a professional journal, just to show you some of the messages to breastfeeding mothers. So if everybody notices, look carefully at the picture. Notice there's no faces. And notice the messages:

[00:25:00]

Faceless, no interaction, hygienic. Use a mask during breastfeeding. This is a mother with COVID-19. Yes, but before this, we had mothers with strep and staph and all sorts of things, and we didn't tell them to wear a mask. We just told them, "Nurse a lot because your antibodies will go through," right? Isn't that what we, the public, were told? Anyhow, so this is a mom with COVID-19: Use a mask. Wash hands and clean. Passive immunity in breast milk, well they even say it. And here's a mom breastfeeding with a mask on. Yes, this really did happen. Might still be happening.

And this is from Health Canada, advises:

> Keep the baby at a distance and hide your face. Once a baby is born, they can get COVID-19 from other people. So it's important to limit their contact with others. To protect yourself and your baby, you should continue to follow recommended individual public health measures, such as wearing a mask, improving ventilation, maximizing physical distance from others, cleaning your hands. We recommend breastfeeding when possible. It has many health benefits . . .

Although in the breastfeeding world, they started talking about risks of not, but that's okay.

> . . . and offers the most protection against infection and illness throughout infancy and childhood. Breast milk isn't known to transmit COVID-19.

Yet we're scaring them. And then of course, about the mRNA COVID vaccine have antibodies, apparently mothers have in their breast milk. These are the messages to the new mom. And if you've ever worked with new moms, you know, and if you've ever been a new mom, you know, that the transition to parenting is difficult.

So we have a disrupted family and support system. Families aren't supposed to visit, grandmothers aren't supposed to come over. I'm a grandmother, that would be terrible. **Visitors after your baby is born: "Visitors should be limited to reduce the risk of possible exposure to COVID-19. This can be very difficult, but it's important to keep your baby safe." Look at these other messages.**

These are some of the findings so far. I don't know if the research, you know, how great the research is or not. But they're saying that obstructed interaction seems to affect development, and they're looking specifically at apparent decline in cognitive performance in children and so on. I'm not sure if it's true or not, but these are references, and we can check them out; we should. In other words, we are at risk for failed developmental milestones, disrupted social-emotional interaction, and at risk for reduced capacity for emotional and behavioural regulation.

So I'm just going to talk very briefly about other children, older children, I should say. The main thing to remember is that there are specific developmental tasks for each level, each age group: children develop at different rates throughout the years. And these developmental tasks were forgotten during this time. Or the people who worked with children did not display that they remembered or that they took enough steps to protect children at the time. There was a wonderful bulletin put out by the Hospital for Sick Children in June 2020. It was about the return to school. It was great, it noticed everything about development. It was based on sound, critical thinking, and research, and development, and it was cancelled a month later. They put out a different brochure.

The main point there is children need scaffolding support, which means you can't just put something on the computer online and expect a child to learn. They need someone to support them. And *Time In*, this is a book by my, he was the most wonderful late Professor Otto Weininger, and he talked about how "timing out" children is very detrimental to their well-being. It says to the child, "You're so bad, even I don't want to be with you." And so, timing out, I'm not talking about isolating. Timing out is very difficult for children, so we should bear that in mind.

Concrete to abstract thinking, so let me find here. The fearful idea: "kill grandmothers." So one teacher told me that one day she saw a child at the end of the school day who was hiding and didn't want to go home and sat crying. She said to her, "Why are you crying?" And she said, "Because my grandparents are coming to get me and I'm afraid I'm going to kill them." And that's a true story.

[00:30:00]

At the concrete stage, children also, when they see a rule, for example, a rule is a rule: "so if you don't wear a mask and it's a rule, you're bad." Things like these kinds of ideas.

A risk measure—the opposite of time in—is self-isolation. And I have some examples here. This was Public Health Ontario where they advise people how to self-isolate, a child has to self-isolate. Imagine, a child has to self-isolate: we're punishing that child and some children did not understand why. And some parents might not have been able to contain properly because they were trying to follow the rules and for some children that might be traumatic.

So some things for child, "wear a mask." Now, if you have children, you know that it's not so easy for a child to wear a mask, keep it clean, not touch it and so on, might not be comfortable. They advise children over the age of two, even children coming for therapy to wear masks. At the age of two, try getting a snow suit on. So how can you get a mask on? Anyhow, so self-isolation for children really did happen.

The proof is here, this is from Peel Health. I think they're called Peel Health [sic] [Peel Public Health], not Peel Public Health. What to do if your child is dismissed from school or childcare? "The child must self-isolate," which means stay in a separate room. These are real. And for those of you who are watching this 20 years from now, this really happened. So there's that one, again, okay. Yeah, imagine this, if a child must leave the room, they should wear a mask and stay two metres apart from others, and so on. Okay, so I'm not going to go over all the tasks just for time. Can anybody tell me the time?

Kassy Baker
You have roughly 20 minutes remaining.

Dr. Keren Epstein-Gilboa
Oh, Okay.

Kassy Baker
But we'd also like to save some time for the questioners.

Dr. Keren Epstein-Gilboa
Yes, okay.

Kassy Baker
So I'm just going to actually, are there any questions from the Commissioners at this point?

Yes, we'll save them for the end.

Dr. Keren Epstein-Gilboa
Okay, so I'm not going to go over all of the different stages. Just let you know that, as I said before, developmental tasks were not taken into account, and an appropriate risk–benefit analysis of the condition and child development did not take place to the best of my knowledge. And why? Why?

So I've tried to figure out why, and I looked at bioethics. I love bioethics. It's something that I actually read about and I'm interested in. And here are a few researchers if you are interested in looking at researchers just to understand more about bioethics. Beauchamp and Childress is very easy to understand if people just want to start reading about this.

And bioethics are there because there's a power balance between people who are health care providers and the people they serve. And by the way, I use the word person. I don't use the word patient. You can, if you wish, sometimes client. And I just heard lately the word "participant," one that I really like because it's very respectful. And the principles that all health care professions follow—albeit in different ways in accordance with their scope of practice—are autonomy, beneficence, justice, and non-maleficence. This applies to direct interaction, of course, between the health care provider and the person. And also public health.

Public health: it's interesting because public health, unless they're a public health nurse or physician, they don't serve individuals only. They look at the population. So I looked at different research on this issue. How do we deal with this?

And apparently, they should still be engaging in a benefit analysis that takes into account these four principles. This quote I took from the book *Doctors from Hell, Horrific Accounts of Nazi Experiments on Humans*. This is Abrams; it's the book by Spitz (2005). And they state, "need to care for the population need." This is not a quote, I'm paraphrasing: Still need to look after the population need and good citizenship. But it's a slippery slope when physicians, and I'm saying physicians here because the person who wrote this book was a physician, when the physician—and I'll add there, health care provider—begins to exclude or uses professional skills against people.

And Parasidis and Fairchild wrote,

[00:35:00]

There has been, during the past three years, "a lack of adequate involvement of ethicists." This is a quote: "Might have to embed ethicists in public health teams." Apparently, there weren't enough involved at this time. Remember again, I started with a system. So when we have failed ethics, that's related to chaos at all levels of the system. Risk for harm at all levels.

I'm going to focus mainly on autonomy because autonomy is part of all of the other principles. And autonomy talks about regard for the person. The person is worthy and this part is very important: Able to make decisions about their health. And the health care provider must respect the person's goals; they must gear the treatment towards the person's goals. We have dignity, privacy, confidentiality, informed decision making. Informed decision making, a lot of people talk about informed consent: You can't talk about informed consent without knowing and talking about autonomy. Informed consent does not stand alone. Autonomy upholds the health system.

So let's look at respect for humans as worthy beings and compare it to compliance—trust in authority, follow without question. Dignity. Dignity means compassion, respect: one does not only ensure that the person is covered physically, but we also think about their needs and things that are important to them. And dignity also implies birthing, thinking about the needs of birthing, and sick dying people who need people near them and the families who are left behind—that's dignity.

Privacy and confidentiality. So Dr. Layton talked a lot about what the regulatory colleges are doing, including demanding files of private citizens. So here are two cases. Dr. Layton referred to the case of the clients or the people who tried to stop their private files from being viewed by the CPSO [College of Physicians and Surgeons of Ontario] and, so far, have not been successful. And of course, there's also Dr. Mary O'Connor who was threatened with prison for not showing her files, for not providing her files.

So now informed consent or informed decision making, informed choice. Actual informed decision making means we use clear, tangible— Tangible means you don't show people to wash their hands like this, that's the wheels on the bus. You show how to wash hands, and it's my understanding that health care providers learn how to wash their hands. They also learn how to wear masks, and we were not taught that. It's valid, reliable, current [information]. But it's also different views, second opinions. We listen to the person; we engage in respectful discourse, respect [person's decisions]. And respect for the person as a worthy being, able to make decisions.

Let's compare that to censoring—and here's the really important one that Dr. Layton also **talked about—prevented health care professionals from providing diverse viewpoints. Sanctions: you should know that all health care providers from all provisions have been reported, investigated—some not just about informed consent but about things that would never be considered in regular times. And yet the investigation went on, goes on. And tomorrow, for example, there's two tribunals going on, one for a nurse and one for a physician, tomorrow. Public can view it. And the public can't discuss what we really think. There's only one view. You saw the letter from the College of Physicians and Surgeons.**

Actually, the nurses were the first people to get their letter and it says: "Nurses are expected to adhere to standards of practice in carrying out their professional responsibilities. Nurses have a professional responsibility to not publicly communicate," and now, look at these terms, "anti-vaccination, anti-masking, and anti-distancing

statements. . . ." You'll see later on why the word "anti" is a bit problematic. "Doing so may result in investigation by the CNO [Colleges of Nurses of Ontario] and disciplinary proceedings warranted."

And there's a statement about the physicians. Physicians, as Dr. Layton said, also received a lot of information on how to talk to people. And one model that they were told about was to use motivational interviewing.

Motivational interviewing is actually a very respectful model. It comes from Rogerian, client-centred therapy. But if you read the material, if you go to PrOTCT [Presume Offer Tailor Concerns Talk]— Let's see if I have a letter where the physicians were told to engage

[00:40:00]

with what Dr. Leyton was talking about: how to speak to your, they would say patients, I would say to their people.

You can look this up, PrOTCT [at Centre for Effective Practice], all of this is online. There it is. And it really, in short, tells physicians how to speak to clients. And I'll just give you one sentence: ". . . starting the conversation with a Presumptive statement. Talking tip: 'I will get/have already gotten the COVID vaccine and I'm happy to help you get it too, so you can protect yourself and your loved ones.'" And it is my understanding that health care providers don't immediately disclose; disclosure is fine if it can help the person, but that is not the way that one would probably start a person-centred conversation. And there's more points, you can look that up if you're interested, and I think we should all be interested.

And you might notice, this is also from the PrOTCT and they're saying, "What do you think of the COVID-19 vaccine?" and it tells the physician how to speak. And you might notice, if you were my students, I'd ask you, what do you notice here? Do you notice they don't have faces? Yep. Okay. And, you know, what do you think about that? How warm and fuzzy is this interaction when everybody's covered up? We don't really know what they're thinking because you can't see their face.

So I want to remind everybody that telling health care providers not to speak with one another, not to speak their view, is not the way things work. Yes, there were arguments; yes, people disagreed. But they were allowed to speak; otherwise, we might still be spraying DTT on people. And as Dr. Layton, it's interesting, we both use the same example: stomach ulcers, the change, the treatment has changed; imagine if we couldn't speak about it. Mothers are no longer put to sleep and birth with twilight sleep, and they weren't birthing alone from the 1960s. Reverence for artificial feeding, destroyed breastfeeding. It **was actually the health care professionals who destroyed breastfeeding and put mothers to sleep at the beginning of the last century.**

And allergies were perceived as mental health, there you can see a quote. And my father was actually one of the first allergists and immunologists, my late father I should say. And I know from my own experience how he was always told that allergies, "It's all in your head." We know now that allergies, that whole field is very well developed and accepted.

So just very quickly, the other principles: beneficence means we do good and we advance the health status. So I saw some of the witnesses who spoke, talking about not being able to go to parks and so on. Nobody told them about nutrition: well that's a violation of beneficence. Justice means health equity and that means everybody can use the services. So

think about all these people who couldn't use computers. So how do they even get to speak to someone about health?

And, non-maleficence means, do no harm. I think many people here have spoken about the harm. But an important way that we do no harm or health care professionals do no harm is by engaging in a risk–benefit analysis. And that was my first question, by the way, in 2020: "Where's the risk–benefit analysis?"

Research on humans, I'm not going to go over, we all know that. But one of the main ideas there is that it's voluntary—it's the same as autonomy. And what I found very interesting, and you might find it interesting as well, is that the main theme is autonomy: respect for human beings, their goals and capacities to make personal decisions. So notice the similarity. The code for research on humans is different than codes for bioethics. They're different: what is—not—in the ethical code is trust.

Trust can also mean— It's wonderful if you can develop a trusting and mutually respectful relationship with a client. But it's not always there. And that's not our goal: to get us, the people, to trust them; that's not what it's about. Because that kind of trust is compliance, infantilization, like, trust versus mistrust in infancy; adults are not infants. But there's also transference: transference means that the practitioner might seem to be someone else to the client. So you're not going to have trust there, and that's okay. Or if the physician is the person who tells the client, "You have cancer,"

[00:45:00]

that client might be very angry at the physician. What, you're going to stop treating them? No. Trust also must be earned. So our goal is not trust—it's not trust—that's not what it is. What also is not in the ethical codes: follow orders.

Kassy Baker
Now, I'm sorry Dr. Epstein-Gilboa, I know that you have much more information, this has been very interesting, but we only have a couple of minutes left.

Dr. Keren Epstein-Gilboa
Oh my god, I didn't do the nudge. I have to get to nudge.

Kassy Baker
You know what, I'm sorry, we just don't have time.

Dr. Keren Epstein-Gilboa
But that's so important. I really have to speak about the nudge, I'll do it fast. I won't show the pictures.

Kassy Baker
You have three minutes.

Dr. Keren Epstein-Gilboa
Three minutes. But if you wonder—it's not my psychosis, everybody. There's a real program: it's called Nudge; it's behavioural insights. You can read about it. The government told us about it. What is the Nudge program? Go to Impact Canada.

What is the Nudge program? It is all over the world. It is a program based on behavioural science. Impact Canada is the group in Canada who work on it. They did things like, they used language. Sounds: sounds quiet to induce fear. Jubilance, because it's not just fear. Everybody talks about "fear, fear, fear." No, it wasn't just fear. They also used euphoria.

Images: people standing in line, circles. The same messages all over the world: stay home–stay safe. Foot in the door: that means, "Hear ye, hear ye! There's a virus." But we only start with a little thing. Boil the frog: we slowly increase the restrictions.

Priming. "Oh, no, this is what to do if a child has a heart attack." That means we begin to realize that heart attacks are normal: that's priming. Information without information: You'll see the graph there. There's no numbers. There's another one, no numbers.

Pressure. Threats. And sanctions. But that's not really part of the original Nudge program, but it's there now. Stay home, false equivalence: stay home–stay safe, which doesn't mean safe. They used "messenger effect," which is specific people that we supposedly value and listen to them.

Emotion. Please note again: they didn't only use fear, also, euphoria and hope. It's really important that we know this, so we're mindful. Emotion, we do not always know— Okay, wait, that's an example.

Social interaction. And this is a quote from the Impact Canada: "Emphasizing collective action, altruism/moral responsibility; emphasizing that self-isolating and physical distancing are altruistic," in other words, that whole term, social responsibility. That's part of the Nudge program. There was a continuum.

Let me just show the continuum. Normalize and idealize distancing so that eventually we will also be prejudiced and segregate. Stay home, physical distancing, conform, breathing barriers, small groups, cohorts, and discrimination. These are just quick— People standing in line; lines were used. I'm almost done. Just quickly going through these pictures. Lineups, circle: "we're in this together" when we're not really. No faces, and I showed that throughout: there's no faces. By the way, the facial coverings were actually used as part of the Nudge program to make sure fear stayed there, that we were reminded. Stay safe, be kind, be COVID, and so on. You remember this one, for the future generations: they really did tell us to have intimacy with the mask on, and that's about it.

I'll leave it with segregation.

Kassy Baker
Thank you very much. I apologize that we had to rush through the end here, but just so the commissioners are aware, we will be entering your slides as an exhibit [Exhibit number unavailable], so they can have some time to review that at their leisure, so to speak.

I believe we are out of time for questions, is that correct? We have time for short questions if any.

Commissioner Kaikkonen
I don't have a question; I just have a quick comment to add to your presentation. I think between Dr. Layton's presentation and yours, I'm probably traumatized here.

But I just want to add that there were parents having newborn babies and the babies were taken away from them in Ontario hospitals until the mother's COVID test came back. And I can think of one example where that baby was taken away for 36 hours until the COVID test was returned. And I'm just thinking, I wonder what happened to that baby in that 36 hours because they weren't with mom. So your examples are very real, and I think it should be a wake-up call for all of us, to think about exactly what that messaging that was sent out by so-called health authorities has done. And the other side of this is we've heard testimony as we travel across the country that talks about the generation that we've lost and that's our children. Thank you for your testimony.

Kassy Baker
Thank you very much. I have no further questions, and Dr. Karen Epstein-Gilboa, I would just very much like to thank you for your testimony here today.

Dr. Keren Epstein-Gilboa
Thank you. And thank you for doing this Inquiry. It's very important. Thank you.

[00:50:54]

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 9: David Freiheit
Full Day 2 Timestamp: 09:29:17–10:18:10
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
So our next witness is attending virtually, Mr. David Freiheit. David, can you hear me?

David Freiheit
I can hear you. Can you hear me?

Shawn Buckley
We can hear you and we can see you. I probably pronounced your last name incorrectly. I know you're known with your online commentary as Viva Frei. Is that right? Or Viva Free?

David Freiheit
Yeah, my last name is Freiheit. It's verbatim: freedom in German. So it's a good name to have.

Shawn Buckley
So, David, can you state your full name for the record, spelling your first and last name?

David Freiheit
David Andrew Freiheit. D-A-V-I-D, Andrew, F-R-E-I-H-E-I-T; F like Fred and T like tango.

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

David Freiheit
So help me God, yes.

Shawn Buckley
Now, you have a very interesting background. So you were a lawyer. You used to practise in litigation, but you've gone on to other things. You've become quite a celebrity as an online commentator. I've heard of you from individual after individual after individual. And I actually got to know your brother a little bit on some Zoom calls to see if I could get him to be volunteer counsel for the NCI. So I'm very pleased to meet you. You're being called primarily to talk about your experience with the Trucker Convoy because we're in Ottawa, and that was an experience that was really significant to people living in Ottawa. So I'm wanting you to share—because you weren't living in Ottawa at the time—how you got involved and what your experience was.

David Freiheit
Well, I'll let everyone out there know I didn't always look like this. I didn't always have the grimace wrinkle of a world-gone-mad on my forehead. I used to be a clean-shaven young lawyer. And some people might have seen me online from old videos, like the squirrel stealing a GoPro. But yeah, when the world went crazy, I had already started doing online legal analysis, sort of explaining lawsuits and breaking things down. Then the world fell off a cliff in 2020. If I may start, I'll share my screen for one second.

Shawn Buckley
Absolutely.

David Freiheit
I didn't make a PowerPoint presentation, but I've got my backups here. For what I'm about to talk about, it's worth starting off with a quote from Benito Mussolini. This is not the exact quote, but it's close enough: "The definition of fascism is the marriage of corporation and state." What I have lived through and what we have all lived through over the last, starting March 2020, it has been fascism not in the juvenile sense of throwing the word around; it has been fascism in the actual Benito Mussolini sense: where I've witnessed the government working in tandem with corporations, working in tandem with the media, not to inform, not to control information but to purvey and propagate disinformation.

Shawn Buckley
Can I just slow you down? Because fascism is a term that is used very loosely now. And it's used, actually, to deflect and to make people—that aren't fascists at all—be not heard from. It is almost like the term "anti-vax" or "climate denier" now. My understanding, and you can correct me if I'm wrong, is the word corporatism simply refers to where the state interests and the corporate interests have largely become one and the two are working together. I guess Mussolini is very famous [for], when people would be talking about corporatism, saying, "No, no, you should call that fascism." You brought that definition up, and so fascism—just so people understand who are watching your testimony today—when they see the word "fascism," they need to understand that just describes the state of affairs where the state interests and the corporate interests are intertwined and working together. Is that right?

David Freiheit
Well, that's my understanding of the actual historical definition, not the way it's used this day. Like, you know, everyone's a fascist—and not to get too distracted—if you don't believe in certain things, you're a fascist. It's thrown around today, but it actually has a meaning. And it's a meaning that I've come to understand the importance of, which is corporation and government working in tandem because they have shared interests.

I've now witnessed firsthand in my evolution how this happens. I was young enough to remember people saying defund the CBC, you know, pre-2016. I had no idea what that meant, why it was being said. And now I understand because we've lived through this together. We lived through the shutdown of the world. We lived through—literally, it's come out now, and I'll bring up some articles if the world needs to see the homework—a world in which the government

[00:05:00]

decided the pandemic was a good time to test propaganda techniques on the citizens that they were currently locking down, shutting down, subjecting to unconstitutional and unconscionable restrictions.

And what way to do that? Well, it helps when you have the media in your hand. And so how did all this happen?

I had my YouTube channel. I was doing legal analysis, trying to keep my opinion out of it, thinking you can make everybody happy by not sharing your own personal opinion. Little did I know that at some point silence became violence. And then the world shut down. And I started, you know, I didn't want the channel—and I didn't want my entire life—to turn into COVID stuff. But lo and behold, there was nothing left: we were shut in our homes literally for years. I was in Quebec where we had five and a half months of curfew in 2021, and then because it worked so well and it was such a good idea, we had another month and a half of curfew in 2022 despite Arruda, the chief medical officer of Quebec, saying, "You don't use curfews to fight a virus."

So all of this culminated in the trucker protest, which was, for a great many people, not the light at the end of the tunnel but the only ray of sunshine that they had seen in years. I mean that is where my awakening comes into this. My experience in Ottawa, which was life altering and trajectory altering, where— I'm doing my daily stuff complaining about the lockdowns in Quebec, the tyrannical governments, doing my Viva walking on the streets. And it started off with people in my chat saying, "Viva, why aren't you covering the Convoy? "And I'm sitting there saying, "What convoy?"

I now understand the same MO—the same *modus operandi* that happens every time—it's first a media that is reliant or adherent or subservient to the government. Well, their system is the same: Ignore something until you can't ignore it. Minimize it once you can't ignore it. Demonize it once you can't successfully minimize it. And that's exactly what happened with legacy media in Canada.

Shawn Buckley
So can I get you to slow that down because I think you're saying something really important. We have quite a large audience, and the demographics actually mimics vaccine injury, which is quite interesting. So there will be people watching your testimony that will never have heard what you just said. So I'm just wondering if you can say it again but kind

of slow it down to parse that out because it's somewhat important. And then carry on with explaining how you found out what was really going on.

David Freiheit
I was doing my best to slow things down.

Shawn Buckley
Yes.

David Freiheit
I've been told that I talk fast. Step by step, it's the MO of the media when they have an interest and they want to propagate a narrative: Ignore until the point that you can't ignore it anymore, and then you either minimize or distract. Minimize or distract to the point where you can no longer do that because it's gained sufficient momentum. And then you have to move into the demonize and lambaste. You can see this over and over again for populist movements, political candidates. It's the classic MO.

So I was doing my daily rants on the street because I was allowed out of my house because I had a dog, after 8 o'clock. The joys of COVID. So people are telling me, "Viva, why aren't you talking about the Convoy?" And this is a month or two before the Convoy, maybe a month before. And I'm saying, "I haven't even heard of this." Because the CBC and the state-subsidized and state-funded legacy media wasn't talking about it. Then I start going on CBC to see what's going on. And then, after the ignoring, we had the distraction.

CBC starts reporting about an alleged convoy in British Columbia going from one British Columbia town to another, but they're protesting road conditions. Nothing to see here, move on. Then I notice the CBC, at one point, updated that article and said, "Oh, that convoy is not the one that's headed to Ottawa." And that's when the CBC understood that this Convoy going to Ottawa was too big to ignore. Too big to distract or misrepresent, and so what did they have to do?

Step right up to item 3: demonize and lambaste. For the viewers watching, for everybody watching, if they don't truly understand—CBC/Radio Canada is subsidized to the tune of 1.2 billion dollars a year under the federal law. It is true that the federal law was enacted prior to Trudeau. In theory, it is whatever federal government is in power at that time that subsidizes them.

But when you see the indirect distorted interests of the media to placate or favour one government that doesn't want to defund them and to dehumanize the other— You'll notice that the CBC, once upon a time,

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sued the Conservative Party of Canada for copyright infringement for using some of their material for a campaign ad—but never sued the Liberal government similarly—using our taxpayer dollars to sue a political party, one of the two big federal political parties.

Understanding this now, the CBC could no longer ignore this Convoy that was coming from all corners of Canada. So once they can't ignore, once they can't misrepresent, they then have to move into demonizing. And that's when they start demonizing the truckers as

extremists, anti-science, anti-vaxxers, yada, yada. At this point none of us really understood how big it was ever going to get. And they're doing their best to try to ignore the young children and the people with their flags of hope on overpasses across the country.

Shawn Buckley
And I'll just stop you there because people that are watching internationally won't understand. So when the truckers started moving from different parts of the country and driving towards Ottawa, the citizens would literally line up along the road, every overpass covered in flags and placards. And they couldn't buy a meal and they couldn't pay for their diesel—like, people were supporting them along the way and that was part of the experience that Canadians had. Because we have people watching internationally, I felt the need to jump in and fill that in.

David Freiheit
Please, don't worry. And they were doing it everywhere. I mean, they did it in Montreal; they would stand on overpasses. You had these wonderful images of hope and people standing behind the truckers—the truckers who would ultimately become an international movement, which obviously upset Justin Trudeau even more. So the media has to demonize them, and so they start calling them all sorts of names at first. But at this time, also, nobody understood what this protest was going to turn into.

You had truckers driving across the country, not knowing how they were going to pay for fuel or not knowing— Just, enough is enough, we're going to the capital. People also should appreciate Ottawa is not a random town. It's the capital of Canada; it's where protest occurs when protest needs to occur. So all of this is happening, and I'm starting to pay attention to it, starting to understand this is turning into something special. As luck would then have it—or bad luck would have it, although I think it all ended up well—I was in Florida for a Project Veritas event, back before Project Veritas turned into what it is today. But then people were saying, "Viva, what are you doing at a Project Veritas event? Get your butt to Ottawa." So I'm like, "Okay, I'll get back to Canada and I'll go."

In the meantime, I'm starting to see what the CBC and other legacy media are reporting from Ottawa: I'm seeing reports of Nazi flags. I'm seeing reports of Confederate flags. I'm seeing reports about defacing the Terry Fox memorial. People urinating or desecrating the [National] War Memorial that is in downtown Ottawa. But I'm simultaneously, literally, getting tweets, messages, video clips from people on the street saying, "This is all a big fat lie."

I'm sitting there; it's like, I'm seeing not one screen, two films. I'm seeing—someone's telling me that they're seeing blue when it's red. And so, it's like okay, "Well, I'm going to get to Ottawa the Monday I get back," which is after it started on the Friday.

I had never done this before. I did livestream where we talk about subjects, but I've never done a walking around real-time livestream. I said, "Look, I'm going to drive down to Ottawa. I see what the CBC is saying. I'm going to drive down and I'm going to livestream. And if there are Nazi flags there, the world's going to see it for good or for bad, for right or for wrong. If there's Confederate flags, violence, and mayhem, then the world is going to see it in real time as I see it."

I get down there. I drive down from Montreal. I drove down there and back every day, except for one night when I tried to stay in a hotel. But that was when I think the

government either bought up all the hotel rooms or forced them to cancel reservations because they cancelled my reservation.

I get down there. And you understand them: It's like eyes wide open for the first time, ever. I understood we're being lied to. And not just lied to—because it's one thing if you know someone's lying to you—it's a more insidious type of lie when they try to make you think that it's reality. It worked on so many people. I get down there, the Monday after reading news about Nazi flags, desecrating the War Memorial, and desecrating the Terry Fox memorial.

At this point, let me bring up one of my footnotes here: the article about the desecration of the Terry Fox memorial. This is CBC and this is how they reported it, and it's so subtly insidious: "Anger over defacement of Terry Fox statue, a sign of his 'unique' legacy, says mayor of icon's hometown."

[00:15:00]

When I talk about the fake news—and people are going to immediately think of the Trumpian term—this is government-subsidized propaganda. And you'll notice, in all of these CBC articles that I'm going to bring up, the tactic: They make a statement, but then they quote someone else, "says mayor of icon's hometown." So they're not making the statement, but they're saying the statement, referring to another government official who makes the statement—it's misleading, and it's utterly dishonest. So you read the headline, and for anybody who gets past it, you might see this picture of the defacement of Terry Fox [image of Terry Fox statue with a Team Canada baseball cap and Canadian Flag wrapped around his neck].

Words have meaning, as a lawyer, my father always said, "Words are the tools of your trade." Defacement typically means something semi-permanent, more permanent than a cap, even if one were inclined to think that a cap is defacing a statue. They don't show you the bottom of the statue, at least yet. So anybody who gets this far, and says, "Oh, my goodness"—well, even I thought this at the time—"there must be something going on at the bottom of that statue." Spray paint, dirt, something along those lines. You get down to it—once you scroll down far enough—and this is the defacing of the Terry Fox memorial that they were complaining about [image of Terry Fox statue holding a sign: Mandate Freedom]. Now, again, they didn't make the statement; they're just quoting the mayor of Terry Fox's hometown. Why is this so gleamingly insidious? That's defacement.

And when you want to talk about a media that has a vested interest to demonize one group while lionizing another, this is a tweet from Sheila Gunn-Reed from back in the day. Let's see if I can find this. Can we see that now?

Shawn Buckley
Yes, we can.

David Freiheit
Okay, it's tucked down here somewhere behind all this.

You have a tweet from Sheila Gunn Reed, which compares, you know, historical defacement of the Terry Fox—sorry, alleged defacement—from the Convoy with what is otherwise "just celebration" [Sheila Gunn Reid Tweet comparing image of Terry Fox statue at the

Convoy, with Team Canada baseball cap, Canadian Flag, and Mandate Freedom sign, with another image of Terry Fox statue celebrating Pride week, holding a Pride flag and flowers]. It's the same media that's doing this: they'll take two images, which are by and large the same, and demonize one based on ideology while lionizing another based on ideology.

Who does it benefit?

Well, it benefits the government, and it benefits Justin Trudeau in effectively shaping—and as you say, not just Justin Trudeau but Doug Ford, all the provincial leaders—it helps them mislead an entire population as to what's actually going on for anybody who gets past the headline, which is already a very small percentage, and even then, it's buried in there.

And they do this so that they can create, promote a narrative that favours the government, a government which subsidizes them, and then people see this and think that they are informed. I knew people in Ottawa, not to identify anybody who doesn't want to be part of this. I've known people who live in Ottawa who thought what was going on was what was being depicted in the CBC; none of them stepped foot in downtown. And they all believed that they knew what was going on and that the truckers were Nazis, that they were desecrating statues, urinating on them.

I went down there with my camera, and I ran around, literally, everywhere. And I go past the memorial: it's clean; it's shovelled. There might have been what looked like coffee on the side of it, but, by that point, the lie has travelled around the world and the truth, as they say, is still putting on its pants. I did this for 13 or 14 days: just drive in, see what's going on and talk to people—just talk to people and hear them in the same way that they're talking now and sharing their stories with the world now because our elected officials refused. They didn't even have the courage or the dignity to come down and talk with any of the protesters—people who just wanted to be heard and share their story after two years of what can only be described as unconscionable inhumane abuse. They didn't have the courage to step down and talk to them. I just went around hearing people's stories, see what was going on firsthand. It wasn't to misrepresent; it was just to show without a filter what was going on. And that, without a filter, led to CTV News' "W5" attempting to make me look bad, as if to say, "This guy goes around with a camera with no filter; he's very popular. What's going on? Why are people watching this?"

Without understanding that that's exactly what the people want: it's just the truth of what was going on. And I went down there and I saw it with my own eyes. You know, when the CBC was talking about kids—hold on, I'll bring this one up as well—kids being among the crowd, making it hard for police to do their numbers. Here, I think this is it; yes, this looks like it. Look at this. CBC, notice the tactic: They make a statement, "Large number of **children among protesters hampering response, police say." Oh, well, we'll just unquestionably and unquestioningly repeat what the police say so that we can then continue with demonizing. And not just demonizing, by the way,**

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because I was there seeing people in tears because the implicit threat was that the government was going to come in and take children away.

This is not just demonizing and calling people Nazis or whatever. This is, you know, saying these parents are putting their children at risk, using them as human shields. But CBC says it again, "Large number of children among protesters hampering response, police say." CBC

is not saying it. They're just repeating it for and on behalf of the government to the benefit of the government.

And then, look at this, if anyone thought— Is this the right one here? Yeah, this is it. Ottawa police [an Ottawa Police tweet]: The CBC is just repeating the Ottawa police, repeating it and not condemning it. When the Ottawa police come in and say, "Protesters have put children between police operations and the unlawful protest site," they deemed a constitutional right unlawful just like that, willy-nilly. But set that aside. "The children will be brought to a place of safety." To me that is a very sinister threat of government-sanctioned kidnapping, but it didn't actually get there—but not for lack of trying from the CBC media. So I'm down there, oh, goodness. Yeah, sorry, go for it.

Shawn Buckley
Well, I'm just wondering, describe what you saw. So you're telling us about all this demonizing and you're telling us you were down there. So what did you see?

David Freiheit
I said I wasn't going to cry because I think it's weird when people cry. I cry when I get upset, but I also cry when I get really, really frustrated. What I saw there was one of the few times where I was on the verge of tears because of how magnificent it was. It was noisy: there's no doubt about it. There were horns and there was a beauty in the horns. But it was nothing but the most beautiful thing I have ever seen, for those of us who had spent two years under psychological, economic, financial, and spiritual abuse.

You know the previous witness talking about how Peel region was talking about locking kids up as young as five years if they just came across someone who's— We had lived through that. I saw people smiling. Hugging. And I'm never one to hug; I'm a bit of a germophobe even before all this. I even started to hug. You saw people smiling; you saw people wearing masks mingling among the crowd. But the media was saying that, you know, the truckers were demonizing people who were wearing masks.

Another grotesque lie because a lot of people, known to everybody there, were wearing masks so they wouldn't get identified and fired from their jobs for participating, partaking, or even being at the protest site. I saw kids playing hockey. There was the jacuzzi towards the end of it, the hot tub. Kids playing hockey, dancing, smiling. There was a section by Wellington and the main intersection, right in front of that hotel, the fancy hotel—

Shawn Buckley
Elgin.

David Freiheit
I called it the dance-dance. It was, say it again.

Shawn Buckley
Elgin.

David Freiheit
Elgin Street, yes absolutely. There was this section, I called it the dance-dance revolution because they had trucks—they were playing dance music; people were dancing. I'm not saying this, because I don't look at people and immediately see race, religion, identity, sexual orientation, I'm saying this because for a group that was called misogynist, there were women all over the place. For a group that was called racist, I interviewed Iraqis. There were black— I don't know if they were Canadians, but there were people of all races there. They were called anti-trans; I interviewed a trans person who was at the protest, Ari was their name. I interviewed this person and we had a good time. And Ari said that the only time they felt any form of hatred was when they crossed the line from the counter-protesters to the protesters, when the counter-protesters realized, "Oh, this is no longer an ally, Ari is an enemy." I interviewed people from all over the world. I interviewed Big Bear, a native man. And I'm listening to the media say that this group of trucker protesters was anti-black, racist, anti-Semitic, misogynist.

It was hogwash from day one, and I learned that after day one. Trista Suke, day one, I meet a beautiful young woman who's walking around with a guitar. I had no idea who she was. She says, "I want to sing you a song," and this was at the far end of the protest. And I was nervous for her because, you know, I was worried it was going to be like an "America's Got Talent" bad audition. She started singing and she sang Amazing Grace, and it was the most beautiful thing I've ever heard.

This was what the protest was.

And then for two and a half weeks, you had the CBC running around with that lone picture of a swastika on a flag. No one ever knew who that person was. But, you know, very fortunately there was a professional photographer right near him, so he could get that shot. You know, diffuse it to the media who would then run it around saying, "Oh, we're just reporting."

[00:25:00]

For anybody who doesn't know that one scene on day one when someone was there with a Nazi swastika flag: The media ran with that. Politicians ran with that. Marco Mendicino ran with that. Justin Trudeau, Jagmeet Singh, they all ran with it. The media helped them, and they had their disinformation-laundering campaign perfectly set up. It's unclear what that person was even doing because there are some people who suggest the person was there with the Nazi flag to suggest that Justin Trudeau's regime was behaving like previous Hitlerian regimes. Others are saying he was a plant. Who knows? Bottom line: that flag existed on one person for one moment, never came back. And after that, it was nothing but love, peace, and a sense of joy that Canadians had not felt—and the world had not felt—in **two years. Sorry, I heard you want to say something.**

Shawn Buckley
Well, no, you answered my question because we've all seen that image because the mainstream media just kept repeating that image. So, you know, it's now a famous image in Canada, and it's burned into our minds regardless of whether we bought into the government narrative or not. And so I was just going to ask you, because you were literally walking around live streaming day after day, if you ever saw a Nazi or Confederate flag at the trucker protest?

David Freiheit
I never saw one and I didn't edit anything. I went for five and a half hours, sometimes every day, and I saw what I saw. And it's not just that I saw what I saw because I asked cops. I asked the police: "Have you guys seen any vandalism? Have you seen any violence?" They said, "No, it's cleaner and safer now that it's ever been." And I should add this, I'm very familiar with the city of Ottawa. I never felt comfortable in the city of Ottawa; I might be a bit neurotic and nervous, in general. But nobody liked downtown Ottawa at night because it's not a place where you would go walk at night. No judgment. There might be, you know, reasons why the government has sort of failed the homeless population and the addicts of Ottawa. But it's not a place where you would walk around; the Rideau area, it's not a place where you'd walk around at night. I had never seen the downtown core of Ottawa cleaner, safer. The homeless people were being fed. And so when you read these bogus rubbish stories coming out that the truckers went and harassed a homeless shelter and demanded food—they were literally cooking food on the streets and feeding the homeless people.

And it was so in your face and so shocking what I saw. And I went to ask the cops, "Have you guys seen anything?" At one point, one of the policemen said to me, "Yeah, actually, there's a broken window across the street." I was like, "Oh, where?" And then he giggles saying, "I'm joking; it has nothing to do with the protest." You could not understand what it—wasn't—unless you had been there. But they did a good job doing what they're doing in terms of making people think they understood what was going on, and it has its impact. And I always say, "The toxicity is a trickle-down and a trickle-up."

Let me play a clip. I interviewed a counter-protester. I'm just going to play one section of this interview. Let me see if I can bring it up here. And I'm not bringing this up to mock the person. I have no idea who this person was, ironically enough, wearing masks, and nobody cared. But listen to what the protester said. I thought this rang interesting.

[Video] Counter-protester
The occupation of Ottawa has to end. I live just outside the Red Zone. It's appalling. I cannot go to an office building. I can't shop. I can't go to church. I can't—

Viva Frei
You can't shop. You can't go to an office. You can't go to church. What do you have to say to the people who are protesting because they can't go to church, they can't go shopping, and they can't go to the office because of the government.

Counter-protester
Get vaccinated,

David Freiheit
"Get vaccinated." Listen.

[Video] Counter-protester
and do what you can.

Viva Frei
Okay, but now, if I may ask, could you recognize a certain inconsistency in telling someone that they have to do something with their body to do the thing that you're complaining you can't do now because it's an inconvenience?

Counter-protester
It's not an inconvenience, that's an occupation.

David Freiheit
"Occupation."

[Video] Counter-protester
I'm not telling them that they have to be vaccinated. I'm saying that if they want certain things, certain rights then they have to be vaccinated. If they want certain rights, you can't drive a car without a seat belt without facing the consequences.

David Freiheit
Where she says, "without facing the consequences," she goes on to say, "Get vaccinated or there will be consequences."

[Video] Counter-protester
You can't drive drunk without facing the consequences. If you don't want to be vaccinated, then you have to face the consequences.

David Freiheit
Where did we hear that terminology being used? I had to go back and double-check.

Shawn Buckley
So this is a counter-protester, just so it's clear for everyone watching. This isn't anyone involved at the Trucker Convoy, but they were counter-protesters. You went and interviewed this counter-protester.

David Freiheit
I interviewed a couple. I wasn't there to pick fights or start fights, but I went to interview this counter-protester. The one thing people should remark from that interview is that you could hear it,

[00:30:00]

and this was barely four blocks down from the core of the protest. She went on later to say that it's torture, the noise. We were conducting an outdoor interview on my iPhone, and you could barely hear the horns from up the street.

But "get vaccinated or there will be consequences": where did I hear that terminology? This was February 2022. Well, lo and behold, you know, this was the exact terminology Justin Trudeau had used in August 2021. I had to double-check the dates to see which one came first. And you see how this all works: It comes from the "top down," recycled and regurgitated by the media that doesn't hold the government's feet to the fire. I've been saying that the Canadian media has gone from being the government watchdog to being the government lap dog. And so you get the government, you get Justin Trudeau, the highest person in political power in Canada: "If you don't get vaccinated, there will be consequences." You don't get a media grilling him for this Nuremberg-level violation of everything that history has taught us.

And then it trickles down, recycled, and then, lo and behold, you get your citizens regurgitating and repeating what would otherwise be atrocity-speak in different ages. I interviewed this protester. You could hear the interview. They were claiming it was an occupation: She said, you know, "The horns, it's torture. It's a violation of international law." And I asked her if she knew about the Nuremberg Code, and, lo and behold, you know, CBC wasn't exactly teaching people about the Nuremberg Code.

But that's what happened. I walked around. I talked to people and I heard their stories. I interviewed a woman whose two sons died of overdose during the pandemic. You can't listen to something like that and not have your heart hurt beyond any way that you can ever repair. But, you know, Jagmeet Singh, who goes down on Parliament Hill to protest with the federal workers, didn't step down. They like to use the word "step up." That's the propaganda, you know, "people step up."

The government wouldn't even take a foot down into the protest to listen to these people. A woman who lost both of her sons to overdose during the pandemic. She was telling me how, you know, they were good; they got their lives back on track. And then everything shut down: they lost their jobs, and they relapsed and died. No, the government doesn't have the courage to talk to her. The media doesn't have the courage to talk to her.

You get the CBC down there, and this I saw also. The most interesting was not just seeing the distortion of reality but seeing how they do it. So you get the CBC—and others, I mean, I don't want to only pick on them, but they really deserve it—looking for the drunkest people to interview, then interview the drunk people, and then say, "Look at this representative of the crowd down here. It's a bunch of bums, drunken; they're just looking for excuses to do this." They look for the exceptions to make the rule, and they don't actually talk to the people themselves. It was revelatory, but well, let me bring this one up.

This is just something that the world needs to see, speaking to what the CBC does in terms of reporting. This was an actual article. We're talking about state-funded media that is there to parrot and condition the population to accept unconscionable government measures. Why? Because they're subsidized by them directly and/or indirectly. This was an article, "The pleasure and peril of snitching on your neighbours during a pandemic." And their only problem with it, by the way, "Experts say reporting on neighbours offers a sense of control but adversely affects minorities." This is Canadian media, fully subsidized by government taxpayer dollars, and what they're out there doing is parroting, pre-suasion— planting the seeds—preconditioning people to accept the unacceptable and normalizing it.

Shawn Buckley
You know, it's interesting that reporter obviously hadn't learned what we learned in **Manitoba. Because when the Commission has been travelling to different provinces, we've had one of our video people assemble news clips of the government speaking during the pandemic. In Manitoba, they didn't call them snitches; they called them "ambassadors." It was really Orwellian. I mean, it was upsetting to watch. And what the government was saying, they were basically encouraging people to snitch as if we were in East Germany, and, you know, there was the Stasi.**

David Freiheit
It's the Orwellian newspeak like the previous witness was saying, you know, "We're closer together by being further apart." What is it? "War is peace, freedom is slavery, ignorance is strength." I forget the exact order, but it's nothing less than Orwellian newspeak.

[00:35:00]

Just to show receipts as well, this was the CBC, and notice the tactic again; it's the third time we've noticed it: "Protest convoy had 'worst display of Nazi propaganda in this country,' anti-hate advocate says." So the CBC is not saying it. They're just repeating what someone else says without holding their feet to the fire, without challenging it: it's the "worst display of Nazi propaganda in this country." This is, I like to say, "confession through projection," on my channel: accuse your enemies of doing what you're doing. This is the worst display of propaganda imaginable. You have the CBC, not saying it, just repeating someone else—the anti-hate network has its own problems in terms of reputation—but just repeating it: the "worst display of Nazi propaganda the country" has ever seen. And I went down there. Didn't see one Nazi flag, and it wasn't for lack of trying. Didn't see anything but the most beautiful unification I had ever seen.

I should say, it was the most beautiful thing I'd ever seen until Justin Trudeau deployed the stormtroopers after having invoked the *Emergencies Act*. I didn't see a lick of violence until the cops came in. Police, I should say the police—the RCMP, Sudbury Police, OPP, who are the other ones, Sûreté du Québec from Québec. It was the most beautiful thing I'd ever seen until the government said, "We have been embarrassed enough," and then called in the police.

I was down there the Friday and Saturday when they broke it up. And they came in, at the direction of Justin Trudeau, like literal stormtroopers in flank. One step at a time, knocking people, what do they call it, "the shove and grab," knocking people over, arresting them. I was there the day that they had assaulted, violently arrested, Chris Deering, an Afghanistan war veteran. A war veteran—his body had been literally destroyed in battle where his other mates did not survive—violently arrested, cuffed, had his hands behind his back for two hours. Then they drove them outside of the city and dumped them off like trash and let them make their way back.

I was there the Friday and the Saturday, and they had snipers on roofs, drones in the sky. They were detonating concussive grenades. I was like five feet from a concussive grenade as it detonated, as they're clearing the streets one after the other. Because Justin Trudeau, who promotes protest in India, promotes the rights of the citizens to protest in China— It wasn't even a question of negotiating. We now know from the Commission [Public Order Emergency Commission, (POEC)] that they had effectively negotiated some form of an agreement whereby the trucks would leave. But Justin Trudeau was so desperate to turn this into a quasi-January 6th—

Shawn Buckley
Let me just stop you, and I do want you to continue. But I just want the people that are watching your testimony to understand. So what you're communicating is the *Emergencies Act* was being invoked. So people understood that the troops were coming, so to speak, and the truckers had arranged to negotiate and had communicated "We will leave." So it wasn't necessary for the police to come in. And we've actually had one, I think, two witnesses that were involved in those communications, "We will leave." So I think it's important for people to understand, especially those that watched the troops come in—and there's still the videos online—that was completely unnecessary. That basically the truckers had agreed to leave and disembark and vacate the capital.

David Freiheit
I have sort of taken for granted and, wrongly, that everybody knows exactly what I'm thinking. Yes, so the protest goes on for near three weeks and peaceful, but it wasn't ending. The Windsor Bridge blockade, which everyone knows because that blockaded the border between America and Canada, Ontario and Michigan, had already been resolved via court order.

But Justin Trudeau was hellbent on invoking the *Emergencies Act*, which used to be the *War Measures Act*, which is the invocation of last resort for when there's a national emergency for which existing laws are inadequate to remedy. So Trudeau was hellbent on doing this. We now know this from the Commission (POEC), which revealed that they were discussing it. And even though a negotiation had been reached between the truckers and the city to at least clear up certain areas, that settlement was basically set aside so they could invoke the *Emergencies Act*, which was after the Windsor Bridge blockade, if you want to call it that, had already been resolved via court order.

So I don't care what the Commissioner Rouleau concluded.

[00:40:00]

It was the most egregious, unjustified, unconstitutional overreach to invoke the *Emergencies Act* for an issue of national security—a national crisis that cannot be resolved by existing laws—as relates to a protest in a four-block Red Zone, in pinpoint, geographically limited to Ottawa.

If nobody knows what an overreach that was, I've broken it down quite a bit on my channel. He invoked the *Emergencies Act* and then the police start coming in. Everybody knew it was going to end badly or more badly. The police came in flanks. You had multiple police [forces]. You had some with no identification badges coming in on the Thursday, Friday, Saturday, setting up fences, which people thought were for kettling, which is, you know, crowding people in so they can get arrested. You had heavily militarized police, armored vehicles, and police people, no badges. You didn't know who they were, just numbers. You don't know where they came from. And then all hell breaks loose of violence on the Friday and the Saturday when they decide it's over.

I said during this event, "If this event does not end in reshaping and revolutionizing where the world is headed, it'll be the biggest black pill following the biggest white pill that I've ever had." The day that this protest was violently ended, violently suppressed, it was one of the darkest moments for me after having seen the last three weeks of peace, love, and beauty. Nationalism in the best possible way—Canadians proud to be Canadian again. The amount of people who said it to me while I was down there: "I've never been prouder to be Canadian. I've been depressed and sad for the last two years. I've driven 13 hours from Nova Scotia. I've driven 12 hours from Northern Ontario. I've driven from Vancouver." The people were happy to be among other people. They were proud to be Canadians yet again, and then it was suppressed. The way it was suppressed also further illustrated the government-subsidized propaganda to downplay and deflect from the egregious over-the-top violence.

There was an image accidentally caught by the CBC, I think, of the police beating the ever-loving mercy—just kneeing a human being as though they were a sack of potatoes that they were trying to turn into mashed potatoes for dinner. It was accidentally caught live; they never spoke of it again. The media is covering this, you know, talking about violence—that could possibly warrant this action—when there never was. At one point during the protest,

the police cordoned off the cenotaph, the War Memorial, to protect it. To suggest that the protesters, who were military veterans in large part—

Shawn Buckley
Many wearing medals at the time and telling the police that they were not going to be violent.

David Freiheit
Wearing their medals. When Chris Deering was violently assaulted, he lost one of his medals in the snow when they shoved him to the ground, when they kneed and assaulted him. They were wearing their medals. They were—and I learned this by being there and asking them because CBC sure as hell was not reporting on this—they had set up 24-7 video surveillance of the War Memorial. They were shovelling the snow every time I was there, salting it, because the city was no longer salting. They had a drummer in front of the War Memorial, doing the military drums, and then the police come in and section it off as if to suggest that it was out of control and that people were desecrating it or vandalizing it. The military veterans that I was talking to—I've never served; I don't have this experience; I don't have this, you know, reflex of my soul—they were outraged. They said, "This monument is a monument for me to go pay tribute—honour—to my fallen brethren. And now I can't go step on it because the government is doing this as a sick ploy to make us look bad."

Did the media ever talk about how it was the military— It was spinning. I interviewed these guys, shovelling the snow, salting the walks, and watching over the War Memorial.

Shawn Buckley
Viva, I just need to focus us, and somebody just flashed that we have five minutes left.

I want to give the commissioners an opportunity to ask you questions because you've brought us a very important perspective, and the fact that you actually went there to deliberately see what was happening and contrast it with government narrative is of vital importance. So I'm just going to ask the commissioners if they have some questions, and they do.

Commissioner Drysdale
Good afternoon, Mr. Freiheit. We had previous witnesses who were at the protest in Ottawa, as you were,

[00:45:00]

and you were talking about how the CBC only presented certain pictures and so did the rest of the mainstream media. But that area, Elgin and Wellington, in and around and in front of the Parliament buildings, is probably the most surveilled, video-taped place in the whole country. Have you seen or have you asked for or has anybody to your knowledge demanded that the Government of Canada release some of that surveillance tape so we can see, using the government's own video cameras, what happened?

David Freiheit
I would say there's—I haven't done it. There's no need to do it because with all of the live streamers there who captured all of this in real time, there's no room for doubt. Thank you for reminding me of another fake news story that the media ran with but only corrected once it was well too late.

The arson, the alleged arson that the truckers had attempted to carry out on an apartment building. It had nothing to do with the protests and nothing to do with the protesters. By the time they go to correct that story, or attenuate it, it doesn't matter; it's already left its impact. When I was talking to the counter-protesters, they were just repeating the same things. They were just repeating the same things: people getting assaulted for wearing masks, the harassment. It was nonsense. But you don't need to ask the government for these videos. Everything was documented in real time.

The only issue really became, say, algorithmic suppression or soft censorship on social media where that video of the police kneeing, I think, a veteran in the torso as they're arresting him—that systematically gets demonetized on YouTube, which affects its visibility to others. But it was all captured. The only violence that occurred, in my experience and that I've seen, was at the hands of the government that came in to end this peaceful protest in the most non-peaceful way imaginable.

Commissioner Drysdale
Well, my only point, and I agree with you, it was documented by many people, including yourself. But my only point in getting the government videotape is it would be nice to hear from the voices of the government themselves, showing their own cameras, what their own cameras have shown. It would be difficult for people to say that the government edited or selectively videotaped when they have hundreds and hundreds of cameras. It reminds me a little bit of the Tucker Carlson thing earlier this year with their January 6th fiasco. It would be hard for the government to deny their own camera feeds, I think.

David Freiheit
Absolutely. Also, some of those camera feeds might show stuff that the government doesn't want you to see. Like there was a video of the police, while arresting someone, appearing to butt them repeatedly with the firing end of a gun. I'm reflexively a back-the-blue type person. But what I saw on the days when the protest was crushed violently was just following-orders-type conduct, which will leave a lingering bad taste in my mouth.

Commissioner Drysdale
Thank you.

Shawn Buckley
And there being no further questions, David, what a pleasure it has been to have you share this, your personal testimony with us. On behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

David Freiheit
Thank you for having me. I wanted to do this during the Commission, but I think too many people wanted to do that as well. But thank you for having me. I hope everyone really

appreciates—it's attributed to Denzel Washington, but I think it's more Mark Twain: "If you don't read the news, you're uninformed and if you read the news, you're misinformed." You have to know the tricks in order to understand how to digest what's being fed to you and make more people wake up to what is actually going on.

Shawn Buckley
Thank you.

David Freiheit
Thank you.

[00:49:10]

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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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 10: Anita Krishna
Full Day 2 Timestamp: 10:18:39–10:47:30
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Hello?

Anita Krishna
Hello.

Kassy Baker
Hello, Anita. We're on right now. Can I please get you to state and spell your name for the record, please?

Anita Krishna
Anita Krishna, A-N-I-T-A, last name is K-R-I-S-H-N-A.

Kassy Baker
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Anita Krishna
I do.

Kassy Baker
Very good. Now I understand that you're here today to tell us about your termination from Global News from your position as a control room director. Is that correct?

Anita Krishna
Correct. Yes.

Kassy Baker
Before we get into that, I would just like you to tell us a little bit more about yourself. Can you please describe your education?

Anita Krishna
I have a bachelor's degree in Radio and Television that I got from Ryerson University and I've taken other college courses, but I have a bachelor's in Radio and Television from there.

Kassy Baker
And how long have you been working in journalism and broadcasting?

Anita Krishna
Twenty-five years, long time.

Kassy Baker
Can you please tell us about your work and duties as a control room director?

Anita Krishna
Okay, at Global News, I was a technician, I was a control room director. So what that means is when you're watching your newscast on TV at home, we are making the TV happen, so that's part of my job. The producers line up a show, and we all work out of a rundown: the software that we used there was called ENPS [Electronic New Production System]. So they build the show, and what we do is we run all the elements in the show technically. We roll the opening, the big dramatic music that says, "Tonight, on Global News," and then we do all the camera moves and decide what the look is, whatever the top story is. Let's say it's about a mudslide blocking traffic on a highway or something, then I put in pictures of the mudslide, things like that. If we're going to reporters live on the scene, I make sure that's technically all good to go.

My job is preparing the technical execution and executing a show. But I work in a newsroom, so I work alongside all the directors, or sorry, all the producers and stuff. So even though I'm in my own world kind of lining up, kind of technically figuring out the elements I'm going to use for the show, I'm listening to what's going on in the newsroom. And I've done that type of work for 20 years or so.

Kassy Baker
And how long have you been working for Global specifically?

Anita Krishna
Since 1997, that's when I started there and I worked there for a few years. There was a period of time, right around 2001 and '02 that I started working at other stations. So I was just freelancing around different stations in Vancouver. I worked for CTV and I worked for City TV and worked for Global and Shaw, kind of all at the same time. So yeah, so I did that. Then I got married, and then we moved to New Zealand and then we came back here in 2007, and then I started working again. I picked up a little bit of work at CTV, and then I went back to Global.

Kassy Baker
You were working for Global in this position when the COVID-19 pandemic arrived in 2019. Is that correct?

Anita Krishna
Yes, I was a director of newscast when COVID-19 happened.

Kassy Baker
So what did you observe about the virus and how it was reported in those early days?

Anita Krishna
Oh, well, I mean, obviously in 2019, you know, it seemed to be a thing that just was happening over there in a different country. You know, here we go, it's another SARS type-of-thing. And you know, we're just waiting; nobody was really freaking out too, too much about it then. When it hit big was March, like 2020. I remember I was working at Global National, I was directing that show, March 11th. And oh, boy oh boy, like, yeah, that's when the hysteria really, really hit hard I would say.

Kassy Baker
Can you give us an example of this hysteria, as you've called it?

Anita Krishna
Well, the funny thing is, is that— Okay, working on Global National, some of the headlines that we were running that day on the 11th is like, we had reported that "The WHO declares the coronavirus a global pandemic." This is like just in our headlines, right?

[00:05:00]

And then we ran a little clip of Trudeau saying, "We're going to give Canadians everything they need," you know, "don't worry." And then we ran another clip saying, Patty Hajdu. And then before we got into that, we said, "Are Canadian hospitals going to be able to cope?" And then we went to this clip of Patty saying, "Oh, about 30 to 70 per cent of the population could get it." Then we ended it by saying, "Social distancing, what you need to know about keeping your distance and flattening the curve." And so that was in one minute, we had outlined all those things—all those things like panic, fear, just trying to scare everybody when I could see that nothing was really happening yet, like nothing had happened.

At that point, I'm not sure if there were—who had it? I didn't see anybody in my community that had it; I didn't know anybody that had it. Yet all these measures, these crazy measures and these fear tactics were coming fast and furious. And it was also right around that time that all the sports had cancelled, like the MLB, the NBA put their season on hold. The NCAA cancelled all their championships. It just seemed to be like—whoa, how did all these corporations or institutions, how did they all come to do this? Bang, bang, bang, like shut down, shut down, shut down, when we hadn't seen anything happen yet.

So my gut instinct was just telling me that this was like a massive overreaction but, you know, the horse had sort of left the gate already. Everybody was sort of in on this and nobody seemed to question the hysteria. Because, at the same time, we're also telling

people, "Children could get it. Children could test positive. If you've travelled outside the country, make sure you isolate; nobody, non-essential travel—" and all our clips of running people like Bonnie Henry saying, "This is going to get worse." Well, I didn't even see anything happen yet, so I just thought it was a massive overreaction. But everybody was just sort of going along with it.

Kassy Baker
And from your perspective, how did that reporting change over time, over the next several months that came to pass?

Anita Krishna
Sometimes an event happens and then you see the reaction. Now people can argue whether you see controlled events happening in news and then you see the controlled newscast. Sometimes that does happen, right? But for this situation, it was like nothing happens and then you see this kind of overreaction. Okay, so fair enough. So maybe at the time people were just being prudent and being cautious.

As time wore on, it just seemed to be that there were things that we were not reporting. You could easily find these things on the internet or find these things in other sources, but for some reason, our own newscasts were neglecting to tell people that perhaps the origins, like where this came from, was not the wet market. We actually just made people believe that it came from a wet market and never addressed this laboratory, the Wuhan Lab. Which was a big concern of mine because if you don't know where this thing came from, how it came to be, how can you propose to know what it is and propose to stop it? So the fact that—

Kassy Baker
I was just going to ask, when you observed this, what was your reaction to the news being covered in this way?

Anita Krishna
Well, I just thought, how can we neglect this? How can we neglect to tell people this? How can we lead people to believe something which is not 100 per cent accurate? And we were leading people to believe things, about several things, that didn't seem to be accurate, and yet we were not reporting this other side to so many pieces of this story.

Kassy Baker
Did you raise your concerns with your colleagues or with your supervisors and superiors?

Anita Krishna
Yes, yes, I did, I did, yeah.

Kassy Baker
Sorry, what was their response?

Anita Baker
I was raising concerns left, right and centre about absolutely everything. So let's see here, I had a meeting— I mean, as soon as you raised an issue, let's say you talked about the Wuhan lab. At one time, I said I thought this was a synthetic virus, in the newsroom:

[00:10:00]

that did not go over well, people just ended up getting mad at you. Other things that I raised was why we were not telling people about medications that could possibly help you, right? All of a sudden, everybody had these very strong opinions on hydroxychloroquine, and they had already formed their opinions. But my opinion is, if it's something that could possibly help you, do you not have the right to try it?

My cousin ended up getting COVID and she takes hydroxychloroquine because she takes it anyway, because she's ill with something else. So she got COVID and described how awful it was for her, but that she got better in about eight days and she thinks she got better because she was taking hydroxychloroquine. She said, "I think that that made a difference, you know?" So I told this to an anchor at work. I said, "Hey, my cousin took this and she thinks she got better." And he just said, "Oh, she thinks she got better, eh; she thinks she does; she thinks she got better." Like he got mad about it, but why would you get mad? Wouldn't your answer be, "Hey, that's awesome. You know, I'm glad that that worked for her, maybe we should look into it. Maybe this is something we should do a story on."

I'll tell you something else. I brought up ivermectin to one of the assignment editors there, too. Because there was so much negativity going on in the newsroom and so much judgment of people that were questioning the vaccine and stuff at the time that you knew what you couldn't really even speak about. But you couldn't really even speak about drugs. So one time in the newsroom, I brought this up because somebody called up to say some story about how unvaccinated people were taking up beds in the Children's Hospital, like, "look at these unvaccinated people." And this one guy was just sort of saying, "Oh, what a bunch of idiots these people are." And then somewhere in this conversation, I had brought up early treatment. And I said to him, "What about ivermectin?" And he said, "That's debunked." He said, "That whole drug is debunked."

Kassy Baker
Sorry, and just to be clear, this was a colleague in the newsroom or in your work environment, correct?

Anita Krishna
Like a senior colleague. The reason that this is important is because this man helps shape the newscast. This man decides what goes on our newscast, particularly the big ones, the five o'clock and the six o'clock. And he's calling people—I mean, a lot of people there were calling people names, like covidiots and stuff like that. But then when I bring up a drug, he says, "That drug is debunked." And I said, "What? What do you mean the whole drug is debunked? You know, what are you talking about?" I said, "Did you not see that big, big study in India?" And he said, "That's debunked." That's all he could say was "that is debunked."

But to my mind, at that time in Uttar Pradesh, there was like 241 million people. They barely had any COVID because they had been using ivermectin. So that is a story. That is something that we should at least be looking into. And even if you don't believe that that

medication works, you still should be talking to doctors, talking to somebody who might have taken it and gotten better. And you should be showing that side of the story. Then you can show the other side, of someone saying, "No, it doesn't work." But you have to show both. And the problem is with him saying that this isn't even a thing— And right after he said that, my boss sent me an email saying, "Anita, you need to stop talking about COVID." So I wasn't even allowed to talk about this.

But the dangerous part of it is, these are people shaping your newscast. By them not telling you that there are medications that are not "horse medications," you are doing a disservice to the public. People have the right to try it because they might get better if they try it. But if you hide that information, I mean—that is misinformation. That is 100 per cent misinformation coming from Global News in Burnaby. I can attest to that.

Kassy Baker
You've touched a little bit on the vaccines already, but as we're all aware at this point, they were rolled out in early 2021. Can you describe the coverage that you saw regarding vaccines and vaccinations specifically?

Anita Krishna
Sorry, one other thing I wanted to say about that is we also ran stories making Joe Rogan look like an idiot for taking ivermectin: that was done on purpose and that is wrong. That is wrong and it just led people to believe that.

But vaccine. Well, yeah, I mean, the vaccine was like a religion.

[00:15:00]

All we did was constantly run stories of, okay, "Look at this person in the hospital, this person who made a bad choice and didn't get the vaccine. Oh, they ended up in the hospital." It's like all our stories were slanted to that. Everything we were saying was "pandemic of the unvaccinated. If you're unvaccinated, you'll be holding everybody back." And that we now know isn't true.

Kassy Baker
I apologize for interrupting. In your experience, have you seen any other event reported in this manner?

Anita Krishna
I've never seen an event in my life where you cannot go to someone to talk about it like a senior producer, like a news director, and express your concern. They would be open to your concerns. If you had a news tip to give someone, they would at least take it on board. They wouldn't say, "No, no, no. Stop talking." I don't know how many times there I was told to stop talking about something. So there's an absolute reluctance to provide accurate information and to cover things that you should be doing that could help you. All there was—what I would say—was propaganda that didn't speak up for people.

We would do things like on the 5 o'clock news where we would just say, "and sadly, another business has shut down due to COVID." And we were not actually holding anyone to account saying, "Is what we're doing fair?" You know, when people are using plexiglass

and sitting outside and you can go up to the counter and order, but you can't have a waitress come to you, or you've got to mask—you know, all the things that didn't make any sense. We were just shoving it in your face like it was something you needed to accept rather than questioning, "Is this really making sense for a business owner, for this person's livelihood?" We never stood up for the people. We just, as far as I'm concerned, shoved propaganda in your face.

Kassy Baker
Thank you. Now as an employee, I understand that Global did institute a vaccine mandate at some point. Can you describe the circumstances that led up to that and describe what the mandate required from you?

Anita Krishna
Well, they just pressured a lot of people to get vaccinated, and they'd make you fill out forms and they'd always want to know your vaccine status. And a lot of people were quite upset about that because we were trying to say, "Hey, we have a right to privacy." The people who believed in the vaccine just willingly went with it, as if they're in the good club. And the people who were reluctant and hesitant, "Oh, well, you're in the bad club," you know. So I didn't really even fill out the forms. And it should be noted that I didn't even get fired for not taking the jab. I got fired for speaking up.

Kassy Baker
We're coming up to that right away. So on that point, I understand there were a few things that led up to your termination. But in particular on, I believe it was December 12th of 2021, you attended a rally or a protest that was held in North Vancouver. Can you explain what prompted you to attend this rally?

Anita Krishna
Working at Global was like working in a twilight zone during the pandemic. Everything that you thought would have ever made sense for choice, for freedom, for your health just went out the window. And at this point, I was very concerned because we were running stories telling pregnant women to take this jab, and I personally had run those stories on some of the shows I was working on where we had some doctors telling pregnant women to take it. In my lifetime, I don't think you would ever tell a pregnant woman to take anything experimental because I'm old enough to remember thalidomide. I just think that for pregnant women, you have to be so careful, you can't even eat certain cheeses and things like that.

Why would we be telling women to take this vaccine that's never even been tested on women? How dare we even do that? I was feeling actually sick about that. But as time went on, then you started to hear [about] miscarriages. There were these reports in Scotland and Waterloo. And it was very hard to get a sense of like, was this really happening? And of course, our newsroom isn't even following up on any of this. Then I heard about this rally with this doctor, Dr. Mel Bruchet, and he had done some stuff and he had some videos online talking about it. I really was really wanting to know—were people becoming harmed by this and are people losing their babies?

[00:20:00]

So I just went to this rally which, by the way, Global News should have been at because if you're part of the community, you should be covering this stuff. And they did not. They don't care.

Kassy Baker
Did you attend the rally on behalf of Global or as an employee or identify yourself as such?

Anita Krishna
No, I did not. I went just out of my own curiosity as a private citizen and I knew no one there. But when I got there, I recognized a cameraman that used to work at Global. But I went as a private, curious citizen looking for answers.

Kassy Baker
Now I understand that you ended up speaking at this rally, is that correct?

Anita Krishna
I did. I did.

Kassy Baker
Can you describe the circumstances that led to you giving this speech? Was it planned or unplanned? Explain to us what happened.

Anita Krishna
Totally unplanned. It was just unplanned. I went up to a lady that I saw. She was a nurse, and I'd seen her online in one of these videos because I'd been watching videos of Daniel Nagase and Mel Bruchet. I saw this nurse and I just went up and said, "Hi," and I said, "I'm really interested in what's going on here," yada, yada. I said, "I can't really stay too long" because I had to go back to work. And then she asked me where I worked and then I said, "I actually work at Global," and she was like, "What?" And she just grabbed me, didn't want to let me go. She's like, "We cannot get anybody from the news to talk to us." And I said, "I'm not here as, like, I'm not a reporter." I've always said that: I'm not a reporter. I'm just here because I'm just curious. Then I ended up speaking because I just thought, well, what the heck?

Kassy Baker
I understand that your speech is recorded and available online if anyone wants to look at it. We have not got it here today. But more to the point, I understand that the speech was recorded. Is that correct? And obviously it was if it's online.

Anita Krishna
It was recorded. So many camera phones and then somebody sent it to Global, and then I ended up getting in trouble. I ended up getting suspended after that for violating journalistic principles, and they still have not been able to tell me how I violated those principles. They have violated their own principles by not reporting on community events. They have violated their own principles by not showing up to the National Citizens Hearing

when it occurred in Langley, not even sending a camera or a reporter, not even doing a voiceover on something like this. Who is violating journalistic principles? I can only say they are, by preventing this information to get out to people.

Kassy Baker
So when you were suspended, can you describe the circumstances of that suspension and the terms of your suspension? How long was it? Was it with or without pay?

Anita Krishna
This one was three days with pay, just because they had claimed I'd violated the journalistic principles, of which they still have not told me what principle I had violated. Show me. They could never show me. I said, "What article in this JPP [Journalistic Principles and Practices] did I violate?" They weren't able to ever even tell me that. So that first one was a three-day suspension.

Kassy Baker
And I see that I missed something so I just want to go back and clarify that. When you gave this speech, I understand that someone introduced you and how did they introduce you?

Anita Krishna
Oh, they said I was a Global TV director, yeah.

Kassy Baker
So you didn't make this assertion yourself. It was offered by someone else who was also speaking at the rally. Is that correct?

Anita Krishna
Correct, correct.

Kassy Baker
Following the suspension what was your relationship like with your supervisors and your colleagues at work?

Anita Krishna
Well, I guess in secret there are a lot of people that supported me because a lot of people felt the same way: They felt scared. They felt nervous. They didn't want to take it. They felt completely violated and threatened and bullied by management at Global which—they turned into bullies instead of managers.

My relationship became strained with the people who disagreed with me who thought that I was becoming radicalized. So lifelong friends, we ended up just completely disagreeing. Like my little cousin, he's 24 now, he took a Pfizer jab; he ended up paralyzed in the hospital. I was still working at Global at the time, and this happened right after his Pfizer shot. He got Guillain-Barré syndrome. And I said to people at work, this is what happened to my cousin. One of my good friends who's an editor there, and he just said, "Well, what

pre-existing condition did he have?" That doesn't matter. You don't end up not being able to walk for nothing.

[00:25:00]

He wasn't skydiving. Nothing happened. He took a jab. He can't walk. Now we've heard many stories of things like that. So there's just an absolute refusal to believe.

There are some reporters there that do and people that work there—they know what's going on, but they're not going to say anything because you're really not going to want to lose your job. I should say, though, I actually was so concerned with maybe children getting hurt, I told my operations manager when he was telling me to be quiet, and I said, "I'm really worried about children and pregnant women. They're the most vulnerable." But prior to all this, the news director—I encourage anyone to contact the news director at that station if you have any questions as to the news that's being presented to you—and I said to him, "I'm really worried about, like, there is very perverse incentives behind this vaccine. Are you not worried? How do you think they came up with this so quickly? How is this even possible?" And he just said, "All the scientists in the world got together, and when everybody gets together, then they can make this happen," which is a completely nonsensical answer. And then at the end of it, he just told me that I needed to get vaccinated.

Kassy Baker
Okay. Now, I understand that you were in fact terminated. Is that correct?

Anita Krishna
Yes.

Kassy Baker
And what date were you terminated?

Anita Baker
January 18th, I believe.

Kassy Baker
So roughly, and just for clarity, that was about, not quite a month after the rally?

Anita Krishna
I'm sorry it was January 6th.

Kassy Baker
Yeah January 6th. So a few weeks really after the rally, is that right?

Anita Krishna
Yeah, yeah. Right around Christmas time.

Kassy Baker
Can you describe what led to your termination or the reason that was given?

Anita Krishna
I think they gave me three. They told me something in my termination letter, one of which was that I had violated a social media journalistic principle policy. I don't even know how. They've never even shown me what clause I've actually violated of that. And I had said, "Can someone ask the Provincial Health Officer why the casinos, liquor stores, and strip clubs are open and the gyms and the churches are closed?" which is a valid question. But they fired me because on my Twitter profile, it just said Anita, Global BC director. So I guess they felt I was putting them in some kind of disrepute by asking them that question. But it's a valid question.

Kassy Baker
Sorry just for clarity, can you repeat the tweet that you had posted in which you were ultimately terminated for?

Anita Krishna
I said, "Can someone please ask the Provincial Health Officer why the casinos, liquor stores and strip clubs are open and the gyms and churches are closed?"

Kassy Baker
And that was it? That was the last tweet? Okay and I understand that you were terminated "with cause" is that correct?

Anita Krishna
So they say. That's what it says on my—actually, it doesn't even say that on my termination letter. So if anyone knows a good lawyer, please reach out to me, but it doesn't even say that on my termination letter. But they will say it was "with cause."

Kassy Baker
Okay. Were you eligible to apply for EI or any other benefits?

Anita Krishna
No.

Kassy Baker
Okay. I actually don't have any other questions. Are there any questions from the Commissioners?

Kassy Baker
Okay, I believe that's everything. On behalf of the National Citizens Inquiry, I would like to thank you very much for your testimony here today. Thank you.

Anita Krishna
Well, thank you for having me. Thank you very much.

[00:29:02]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 11: William Bigger
Full Day 2 Timestamp: 10:47:55–10:56:12
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Our next witness is Mr. William Bigger. William, could you give us your full name and spell it for us, and then I'll do an oath with you.

William Bigger
William Bigger, W-I-L-L-I-A-M B-I-G-G-E-R.

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

William Bigger
Yes, sir.

Wayne Lenhardt
What you're going to do today, I guess, is just outline the problems that you had as COVID developed in your community. You live in St. Catherine's, Ontario, correct?

William Bigger
Yes.

Wayne Lenhardt
And you've lived there for quite a while.

William Bigger
My whole life.

Wayne Lenhardt
Okay. In 2020, you were 18 years old. Tell us what you were doing in 2020, just as the COVID problems were developing.

William Bigger
Yes, so as you said, I was 18 at the time, freshly out of high school and was a very active member in my church as a kids administration leader with younger kids. I also was a competitive swimmer for our local Special Olympics swim team. I competed with them since I was very young. I was born with autism, so I always swim with them as a form of physical therapy and was pursuing a job out of high school, just at a local sports venue.

Wayne Lenhardt
And you had a job at that time?

William Bigger
I did yes, at the time. I had held that after high school and then once everything shut down, all of our events were cancelled, so I lost that job. Our churches closed, so I lost my leading opportunities and I couldn't swim anymore.

Wayne Lenhardt
So by August of 2020, you were out of work.

William Bigger
Yes, sir.

Wayne Lenhardt
By the end of 2020, you did get another job. Correct?

William Bigger
Yes, I did. After being off work due to lockdowns for several months, I was able to find work in our city as a new sub restaurant was opening up.

Wayne Lenhardt
Your family sort of was having problems as well during this period of COVID, correct?

William Bigger
Yes, unfortunately, both my parents both work in what were considered high-risk sectors, the hospital and a firefighter, and this became very challenging for them.

Wayne Lenhardt
Were both of your parents working at the time?

William Bigger
Yes. During the whole time, they were still able to work with challenges, with all the PPE and all that in their jobs.

Wayne Lenhardt
And there was concern about your father's job, which would have caused some serious problems, correct?

William Bigger
Yeah, sorry. It was just, very emotional.

Wayne Lenhardt
So you managed to get a job in a submarine shop in 2021 by April. Did you still have that job? What was happening?

William Bigger
Yes, I did have that job for nine to ten months in total. Through those nine to ten months, it was very challenging. They had all the social distancing and masks in place. At that time, there was talks about the vaccine as it rolled out, but nothing in place in terms of mandates. But it was just a challenging work environment, having to be careful where you stood and wearing the mask was difficult for me. Just to be able to understand and communicate with people and read their facial expressions.

Wayne Lenhardt
You did get a job at Costco at some point, correct?

William Bigger
Yes, I did.

[00:05:00]

At the beginning of 2021, around March, I was able to get another job there. Just out of my previous job, I had a fear that if I stayed there any longer, I would eventually have lost it due to vaccines. So I was trying to pursue work, and then I was able to find work.

Wayne Lenhardt
And you never did get the so-called vaccine, did you?

William Bigger
No, sir.

Wayne Lenhardt
Okay. Was there a reason for that?

William Bigger
As a family we decided that it was best to not participate. When I was very young, I'd had a bad response to my year one boosters, which I was, after, in the hospital for a short period of time. And so I just let my parents consult with family doctors and experts that they were in contact with to decide the course of action, so they decided to avoid taking them.

Wayne Lenhardt
Okay. I think I'll stop there and ask the commissioners if they have any questions for you. Anyone? Any last items you want to tell the commissioners?

William Bigger
I just really want people to know that if they're watching this that their stories can be heard and that they're not alone. These past few years have been challenging for everyone and I just want it all to be over.

Wayne Lenhardt
Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and telling us your evidence. Thank you again.

Commissioner Kaikkonen
I just have a quick question about you worked with youth. Do you know what happened with the youth when everything shut down? Did they feel the same way you did?

William Bigger
Can you repeat the question?

Commissioner Kaikkonen
You said that you worked with youth,

William Bigger
Yep.

Commissioner Kaikkonen
prior to the lockdowns? Do you have any understanding of what happened with them in terms of lockdown? Do they feel the same way you do, or do you have anything to add about the youth?

William Bigger
Over the past little while I've been slowly reconnecting with that group that I have served in my church. Although I have not maybe asked what their experiences have been, I've been

really wanting to, just over the past couple years of how it's affected them as even younger than I am—especially those that are younger and were still in school and how that would affect them. I haven't really gotten a chance to ask, but I would really love to.

Commissioner Kaikkonen
Thank you very much.

William Bigger
You're welcome.

Wayne Lenhardt
Any other last questions for Mr. Bigger? Okay, I want to thank you on behalf of the commission of inquiry for your testimony. Thank you again.

William Bigger
Thank you.

[00:08:32]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 12: Scott Routly
Full Day 2 Timestamp: 10:56:34–11:21:55
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is going to be attending virtually, Captain Scott Routly. Scott, can you hear us?

Scott Routly
I sure can. Can you hear me okay?

Shawn Buckley
We can hear you, but we can't see you.

Scott Routly
Oh. Let me see what I can do here. Okay. Can you see me now?

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

Scott Routly
Okay. My name is Scott Routly, S-C-O-T-T R-O-U-T-L-Y.

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

Scott Routly
So help me God. All glory to God.

Shawn Buckley
So my understanding is that leaving aside your other military service, you served fifteen years as a military pilot, and then you served an additional fifteen years in civil aviation [Exhibit OT-10].

Scott Routly
Yeah, that's correct, sir, yes.

Shawn Buckley
And you ended your career prematurely because of COVID, but at the time you were a chief pilot for an airline.

Scott Routly
That's correct.

Shawn Buckley
I appreciate we don't want to name the airline, but most people listening to your testimony are not going to understand what a chief pilot is. Can you briefly explain what a chief pilot is?

Scott Routly
Yeah, the chief pilot, he's a middle manager; he's in charge of the whole pilot group. In my case, I had roughly about 100 pilots in my charge. He's appointed, not only hired by the airline, but also appointed by Transport Canada because of the regulatory requirements.

Each airline in Canada, in the industry, basically has a few accountable executives that Transport Canada considers their go-to people: that would be the chief executive officer of an airline; that would be the operations officer or director of flight operations; that would be the director of maintenance; and that would be the chief pilot. The reason for that is because of the Canadian aviation regulations, the requirements and regulations and rules that need to be adhered to. So they then screen individuals for this role. The airline cannot just hire a chief pilot, they also have to be screened and approved by Transport Canada. So of course, I had to go to meetings and do knowledge tests. I had to have a certain amount of expertise—

Shawn Buckley
Okay, and I'm just going to shorten this because what I want people to appreciate is that in that role that you had, not only are you responsible to the airline for taking care of the flight crews, but you're also responsible to Transport Canada for taking care of the flight crews.

Scott Routly
Absolutely, yes.

Shawn Buckley
So you have a responsibility to two different parties and, literally, what would be described as the fiduciary duty to the pilots to take care of them.

Scott Routly
That's right. So of course, all the training standards are part of the Canadian aviation regulations as mandated by Transport Canada [Exhibits OT-10f, OT-10g, OT-10h]. So it's my duty and my role to ensure that all the training and all the standards, proficiency checks, evaluations, standard operating procedures, operation manuals—

Shawn Buckley
I'm just going to truncate because I'm watching a timer go down and we're at eleven minutes and twenty-eight seconds. I think people understand that it's a highly—there's a lot of responsibility. But I just wanted to get—because of what follows in your testimony—that people understand you're also responsible to Transport Canada.

So COVID hits, you're a chief pilot. Can you share with us your experience and, kind of, the steps that you ended up taking to try and protect the pilots under your charge?

Scott Routly
Yeah, so we all know what happened, of course, in 2020. We were subject to all the same measures, the lockdowns that were happening throughout the country. Now because we were considered as essential workers, we continued to operate. We were operating up in the north country and around Ontario for the most part. And so throughout that time period, it really didn't affect us very much. We just continued on with our operations.

Now for the passengers and what-not, protocols started coming out. You know, the social distancing, the masks, testing, and all these different requirements. So the airline, they tried to follow the best they could for Health Canada—as everybody was trying to do in all aspects of the industries.

[00:05:00]

In our particular case, this continued on until pretty much as the vaccine rollouts started to happen in late 2020, early 2021. I could see the writing— I'd been doing a lot of research and critical thinking, my background, and already starting to look outside the mainstream media into other avenues to see all about these so-called vaccines that were being rolled out, for obvious reasons.

The medical requirements for pilots, it's a fifty-fifty split in our licencing [Exhibit OT-10a]. We hold a licence for our type rating on the aircraft itself that we fly; we have to do training every six months to maintain our type rating. But more importantly, or just as important, on the other side is our medical requirements [Exhibits OT-10c, OT-10l], which without the two, in our aviation booklet, you can pass a check ride for your aircraft type rating but if you fail your medical, you do not fly, and vice versa. So in some cases, the pilots consider—depending on age and healthiness—that passing the medical is the highest priority because it's obvious they're really knowledgeable, highly skilled individuals. We're probably the most regulated industry out there, for obvious reasons. We fly in the air. We can't pull over when anything happens. You know, critical thinking, decision-making, and emergency procedures.

So all of a sudden, the vaccine started to get rolled out. I had my suspicions. I started seeing it happening—

Shawn Buckley
So can I just ask you beforehand— Because you were responsible, actually, for a large number of flight crew people. And you guys would have had to have been doing the testing before the vaccine rolls out. Were you finding that pilots were off work because they were actually sick?

Scott Routly
No, as a matter of fact, it was just like any other year and, you know, we're getting into the low vitamin D season, better known as the flu season. And so there was the odd sickness but nothing abnormal from previous years. But what was happening was through family members and through all the COVID testing, we started getting into these issues where pilots are calling in and they're saying, well, they phoned Health Canada and "my wife, you know, has tested positive, although she's not sick." And everybody was— They just started making things up, really, off the top of their head, in this region: so basically, "Well then, you better ground those people for, you know, forty-eight hours," and then it was seven days and then fourteen days.

So the pilots themselves were not getting sick. But they were being grounded because of Health Canada protocols that they were in the same household as apparently somebody who tested positive, although not sick.

Shawn Buckley
Right, okay. I just wanted to pull that out. So you weren't having pilots going down with COVID, but they were getting grounded because of the testing protocols.

Scott Routly
That's right.

Shawn Buckley
Okay, sorry to have interrupted. Now there was one other thing. My understanding is that you guys had to go for your six-month SIM training [simulation training], and you had related to me something that you observed in the hotel. I want you to describe that just because it's come up in some other testimony at the Ottawa hearings. So can you share with us please, what you observed when you were staying in Toronto for the SIM trainings?

Scott Routly
Yeah. So finally, there was a lot of exemptions, unfortunately, with medicals and training, so there was a little bit of a lapse. We finally were able, just after the second lockdown, to start going to Toronto and continue with our simulator training, which we do every six months. We rolled into Toronto and, of course, the country's been locked down for the last three months at that period of time, and we had a hard time finding hotel rooms.

So how could this be? Long story short, we get to the hotel, and we're being told that six of the seven floors are quarantined from international travellers coming into Canada through

the COVID protocol. We're going to stay on the seventh floor. Now you walk into the lobby, and half of it has a glass, of course, opened at the top, as we've seen in stores and whatnot. And so we had use of one side of the elevators, and the other side was for all these so-called passengers coming in. So I didn't really think a whole lot of it the first day, where it was late, got in.

The next day before I had to do SIM training, I just thought, you know, I'm going to go down to the lobby and see what's going on here. This seems a little crazy for my kind of thinking. So I just sat in the lobby to see who was coming in and out on the other side.

[00:10:00]

Anyway, I was starting to see busloads of people come in, and nobody could speak English. They were coming in not with a suitcase that you would pack for a week vacation or two-week vacation. They were coming in with carts full of baggage that you would bring if you were staying for a lifetime. And food was being provided to them. It was all kept separate. We couldn't communicate with them on the other side. I did ask the person at the front desk, and the cone of silence came down and I was pushed back, and they didn't have any answers for me. So I watched this the one day, went out, and did my SIM training.

The next day I thought I'd better go down and watch it again for a few hours before my next day of training and, sure enough, the same thing happened. Now what was happening too though, was the next morning, they were actually getting loaded up in buses, disappearing. And then more buses would show up, and they were being offloaded into the entryway, given rooms, given food. Then they would disappear into the hotel in the so-called quarantined areas of the hotel. So I thought that very suspicious from my background and of course, with my critical thinking, that what I was watching happened for the last, you know, year and a half at that point.

Shawn Buckley
Okay. Yeah, thank you. It had come up about the number of immigrants coming in, almost like the population was being replaced.

Scott Routly
My thoughts were too, Shawn, absolutely.

Shawn Buckley
Okay, so back to the airline. Can you tell us the story of what happened? You were kind of telling us that things were getting phased in and then the mandates came in. I'm wanting you to share with us what you thought, what you did, and what happened. I'll tell you, we've got about eight minutes left.

Scott Routly
So the red flags started coming up, obviously, when there was rumors with these vaccine rollouts that it could possibly affect everybody. Right away, I had done a lot of research, started listening [to], you know, off-media sites where Dr. Peter McCullough, Dr. Theresa Long from the United States Army, flight surgeon, Paul Alexander. All these experts you've already had; you've had them as witnesses. All these people were already speaking out now.

It's been a year and a half in, and we already know at this point that these experimental jabs are dangerous, a lot of adverse effects happening with them. They're also not stopping COVID, not stopping transmission. So what are they there for?

Well, from an aviation point of view, and certainly for the health and welfare of my pilots, I raised the flag. And so I got a meeting together, and I said, "Look, if these things are going to start to happen, we need to have a close look at this. This is against all rules, protocol. You know, we have thirty years from my experience anyway in aviation, where safety has just been the paramount ideal that we strive for all the time. With all the training and everything else we do in the safety management system—for actual flying airplanes and what-not; our medical categories and fitness of the pilots, including fatigue—we have to stress this point to find out what is going on here [Exhibit OT-10e]. There's no way that we can give this to pilots that are flying, an experimental drug, until we get further information. Here's information I have."

Now at one of the meetings, the first thing I got, you know, I stressed to the Air Line Pilots Association [ALPA] union members—because we did belong to ALPA—and they said, "Oh, yeah, no, we know about these incapacitations, and they're all false narrative." And I said, "Well, I don't think so. It's been reported by actual pilots on the flight line in the United States and elsewhere." And anyway, they said, "Well, Health Canada has said that no, they're safe and effective [Exhibit OT-10d]. Therefore, the union's all in."

I went to management. I said, "Look, you know, regardless of what's going to hopefully not come down the pipe, but there are rumors that we need to be careful of this because we are responsible for this. These are our people. We cannot, you know, put these unknown drugs—" You can't even give blood as a pilot and fly for forty-eight hours. You can't go scuba diving. You can't take prescription drugs unless a civil aviation medical examiner approves it, right? That's how serious and regulated our medicals are.

Anyway, that was at that point. Shortly afterwards, then the rumor came down that Transport Canada was, in fact, going to enforce mandates for all the federally regulated airlines, trains, or anything in transportation. That's when I really raised the flags and put together data packages, which we already had at this point. And I once again had another meeting. Once again, I was pushed back.

[00:15:00]

I went to the senior management. I explained to them that absolutely we cannot do this. I explained Nuremberg Code; I explained all the laws of Canada, Charter of Rights, just the medical safety side of it: "We cannot do this, not only for our own people, but for the travelling public, the safety for them." And it was pushed back.

I eventually ended up writing a letter. They had a mandate come out that if we were not all double-vaxxed by 15 November of 2021, that we would be fired or suspended. Now I'm the chief pilot; I'm the man that's in charge of all the pilots for their health and welfare for Transport Canada. I reached out to Transport Canada, I said, "What's going on here? You know, we cannot allow this to happen, this is insanity." And I don't blame any of the lower-level people, you know, they're just following direction from above—unfortunately, blindly. And they said, "Well, this is going to go through." So anyway, I put up my fight against it. I said, "What about exemptions for people?" [Exhibit OT-10k]

I've got the first third of the pilot group—like everybody else in Canada—just ran right out in fear. About the middle third, they heard, "Well, I'm not going to be able to travel, so I'm

going to go take it—what the heck, it's just another flu shot." I warned everybody it's not. And of course, there was the other third of the pilots that were extremely nervous and said, 'Look, we don't want to take these shots. What can we do? It's going to affect us possibly for the rest of our life; if we lose our medical because of these shots, then we've lost our career." And I totally agreed. So I went to Transport Canada who said, "There's nothing we can do."

Now they did roll out exemptions. But of course, it was all a big farce. It was all pre-planned that nobody would get one and, in fact, the people that did apply got refused. I didn't even bother as a man of God, as Jesus, my Lord Saviour Christian; I'm not going to allow somebody in Ottawa decide my faith, so I didn't even apply. So at the end, I did not get jabbed; in the end, I was the only one [Exhibits OT-10i, OT-10j]. They all, through fear and coercion, scared of losing their careers and their jobs, their paychecks, unfortunately, the rest of them submitted. And it's extremely unfortunate because I know they're all flying around right now, wondering—you know, with all the reports of myocarditis. It's insanity; it's criminal that these people should be out there.

Shawn Buckley
I just want to slow you down. My understanding is that you were terminated because you wouldn't get vaccinated or you were—

Scott Routly
I was put on the infamous "suspended without pay" for eight months or whatever. Until through the pressure of the—thank God—Trucker Convoy, the only reason, you see, that the mandates were suspended. Everybody needs to understand, the mandates are still in place. They were just suspended. I know everybody's having the summer of love, but they were merely suspended. And the reason they're only suspended is because I'm sure that they're going to bring them back in again. So after that, then I was terminated.

Shawn Buckley
Now, do you know, following vaccination were there any changes to the medical requirements for pilots?

Scott Routly
Well, during the whole time there—at least, the first year through 2020 and into 2021—they basically had exemptions for medical. So they suspended the medical requirements.

Shawn Buckley
Just wait, so 2020 into 2021. So once they roll out the vaccines in 2021, there's, basically, an exemption from having to get the medicals.

Scott Routly
That's correct, yeah.

Shawn Buckley
Now, the medicals were mandatory every six months, were they not?

Scott Routly
That's correct. Six months to a year, depending on your age, or if you have any underlying issues. That's always been the case with CAT-1 medicals. As I say, that's fifty per cent of our licence, right? And of course, we have to go to civil aviation medical examiners [Exhibit OT-10b]. We don't just go to normal doctors. We have to be approved by civil aviation inspectors who actually give us physicals. And the older you get, you have to get ECGs, urine tests, eye tests, all these different things, right? X-rays, if required, depending. Now they stopped all this because of COVID. But then, even after the vaccine rollouts,

[00:20:00]

which I found quite insane, is that knowing everything that's going on, they've now increased these medical requirements, the exemptions, basically to telecoms. So you can phone into the civil aviation inspector and tell him, "Yeah, I'm feeling good, doc. It's all good." "Okay, good to go."

Shawn Buckley
Let me just be clear. So you used to have to go in and actually see a doctor and get tested.

Scott Routly
Of course.

Shawn Buckley
And you would normally have to get an ECG. I mean, these were really strict and complete tests, am I right? But they included ECGs.

Scott Routly
Yeah. Now it's for initial testing. For the younger pilots, you're not required to get ECGs until you're a little bit older. Once you're at the age of forty years old, then you have to get an annual ECG.

Shawn Buckley
Okay, but that's been exempted, hasn't it?

Scott Routly
Sorry?

Shawn Buckley
That's been changed, hasn't it? Isn't there an exemption now from needing to get ECGs for a couple of years?

Scott Routly
That's correct, yes. Yeah, so even with all the knowledge, even more so now than we had prior to the rollout, they've now extended it even again for another couple of years to 2025. Now, within that, there's about a three-year period. But every two years, you will have to go

in to do a physical. But the point is, a lot can happen in two years when you used to go every six months to a year.

Shawn Buckley
So, I want to make sure that no one's misunderstanding you. So, you know, in this most regulated industry—because, obviously, we don't want pilots having heart attacks or strokes or anything while they're up in the air flying us places—

Scott Routly
That's right.

Shawn Buckley
there were strict requirements for them to go "in person" for medicals. But here we hit a global pandemic where, in theory, the pilots are at more risk of being sick, and they actually relax the medical requirements, including mandatory ECGs.

Scott Routly
That's right.

Shawn Buckley
And that's after they roll out experimental vaccines. So pilots are now being tested less than they were before.

Scott Routly
That's correct, yeah, yeah. Of course, logical common sense would be, you know, you'd be tested more now just to confirm if there's any issues.

Shawn Buckley
Okay, now we've run out of time so I'm going to ask you one last question, and then I'm going to turn you over to the commissioners for questions. My last question is, are you concerned about airline safety?

Scott Routly
Yes, I am. There's already been reports. I think you've already talked to Greg Hill with Free to Fly. There's also Josh Yoder down in the States, Freedom Flyers, two great organizations; I belong to one of them. And these jets are getting calls all the time from the flight line. Now pilots by nature, they do not want to lose their medical because that means you lose your licence, which means you just lost your career. They put a lot of time, a lot of effort, a lot of expense to this highly dedicated profession. But they were forced and coerced into this, and so now they're out there, they're phoning in. They don't know what to do.

The reason you're seeing a lot of—you'll hear from Transport Canada rep here and in the airline—issues that we had at the airports, these were airlines that couldn't find crews to fly. They were calling in sick for whatever reason, and they were just short of crews—that's why flights were getting cancelled. They were trying to, you know, they had their own

narrative they were trying to use at the time. But the real reality is they were short of crews on the line due to sickness. And let's face it, they also fired forty per cent of their pilots throughout the country, like nurses, like firemen, like police, right? So you're wondering why you have a shortage? Well, that's because you fired forty per cent of them. And we're talking highly experienced individuals, right? You cannot replace these individuals.

Shawn Buckley
But we're short on time, and I was asking you if you were concerned about airline safety. And you are. So I'll turn you over to the commissioners to see if they have any questions for you. The commissioners do not have questions for you. So Scott, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing this information with us. Your testimony is appreciated.

Scott Routly
Well, my pleasure. I would just like to say thank you for you and your team for all the good work you're doing for this very noble cause for the future of this country. It's extremely important where we go from here. And I just remember—in the face of evil—not to do anything is to be a part of the evil. So I hope Canadians can grow some courage here and stand up for this country. And you know what? Put our faith in God, the living God of the Bible. Thank you so much and God bless.

Shawn Buckley
Thank you.

[00:25:36]

Final Review and Approval: *Margaret Phillips, September 6, 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

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 13: Laurier Mantil
Full Day 2 Timestamp: 11:22:23–11:31:50
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Wayne Lenhardt
Hello, Laurier. Could you give us your full name, and spell it for us, and then I'll do an oath with you.

Laurier Mantil
My name is Laurier Mantil, L-A-U-R-I-E-R M-A-N-T-I-L.

Wayne Lenhardt
And you promise that the testimony you'll give today will be the truth, the whole truth, nothing but the truth?

Laurier Mantil
Yes.

Wayne Lenhardt
Thank you.

You have been a letter carrier with a federally regulated corporation and you've done that for some time.

Laurier Mantil
Mm-hmm.

Wayne Lenhardt
So maybe let's pick up the story in 2021, and you can tell us what happened.

Laurier Mantil
Yeah, so in 2021, November, to be specific, my employer imposed a vaccine mandate. And at the time, at the end of November 2021, I was about six weeks pregnant.

Wayne Lenhardt
Okay, so a vaccine mandate came in. Everyone had to get it, no exceptions.

Laurier Mantil
Yeah, it was a blanket policy, so everyone had to get it. They weren't offering any rapid testing. It was no jab, no job.

Wayne Lenhardt
But you had a specific reason for not getting it, correct?

Laurier Mantil
Yeah, I was pregnant.

Wayne Lenhardt
So you were pregnant for about a month at that point?

Laurier Mantil
Yeah, about six weeks.

Wayne Lenhardt
You weren't going to tell anybody, but at a certain point you ended up having to do that just because of the mandates, correct?

Laurier Mantil
Yeah.

Wayne Lenhardt
So your privacy got violated. But also, were you concerned about your baby?

Laurier Mantil
Yeah, absolutely. At the time, there was no evidence of safety. My employer did not provide any sort of handouts about any evidence of safety or why we should be taking these to keep our jobs. So I was really, really concerned. I was just trying to be really diligent and kind of decide my next steps because I was facing the loss of my employment, my job that I love, and I just wanted to be at work. I was an essential worker and I had worked the whole pandemic. And for my pregnancy, I felt for my mental health and for my physical health being pregnant, for me, the best thing was to stay at work and keep working and getting the exercise that I was getting. So I was really, really concerned, yeah.

Wayne Lenhardt
And at some point, did you apply for an exemption?

Laurier Mantil
I did. We had to attest our vaccine status and by a certain date. And if we hadn't attested, we would be kicked out and on an unpaid leave for we didn't know how long, if it was going to end up in a termination. So I did attest at the very last minute because I just wanted to stay at work, and so I tried to apply for an exemption at that time.

Wayne Lenhardt
And what happened with that?

Laurier Mantil
So I applied under a human rights exemption, not a medical exemption. I didn't really hear back from them right away. I was just allowed to be at work and keep working. But every day, I didn't know what was going to happen. I didn't know when I showed up to work if I was going to be booted out, like my other co-workers already had been at that time.

So here I was. I was waiting for them to get back to me about my exemption, waiting, waiting. Time went on. Months went on. And I never heard from them, and the only time I heard from them was at the very end, towards the end of my pregnancy. They contacted me and said, "This seems to be a medical case. Do you want to change your exemption to medical?" So I had gone this whole time—I guess I had an unofficial exemption—but I didn't hear from them. And they tried to get me to change over to medical, and I refused. And I went off on mat leave a couple months later.

Wayne Lenhardt
Okay, so you continued to work, but some of your cohorts ended up being put on leave without pay. Correct?

Laurier Mantil
Yeah, all my fellow employees that did not want to attest or did not get the jab were put on leave without pay—for seven months they were out without an income.

Wayne Lenhardt
So you kind of lucked out on that one and didn´t suffer seven months without pay like some of your other cohorts.

Laurier Mantil
I was the only one in my post office that was unvaccinated, working.

Wayne Lenhardt
Okay.

[00:05:00]

So what other negatives did you suffer?

Laurier Mantil
Just the utter despair of not knowing where my career was going. I'm seven years in to my career, which is fairly new in my position, so I was just trying to figure things out. My partner and I just bought a house. This is our first baby, so there's a lot of things going on. I was having difficulty sleeping at night, difficulty even going into work because I felt so alone. All my other co-workers were not there, and I was the only that was allowed to be there, so it was very difficult.

Wayne Lenhardt
So again, you couldn't go to movie theatres; you couldn't go to gatherings; you couldn't go to restaurants, all that stuff.

Laurier Mantil
I was denied entry to a movie theatre, a local one, actually for not wearing a mask while I was pregnant.

Wayne Lenhardt
And given that you were pregnant, was there any issues with respect to your partner assisting you during that time?

Laurier Mantil
Yeah, like my partner was my rock. I wouldn't have got through this without him. At one point, he even said that he would get it if I had to get it. But I thought, you know what, there's too many red flags. I had worked outside the whole pandemic. I worked mostly alone, walking on an average 20 kilometres a day. I was very healthy and I said, "No, I'm not getting this. If I'm going to lose everything, I'm going to have to fight for it." So that's why I applied for the exemption and tried to get around it.

Wayne Lenhardt
And did you have to wear a mask during this period of time?

Laurier Mantil
Yeah, we had to wear a mask, and if I didn't, you'd be suspended.

Wayne Lenhardt
Okay.

Laurier Mantil
Inside. Outside, I didn't wear it when I was outside, delivering.

Wayne Lenhardt
Did you feel you were allowed informed consent when you made your decision, or did they pressure you to proceed?

Laurier Mantil
Well, I thought it was my job, or, you know, so there was coercion there. No, I didn't have informed consent because at the time there was no evidence that it was safe for the fetus. That's what I was concerned about. They were saying it was okay for pregnant women, go ahead and get it. But I never saw anything about the fetus specifically. So that's what I was really concerned about.

Wayne Lenhardt
Okay. Is there anything else you want to tell us about your situations at that time?

Laurier Mantil
No, I just want to say I'm a very private person, so it was very hard. It took courage to come here today. But I really wanted to do this for all the other pregnant women during this time that may have had a similar story to mine. Also, all the babies that are not here. All my co-workers that took seven months without pay. And obviously my baby and my partner, because I wouldn't be here without them.

Wayne Lenhardt
Are there any questions from the Commissioners?

Commissioner Kaikkonen
Real quick, did all of your co-workers that went without pay for seven months, did they come back?

Laurier Mantil
Yeah, they were asked to come back after seven months. They were allowed to come back.

Commissioner Kaikkonen
And did you suffer anything from anybody who remained at the post office that would have known that you were not vaxxed. Did anybody say anything?

Laurier Mantil
They said it was going to be a private matter, people wouldn't know. But everyone knew. I had a few comments, but everyone knew everyone's status pretty much there. So there was no privacy of people's decisions. Everyone who wasn't there, you knew that they weren't complying with the mandate. And there was nothing in our collective agreement about this either.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you very much for coming and telling us your story.

Laurier Mantil
Thank you.

Wayne Lenhardt
Thank you.

[00:09:38]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

May 18, 2023

EVIDENCE

Witness 14: Maurice Gatien
Full Day 2 Timestamp: 11:33:08–12:39:00
Source URL: https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html

[00:00:00]

Kassy Baker
Hello, Mr. Gatien. Can you please spell and state your name for the record?

Maurice Gatien
First name Maurice, M-A-U-R-I-C-E, last name Gatien, G-A-T-I-E-N.

Kassy Baker
And, sir, do you promise to tell the truth, the whole truth, and nothing but the truth this afternoon?

Maurice Gatien
I do.

Kassy Baker
Very good. Now, Mr. Gatien, I'm hoping that you can provide us with some background about yourself and how you came to be a witness at this hearing. I understand that you were called to the bar of Ontario in 1971, which is "lawyer speak" for saying that you are, in fact, a lawyer. Can you tell us a bit about your background and what's happened more recently that might be of interest to this hearing?

Maurice Gatien
Yes, I graduated in 1969 from the downtown location of Osgoode Hall, since moved to York University, and it was a real privilege to be at their downtown location. I still return from time to time when I'm in Toronto to the great library. I'm always amazed at the contrast between the stacks of books, and they have high speed internet. So I can work and I can access the knowledge that's on those shelves faster than I could if I were to stand up and go fetch the book. So it's been an amazing evolution in the state of the law.

After I graduated, I returned to my hometown of Cornwall, practised for approximately ten years and, during that time, was involved in real estate primarily and contracts. I negotiated two large transactions in my last year there, which really left me with a lot of satisfaction. One was the purchase of the utility Cornwall Electric, and the other was the assembly for a large shopping centre.

I decided I would look in other directions and lived for the next 22 years from 1980 to 2002 in various big cities, Atlanta, Montreal, Toronto. And my last year 2001 and '02, I lived in New York City. I spent a lot of time in Houston, as well. So it gave me a perspective of having a footprint in both large markets and small ones.

When I came back to Cornwall in 2002, I built a substantial practice and ultimately ended up representing people who needed representation with regard to the vaccines. Ultimately, in September 29th, 2022, I was suspended by the Law Society of Upper Canada, well actually, Law Society of Ontario now.

I found myself in January of 2023 addressing a group of the people that I had represented at a potluck dinner at a barn in Dunvegan, and it was heartwarming to be addressing these people who had shown tremendous courage. Some of them had been vaccine-injured, some of them had lost their jobs, and I told them about three situations that were interesting from my perspective. One was sort of a legend story of a farmer in North Glengarry by the name of Oded Saint-Onge who had been run over by a truck, he and his two cows, Isabelle and Annabelle, and he went to court to sue the large trucking company.

In court, the lawyer for the big Toronto law firm, head of litigation, asked him, "Did you not, Mr. Saint-Onge, say to the police officer at the scene of the accident, 'I'm fine, see I'm fine'?" And the farmer started to explain and he said, "Well, I was taking my two cows across the road," and the lawyer interrupted him again and said, "No, no, Mr. Saint-Onge, didn't you say at the scene of the accident to the police officer, 'I'm fine, see I'm fine'?" And the farmer again started with his story. And the judge interrupted and said, "I'd like to hear this man's story, I'd like to know what happened."

So the farmer explained that he was going across the road with his two cows, Isabelle and Annabelle, and the truck ran a stop sign and smacked into them and knocked him into the one ditch and the two cows into the other ditch. The farmer explained, "I was lying in the ditch. I was hurt; my ribs were cracked. I could hardly breathe and I could hear my two cows.

[00:05:00]

"They were moaning and groaning and in great pain. And the police came along, and he could see the cows in great discomfort. He took his gun out. He walked over to Isabelle, and he shot her right between the eyes. Then he walked over to Annabelle and also shot her right between the eyes. And he came over to me and he said, 'And you, sir, how are you?'" And he said, "See, I'm fine, I'm fine."

So we can see where there's a form of intimidation that can take place, you don't have to shoot everybody or fire everybody. When one or two people—or animals or whatever it happens to be—when something happens to them, we get a signal. And when I was experiencing my discussions, I had Zoom calls continuously throughout the preceding year or two with people from different walks of life, and it was pretty clear that there was a lot of intimidation.

One of the people I also met in my various travels and different business ventures, I met Pierre Trudeau in the late 1980s; he had left politics at that point. He had successfully brought the Charter and the Canadian Constitution back to Canada. And when one of my staff found out that Pierre Trudeau was going to be coming to a reception that we were hosting, Trudeau was his hero. He asked me if I could arrange for him to just shake his hand. I said, "Sure, I'll ask when he arrives," which I did. Mr. Trudeau very gracefully excused himself from the group of VIPs with whom he was chatting and spent ten to fifteen minutes with this employee, and I could just see the glow on this person's face and how emotional they were about it. And afterwards, I thanked Pierre for taking the time and he said, "Well, he showed respect for me, and I was going to show respect for him."

Now we transport that to 2022, in February of last year in Ottawa, and we saw that the son, Justin Trudeau, perhaps didn't have the same respect for the small individuals, the average people, wouldn't even walk across the street in Wellington Street in Ottawa to talk to anybody. I walked there from Cornwall in the middle of winter to address the [Trucker] Convoy, and he didn't even walk across the street.

So when we look at intimidation, part of what brought me into this is, I received a phone call in May of 2021. At that point, one of my clients who owned a gym had been charged, and he asked me if I would also speak to a woman who had also been charged with him for attending a public rally. What had happened is that she had simply sung "O Canada," the national anthem. When the person who was supposed to sing couldn't make it, the speaker asked the crowd if someone would step up and sing the national anthem, and she did. And when I heard about this, I'm thinking, how could I not also step up and help her?

She was charged under the *Reopening Ontario Act*—which is really a lockdown act misnamed as the *Reopening Ontario Act*—pursuant to which she was subject to a $100,000 fine and up to a year in jail. So this hung over her head. We finally were able to get the Crown to agree to stand down from these charges in September of the following year. This hung over her head for fifteen, sixteen months, and it was not actually ultimately dismissed until December, so well over a year and a half to have this hanging over her head and also my client's head. He also was charged, and these charges are still pending against some of the people, including Randy Hillier, who was one of the speakers that day.

So just, sort of, to come to terms with a situation where people are showing tremendous courage, I as a lawyer felt that I had to do at least as much—not as much as they were doing because they were putting their livelihoods on the line,

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and they were experiencing a lot of bullying and intimidation. Because I was dealing with **this particular matter, my name sort of got passed around. There weren't a lot of lawyers who were stepping forward, and I would spend one or two evenings a week on Zoom calls, speaking with EMTs, teachers, firefighters, police, nurses from Brockville, from Hawkesbury, from Ottawa, from Cornwall, all coming back with the same stories of intimidation, bullying, HR departments releasing their names to indicate who was vaccinated and who wasn't within their institution or their place of work.**

So there were a lot of threats and intimidation, and I formed a company to raise some money for women's shelters and to create goodwill towards these people because they didn't know how to do it themselves. They asked me to be the director of the company because they themselves were running into all kinds of intimidation. Within 24 hours, my home address was doxxed online. I live in a small hamlet of 350 people and shortly

thereafter, within about 48 hours, somebody came banging on the door at two in the morning. And then the harassment and intimidation continued. My car was stolen out of my driveway. I was assaulted at my office, and probably the scariest thing was one evening in October, this past year, my engine completely failed. I was on the 401 ramp, and somebody had put a contaminant in my fuel tank and it was a very, very scary moment.

So going back to February, I walked to Ottawa in the freezing cold to bring attention to the intimidation of lawyers, and I was joined on my walk—it was really inspiring—by three individuals, because I had to do it over three days. It's quite a distance. All three were former members of the Canadian Armed Forces. Two of them were police, and one was a firefighter, all suspended for not being prepared to take the vaccine. Each of the three had served at least 10 years in the Canadian Armed Forces and different stages overseas, involved in "black ops" and things of that nature. And all three made the same comment to me, which was "it wasn't over." There would be more, and there was, as I experienced.

Kassy Baker
Mr. Gatien, I hate to interrupt you, but you rather glossed over how far a walk it is exactly from your home to Ottawa? Can you tell us?

Maurice Gatien
It's 110 kilometres.

Kassy Baker
That's right.

Maurice Gatien
And at the time, I was 74 years old. So it was quite arduous, but I was joined along the way by people from all different walks. One was a doctor who—he's got very bad knees—was only able to walk about 100 metres, but I really appreciated it. And I also received more hugs. Lawyers don't get a lot of hugs, so it was pretty emotional for me.

Kassy Baker
Can you tell us, in the immediate period around the time of the Convoy in February, what else was happening to you before and after that?

Maurice Gatien
Well, the one thing I noticed is there was a complete radio silence from the Law Society, also from the point of view of the College of Physicians and Surgeons of Ontario. No messaging about civility; no messaging about being nice to each other. We could disagree about things, maybe everybody could have a different perspective, but the attitude of civility was not being cultivated. It wasn't being cultivated by the federal government as we saw with some of the interviews from our Prime Minister about people being racist or misogynist. I never heard those topics come up, and I spent hundreds of hours with people and those topics never came up. It was about health; it was about the pressure at work; it was about family. It was certainly not about misogyny or racism. I never saw it.

I did see one situation when I came to Ottawa,

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not when I walked up here. But another time I came on a Saturday, and somebody had a Confederate flag. They were the only person wearing a full-face mask. People were very, very civil to this individual, basically saying, "Please leave, you don't fit here with that messaging, please leave." There was no bullying of them; it was just a gentle, "Please leave." He got edged to the side of the crowd where there was a TV camera to capture this messaging, which was really out of keeping with the whole tenor of the convoy protest. I was here four times. And each time, I can say that the atmosphere was joyous and positive, and the people were wonderful.

Kassy Baker
Now, I understand you have a PowerPoint presentation for us [Exhibit OT-9]. Would you like to take this opportunity to set that up?

Maurice Gatien
Well, I think it's supposed to be—

Kassy Baker
Thank you.

Maurice Gatien
So one of the things I'd like to talk about is the bold lie technique. When I was working in Montreal managing office towers and shopping centres, one project was an office tower that had defaulted on its mortgage, and one of my staff went around with the lender. It was a New York-based lender. It was their largest defaulting mortgage in North America, so it was a very significant file. And when they got to the building and went around to different office suites, there were signs on some of the office suites. They'd open the door. There was no furniture. There was no equipment. There was nothing. And in other suites, there would be someone there. But they would look at the rent roll and say, "Well, those are not the terms of my lease." And what was evident was, it was either a combination of ghost tenants or leases that were just not the same. And yet the bank, a very sophisticated bank, had lent, at the time, $86 million. So it was a significant amount of money. But it was an example of a Bold Lie.

My next-door neighbour, at the time we're living in Montreal, was a TV producer, and he wanted to do a TV program about a forensic accountant who went around discovering **fraud, and he asked me to help him with this. So I ended up, even though I was a small-town lawyer and am now managing large real estate projects, ended up becoming quite knowledgeable about fraud.**

And the most interesting fraud that we came across was after the First World War in Paris. This fellow had contrived a scheme whereby he had gotten a printer to produce a very fancy letter head from the Ministère de l'Approvisionnement, Ministry of Supply and Services, which he had sent to the five largest contractors in Paris, basically saying, "I've got a very confidential project. I cannot meet you at the ministry offices. I have set up a suite at the Hôtel Crillon"—which is a very fancy hotel in Paris—"and your designated time . . . ." And each of the contractors had a different time slot, "Please come and we can discuss this confidential project." Of course, all five bit and all five showed up.

The pitch was the following. He said, "Once you know what I've got to discuss with you, you'll realize how you must keep this very secret. The government is looking under every manhole cover. We need money. We've come out of the First World War owing a lot of money. And we want to disassemble the Eiffel Tower and sell the scrap steel. However, I can probably steer this contract to you if you can come back a week from today, no obligation, with an envelope full of"— I forget the amount, 100,000 francs, 200,000 francs, whatever the amount was. Of course, they bit, and this guy absconded with the money and everybody laughed. But no one wanted to fess up or prosecute this individual because it was extremely embarrassing and very clever. But it showed the originality and the planning that goes into the Bold Lie. That was the phrase that this TV producer and I came up with: not just the lie, not the Big Lie—but the Bold Lie.

And we saw the Bold Lie with Bernie Madoff with—I just looked at the amounts today—it was about $65 billion U.S. that he was able to pull out of investors, and they only got back maybe about 20 of that.

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The rest just disappeared into a massive Ponzi scheme.

The 2008 mortgage funding fraud, which took place, had gone on for a couple of years in the United States. Now as a lawyer, we know that a document called a mortgage is something secured on real estate. But if the mortgage is for $500,000 and the house is worth $400,000, you can still call it a mortgage, but now it's become a hybrid: it's now a partly unsecured loan. What the banks did at the time is they bundled hundreds of millions of dollars of these types of instruments and sold them to unsophisticated investors and sometimes, also, very sophisticated investors. And when this finally imploded in 2008, as it would, people lost many dollars, huge amounts. Several films have been made of this and books, and everybody could see it coming except the investors because they were buying in to the Bold Lie: they were buying something safe called a mortgage and a mortgage fund.

Since that time, we've seen these things repeated. There's been Bre-X, Nortel, FTX. They're all the same model where it's a Bold Lie: you're going to make a lot of money. We wondered, the TV producer and I, tried to analyze things as to why the Bold Lie works and we came to the conclusion, it works for two primary reasons. One is most people have a sense of morality. Most people would not exploit the other person to their detriment. The other aspect is practical, which is most of us also don't want to face the consequences of going to jail. We are concerned for ourselves, our families but the main one, though, is that moral inhibitor, which is we don't want to exploit other people to that extent. But the Bold Lie is the foundational element to a lot of things that have transpired.

So going from the Bold Lie, okay, we can also see that with COVID— The way I would like to describe it is that there's two Bold Lies that were coexisting at the same time. So to get a sense of it, I'd like to take you on a bit of a journey of imagination. I'd like you to think of March 2020, and we're in the Mediterranean. We're on this beautiful yacht, and there's Kassy, you, me, at a table. We're on a yacht to celebrate the profits from a company, and we're going to call it Geyser Pharma. There's no such company as Geyser Pharma, so I'm not suggesting, aiming at anybody. And we're at our table. There's a gentleman, it's a fictional person by the name of Gill Bates. It's a situation where there's the finest champagne being poured into the finest crystal glasses. There's caviar, there's the finest shrimp, and there's a classic trio flown in from Milan to play for our entertainment. And off in the distance, we can suddenly hear the voice of somebody who's crying for help and someone who's drowning.

So Kassy, you and I would probably jump up, and we would look for some rope to throw to this drowning person. And Gill says, "Well, don't worry. I've got it." So he goes up to the side of the wall and picks out a rope. He mentions to us, he says, "Well, this rope cost $1.50 a foot, but I'm going to see if I can get this guy to pay $30 a foot." And he goes to the railing and starts to negotiate and, ultimately, in order to help the negotiations, says, "Gee, I think I see some shark fins there. It could be dangerous." And you could just hear the person crying.

That's the setup for a Bold Lie: when we're desperate, when we're scared, we're more likely to make bad decisions. So with COVID, there were two Bold Lies. One was, you're going to die. COVID will kill you. And we'll go into some of the reasons why that was not true in our area and in our province. And the second Bold Lie was, only the vaccine will save you. No other strategy,

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don't worry about losing weight or taking vitamin D or whatever. Nothing was offered as an alternative except the vaccine. So it'd be like going back to the fellow in the water drowning and not telling him, "Oh, there's a sandbar five feet away. If you just go over there, you won't have to worry about paying $30 a foot for some rope."

So when we looked at the situation, we saw no promotion of good health. The gyms were closed. Liquor stores remained open. And at the same time, with all the stores, the small businesses that were closed, it was a massive wealth transfer. When I was choosing a photo for this particular slide, I could not get all of this yacht—this is the new yacht that Jeff Bezos just took delivery on a couple of days ago. Cost $500 million. It's the length of a football field. In recent weeks, I've also noticed that yachts are backordered 30 months. So, Kassy, even if you made a billion dollars, I'd have to tell you bad news: you're going to have to wait for your yacht. Ferrari SUVs are back ordered till 2026. And there's been a whole raft of new billionaires that have achieved this status in the last three years. It's been an amazing transfer of wealth. And I've had people coming into my office, restaurateurs in particular, have been decimated by what happened in the last three years.

So when we look at the numbers, and it was very interesting for me in a small town to be in touch with the numbers. I speak to other lawyers on a continuous basis. I personally—and I'm in an age group that would be very much in the right profile—I personally, after three years, don't know anybody who's died from COVID in the Cornwall area. I ask other lawyers, "Well, do you know anybody who's died from COVID?" And they'll say, "Well, no, not really." "Have you noticed the surge in your probate files?" "Well, no, not really." "Have you been called to the hospital to do a will or a power of attorney for somebody who's imminently going to be dying from COVID?" The answer has been, "Well, no, not really." So after a while when you hear enough anecdotal evidence, it becomes statistical.

Partly because of my background in managing large real estate projects, I became quite acquainted with software and statistics. And one day, there was an article in the local paper about the COVID deaths, and there was a link on their online version to the Eastern Ontario Health Unit database, which I clicked on. I ended up in a database of about 6,000 scrambled pieces of information, which I organized into 10 lines. Basically, by decade of life of each of the people who had theoretically died from COVID. So, from 0 to 10; 10 to 20; 20 to 30; 20 to 40. Under 40, there was not one single COVID death. So I was kind of amazed with that fact because the schools were closing. There was panic. And it was, to me, a piece of good news that should have been out there instead of being suppressed and buried in this very scrambly database.

So when I looked at this, and also looked at the profile of the other, there were only two people between the ages of 40 and 50, and most of the deaths were from 70 to 100, with most of those being from 80 to 100. There was no listing of comorbidities. Yet I knew from all my reading that a lot of COVID deaths were accompanied by people being overweight, people having had strokes or other problems.

In March of 2020 on my way back from—my wife and I were in Hilton Head—I had read that COVID affected the pulmonary system. So I downloaded a book on breathing. I started doing breathing exercises.

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I immediately experienced better sleep, felt better. And I kept waiting for that big, big government push on improving your breathing. That big push never came. We're three years later, and it still hasn't arrived. I went through a number of evaluations of different initiatives that could have been taken by government. My daughter and I drew up a list, A to Z, whether it was breathing, weight loss, reducing alcohol consumption, you name it. There was nothing that was done to encourage better health.

So this vacuum created this anxiety that the vaccine was the holy grail. The vaccines were going to save everybody, but nobody had done anything to mitigate this big fear. So when I looked at the numbers, I looked at numbers, not just for the Cornwall area—I just took one at random because one of my friends was from Niagara—I looked at figures from Ottawa, Toronto. All the figures were under four one-hundredths of one per cent. I'm not a statistician, but by the same token, I'm not a journalist. But I would have thought that the newspapers would have been filled with this good news.

There was a day, a couple of Februarys ago, when I was looking at the weather channel predictions and there was a beautiful blue sky day, quite cold, but good day for cross-country skiing or snowshoeing. At the top of the weather channel prediction was a big red bar warning me of snow squalls. So I clicked on it, and it was warning me about snow squalls around Lake of the Woods, which is about a thousand kilometres from where I live. So I took my chances, and I went out and had a wonderful day of snowshoeing. The next day, I also looked at the weather channel. It was a Sunday and again another blue sky day. And I looked at the weather channel radar map, it was one of those polar highs that covered all of North America, and there was no clouds, there was nothing, it was just going to be beautiful everywhere. But the red bar warned me about solar storms on the planet Venus. Again, I took a chance, and I went out and had a wonderful day again.

So in the media, it seems there's an overemphasis, even on something as fundamental as weather, an overemphasis on the negative and on alarming us. When I grew up, the **newspaper in the top right-hand corner of the front page would have two, maybe three lines about the weather. Things like, "It will be cold tomorrow." That was it. So we've now put ourselves in a position where the media are constantly bombarding us as much as possible it seems with negative news as opposed to, you know, "Get out there, enjoy yourself, be positive." And I've turned it into a game for myself when clients come into the office and I'll ask, "How's it going?" And they'll say, "Oh, it's supposed to rain tomorrow." So, I always know the weather forecast. I always know that the rain will end. And I'll shift the conversation to, "Gee, it's supposed to be nice on Sunday. Do you think you could go and play some golf?" And all of a sudden, the conversation has turned to something positive. And I feel that it's a fun thing to do, but the media doesn't seem to have that optic on things—it's how do I make people anxious? And the weather network now has it set up so**

that it'll say at the bottom of the screen, "This will refresh in 30 seconds, do you want to hang on and see?" And I'm thinking to myself, "What could change in 30 seconds?"

So we're always on this edge of anxiety. And COVID came along and amped that up tremendously, and we were bombarded with bad news, bombarded with statistics all the time. It got to the point where I had to turn my radio off. I live about 20 kilometres from Cornwall, and I just had to stop listening because it was just always, always panicky.

One of the things I talked about when I was at that potluck supper—which I have very fond memories of in a barn in Dunvegan. I wouldn't call it the big time of the speaking tour in Canada, but certainly in terms of satisfaction was there.

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Talked about the Charter of Rights. I talked about it when I addressed the crowd at the Convoy. And we tend to forget that our rights originated with something called the Magna Carta, which was signed in 1215 after a war against the king, who was a very tough king at the time. He died the following year, and the Regency Council tried to renege on the Magna Carta. It ended up having to have another war, and it was re-signed and ratified in 1217. And what most people don't realize is, it only applied at the time to 25 people, 25 lords and barons, and they were given a very short list of rights. One of the rights was the right against arbitrary imprisonment, which would be equivalent to being stuck in a home imprisonment, which we saw with COVID, "shelter in place," they called it. But it was really home imprisonment. And the other was the right against arbitrary taxation, arbitrary decisions being made. So it took until 1911 for the *Act of Parliament* to be passed in England whereby the House of Lords could no longer veto bills from Parliament.

So almost 700 years have to go by and every year the rights got a little wider. And I'm sure after 1217, some of the lords went back to their fiefdoms and there would have been somebody tapping them on the shoulder saying, "Well, my Lord, you have certain rights, can we have some too?"

When we looked at the history of this situation as well, it was something that seemed so incremental, it took so long. In the 1600s, there was a concept that evolved under the first King Charles called the "divine right of kings." In other words, "My king is plugged into God, you have no right to question the decision." And at the time, the king had no problem getting reports and studies and scholarly works to support the notion of that, just by promising an earldom or a manor house to somebody. And things haven't changed a lot since that time. If you want a report, and I do remember when I was working for this large company, we paid $250,000 for a report, and the president of the company picked it up, looked at it and said, "huh, $250,000 to tell me I've got a nose in the middle of my face." **When we look at the studies and reports that were surrounding COVID, who paid for it was certainly going to determine a lot of the outcome of what the report was going to say.**

So when we look at the Magna Carta, what evolved in Canada, it wasn't until 1982 that we got our Constitution repatriated; the Charter of Rights was implemented by Pierre Trudeau. And in literally a week, in March of 2020, we lost all those rights. Parliament did not sit; it stopped sitting. And I'd like to joke to my friends, "Well, the Ottawa Senators have not made the playoffs in a while. The arena should have been open; there could have been plenty of social distancing, they should have met." But by not meeting and by defaulting on any discussion, all of a sudden, a handful of people were making all of the decisions for millions and millions of Canadians. We had no outlet. We had no way to express any of our concerns.

So when we look at the Charter— And it was interesting for me to also look at the history of marketing and advertising. Because what happened over the hundreds of years of evolution of the Charter of our rights, something happened in the 20th century. From 1900 on, it really evolved after the First World War. During the First World War, we saw the first forms of advertising with any sophistication. So think of how much it would take to persuade somebody to go from New Zealand or Australia or Canada or Newfoundland,

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to go into the fields in Europe and to live in trenches for months at a time. And at the sound of a whistle, to jump out of the trench, and because the colonials were the lucky ones, to lead the first charges. And nobody had told them, by the way, the machine gun has been invented. So they were being persuaded for glory, for God and country, to give up their lives.

So when the 1920s came around, the advertisers of everything from Pepsodent toothpaste to whatever, realized, wow, there's something available to us to push our products. Radio came along, then television, then the internet, telephones. Now with social media, we are constantly bombarded by messaging, and these expanding platforms have meant that we can almost find no safe harbour. I try to get out snowshoeing or cross-country skiing, get out into nature, if only to shelter myself from this constant bombardment. Our bandwidth, if you will, of available brain power to deal with everything is getting increasingly compressed.

There were some experiments that I read about and the first one I read about— I had actually read about it in 1965 when I was at Carleton University. We had to take a mandatory course in psych 101, and they were called the Milgram experiments. The Milgram experiments were designed to explore the proposition about people following orders. At the time, a fellow by the name of Adolf Eichmann had been detained by the Israelis in Argentina and had been brought for trial. His basic excuse, even though he put millions of people to death running the concentration camps was, "I was just following orders."

In the Milgram experiments, which were conducted at Yale University in 1961, Professor Milgram set it up so there were three people involved. One was called "the learner" and that person sat in a chair with electrodes and was electrified. It really wasn't, but it looked like it was, and it contained an actor who sat in it. The second person was called the "person of authority," wearing a lab coat and clipboard, and he would be telling the person upon whom the experiment was going to be conducted that they would have to give the learner some electric shocks. You'll notice that one of the settings on the electric shock board was DANGER: SEVERE SHOCK. So the person who was controlling the experiment, controlling the amount of power, was being alerted that this could cause harm.

The professor asked his students to estimate how many people would dial it up right to the top. Most people figured, well, one, maybe 3 per cent, there's always somebody who's a bit of a jerk out there. The actual number turned out to be 65 per cent; 100 per cent of the people were willing to give at least a mild shock. And the actor, by the way, in the other room, was trained to yell in pain as the shocks increased. So it was pretty amazing that somebody would suspend their judgment, suspend their critical thinking if someone in a lab coat, someone of authority, would tell them to do something.

The next set of experiments—in the 60s, there was a TV show called "Candid Camera," and it evolved out of that—and they were called the elevator conformity experiments. It

consisted of a person getting on an elevator, and there would be one person on the elevator initially, and they'd be facing the back wall. Almost everybody would face the normal way: they'd pivot, they'd look at the door, they'd look at the buttons. But once they got up to five people on the elevator, 100 per cent of the people would pivot and face the back wall, as well. That's the pull—the gravitational pull that we experience from the tribe—from people around us.

Now, if there was a sixth person on the elevator facing the right way,

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a person would feel encouraged to use their critical thinking, would feel encouraged to be separate from the crowd and would face the right way. So it just shows our inclination to abandon our judgment, if you will, if there's enough people doing something. We saw this happening during COVID many, many times.

The third set of experiments were conducted in 1971 at Stanford. They're known as the Stanford prison experiments, and it consisted of 12 students who were designated as prisoners and were put in prison garb and 12 who were designated as guards. They actually built some cells in the basement of the psych building, and the experiments were to be conducted over a period of 14 days. They had to suspend them after six days because the guards were getting out of control. They were becoming abusive and what happened is that once the first guard started to go over the line, that would encourage others to do the same and before you knew it, they had to suspend the experiments. That shows that you need rules. The rules have to be thought out before you do something. Trying to implement rules on the fly doesn't work very well. You try to implement rules when you're calm, when you're rational, not when you're panicked.

So what we saw during COVID was the opposite of these things: we saw rules invented on the fly; we saw rights being suspended; we saw the tribe, the herd basically running and influencing each other in their panicked state.

Foundational documents like the Charter of Rights—the right to assemble, the right to speak—became suppressed; censorship became the norm, and even to disagree became in and of itself almost demonized. I can't tell you how many evenings I spent on Zoom calls with people who were upset: who were threatened, who were worried. They'd lost friends; they'd lost family, just for expressing an opinion. So we did engage in a form of groupthink, which from a lawyer's perspective were very troubling because under our Charter of Rights, we have the right to express our thoughts and opinion.

Now one of the things I also noticed in my research, in 1930s Germany, there were a lot of **parallels with what we saw, and people were reluctant to state it. But one of the things I found alarming in 1930s Germany is group after group were mobilized and purged from their ranks people of Jewish background. The first group to do so were judges and lawyers; the last group to do so were midwives, presumably because they valued all life. So in 1933, first group, judges and lawyers. And after that, quickly after, followed doctors, veterinarians, architects, engineers. It's pretty amazing that they were able to do this. And one of the other things I found troubling was I looked for any comments; I looked for any writing from the 1930s from Canadian lawyers, Canadian judges, American judges, American lawyers. Nobody criticized what had occurred, and yet we know, it led to some very, very bad outcomes.**

So when we give up rights, when we treat people as "the other," as we saw, these are very troubling tendencies in society. And when these institutions of trust—like law societies, like colleges of physicians—go in a direction, a lot of people take it as a cue that, well, it must be all right. And there wasn't the critical thinking that was applied.

As lawyers, normally, we rely on evidence. And as you saw, with a death rate of four one-hundredths of one per cent, with almost a negligible change in the number of probate files and whatnot, where was the evidence?

Kassy, to your point, when we were talking earlier, where were the lawyers? We, I guess, unfortunately,

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were subject to the Milgram experiment; we were subject to the elevator conformity experiment; we were subject to the Stanford prison experiment without being aware of it.

As far as I'm concerned, these things, these experiments should be taught in our ethics courses. They should be taught in medical school, in law school, as part of our ethics courses, and we should never forget how vulnerable we are and how important it is to have these foundational concepts always borne in mind. That's how important they are. They are the guardrails against bad decisions.

The last observation I'd like to make about this aspect, too, is sometimes when I go to Toronto, I will buy all four newspapers. A story, it could be any story, might receive a favourable treatment on the front page of the Globe, might be front page of the Post, will have a different slant on it. It might be on page 37 of the *Toronto Star*; it may not even appear in the *Toronto Sun*. And by the way, the story, what I've expressed, could just as easily be the other way around. And sometimes when I engage people in discussion about this, they read the same newspaper every day. And they don't realize what a silo they have been placed in and how they have been compartmentalized from getting a range of ideas, a range of thought. So it's important to basically get your news sources from more than one place because, otherwise, it's very easy to divide and conquer if we're in compartments.

I need to go back a bit here, sorry. One of the things I do want to talk about is the clown deals. I've done a lot of negotiating and large deals, small deals. One deal I did was for a fellow who came to our house—he arrived on his riding lawnmower because he didn't have any other way of getting to our house—and he was trying to buy a $5,000 piece of property that his house sat on. And I worked out the deal with the church that owned the land whereby he could work off some of the purchase price by mowing the lawn at the cemetery. And the pastor and I joked about the "art of the deal."

So when we look at deals, most deals start out—if you think of, in your mind, a table—the contract, the proposed deal, will be in the centre of the table, and typically it will migrate a little bit to one side or the other. It might be 50-50, in most instances; it might be 52-48. At 55-45, most deals start to fall apart. If the person is asking too much or if the terms are too onerous, something happens to break the momentum of the deal. If you have a million dollar house and you want 10 million for it, that won't work. And if somebody offers you $100,000, that also won't work; you'll walk away. Most lawyers also understand that if you ask too much, people won't want to negotiate with you. And if you ask too little, nobody will want to use your services because you're not in the middle of the table and you might refine the deal. When we look at the vaccine supply contracts, they did not end up in the middle of the table.

The other thing that I would mention with regard to most deals, if you look at TTC [Toronto Transit Commission], you look at the OTC, you look at Hydro, where there's a potential for abuse of pricing and for the benefit of people, it makes more sense to own it yourself. Just like it sometimes makes more sense for a company to run its own trucking fleet. If the trucking costs are too high by externalizing it, they'll bring it inside. So I've read articles indicating that vaccines may be with us for a long, long time. Why aren't we making our own vaccines? Why are we passing on these huge profits? When I looked at the profits for Pfizer

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that increased to $35 billion in 2022; it's an enormous amount of money to transfer to a private corporation.

The other thing we should be looking at is the history of Big Pharma. I like doing research, and one of the things I notice is that Big Pharma has paid massive fines in the past. Nobody has ever gone to jail. Even something as bad as the oxy crisis in the United States, which they estimate killed 60,000 people, the company there, Purdue pharmaceutical, the family that owns Purdue, the Sackler family, their only consequence is that they had to resign from the board of the Metropolitan Museum of Art in New York. I know that tickets to the Met Gala are hard to get, but it seems like that would be not exactly the penalty you'd expect of 60,000 people that died as a result of a product being sold. They kept about $10 billion out of the $18 billion that they made. When we look at Pfizer, for instance, has paid $1 billion in fines in the past, for lying, for misrepresenting their products.

And the other element that really troubled me in all of this as a lawyer, when I looked at the self-testing aspect of the deals that were put together, can you imagine hiring a lawyer who graduated from a law school where people graded their own exams? I would expect that everybody would say—anybody graduating from such a school would say, "I was at the top of my class; I tied for first." And then just to have that law school say not only do people self-mark their exams, but instead of a three-year course, you can get it done in 90 days. So on its face—preposterous, preposterous—and yet, this is what transpired with the vaccines in terms of testing.

So when we look at the "clown deals," and again, keeping in mind how a contract normally is in the middle of the table, these are the benefits that were accrued to the vaccine makers: There were massive amounts paid to them for their R&D. All of the vaccine jab clinics were paid for by the taxpayer. All the marketing costs, all the massive advertising was paid for by you, by the taxpayer. There was massive support on air, on radio, on TV, everywhere, and censorship as well of anybody expressing a contrary point of view. The vaccine manufacturers had no liability for their product. If it didn't work, they didn't bear any of the costs. There were no outlets—like I've looked at the various health unit websites, there's nowhere to file for a vaccine injury. There's no information about how to communicate with anybody about a vaccine injury. There were mandates that were imposed that put a person at risk of holding onto their job, and I know from having talked to people who had come into my office, people with mortgages, people with families to feed, they didn't have huge savings. They were at risk, and they were subject to enormous stress and pressure as a result.

The doctors as well were placed in a position of—how would you describe it—duress, suspension of their licence if they gave a vaccine exemption certificate. I had one woman call me, she was five months pregnant. She had had two very difficult pregnancies. Her children were now eight and 10. She herself had almost died from a vaccine given to her

when she was eight years old. So here she was wondering about placing her unborn child at risk, and herself.

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And the irony was that if she had wanted to have an abortion, it was my body, my choice, was the mantra. But if it was about whether or not she should take a vaccine, it was a totally different mantra.

In discussing these clown deals, and I'm being generous to call them clown deals. Because I wonder if there's an association of clowns somewhere and one of them wanted to get his driveway paved, he'd pay a certain price. But if he had a thousand other clowns who also wanted to get their driveway paved, and they said to him, "Do you think you can get us a better price?" We know he'd get a better price. So we had thousands of vaccines, millions of vaccines being purchased with no discount, no claw back, no price adjustment if they didn't work. It was all, all full price. And at different times, there were also vaccines being thrown away because they'd become outdated.

So there was a tremendous amount of waste. And, normally, in a deal, again, going back to contracts, if somebody's putting up all the money, they get stock options or they get some kind of profit sharing or they get a royalty, something for the taxpayer. Instead, we got nothing. So again, I'm probably insulting clowns to be calling these clown deals. I don't know what else to call them. Perhaps hostage deals would be close, as well, because people were feeling like they were being held hostage.

Kassy Baker
Mr. Gatien, thank you very much for everything that you've testified to today. I'm aware that we are officially out of time and I just wondered if you perhaps had another something else quite pertinent that you wanted to add and if not, I mean everything you've said has been quite—what's the word I'm looking for—not intriguing but very compelling. Do you have anything final to say or should I go to the commissioners?

Maurice Gatien
Well, I would like to just perhaps leave on this one anecdote. Because it's been difficult but, at the same time, very rewarding. I was assaulted in my office, and I'm fairly wary. This is in February; this is what caused me to walk to Ottawa. The following week, I was at the grocery store in Lancaster—it's a little town of 600 people—and I noticed that this one person was paying attention to me. They were wearing a mask, and I was kind of aware, a little bit anxious, perhaps. I paid for my groceries. I went out to the parking lot. As I was putting my groceries into my vehicle, this gentleman came running up to me and I was momentarily taken aback. But he took his mask off and he said, "Can I give you a hug?" He said "My wife almost died from the first shot. She was feeling suicidal. You don't know how important she is to me, to my children, and I just want to thank you." Moments like that made it possible for me to live with all of the things that I've had to deal with in terms of the threats and the intimidation. And people like that are to be cherished and honoured. As much as it's been a challenge, I just tell my friends I'm fine.

Kassy Baker
Are there any questions from the Commissioners?

Commissioner Kaikkonen
At the beginning of your presentation, you contrasted Trudeau Senior and Trudeau Junior. I'm going to add an extra contrast. If it was Trudeau Senior, Pierre Elliott, who was in Parliament right now, I'm quite sure that he would have wandered down here himself or at least sent some of his MPs down this way to see if any of their constituents were in the room and testifying at some point since we are in Ottawa. Seeing that it's Trudeau Junior, Justin, that's in Parliament, I would like to add that he has censored his MPs, and his MPs don't think that we're valued enough to come down the road, down the street, to see who's in the room,

[01:05:00]

whether it's some of their constituents. So there is that contrast.

The other thing, as you mentioned, the Milgram experiment. Some of us do teach at every opportunity those experiments to any youth or students that we have and have done so consistently, as well as encouraging people to take the Tri-Council Research Ethics course, which is two hours online. And what I've found is that when I speak to my colleagues and my peers as to why they don't do the same, it's because they don't think that anybody is ever going to come for them when this lets go.

I thank you for your testimony, it was very intriguing, but it was also very enlightening. I hope someone's listening that can make a difference in people's lives. Thank you very much.

Maurice Gatien
Thank you.

Kassy Baker
And I would also like to thank you on behalf of the Inquiry. Thank you very much.

[01:06:10]

Final Review and Approval: *Margaret Phillips, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
OTTAWA HEARINGS

Ottawa, Ontario, Canada
May 17 to 19, 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

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 00:40:35–01:08:55
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[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence our third and final day in Ottawa, the nation's capital. After actually walking across the land, this is the last of eight cities in our original vision of marching commissioners across Canada to seek the truth. I have to confess that I kind of feel like summer camp is ending. You know that feeling you get where you've participated in an activity, you had to get to know the people that you were sharing that activity with. I worked through a lot of experiences, literally trials and tribulations, and tears and laughter. There's been lots of tears, and fortunately, there's been some laughter. And we'll have a closing at the end of the day, but I just wanted to start by saying that I've been tremendously honoured to be a part of this and to stand with the people that I've had the opportunity to stand with. And I'm not just speaking about the commissioners and the volunteers, I'm speaking really about the entire nation, just all the support, all the prayers, the gratitude. It's been quite tremendous.

And so I'm going to ask: We have to decide what we're supposed to be doing. And I use the word "supposed" deliberately, not "decide" what we should do next. What are we supposed to be doing next? Because something's changed in this nation, as people have heard other Canadians speak and share their voices. And none of us know what that looks like going forward. We just know that there's been a change and we have to decide what to do in relation to that.

So let me start a little more formally. Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. I'm always asked by the volunteer staff: "please ask people to go to our website and please ask people to donate." So for those of you who aren't familiar with the National Citizens Inquiry, we're a group of volunteers and we had this vision of basically seeking the truth and having an independent inquiry where witnesses testified under oath and where Canadians were able to share their stories. And we just kind of started, and we just thought, "Well, we'll stop when we have to stop, but maybe we can make this happen." And it's only happened— And it has happened, and it's happening, and solely because you help us. And you volunteer, you support us, you encourage us, and you also support us financially. Each set of hearings costs about $35,000. I'm confident that I can say I'm pretty sure we don't

have the money in the bank to pay for this last one, and so we would ask that you continue to contribute and donate. We've really kind of been walking by faith, literally, on this, that you would participate and support us, and we appreciate that.

So I also have another ask. I've mentioned it a couple of times, that I think one of our biggest failings is that some people that have stood up for us in the recent past are not being supported. The truckers are the first group that come to mind, but they're not the only ones. So I'm going to be asking internally in the NCI if we would consider setting a group up to identify those. So let's say we've got some truckers that they can't afford their legal costs, or the bank accounts are frozen and things like that: like, who's in need in our group? And supporting them. It's just been a very emotional ride, this NCI, as you all know. So if there are some people that feel that they would be competent and committed to be able to spend some significant amount of time helping us to organize that, if you would send a message to the NCI through their emails for my attention on that topic, it's just something that I'm going to ask them to consider supporting.

[00:05:00]

I want to give my opening this morning. We've been talking about freedom a lot, and freedom begins in the mind. And I want you to just think about that for a moment, that your freedom begins in your mind. It's not something external, it's a state of being. And freedom is an alignment with the truth. I want you to think about that, also, because we act and we react based on what we believe to be true. You're in a situation, you're going to react based on what you believe is happening. If you have been lied to, if you've been led to believe that a lie is truth, then basically you're not free to react appropriately. Your behavior has been modified and controlled because of the deception. And so true freedom depends on you understanding what is real, what is not real, what is true, what is not true.

And we all know right from wrong. We know it intuitively. I think it was in Toronto when I was speaking about this concept, I brought up— For those of you who have read C.S. Lewis's book, *Mere Christianity*, he's at one point making the case for Christianity, and one of the points that he makes is he says: regardless of the culture, regardless of the religion, basically the moral code, the ethical code is the same. It's pretty well identical. And he brings that up to bring the point up that we all know right from wrong. Intuitively there's something happening and he would say that it's God's moral code. But it is true, we all have the same sense of right and wrong.

I have been shaken by the testimony of Sheila Lewis. If you recall, she testified on the first day. She was the lady who needs an organ transplant. And she's there, she's got the oxygen tube under her nose, she's sharing her story about how, basically, even though she's redone all of her childhood vaccination schedule to be able to qualify for the organ transplant, and **even though her blood has been tested and she has natural immunity to COVID, so she's got tons of antibodies to COVID, they are refusing to give her an organ transplant because she won't take the COVID vaccine. We watched her sob and just tell us she just wants to see her grandchildren grow up. She just wants to live. And we sobbed with her but not just because we empathized with her. We didn't react just because we were empathetic; we also reacted because we knew that it was wrong. Everyone listening to her testimony knew that what was happening was wrong.**

She shared with us; she said what was happening was evil. She used the word, and we all saw it.

We all know right from wrong, and we all have an intuition. We call it a gut feeling. Some of us will use other terms and explain it differently. But we know things, and when I say we know things, it's not "Oh, I was taught this." There are some things we just know. And there are some points in our life where we have great clarity. And we understand things differently. We all know that slavery is wrong, that tyranny is wrong.

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We watched James Corbett testify yesterday about the World Health Organization and this One Health, what he calls a pandemic treaty, although it's been labelled as something else to deceive us. And this One Health Initiative that basically would lead to just the worst type of totalitarian control, the worst type of slavery that this planet has ever seen, that the human race will have ever experienced, if it happens. That scares us, but more importantly, we understand: It's evil. There's a difference there, do you understand that? We can react going, "this scares me; I don't want to live under this tyranny." But we also understand it's evil. And the worst part of the experience, if we allow that to happen, will be that we will know that we're experiencing evil.

See, under some tyrannies, some people live really well. There's winners and losers. We can look at every police state and those that were on the right side of it did very well. We could have this form of tyranny and some of us materially, and just quality of life, might actually find it tolerable. But our gut—our gut will tell us that it's wrong and that it's evil.

I started by saying that you can't actually be free if you don't operate on truth, if you don't know the truth. I think we need to go to a basic level here today because most of us are operating under the greatest lie: that we're a body, that we're a body, that we're a material being and that's it. And we're not a body. Some people say that we have a soul and I don't disagree with that. I just think that it's a more meaningful way of communicating to not say that you have a soul. I think it's more important for you to consider that you *are* a soul, that you have a body, but that you are a soul. That you are a person who is separate from your body, and that you are a person that is separate from your mind.

We all have the experience where sometimes we're examining our thoughts, literally, where we might even ask ourselves, why did I think that? Where we're examining our mind. We have those experiences where we actually understand that we are separate from our mind. And we have those experiences where we understand that we're just occupying a body.

This is a fundamental truth that I think we need to understand if we're going to deal with our fear—which is why I'm speaking about it. If you believe that you are a body, then living for the here and now makes sense. Keeping up with the Joneses, being concerned about just your standard of living and all of that, it makes sense, right? You've only got a limited amount of time and then it ends. Your fear of death makes a lot of sense. Because if you're just a body and they can kill your body, that's really something to be afraid of. But if you're a soul occupying a body, then the fear of death—not only does it not make sense, it's absurd.

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It's absurd. And the slavery of pursuing wealth and keeping up with the Joneses doesn't make sense.

And so I think we need to get down to the basics and understand that the biggest lie that has been perpetuated upon the Western world is that we are basically just a material being, that we are a body, that that's all we are. And our society has been structured to operate on that principle, which is why we are on a debt- and greed-based system. And it serves the state well. Because if you believe that you're a material being that ends when your body dies, then you're going to be afraid of death. They can use that fear to control you. And the fear of death is used to control us. We all experienced that over the last three years. We all bought into it. So I need you to understand that your fear of death is based on a lie, that it's not true, that you've been tricked. And you can't fix things, and you can't address your fear unless you understand that you have no reason to be afraid.

Now, I appreciate that when we are confronted with what comes next, when we are confronted with what they've planned for us coming forward, we're going to have that physical reaction. I get that when we get information that is designed to make us afraid, we have a physical reaction that we have no control over. The hormones get pumped into our bloodstream, we go into fight-and-flight mode. We are designed to basically leave that part of the brain that is used for critical thinking. But I've told you that every time you have that physical experience of fear—I mean, even if you open the garbage and there's a hornet's nest in there, like it's something that just triggers it—use that as an opportunity to go, "Okay, I'm afraid, I'm having a physical reaction, but I'm going to keep that link to my thinking mind."

It's important for you to train your mind to remain attached to your critical thinking when we're facing fear. But it's also going to be very helpful for you to dampen your fear if you understand that you don't need to be afraid. Dying, our body dying: if, as I say, if you're just a body, it's very meaningful, but if you understand that you are a soul, dying actually is neither important nor is it meaningful.

And think about that for a second. Because we've just all been so terrified. We've all been so terrified that sometimes we feel like we don't even have any ground to stand on. But if you're a soul—and you are a soul—how is physical death meaningful? How is that important? What's important is who you are. What is meaningful is who you are at the moment you die because that's who you are when you transition. And you will know who you are, we all know who we are inside. I remember one person telling me, it was during a lecture that, you know, we have those inner thoughts: that if they could be broadcast on a movie screen for everyone in your hometown to see and watch what you really think and what you have thought, every single one of us would have to leave town. Right?

We know who we are. And it's important for us to understand who we are, so we can choose if we want to be somebody different.

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But it is truly important and truly meaningful for when we transition, when we die, to be the person that we want to be. Because that's who we're going to be when we move on.

Whether you believe in the Bible or not, I shared with you yesterday—because it's a good touchstone for how we should treat each other at least—that the Bible teaches how we're going to be judged. And, you know, most people would be, "Oh, fire and brimstone." No, it's actually— It's beautiful, isn't it, what I shared yesterday? You know, the story that Jesus is going to separate the sheep and the goats. And He's going to say to the sheep, and this is the judgment. He's going to say, you know: "When I was hungry, you fed me. When I was thirsty, you gave me a drink. When I was a stranger in your town, you took me in. When I

was naked, you clothed me. When I was sick, you took care of me." And the Bible reports that the sheep are going to say, "Well, Jesus, we didn't, you weren't here. We didn't do any of that." And He's going to say, "No, but when you did it to the least of these, when you did it to each other, you did it to me."

And likewise, He's going to judge the goats. He's going to say, "When I was hungry, you didn't feed me. When I was thirsty, you didn't give me a drink. When I was a stranger, you didn't take me in. When I was naked, you didn't clothe me. When I was sick, you didn't take care of me." There's also in there, "When I was in prison, you didn't visit me." And they're going to say to Him, "Well, Jesus, we didn't, we didn't see you. Obviously, we didn't, this isn't true at all." And He'll say, "No, when you didn't do it to the least of these, when you didn't do it to each other, you didn't do it to me."

What a beautiful way to be judged. It's all, did we love each other?

When you decide who you want to be when you transition, I think it would be a beautiful thing if you're that person that loved. So I have a couple of questions. Will you be that soul that, when you leave, loved others? And will you be that soul that when you leave, you stood against the evil of tyranny and oppression? Because that's what we're facing.

I'm going to read that quote from François Amalega that I had read at an earlier opening. And he wrote, "I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie." Let me read that again: "I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie." François Amalega is somebody who knows he is a soul and he knows who he wants to be. Souls who want to love, who want to stand for truth, understand that that is why they're here.

Now, I just made an important point and so I'm just going to repeat it: that souls that want to love, that want to stand for truth, they understand that is why they are here. It's why you are here.

We've all felt at some point in our life that we were here for something important. That we were here to act differently. That there was something else going on and that sometimes it almost would feel like we could touch it, it was so close. And at other times, it would seem distant. And we all know, and I know it certainly happened for me, I get caught up with working,

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and this and that, and taking care of kids, and you totally lose track of that feeling that we were here for something else. We lose track of that feeling that we were here for something important.

But the truth is you are here for something important. You're here to choose who you are going to be. That's why you're here. And it may sound odd, but our present circumstances are a gift. Because I was expecting to go to university, get married, have kids, work, save, maybe have a retirement cottage at the lake, then retire, watch my grandkids grow up, and then have a peaceful death. And that's not a life that makes it very clear to me why I'm here. Because I'm not here for that, I'm here to choose who I'm going to be.

But now I'm faced with a world where I see evil running wild, where I see tyranny being imposed, where I see people like Sheila Lewis sobbing because she is being the victim of pure evil. And it's clear, isn't it? Isn't it clear for all of us that we really are here to make a choice? Like it or not, we're here to make a choice. And so this is a gift, because we're not going to be confused why we're here.

And it's not all doom and gloom because the worst of times are also the best of times. You will experience the deepest friendships that you have ever experienced. You will feel peace when you look in the mirror. You will feel part of something bigger than yourself. And so, I think we need to understand that we're actually in for the best of times. It's not going to be easy. Some of us, it's really not going to be easy. But we are in for the most important and the most meaningful part of our life going forward.

And the most important thing—and the NCI has shown us this—is we're not alone. We're the majority and we stand with each other.

[00:28:32]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 1: Dr. Christopher Shoemaker
Full Day 3 Timestamp: 01:09:05–01:56:06
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
I now want to turn to our first witness, Dr. Chris Shoemaker. Dr. Shoemaker, can I start by asking you to state your full name for the record, spelling your first and last name?

Dr. Christopher Shoemaker
Yes. My name is Christopher Allen Shoemaker, spelling of the last name is S-H-O-E-M-A-K-E-R, and the first name Christopher, C-H-R-I-S-T-O-P-H-E-R.

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

Dr. Christopher Shoemaker
I do so.

Shawn Buckley
Now, I'm going to introduce you and I may not do justice, so if I don't, please feel free to fill in. You are a comprehensive physician in Ontario. You're a member of the College of Family Physicians of Canada. In your 45-year career since 1977, you've worked initially in emergency medicine in both Ontario and British Columbia. You later did family practice on two military bases in Ontario, assisting in the direct care of Canadian Forces members and their families. More recently, in 2020 through 2022, you worked in direct patient care at the West Ottawa COVID Care Clinic and were part of the Eastern Ontario Response Team to COVID-19. You have been an active member of the World Council for Health and their worldwide response to COVID, including therapy protocols for vaccine-induced spike injury.

And I think that that's not a bad introduction. You have been literally in the trenches as a physician for 45 years.

Dr. Christopher Shoemaker
Yes, indeed.

Shawn Buckley
I will tell those watching and the commissioners that I've entered your CV as Exhibit OT-2.

Now, you're here to discuss—really to sum it up—vaccine issues, but there's several different issues and I don't know where you want to start. Do you want to start with your thoughts on them being safe and effective or do you want to start somewhere else?

Dr. Christopher Shoemaker
Well, I think that's certainly central to everything, but as I discuss it, we will be on other topics of course over time, including sources of the vaccine and including other measures that could have been used instead of them.

To begin with, if I may, Mr. Buckley, I'd just like to introduce myself a little bit further, a little more personally to the audience and then carry forward, if I may, for at least three or four minutes.

Shawn Buckley
Sure.

Dr. Christopher Shoemaker
Thank you. Good morning, Commissioners, I'm honoured to be with you. I've observed the tremendous work that you've been doing across Canada. I was there in the room all three days that you were in Toronto and I think this is the most important activity going on in the world right now, to bring light to all of this. So thank you. And thank you, Mr. Buckley.

I like to help people. I'm a doctor, that's what I do. If I was introducing myself to you three years ago, I would have told you of my quiet practice taking care of children with difficult symptoms of Asperger's condition, anxiety, ADHD, autism spectrum, and obsessive-compulsive disorder. That's what I was doing in the last eight years of my clinical practice. But those days are behind me now.

Because of things that I learned, I had to speak to the greatest issue of childhood mortality and morbidity ever to happen in my 70 years on this planet. We were all children once. I was a child, the oldest of four. I still have a lovely sister. I had two lovely brothers who have pre-deceased me. When I was 44, my closest brother, Frederick, got pancreas cancer. And he was gone in six or seven months from having incurred that terrible, terrible illness. So, I lost my closest amigo back in 1995. But it made me reflect upon all of us.

All of us here are talking about losses of loved ones, losses of our own good health, the frailty, in a sense, of the human body. And no one thing causes our body to become frail. It can be a large truck that hits us when we don't look the right way crossing the street. And it can be a subtle little infectious organism in us that takes over and is unable to be treated.

[00:05:00]

And additionally, it can be a poisoning of some kind, something in the environment that sets things in motion that means you're going to get quite ill with an autoimmune disease of some kind against that poison.

Essentially, what we have been forced to fight here with COVID-19 is the latter, is the last of those three things. It's a subtle, purposeful immunologic poison that's been put into our bodies and for which there was a plan—a plan that I'll outline for you a little later. I would just like to say why I'm going to be using a few videos and not speaking every word neutrally and straightforwardly. It's because it's what I did.

When I learned what I learned, I felt I had to go out and speak the real truth, even if it was just independent videographers that were covering me. And so I did that. And the reason I'd like you to see some of them is that, well, it's why the College took away my licence. The College [of Physicians and Surgeons of Ontario] decided that me speaking these truths was something that they considered not compatible with me being a licensed physician in Ontario.

So if I might ask for the first video and simply to show the commissioners and yourselves what I began to say in September of 2022 when I became fully informed. Thank you.

Shawn Buckley
Sorry, we just asked the sound to be adjusted so that you're more understandable.

Dr. Christopher Shoemaker
Very good. And in a couple of seconds, we'll have this first video.

Shawn Buckley
We always have obligatory technical issues. But actually, we've done really well and our team is just excellent. So, just bear with us.

Dr. Christopher Shoemaker
Oh yeah, no worries. I'll just set it up a little further. I was at old City Hall and new City Hall of Toronto. I was meeting with anyone that would come down to see me. I stood there and kneeled there both, for 10 straight days, as a vigil for the harm to children.

The reason that I chose to do it around that time was Denmark had just cancelled all vaccines for the children on September the 1st of 2022. And they'd cancelled them because of the added risk that was perceived and known. And they were the first country to ban vaccines for those 18 and under. They did that September 1st, 2022. We're nine months since then. And our countries here on this side of the Atlantic Ocean are still suggesting, inappropriately, that these shots be given to children of any age.

[Technician in background indicates that the videos were submitted without audio.]

Shawn Buckley
Oh dear, okay. Well, that's going to change things. And we can't actually log in with the Rumble link, right?

Okay. Dr. Shoemaker, we're just going to try Plan B technically. So we'll just have you continue. You're sharing with us actually a very important point that on September 1st of 2022, a full nine months ago, the country of Denmark actually banned using COVID-19 vaccines on children. And yet here we are in Canada: literally, our governments are still pushing vaccination on children when another country has banned them, concluding that that it's too dangerous.

Dr. Christopher Shoemaker
Yeah, in Denmark, for example, a child like Sean Hartman would still be alive because even when they were giving it to children, it was not mandated. It was available, but the parent could make their own decision and their child could attend to sports and anything to do with school without the vax. It was just determined because it was an experimental vaccine, it should be the legal choice of both the child and the parent whether to get vaccinated or not.

But they took away even that aspect. They just didn't let children get it at all as of September 1st of last year.

Shawn Buckley
Okay. While we're looking for that video, can you share with us your thoughts— Because obviously, you're against vaccinating children. And can you share with us why that is?

Dr. Christopher Shoemaker
Certainly. It's because the shots are immuno-toxic to everyone that receives it, whether you're 50 or whether you're five years of age. It's worse in childhood because the children have such a strong immune system. Strong immune systems are what react to spike being inappropriately in their cells. And if your cells, your myocardial cells

[00:10:00]

are filled up with 40 trillion— And that's the number by the way, that's the number that the video I had hoped would surprise you with. Forty trillion mRNAs are in every shot you take, 40,000 billion.

There are only 80 viral entities that are in every polio shot you take. So if you get your four shots of polio over a lifetime or circumstance as a young child, you've had 320 little viral entities enter your body. Entities that are inert. Entities that can't reproduce or make more polio spike, if there was such a thing, inside you. It just won't happen. It's just the inert shell of the virus and the body can make a proper immune response to that.

And this is bad news whether you're an adult or a child. Specifically problematic for children because their innate immune system has to develop over the first 10 years. And when you give this sludge into the bodies of children, you are making your innate immune system not develop. The kind of things that keep you safe in the sandbox. The kind of things that keep you safe as a 16-year-old moving around the world, being exposed to new things. You need a strong innate immune system that has not been hijacked by an inappropriate

item put into you at age five. So that's why it was so important for it to stop in children as quickly as it did in Denmark. And that's why it's equally important that it happen here in Canada.

Shawn Buckley
Right. And so when you use the word immuno-toxic, you're meaning basically that it harms the immune system rather than helps.

Dr. Christopher Shoemaker
Yes. And if I could give you a picture of it. Everyone, we all understand transplants. We understand if someone's kidney is put into you or someone's heart is put into you, your own natural immune system would attack the heck out of that transplanted kidney or attack the heck out of that transplanted heart if the surgeons and internists didn't give a great degree of immune suppression. Very heavy drugs that would make your immune system basically go to sleep, so that that new heart or that new kidney could settle into your body.

Here's the problem with spike protein. When spike protein goes into your body, you got 30,000 billion cells in your body. You got 40,000 billion mRNAs, enough to go into every cell of your body. So they're all going in and they're all creating a flag. They are all creating the fact that your body recognizes your heart is no longer your heart; it's a transplanted heart. Your kidney is no longer your kidney; it's a transplanted kidney, the body thinks.

And that's why the body goes after it and that's why the attacks are so varied. That's why one person could be suffering massively from a hepatitic or a kidney ailment and another person will have a dissection in the aorta: because the aorta is being inflamed by the attack. Or the heart, the typical one is myocarditis in children: young adolescents, male and female, getting pain and troponin elevations and all the features of myocarditis. It's because your immune system is— It's not the spike itself that's harming you, it's your immune system going after the spike that has changed the genetic image of your heart. And your body thinks it's not your heart and that's why it attacks the heck out of it. This is basic immunologic science.

The makers of this immuno-toxic vaccine knew this; they knew this for a purpose. You can't make something this damaging to humanity without doing it on purpose. That is actually my major message of my talk today. I accuse someone, I can't name them right now, but I accuse some entity of highly purposefully making things in the fashion that they did. Because it would not be as toxic as it is, it would not be so able to hijack your immune system, to kill you slowly or quickly, if it was not done purposely. It has been done purposely.

Shawn Buckley
And just so people watching your testimony understand, you use the polio vaccine as an example. And some people don't understand what a traditional vaccine is. So in the case of polio, a shot would contain 20 pieces of the polio virus that is inactive.

Dr. Christopher Shoemaker
That is correct.

Shawn Buckley
And so, we're talking 20 pieces.

Dr. Christopher Shoemaker
Eighty sorry, was the number, 80.

Shawn Buckley
Okay, 80. And then so those pieces are enough for your immune system to look at and go, "Oh, this is foreign, let's make an antibody against this." And that's how in the theory of vaccination, you would become immune.

But the COVID-19 vaccines, it's not 80 pieces. You used— How many? Like, you used the word trillion.

Dr. Christopher Shoemaker
Forty trillion. Everybody knows the trillion; governments talk about trillions of dollars all the time. But 40 trillion factories. It's factories that were sent into us, that's what a strand of mRNA is.

[00:15:00]

It's a factory and it produces whatever its product says to make. Whatever its genetic code says to make, it makes, and it makes these spike proteins and those have a life to them. Spike protein, once it's physically in a cell, is as alive as the cell, so that's very, very different.

One terribly important thing to add, and this is probably the best time to mention it. In the last three to four weeks, it has been spoken out extensively by Canada's PhD Dr. Jessica Rose and Sasha Latypova from the United States. They have made extremely clear that actually, it's one-third DNA that's in the weight of the shots and two-thirds RNA. So fine, two-thirds RNA is only 27 trillion. Meanwhile, there's 13 trillion actual DNA capsids: DNA, deoxyribonucleic acid, the kind of stuff that can get into the nucleus of your cell and change that part of you. So now not just the flag from the RNA is on the surface, there's actually changed DNA physically inside the nucleus of your many, many, cells. The reason that's there is ostensibly its poor design, poor manufacturing.

The Department of Defense in the United States, which assisted in manufacturing this, didn't care that it didn't meet vaccine standards. In fact, they did paperwork that specifically described the injection as—I don't want to use the wrong word here—a military countermeasure, a military countermeasure. They didn't call it a bioweapon, but they did call it a military countermeasure. And they specifically didn't call it a vaccine. And the reason was that if you call it a vaccine, it has to be made to vaccine standards, proper world standards for vaccines.

By calling it what they did, saying that there was an urgency to it, "We'll just call it a military countermeasure," the standards can be dropped. And so what if there's one-third as much DNA in this as there is RNA? And this happens when they stir the soup. When they make this stuff in great big kettles and cauldrons, there's going to be sludge. There's going to be the original DNA inside of a bacteria that's helped to make the RNA, but it was allowed to have inefficient and painfully, painfully almost soiled— What's going into you is

one-third DNA, two-thirds RNA, and that is the truth from Dr. Jessica Rose and Dr. Latypova, if I have the name correct. Horrible.

Shawn Buckley
While we're waiting to see if they can pull that video up, one thing that we haven't had a lot of evidence on is the effect on pregnancy and reproductive issues. But I'm getting the signal that we think the video's good to go, so we'll put that question on hold for a second and see if we can run that video now.

Dr. Christopher Shoemaker
Thank you.

[Video plays briefly, is still inaudible.]

Shawn Buckley
Oh, okay, so we're going to be out of luck on that.

Dr. Christopher Shoemaker
Would that be the case for all of the videos or just this particular one?

Shawn Buckley
David, do you want to check with the other ones that we had done last night? We apologize for those, Dr Shoemaker. We did ask our team to download those videos from the links you sent.

Dr. Christopher Shoemaker
No need to worry. We'll just go ahead as you're saying.

Shawn Buckley
So, I was kind of switching gears because one of the areas that we haven't had much evidence on is effect on pregnancy and potential effect on reproduction And I know that you have some thoughts on that and you've looked into that.

Dr. Christopher Shoemaker
Yes, indeed. Pregnancy. The Golden Rule of pregnancy: never use an unproven drug in pregnancy and never vaccinate in pregnancy. Never. Somehow "never" went away; "never" went away during COVID. That golden rule was broken. The last people that should get new drugs, unproven drugs, or vaccines should be pregnant women and the fetus inside them. They should be 10, 15 years out if you've got a wonderful new vaccine to use.

Polio would not have been given to pregnant mothers in the early days—not a chance—and actually has been discouraged ever since.

You don't vaccinate pregnant mothers. It's medical malpractice. Why have we allowed ourselves to do a medical malpractice, ostensibly recommending it?

[00:20:00]

And what has been the result? What has been the result? Well, Pfizer knew the results just as things were rolling out. They did a post-marketing analysis. And in their post-marketing analysis, there was a specific— There was about 300 people that they didn't tell you what happened to the other 270 or so. They didn't give the answer back. But they did give the answer for 29 pregnant mothers. And the 29 pregnant mothers that they gave the answer to, what happened to the pregnancy?

And it's published; it's part of the 75,000 pages of Pfizer data. And the published data by Pfizer showed that of the 29 pregnancies that they were willing to say what the results were (and the others that they hid), 28 out of 29 lost the pregnancy. A horrific number. Ninety-seven per cent of the fetuses were lost of those 29 that they were willing to tell us about. Of course, they weren't really willing to tell us about it because they thought that these data would be hidden for 75 years.

But the truth, when Dr. Naomi Wolf and others got to the truth, is that this cache of dear families who lost the ability to have this child in a ratio like that, 97 per cent in that group lost. The actual real-world data, the real-world data where it's really being spoken of and proven: hospital systems in Florida, hospital systems in other parts of the States that are being honest about it show that 50 to 67 per cent of pregnancies— Where the woman has received the vaccine while pregnant, 50 to 67 per cent of those pregnancies are lost, either early or late.

Incredible numbers. Anyone in the obstetrical units really knows the truth. They've seen stillbirth numbers that are obscene. They've seen early pregnancy losses, extra bleeding, spontaneous bleedings, and spontaneous abortion losses that have happened that are obscene numbers. And this is what happens when you break the Golden Rule of pregnancy. You never break the Golden Rule of pregnancy. Do not vaccinate—and especially do not vaccinate with a toxic spike protein into a viable human who's only this big.

A little viable human that's only this big and nanoparticles take the toxic stuff across through the placenta and into the cord and into the baby and into the baby's brain. And the mother received the shot when the baby was three months old inside her body because society was telling her, "That's the way you can protect yourself. That's the way you can protect grandma. You just do it too."

We were lied to. We were lied to. We didn't know if it was safe or not. We now know absolutely that it's not safe. And one of the biggest evidence that it's not safe was in this highly risked population: mothers and the children within them.

Shawn Buckley
I just want to make sure that people understand: so you're talking about the Pfizer data. This is the data that Pfizer would have submitted to the Food and Drug Administration in the United States to get their so-called emergency authorization and that Pfizer didn't want that disclosed to the public. There actually was a fight in court for it to become publicly available. And that's kind of your first clue, there's a problem. But now there's a team of doctors and scientists that I understand—I mean, it's thousands analyzing this data. And so this is actually Pfizer's own data that they record. There're 300 females in pregnancy that get the shot, but they don't report on 271 of those. They only report on 29.

Dr. Christopher Shoemaker
And those 29 were of the ratio of loss that I just described to you. Virtually, the vaccine functioned more efficiently as an abortogenic drug than RU-82.

Shawn Buckley
Okay. And then when you're talking about states like Florida, this is government data reporting basically a stillbirth rate of 50 to 60 per cent in mothers that are taking the vaccine during pregnancy.

Dr. Christopher Shoemaker
Again, I will say that, yes, that's government data and information from actual individual hospital boards and circumstances taken into totality. Yes.

Shawn Buckley
Now, I believe we have your video up, so we're going to try again.

[VIDEO plays but is barely audible. Dr. Shoemaker's videos are available on the NCI website as Exhibits OT-2a, OT-2b, OT-2c, OT-2h, OT-2i, OT-2j, and OT-2k.]

Dr. Christopher Shoemaker
To be honest, I think we could drop this video. I think we've touched the points that are on this. The key point ladies and gentlemen

[00:25:00]

is that skilled immunologists, skilled virologists, skilled pathologists have stated that the 100 micrograms of RNA and DNA combined—100 micrograms, the weight of a thyroid pill—is enough for 40 trillion virtually weightless mRNAs. These extremely small, have of course minuscule weight. You don't need tons of it. You just need 100 micrograms. And 100 micrograms is 40,000 billion viral entities. It's on their labelling. They say on the label how much is going into you. And that is how much is going into us every three to six months, if we keep listening to the morons above us.

Shawn Buckley
Now one of the things that we've been told when we're being told to take this vaccine is that we should really take one for the team. So that, and you already used the example for a pregnant mother, "Take one so grandma doesn't get sick." The whole idea is, at least as communicated, that we're supposed to take these vaccines so that we're protecting others: we're not catching COVID and we're not transmitting COVID.

And I'm wondering if you can share with us whether that is truthful messaging or false messaging—what your thoughts on that are.

Dr. Christopher Shoemaker
Well, very good. Just as I begin, could I ask David to see if he can bring up slide two and perhaps put it in the background on the screen? If what we call slide two, that's in the bar

graph with the angled look [Exhibit OT-2e], that would be the one. If that can be brought up onto the screen it will allow me to speak to your question. Very good.

So the topic is—Are we protecting others, are we reducing infection in ourselves, is the vaccine working? This is from the Cleveland Clinic, which is a group of five or six hospitals in Cleveland. It has 40,000 staff—40,000 staff in this huge hospital system. In September of 2022, for 90 straight days, they followed the symptomatology of all 40,000 staff at the Cleveland Clinic.

The black line at the bottom that starts at zero cases and wanders its way up to a fairly low number—I won't try to quote it right now, but that's the unvaccinated staff. Unvaccinated staff at the Cleveland Clinic had very, very, very little, low numbers of COVID events in themselves. Each line above it is more and more vaccinations. The red line was one shot, the green line was having had two shots, the purple line above that was having had three shots, and the pale orange line at the top was having had four or five shots.

So they had a spectrum of numbers of shots that people had taken who worked in the clinic. And in an absolutely arithmetic progressive way, you went from whatever was the rate for the unvaccinated—very modest down there at the bottom right—it was doubled and tripled and 3.5. Once you'd had four shots you were 3.5 times, as a staff member, more likely to be carrying COVID, having COVID, passing it on to patients, having positive PCR tests, getting sick, going to the ICU. Every factor went up by a factor of 3.5 when you were highly vaccinated.

If you were left alone— And they did have 8,000 staff who worked unvaccinated in the hospital. And don't you dare blame them that they were somehow the source of all this; forget it, they weren't. They were healthy. They had the least amount of time off for illness themselves. They were like most unvaccinated people. They had an innate immunity. They weren't having COVID nearly as long as their colleagues.

And this 3.5 to 1 ratio: being more likely to transmit it to granny, more likely to transmit it to the patient, more likely to transmit it within your own family the more vaccinated you got. This is settled science now, ladies and gentlemen. It's settled science that the more you get vaccinated with this non-vaccine—and it is a non-vaccine—the sicker you are and will be of many diseases, but especially sicker when it comes to COVID itself.

Shawn Buckley
It's just interesting that you had to add "and don't say that the unvaccinated were causing this." Because one thing I've never been able to get my mind around with all the hysteria to force people to take the vaccination, is that, well, logically, if the vaccine worked, if it **protected you from getting COVID, then why would you care if anyone else is vaccinated? You could be the only one in the herd and you shouldn't care—if it works, right?**

[00:30:00]

It's just interesting that you added that. So when we're being told the vaccine is effective, "effective" means, at least in the public mind, "Well, I'm less likely to catch COVID and transmit COVID, if I get vaccinated." But the truth is it's really negative efficacy: So with each shot, you're more likely to catch COVID and hence more likely to spread COVID than if you hadn't had any shots.

Dr. Christopher Shoemaker
That is exactly what we have learned and found. And what we learned and found was enough to turn everything off in September of 2021. In September of 2021, these data—not from the Cleveland Clinic but from other sources—were beginning to show up. And they absolutely knew before they started giving it to children. And they absolutely knew before they moved into mandates in 2021, September. It was absolutely known that this was the trend. The vaccine was not working as a vaccine. It was doing zero to prevent you from getting COVID.

A true vaccine means—forget about symptom-lowering—a true vaccine means you don't get the disease. When you get a rabies vaccine, is the dog or cat expected to get rabies? No, not at all. It's supposed to be totally 100 per cent effective. And this is negatively effective. It makes you more likely to get the disease. It's tragic. We'll move on to other things, but that's the best I can describe it.

Shawn Buckley
Let's move on to other things. Which topic would you like to cover next?

Dr. Christopher Shoemaker
I guess just briefly to ask, would any of the videos be available, or basically not? Okay, that's fine. Okay, so I'll just speak to one topic that I was going to be speaking on. On two short videos that were connected. And that topic is: Who made this and why?

In its origins, it originated when Dr. Fauci was told by Barack Obama, President of the United States, "Do not do gain of lethality research anywhere. It's too dangerous." The year was 2014. The year was 2014, Dr. Fauci was told, "Do not do this kind of research anywhere." He specifically went around what the president told him. He specifically went to the military within the U.S. and asked if they could do it. They were incredulous. They said, "What are you coming here for? You know that you've been told by the President not to do it. You can't do it. You won't do it under our aegis. You won't be doing it anywhere, Dr. Fauci." So that was the second time he was told, "Do not do this."

He went around them. He took it to EcoHealth Alliance. He took it to Peter Daszak. He said, "Peter, this sucker that I got working with Dr. Baric out of North Carolina, we really want to do gain of lethality research on coronaviruses. Could you take it over to Wuhan? Could you generate it there?" They exchanged emails over those three or four years as it was being worked on initially. And then in December of 2015, after knowingly for one year working in Wuhan to create something that was perhaps dangerous or toxic or testable, whatever the ostensible purpose was, they exchanged a final email where Peter Daszak said, "We've got **it."**

And what "we've got it" meant was that they had an impressive improvement in lethality of the coronavirus with the genetic genomes that we're now also familiar with.

And what happened after 2015 is that those same genomes were brought back to the States. Because, of course, it was to a degree a U.S. product and they wanted any vaccine that was related to this genetic genome to be produced in the United States. And so it was worked on in the United States for the next three years. Between 2016 and 2018-19, during those three years, they continued in Wuhan to make whatever it was that could be released in an aerosolized form or a fashion that was going to create a version of flu. That was happening over there.

Meanwhile in the U.S., Fauci, Baric and now at that point, the U.S. Department of Defense, which was cooperating with them—those three entities had the vax being worked on at the ready. So, it was not Operation Warp Speed that just started suddenly in 2019-20 to get a vaccine within a year. No. The purposefully damaging non-vaccine was being worked on for four years, between 2015 and 2019. Maliciously worked on because everybody who was in the real know about this—Pfizer, Moderna, and especially the U.S. Department of Defense knew that they were creating something that if it went into the human body would harm the human body

[00:35:00]

and would make it more likely to have that tragic immune reactivity that I talked about 12 minutes ago. So there it was, not Warp Speed [but] a three-year program to make a dangerous immune-damaging and, basically, body-damaging shot.

What their reasons were, I'll have a comment at the end as to what I think the entity really is. It isn't just Fauci, it isn't just the Department of Defense. There is a different entity that's actually in charge of all of this, and I'll share that at the end of my talk.

Shawn Buckley
And just by way of timing, we've got about nine and a half minutes left. I want to allow time for commissioners to ask you questions also because I anticipate there's going to be some of those. What I'd like to do is ask you a specific question and then have you go into what you were just speaking about.

But you had sent me some notes about these lipid nanoparticles that surround these RNA and DNA packages. And I want you to comment on those and what happened to the animals that were tested. Because I think people need to understand what they knew before they rolled out this program.

Dr. Christopher Shoemaker
And can I just ask is the microphone adequate for the room? Is it okay? Okay.

Lipid nanoparticles, LNPs. RNA or DNA cannot move from place to place unless it's got a little vehicle to travel in and this vehicle was invented by a Canadian company. The company was Acuitas [Therapeutics] out of British Columbia. And neither Pfizer, Moderna, nor the U.S. Department of Defense would have been able to use any of these carriers—lipid nanoparticles or plasmids, which is another version of it. They would not have been able to use either of them to carry RNA or DNA into the human body unless they paid a **royalty to Acuitas. Acuitas has been paid. Acuitas continues to get paid. It gets lots and lots and lots and billions and billions of dollars for their intellectual property.**

Sadly, when these lipid nanoparticles were tested for danger and for safety with no RNA in it, with no DNA in it, just to see, what does it really do to animals, can it be used liberally? All the animals died. All the animals. They're a lot smaller than humans, but they died, a hundred percent. Because the LNPs were going to their brains. It would go into their hearts, it would go into their kidneys, it would go into their ovaries. Within a few days, every animal given LNPs was deceased.

Therefore, we are using a carrier that is known to be lethal on some level. And we're using it without, certainly, having proved its true safety in humans because we sure as heck

didn't prove its safety in animals. And it doesn't matter the names attached to the invention of this.

The fact is that the science and Dr. Roger Hodkinson showed it. Roger Hodkinson has told us about the hundred-fold elevation of density in the ovaries compared to the body in general. These lipid nanoparticles are good at crossing two or three barriers in particular. They go across the ovary barrier and the testes barrier into the reproductive system, massively, and they go across the brain barrier into all structures of the brain, massively.

Do they go anywhere else with some degree? Well of course they do. We have a blood system and the blood system can take these lipid nanoparticles to heart and to liver and to other areas of body, of course. But the highest density—the three places, our genetic productive system of ovaries and testicles and our brain cognitive system—and that's what LNPs do. They are toxic to those areas even with nothing in them and they sure as heck are toxic when they're carrying spike or the mRNA/DNA to create spike.

Shawn Buckley
And I'll just ask, because we've got six minutes left, if you want to switch to— There was something that you wanted to make sure was covered.

Dr. Christopher Shoemaker
Oh, thank you. Actually, it's on this general topic that we're into, as it were, right now. Just give me a moment to collect my thoughts. Because we've had quite a different presentation than we originally thought.

So, how could it go well? Lies after lies with people not taking direction from the people who, in a true chain of command, should have had control over them.

[00:40:00]

President Obama should have had a true control over this rogue, Dr. Fauci. He just didn't. Dr. Fauci did what he did. Certain people had Dr. Fauci's ear. And this is why I would like to give a name to this "they" that we talk about. "They" do this, "they" do that. We never know who "they" is. Well, I'm going to give they a name. They are the unelected-people-control-entity. Unelected-people-control-group or -entity. The unelected-person-control-group or -entity. That entity clearly exists because that entity is above the U.S. Department of Defense. That entity is above any specific prime minister that we have in this country.

That entity has arms and tentacles. That entity is the World Economic Forum. That entity is **the WHO [World Health Organization]. And that entity is the Bill and Melinda Gates Foundation. And that is the entity that is driving, and has always driven, this malicious creation of a toxic agent to go into humanity. So to that entity I say, "We don't know you right down to the core puzzle who you are, but we've got a pretty good picture. We know who could have had massive influence and financing and assist to this program. A program that had no scientific merit, zero scientific merit, and has had massive scientific human negative effect."**

So to the UPCE, the unelected-person-control-entity, I say to you, "Shame on you. Shame on you." We people who had to yell and scream in our speeches, the dear people who have been at this table talking about the hemorrhagic events happening to them after a shot, or after shedding, or the deceased child that they mourn for. The ladies who spoke of their

mother who died within 10 minutes of getting a COVID shot in the pharmacy in Saskatchewan.

I mean, every one of these cases have a source. And the source in the true, true sense of the word is the unelected-person-control-entity.

And it's time for the world to march in the streets. It's time for the world to realize this is not just a medical problem. It is a medical problem: fifty million extra deaths a year is a medical problem. And that's what the numbers are showing. Numbers out of Germany, numbers out of the U.S., numbers out of the United Kingdom just in the last week showing that all-cause mortality elevation is creeping up every month, another few percentage points higher. So if it's 45 per cent or 100 per cent more than it should be now, well, it's going to go to 200 per cent; it's going to 300 per cent; it's going to go to 400 per cent. These are slow, immune, toxic, lethal shots. I call on the world to stop them. And that I think, is where I'll end.

Shawn Buckley
Thank you, Doctor. So Commissioners, we only have two minutes left for questions because we do have to be tight. Are there any questions?

And there being no questions, Dr. Shoemaker, I apologize that we had technical difficulties. It was not for lack of trying on our team.

Despite that I can assure you, you gave some really valuable testimony to us and shared some very important things we hadn't heard specifically. Some things come to mind about the sheer numbers and about the animal deaths and your contribution on the pregnancy thing was information that we were lacking. So I'm just telling you that you've made a valuable contribution.

Dr. Christopher Shoemaker
Absolutely Shawn. And if I could just take 60 seconds then just to conclude if I may.

Shawn Buckley
Yes.

Dr. Christopher Shoemaker
We talked about numbers in animal labs and why lipid nanoparticles with royalties in Canada should never have been used for anything. And they should now never be used to go into pork or cows or anything in the world. They just shouldn't be. We should get real about this.

And it does have a Canadian aspect to it. This company, Acuitas, and the foundations that supported it: I invite people to look very carefully at which foundations, a foundation, that specifically profited from backing Acuitas and continues to profit with every shot. I leave it to lawyers and RCMP folks to look into who supported this nefarious research and ultimately nefarious research in Canada.

Shawn Buckley
And Dr. Shoemaker, I just want one more comment from you.

[00:45:00]

Because, according to worldfamilydoctorday.org, today is World [Family]Doctor Day. And I would ask, what message you would send to the doctors of the world today, May 19th, 2023?

Dr. Christopher Shoemaker
Well, on World Doctors Day, I send to my colleagues, and we are colleagues—
My medical school graduation was 1975. My first days in clinical practice, post internship and residency were in 1977. We've all been working at this for a while and many of us for fewer years. We should take pride in looking at real science. We should take pride at protecting the true health of our patients. This is tough to look at. It's tough to point and say, "The emperor has no clothes." It's tough to say that the people above us, the medical agencies above us, have been fooled into advising us incorrectly. But their advice to not speak on these topics, to have us not speak on this topic, was illogical advice and it was advice that they were tricked into.

So dear doctors of the world, let's none of us be trapped. Let's none of us be tricked. We are tricked no more. We will help the human population. We will refuse to put these shots into our shoulders. We'll refuse, like Denmark did. And Denmark, by the way, bans it now for adults as well. Things have moved along. Denmark now bans it for just about everybody in their country to get these shots. So let's ban it for ourselves. Ban it for ourselves by taking back our shoulders, taking back the recommendations, doctors.

We know that it's creating turbo cancers in patients. We know it. There're other slides I would have showed you of cancers just exploding in people because they've had a shot [Exhibit OT-2f]. Their MRI goes from looking pretty neutral and 10 days after the shot, their whole body is blacked out with metastasis because it's 10 days after they just received this death vax.

So that is my message to my fellow doctors of the world. Again, thank you to the NCI.

Shawn Buckley
Thank you, Dr. Shoemaker. On behalf of the National Citizens Inquiry, we sincerely thank you for coming to testify.

[00:47:39]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 2: Melanie Alexander
Full Day 3 Timestamp: 01:57:12–02:12:48
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Could you give us your first and last names and spell them for us, please? And then I'll do an oath with you.

Melanie Alexander
My name is Melanie Alexander and it's spelled M-E-L-A-N-I-E A-L-E-X-A-N-D-E-R.

Wayne Lenhardt
And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Melanie Alexander
I do.

Wayne Lenhardt
I think as you've just heard, we have some fairly strict timelines today. So I think what I'd like to do is do a timeline on your husband, and then we can come back and discuss it.

I'll lead you a bit here if I might. In March of 2020, your husband was diagnosed with cancer, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
And he received treatment. And by November of 2020, he had gone into remission.

Melanie Alexander
That's correct.

Wayne Lenhardt
In June of 2021, he got the first dose of the Pfizer vaccine, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
And this was in the Ottawa General Hospital?

Melanie Alexander
Yes.

Wayne Lenhardt
There was no reaction at that point to the vaccine.

Melanie Alexander
None at all.

Wayne Lenhardt
Then in November of 2021, you both came down with the Delta variant, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
Okay. And you're both sick. Your husband ended up in the hospital for three months at that point.

At that point, you weren't able to see him because of the restrictions because you weren't so-called "vaccinated."

Melanie Alexander
That's right.

Wayne Lenhardt
That was in 2021. In February of 2022, your husband was discharged from the hospital. Then in March—11th to the 30th—he was back in the hospital. Then on, perhaps you can help me with the timeline here, April the 16th, he was back into the hospital.

Melanie Alexander
Yes.

Wayne Lenhardt
April the 18th. And that would have been 2022. Correct?

Melanie Alexander
Yes.

Wayne Lenhardt
April the 18th, your husband was back in the hospital. But they wanted him to test for COVID, which finally happened. After that, they moved him to a COVID ward where another patient that was ill was put into his room.

April the 20th, he got very ill. And he passed away shortly after that, correct?

Melanie Alexander
Correct.

Wayne Alexander
Okay. So perhaps you could tell me, then, what type of treatment and how it went during that journey?

Melanie Alexander
Greg— When he went back on the 16th of April, they wanted to do a COVID test right away. And he declined that. On the Sunday, the next day, he also declined a COVID test. But on the Monday, he received a COVID test. And when I asked him about it, I said, "How did that happen?" And he said, "I'd rather not talk about it." That test came back at midnight on that same day. Positive.

They woke him up in the middle of the night. He was a sick man. He had chronically damaged lungs and his body had been very dependent on prednisone. So every time they tried to reduce his prednisone, he had a setback and his breathing would get worse. But anyway, they woke him up in the middle of the night after midnight and said, "You have COVID, and we're taking you to the COVID ward." And he tried to advocate. He said, "No." He says, "I don't have COVID. I've had COVID before and I know what it's like and I don't have COVID. You're doing this against my wishes." But they took him to the COVID ward anyway. And it was a double room. And they put him in the room by himself, which was fine; he was okay with that.

But early the next morning, they wheeled in a lady who had been at home and had broken her hip. She was an elderly lady. And she explained to him that she and her whole family had been quarantining because of Omicron and they were quite sick with Omicron. So this caused Greg great distress because he knew that he could never survive a reinfection. He asked his nurse more than once. And it's actually recorded in his medical records that he wants to be discharged because he doesn't feel safe in the hospital.

When he told me about it, I said, "Call me when the doctor comes in and I'll try and talk to the doctor."

[00:05:00]

So he did that. It was before lunch. The doctor came in and I asked the doctor, I said, "What are you doing bringing a symptomatic patient into my husband's room? He's immuno-compromised because of his cancer, but he also has chronic damage to his lungs. He's very vulnerable." I said to the doctor, "You're standing here with your N95, your face shield, your gown, and your gloves. And yet you're leaving my husband unprotected." I said, "Please get my husband out of this room with this sick patient."

He said to me, "You make a good point, and I'll see what I can do." That doctor didn't do anything. My husband stayed in that room for 24 hours.

There was a very marked change in Greg's health condition on Wednesday morning. Instead of a temperature of 36 degrees, his temperature was above 39. Greg had been on four litres of oxygen. They tried giving him 10 litres of oxygen through the nasal prongs and it wasn't sufficient; they were trying to do damage control. They had to put him on the next level of humidified oxygen at 92 per cent plus a rebreather on top of 100 per cent. Greg had almost 200 per cent oxygen to try and be stabilized. They did put him in a private room on this Wednesday and they were doing damage control all day long.

On Thursday morning, they took him to the ICU [Intensive Care Unit]. Greg spent seven days in the ICU and then he died.

Wayne Lenhardt
I take it the questions that arise are first of all, he was immunocompromised because of all of his cancer treatment, so by putting him in with someone with an active case of Delta or whatever it was, that really is a serious issue, in that if he gets it, being immuno-compromised—

Melanie Alexander
Correct and if I could just say something. Greg had Delta in November, and we are talking about April of 2022 when Omicron is the variant of the day in our society. Everyone had Omicron. And so when Greg tested positive on that late Monday night, Greg and I asked the doctors— We asked the hospital to analyse his COVID test to find out what variant he tested positive for.

Well, the result came back that he tested positive for Delta, which suggests that he did not have Omicron at the time. So he didn't have COVID when they took him to the COVID ward. He didn't have Omicron, and yet they brought a sick person who was symptomatic into his room.

Wayne Lenhardt
And I assume you were not able to even visit him because you were not classified as quote "fully vaccinated" at the time.

Melanie Alexander
That's correct. Do you mind if I explain a little bit about that? Is that okay?

Wayne Lenhardt
Sure.

Melanie Alexander
So we had started our ordeal with the hospital and with COVID— It was COVID that was really hard on us. It had been five months by the time Greg died. I found out in January that patient advocacy and the ombudsman have no authority. They totally defer any decision to be made to the nurse manager on each floor. So I had found that out in January already. So when Greg went to the ICU, I left. I called his nurse every single day, numerous times a day saying, "Please let me see my husband. I need to be with him, he's very sick. Please leave a message for your nurse manager telling her that I want to come in and be with Greg." They assured me they'd leave a message for the nurse manager. I asked the ICU doctor as well, "Please advocate for me, please ask the nurse manager for permission for me to come in and be with my husband."

We had been married 34 years and we'd done life together. And now he was dying slowly and painfully, and they were not allowing me to be in because I only had one shot. I also left messages on the nurse manager's voicemail pleading in tears saying, "Please let me be with him."

As the week progressed, Greg got worse. They had to put a feeding tube in his nose and he couldn't Facetime me anymore; he wasn't strong enough to hold the phone.

I remember, one day I messaged him. I said, "I just need to hear from you to know that you're doing okay. Please let me know." And I got two words back from him in a text; he said, "Call nurse." He couldn't call me; he couldn't speak to me. So eventually I got a phone call back on Wednesday morning, the 27th of April, from the nurse manager. She said to me "I'm not allowing you into the hospital for two reasons. Firstly, because you're not vaccinated and that is the hospital policy and I'm upholding the policy.

[00:10:00]

Secondly," she said, "I've gone to and spoken to your husband's nurse. I've looked at his chart and I've looked into his case. And he's not palliative at this moment, so we're not allowing you to come in."

How can that possibly be that he was not palliative? It was barely 12 hours later I was called by the doctor on duty in the night, at about three in the morning. So just the same day, I was called by the doctor on duty saying, "Your husband is asking for comfort measures because he cannot take it anymore. He's suffering, he's gasping for breath, and he's exhausted. And he wants comfort measures. We explained to him that if we give him comfort measures, he's going to die. And he's okay with that because he's so exhausted, he can't keep battling to breathe. But he's very concerned about you and he wanted me to call you and tell you that this is his choice, that he's choosing this." And I must be okay with this.

The doctor called to Greg and said, "Greg, is this your choice, to have comfort measures?" And I heard Greg shout out, "Yes, it is my choice."

I resent enormously that I wasn't allowed to be there with my husband these last seven days in the hospital as he's suffering and dying. And he was definitely palliative, on a feeding tube, not able to even hold a telephone. I resent that I wasn't able to be with him.

But I have a bigger question for the hospital. I have a bigger question. My question is, how can they explain to me what protocol or what policy justifies them bringing a symptomatic patient, someone who's already so compromised, into his room? Even if they believed that he had COVID because of that test, even if they actually believed he had COVID—which he didn't; we found out afterwards that he didn't have COVID; he didn't have Omicron—how do they justify bringing a symptomatic patient into his room and not protecting him?

I believe—this was Greg's third admission to the hospital—that he was seen as a drain on the system. He was costing too much. I actually found a text from a friend yesterday. She was a friend. She wrote a text to me on January the 31st last year. And she said to me, "Melanie, love you to bits, but you really have your head in the sand. Thousands of dollars have been spent keeping Greg alive. I work in healthcare and have seen firsthand the effect of non-vaccinated people. People can't come to church out of fear of getting sick because of the unvaccinated."

To be in the hospital in 2021 and 2022 was a horrendous situation for an unvaccinated person. The hatred, the animosity, the anger was very real. Greg never felt safe in the hospital. In January he was receiving terrible care. And I was getting very upset about it. I said "Greg, I need to complain. I need to ask for better care." He said, "No, Mel," he said, "Don't complain. I do not want to raise the ire of the medical staff any more than they already feel toward me." He didn't want me to complain because he felt at their mercy.

It was a terrible time to be in the hospital as an unvaccinated person. And I do question the hospital, how they justify putting a sick person in my husband's room.

Wayne Lenhardt
I'm being reminded of the time. But let me perhaps fill in a couple more facts and then we'll ask the commissioners if they have any questions.

It was back in November of 2021 where both you and your husband, you think, came down with the Delta variant. And you recovered from it in November 2021. When your husband went back into the hospital in April of the following year it related to, apparently, the prednisone that he was taking, which was part of the cancer therapy. And you had been told to reduce that over time. And his oxygen level had gone down to 88 at that point, which is why you had him in the hospital. It wasn't because he had COVID.

Melanie Alexander
That's correct. During his COVID illness, it wasn't a cancer treatment. Greg was totally in remission. He had been declared in remission in November of 2020. But to treat his COVID, he was given a high dose of prednisone and his body had become quite dependent on it. And the goal of the medical staff was to reduce the prednisone, so I had been told to reduce it at home.

And with the reduction, each day his oxygen levels got lower and lower. And that is why he went to the hospital. He didn't have a fever. He didn't have a cold. He didn't have a sore throat, no cough, no symptoms. And that's why he declined the COVID test.

Wayne Lenhardt
Okay. I'm going to ask the commissioners if they have any questions.

No questions? I think our time is essentially up.

On behalf of the National Citizens Inquiry, I want to thank you very much for coming and giving your testimony.

Melanie Alexander
Thank you for having me.

[00:15:36]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 3: Dr. Kyle Grice
Full Day 3 Timestamp: 02:14:14–02:37:17
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
First things first. Mr. Grice, can I please have you state and spell your name for the record?

Dr. Kyle Grice
It's Kyle Grice, K-Y-L-E G-R-I-C-E.

Kassy Baker
Now do you promise that you will tell the truth, the whole truth, and nothing but the truth during your testimony here with us this afternoon?

Dr. Kyle Grice
I do.

Kassy Baker
Very good. Now I understand that you are here to speak to us about community response. It's a bit of a, hopefully, more optimistic look towards the future than we have sometimes been hearing about during the Inquiry.

Can you begin by just telling us a little bit about yourself? Where are you from? Are you married?

Dr. Kyle Grice
Yes. I'm from Milton, Ontario. And my family is there; two teenage boys and my wife live there. I'm a chiropractor in Toronto. I have a family practice there with my sister.

Kassy Baker
And that's you.

So just to clarify: you are a chiropractor, but you are actually not here speaking as a chiropractor or on behalf of the chiropractic community, is that correct?

Dr. Kyle Grice
That's correct, yes. This is more about my community engagement and some of the endeavors that have happened from that community engagement.

Kassy Baker
Very good. With that introduction, if you would like to start your slide presentation, I believe that we're ready.

Dr. Kyle Grice
I'm not going to start it yet because I was asked to actually tell the story of how I got to being involved in the community.

And what inspired me was actually the harms that I was seeing.

I was seeing harms in my family. My father had an injury in 2016 and became a quadriplegic. From that time, he worked like an Olympian to regain his mobility. And he had limited mobility, but he was able to walk. And he had a safe place to walk and that was in his community centre. It was a flat, open track, and he would call me up and say, "Hey, son, I did two laps today without having to sit." In 2020, he was continuing to improve his mobility and his function. And with lockdowns, they closed that community centre.

With closing that— It was the only safe place for him with his walker to walk. And there was a significant, rapid decline, as an 84-year-old man, in his capacity to walk. To this day now he has such trouble, he can barely transition from his chair to his chair. He's not able to regain the function that he lost because of that.

My wife's mother developed breast cancer in the spring of 2021. She had successful surgery to remove the cancer and was instructed to have radiation therapy. Because of COVID measures, there was improper follow-up to her radiation. And what ensued was the burning of her left lung and her left heart from the radiation. This caused her to have to be hospitalized for this. And the nine days that she was alone in hospital, with difficulty breathing and hearing impaired, it was hell for her. She would call my wife every night crying, not knowing what was going on with her, not understanding what was happening, and just wondering when she could come to the hospital. When my wife did finally get to see her— The decline in her health was significant when she did eventually get to see her. She did succumb eventually to those injuries from the radiation.

There were also dozens and dozens of stories that we were getting in our practice from patients, just revealing what they were experiencing and the stresses they were going through because of the COVID response. We were helping them through that as best we can.

One such gentleman I remember, a married father of two, lost his job because of his choice. And he said, "I'm okay about that." But I realized he wasn't. He was recognizing the greater picture of what was going on

[00:05:00]

and he was significantly stressed. This man—from the beginning when I met him: healthy, strong, he was a wrestler—declined significantly in that year. He lost body weight, lost lean body mass; he developed a bowel disorder, it seemed like it was an inflammatory bowel disorder from the stress. That has yet to be diagnosed, but there was a significant decline in his health.

We all heard stories like this; we just got repeated stories. My life's work has been about helping people. I've dedicated my life to helping people. And when I was seeing this go on, it compelled me to get more involved. That's when I started to get involved in the community. I was hearing of these meetings that were going on all over Ontario. And I started attending these meetings.

And if I could start the slide show now [no exhibit number available].

It was quite amazing, actually. People were coming together because of COVID response. These were people who lost relationships: they lost relationships with their family; they lost relationships with their friends; they lost their ability to socialize in the establishments that they could once go to. They lost their ability to go to their churches. They were, in essence, excluded from society.

When they were coming together and I was meeting with them, the fear that I had with these people, that I felt from these people and heard: they were talking about what was in the news—with perhaps the loss of healthcare that they might have, that was put through the news. These people got afraid of that. They thought, they've been shut out of all these other establishments, what if they shut us out of the grocery store? This is what these community people were feeling.

And what they started to do was they started to come together. They found a place to socialize. Because society excluded them, they came together through this network of support. They started to develop solutions of, "Where will we get our healthcare if they take that away? Where will we get our food if they take that away?" They started making connections to local farmers and getting these food hubs organized. And it was amazing because, in essence, they were building community.

In one of these meetings, I met Dr. Jeff Wilson. He will be testifying after me. And I met **several other scientists and professors during these meetings as well. In one of them, we ran a designed thinking process through the guidance of Dr. Jeff Wilson, where we did a National Consensus Conference on COVID Response.**

This was using the process that I'll talk about later. It's called community network integration. I learned this from Dr. Jeff Wilson. What it does is solicit insights from the experts, stakeholders, and the public. It's bringing people together to come up with the solutions we need to do in order to overcome what is happening. We created a report based on the summary of this designed thinking process. The results of this are being written up in a summary that we are submitting as a joint submission to the *Canadian Journal of Veterinary Medicine* and the *Canadian Journal of Public Health*. That's ongoing right now.

What's interesting: when the COVID measures began to wane, these communities that were coming together, they stayed together. And they started to look at what happened; what was going on; who's responsible—how do we not let this happen to us again? They stayed meeting. And still to this day, all over Canada, there are people in communities that are coming together—and I'll talk about that in a little bit, what's formed.

They recognized some of the same players that brought us COVID response are now also involved in these international institutions like the WHO and the UN. They are ushering in community solutions. They see this transition, and it is called Agenda 2030, the Sustainable Development Goals. Interestingly enough— I didn't put it in my presentation; I didn't have time to change it, but I just spoke with one of the principal investigators yesterday. Because he wrote a Substack this week that piqued my interest and I had to speak with him about it before today. Because what's happening is that the UN, the Government of Canada, and the Canadian Health Research Institutes are also funding and giving research money to look at COVID recovery.

[00:10:00]

This particular investigator, this researcher, has now been given a nice lump sum of money to look at COVID response. And the first place they're starting is by looking back at the last three years, doing an evidence-based approach to investigating what happened, what went right, what went wrong. They actually, in this grant, have been asked to submit this to the United Nations as one of the grant's requirements.

It's interesting, I've been looking at— The UN Research Roadmap [for the COVID-19 Recovery] is what they have because there is this interest in investigating what's happened and what we need to do about it. And they are putting a lot of emphasis on Agenda 2030 and the Sustainable Development Goals as part of COVID recovery. And we're doing our best—and I'll talk about this, how we are going to bring everybody together. That's our motion, is bringing those in the UN, those in the public, the researchers, the stakeholders together. Our process that we're doing—and I'm working with Jeff Wilson and many others across the country—is to bring people together so that we can design these solutions together.

One of the concerns—I'm sure this has been talked about in other testimony—of those in the community that I've been meeting with on a regular basis is the WHO pandemic treaty. Canada has signed on to this treaty and the people in the communities are fearful and distrustful that they may not handle a pandemic properly. There's evidence through— They feel the COVID response has been mishandled. They're leery of giving up sovereignty of a pandemic response to the WHO. And Dr. Jeff Wilson, who's speaking after me, is going to be talking about outbreak response. And that Canada has the expertise; we have the **knowledge; we have the manpower to make our own pandemic response that's Canadian-made and will suit what we need to do for Canadians.**

This is just more about— The UN and the World Economic Forum did make a strategic partnership in 2019. And this was about putting forward Agenda 2030, the Sustainable Development Goals. When we look at those goals, they are noble goals to have. And people in communities, though, are concerned: What are we going to be doing and how are we going to be achieving these goals? That's vitally important. What measures and what initiatives will we be putting forward for us to achieve these goals?

This is a big concern. People do not want to be dictated to. They don't want a top-down centralized control mechanism telling them how to run their communities. They'd like to be part of it. This, I feel, is the epitome of public interest, is involving the public in this process.

This just shows that partnership— The 17 Sustainable Development Goals, which is being rolled into COVID recovery as far as the UN and Canada is concerned— This is one of the ways in which they're bringing about these Sustainable Development Goals, this ICLEI, it's I-C-L-E-I. If you look up their website, it's an international organization of local governments for sustainability. Canada has its own chapter of this institution, and there are different regions, cities, and communities that have signed on as members of ICLEI Canada. And this is where the people in the communities are working to collaborate with these organizations to be part of what the solutions are, rather than being dictated to. This is how the UN and the World Economic Forum are getting into our local communities.

[Witness moves forward to slide entitled Canada Smart City Challenge]: Canada is participating in this. I'm just going to show a couple of examples of this. This just reminds me too— Sorry, I didn't mention this earlier, but I completed my master's in Integrative Population Health through doing that pandemic response paper. I looked into things like this as well: the Canadian Smart City Challenge. Different municipalities participated across Canada, looking at how to build infrastructure to meet the Sustainable Development Goals.

Most of it was geared around technology. And here's a list of the technology of putting this in place in the cities. You may have seen different things happen in your city: the new lights, there's all the different LED lights that are connected to the network. Just little simple things like that, augmented reality, Internet of Things, the list is there. This is what initiatives are happening as infrastructure to Canada.

[00:15:00]

I like this quote from Albert Einstein, "We can't solve problems using the same kind of thinking we used that created them."

There is a transformation that's happening; it is written all over the United Nations Roadmap to Research. They're talking about transformation. They're talking about, "Are [we] going to go back to 2019 as the status quo?" And this isn't me talking, this is quoted from them: "Are we going back to the status quo of 2019 or are we going to do things differently?" There is a social reorganization that's happening. And Canadians in the communities that I'm connected to are concerned: How we are going to do that?

And we feel we've brought forth some solutions.

This is happening already, there's a national collaborative network. Those communities that were coming together across Canada, that built their community and they're staying together: there's a national collaborative network of them across this country. It's actually across the world, but we're connected mostly to your local regions and further. We're using the process called Community Network Integration [CNI]. Dr. Jeff Wilson will talk a little bit more about that in his testimony as well.

You can see it's a leaderless network of communities and people that are coming together to solve these big problems that we're having in our society.

Another such example of this Community Network Integration is the National Poultry Network. I happen to be in that network. I do not know much about the poultry industry, but for whatever I do know, I can provide some support to this network.

This CNI approach is bringing together all the stakeholders: the business owners and the government is coming on board. We've got— The Canadian Food Inspection Agency is on this network. PHAC, the Public Health Agency of Canada people are there to help with their input, right down to chicken farmers and all the stakeholders in between. Because there's a problem with avian influenza potentially. Dr. Jeff Wilson will talk more about this, but there's the development underway of outbreak response for avian influenza, respecting the pillars of outbreak [response]. Also what's going on in here is looking at regenerative agriculture practices that we can implement in the poultry industry.

In this format, if we do a collaborative process like this, this industry can solve any problems that they're faced with, in our opinion.

This one is my favourite. Food security has been talked about. This is part of the Sustainable Development Goals. And that word "sustainability" has been thrown around a lot; it's been used a lot, "sustainable." And it is noble. It is— In essence, its definition is to do less harm now so that we have resources for the future. It's a noble cause. But what I've found— My family has purchased a farm and what we've done is we have implemented a regenerative farming practice into that. We have connected with people in regenerative agriculture. And what I've found through doing this is that there is a network of people across the country involved in regenerative agriculture. And it's different than sustainability.

Kassy Baker
Just, sorry, if I can interrupt you for one second. Can you just explain what you mean by regenerative agriculture?

Dr. Kyle Grice
The principles of regenerative agriculture are looking at restoring and rejuvenating the natural world and respecting the laws that God put in place for how nature has created life on earth and has the abundancy that it has. There's certain laws and rules that apply that nature provides us. And it's respecting those rules in how we grow our food.

Kassy Baker
Can you give us an example of one of those rules?

Dr. Kyle Grice
I'm just learning this process myself because we've just done that, but it's about how— And I took ecology in university. And it's just the circular nature of all aspects and the interrelationship of living organisms. For instance, we breathe out carbon dioxide and trees breathe in carbon dioxide. We all know this, we all learned this in Grade 6—that there's this cyclical nature to how it works. And it's respecting those laws in how we grow our food.

Our industrialization of food production has been fantastic for providing food for us,

[00:20:00]

although the UN is also talking about this. We have to change the way we're doing things. And they're going to use COVID recovery to do this. We've brought together a national regenerative agriculture network bringing people together to see, how we can scale up regenerative agriculture to meet the food needs of our nation?

One of the other principles of regenerative agriculture is to increase productivity out of a square footage or square acreage or hectares. So there's less that goes into regenerative agriculture because it's based on principles of recycling and reusing. And then it intensifies the food production per square acreage of an area. So as a business model, this is a fantastic business model. Less in, more out, right?

It also makes sense as far as wanting us to meet our goals of— Whatever sustainable goals that we have put before us, whatever that might be, regenerative agriculture is one of the answers to this.

And we've created a network to come together to create these solutions. There's so much that's gone on and it is so hopeful for what we've seen in the communities, of what's transpired, what's motivated. We're connecting to people who've been working on things for decades, people who've been working on removing hunger and removing poverty and increasing well-being and health for people.

We're connecting all these people and we hope— We know. Actually, we know. We're going to bring trust, cohesion, and collaboration back together with the public, the stakeholders, the government, the agencies. We have to do it if we're going to solve these problems. And what's amazing is it's already happening. So I'm incredibly hopeful.

I've heard some of the testimony of the harms that people have experienced, and I can only imagine that there are several feelings that people might have. I know that there's anger. There's a lot of anger in the community. There's also a lot of despair. People feel helpless and hopeless against these big things and those are the people we don't see. But I hope we can reach out to them to say, "You know what? There's things happening. And there's a way for you to get involved. And don't let what's happened to you go to waste. Let's do something about it. Get out there and help."

That can probably help some of the despair that they're feeling. It can help to create some energy and channel that anger into some fruitful endeavours. We feel that's happening. It's naturally happening, we want more people to get involved.

Kassy Baker
And if people do want to get involved, what steps specifically can they take to work towards this model?

Dr. Kyle Grice
Across Canada. And no matter what community you're in, there will be people that are coming together. You have to just start talking to people. Just start talking to people. And that's all I did. To get connected to the community, I just started asking. I just started asking around and people just started connecting— That's how the network works, they just start connecting to people. And it won't be hard, it won't be too far away.

And if you don't find it, create one yourself, right?

Kassy Baker
Very good. Is there anything else that you would like to add at this time?

Dr. Kyle Grice
No, I think that's it.

Kassy Baker
Very good. Are there any questions from the commissioners?

Kassy Baker
Okay, I think that's everything.

We thank you very much for your testimony, Mr. Grice. And on behalf of the National Citizens Inquiry, we'd like to thank you.

[00:24:04]

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Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 4: Dr. Jeff Wilson
Full Day 3 Timestamp: 03:04:40–03:36:45
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
Mr. Wilson, welcome. Can you please state and spell your name for the record?

Dr. Jeff Wilson
Yeah, it's Jeff Wilson, J-E-F-F W-I-L-S-O-N.

Kassy Baker
And do you promise that you will tell the truth, the whole truth, and nothing but the truth this afternoon—or morning, pardon me?

Dr. Jeff Wilson
I do.

Kassy Baker
Very good. Now I understand that you're here to talk to us today about the pillars of outbreak response. Before we get into that can you please just give me a little bit more information about yourself, including your education and your career up until this point?

Dr. Jeff Wilson
Yeah. By training I'm a veterinarian. I also have doctorates in pathology and I have a PhD in Epidemiology, Public Health, and Infectious Disease. I was a professor of public health/epi. at the University of Guelph for nearly 18 years. I was cross-appointed to what's now the Public Health Agency of Canada [PHAC], started the group which does foodborne, waterborne, and zoonotic disease epidemiology, including outbreak response.

And particularly, I think why I'm here is I'm one of the very few people in Canada who actually understand outbreak response—how it's done. And I may be the only one who's actually stepping forward and talking about it in the context of COVID.

I just add, understanding what to do about COVID and understanding how to prepare for subsequent pandemics is— In order to do that, it's absolutely essential to understand how to run an outbreak. Without that, we will just continue to swirl indefinitely—complaining about government, complaining about pharma, recounting our tragic stories, but nothing will change. That's why I'm here.

Kassy Baker
Very good. Now I understand that you in particular were involved with the outbreak in Walkerton. Can you briefly tell us a little bit about that as we go into your presentation?

Dr. Jeff Wilson
Sure. Anybody over 30 probably has heard of the Walkerton outbreak. Before COVID, it was the most famous outbreak in Canada. Seven people died; half the town got violently ill.

I had taken the PHAC field epidemiology training program for two years and then I was heavily involved in managing those outbreaks. I was asked by the medical officer responsible for Walkerton to come in and help out with the epidemiology, so we ran the epidemiology for it.

Kassy Baker
Okay. Now of course that was a waterborne illness.

Can you explain to us just briefly—and perhaps you'll get into this in a little bit more detail—how that is different, or alike, with a respiratory illness such as COVID?

Dr. Jeff Wilson
Right. It's one of these things. All outbreaks are fundamentally the same and their management is fundamentally the same, but they all have differences. But the key to managing outbreaks is not to focus on the differences, it's to focus on the commonality of the process.

Walkerton was a waterborne disease outbreak. It's what we call a point source outbreak. Person-to-person transmission was not a major part of it. It was mainly caused by drinking water. And it was caused by a bacterium, not a virus.

Kassy Baker
Those are all my questions. Are you prepared to start your presentation [Exhibit OT-8] at this point?

Dr. Jeff Wilson
Sure.

I know there's a time crunch so I'm going to move through reasonably quickly here. I'm president of Novometrix now, that's my company. It's a social enterprise. We link networks together to solve complex problems. Because of things like COVID, they have to be solved by bringing people together—including people who have differences of opinion, which is also key to management of this whole thing.

As we work through an outbreak—and particularly as we're coming now into the "lessons learned" phase—it's very important to recognize that we have to move from the critical evaluation phase, i.e., "What went wrong?" That's important, but it's not enough.

We have to now move into the "What do we do now?" phase. The world is just starting to get thinking in my opinion, about what we're going to do now.

We can make a bunch of recommendations out of a group like this or from the federal government or anything else.

[00:05:00]

The problem is: How do you get the recommendations implemented? This is critical. Without that we will just all be frustrated. And what happens in the future? It's not good enough simply to— Even if we could fix up the COVID situation, what if there's a new bug, a new drug, or yet another novel form of government or corporate or citizen dysfunction? How do we solve those problems? Well, I'll flip through this.

Basically, how [do] you solve problems that are new? And Canadians largely are. When they're working with things like COVID, it's new to most Canadians. It's not new to somebody like me because I've done it many times before. What you do when you're dealing with something new, you talk to people who actually have done the thing. Doctors, physicians are normally not trained in outbreak response. Nor are immunologists. Nor are politicians.

There's a very small group of people who are trained in how to do this. They have training in outbreak response. This is not just patting myself on the back. We need to listen to actually how to do this and how to prepare for the future or we will fail, potentially with very disastrous consequences.

Fortunately, there is a very well-established protocol for how you manage outbreaks. Canada has managed hundreds and hundreds of outbreaks successfully, like Walkerton. Thousands have been managed successfully around the world. There are textbooks written on this. The Public Health Agency of Canada has a two-year mentorship program on how to do this. It's known what to do. What happened in Walkerton was we simply didn't do it.

In order to change this, what we want to do is start focusing on what we do want, which is proper outbreak response, not simply churning our pain and frustration and description of what we didn't like or what didn't appear to work. It's important, but now we need to move on. So that's what I'm about. We call the process the Pillars of Outbreak Response.

These are the pillars. Build proper leadership teams. If you think about it, you may recall there was never identified a leadership team for COVID. Those leadership teams have to be transparent. They have to include all of the correct people who know how to do this: the medical community, business community, all the different players. We didn't do that. If we don't do that, we will fail.

Once you've put in place proper leadership— And this is absolutely known in outbreak response, so in Walkerton, this is job one: Make the leadership team. Make it transparent. Make it inclusive. Have the right people around the table. Then after that, a lot of it's technical. It's based on proven principles.

Then I go, "Okay. My problem with this is, I'm one of maybe five people in Canada who have actually done this, who actually can see that with COVID, it failed." Most of those people I know are people that I trained. Also my boss, who helped to train me.

It's essential that we get this into the minds of people, like in this group but also in public health and the public in general and the media. So people can actually understand what to do. Otherwise, we'll just repeat; we're absolutely destined to repeat what we're doing in a new form.

So my question is: How do I do that? How do I explain how to properly manage an outbreak? Well, what I've decided to do is I'll show you how we ran Walkerton and why it worked. And then we'll go, "Now this is what we should have done with COVID." COVID is done now, largely. Now we have to prepare, put in place all the tools so we can do this nationally in preparation for the next one, or whatever other debacle we encounter.

So I'm going to talk briefly about Walkerton. I think everybody knows it was a bad outbreak caused by bad water. As I'm doing this, what I'm hoping is, the bells can go off and people can go, "Oh, there's actually a known process that we could have done with COVID,

[00:10:00]

and we for some reason didn't do it?" Yes. The answer is not mysterious, it's not even complicated. So as you're working through this in your mind, you can think, "Okay, could this apply to COVID? Could we do that? Could we have done this with COVID? Can we do this with influenza if that's the next one? Can we do it with another one?" If we don't start thinking this way, we're done. And we could easily have a next one which is vastly more virulent than COVID.

We got off—I know it was ridiculous, it was bad—but we got off easy because it was a relatively non-virulent bug. Now that's not— Obviously anybody who suffered from this, I totally accept that and empathize with that. But the reality is that is nothing compared to what is on the table, okay? And that's just— That's well known within the medical community.

So we built the leadership team. How do we do this? We actually connected out to these people in Walkerton: local public health, physicians, pharmacists, local government, public health agency, Ontario Public Health, the Ministry of Agriculture, multiple academics. We actively sought out multiple academics with different opinions so we could figure out what was going on. This is standard, standard practice in outbreak response.

We had to bring in the RCMP because there was a bunch of malfeasance going on. We brought in local politicians—but the relationship with them was managed. Because everyone running an outbreak knows you can't have the mayor or the premier running an outbreak because it will fail. Because they don't know anything about outbreak response, of course, or rarely do they and they have ulterior— They just have, they're incentivized differently. Because they're primarily incentivized to get votes, not to solve problems actually, of any kind. I'm not trying to insult politicians, I'm going: that's the system we've got.

Then we started building an evidence base. We got the right tests in place. You've heard about the PCR test for COVID. That's not— I'm not an expert in the PCR test, but I know enough about it— I'm able to talk to a lot of different people because my job is outbreak response, which is mainly a management and leadership job, not a "knowing every answer" job. It's bringing in the right people, not prescriptively saying, "Hey, this is the best vaccine" or what have you. So you have to get the right test in place, then you have to start building an evidence base.

I'll go through what that means. You actually have to find out: who's sick, how many people are sick, what is causing it? How can you put in place interventions if you don't actually know what is causing the problem? Does that make sense?

So the tests. The main bug was *E. coli* O157. A PCR test was available, but everybody in the field knew that it wasn't nearly as good a test as simply culturing the bacteria on a plate because that's well established and has much lower problems with false positives and false negatives. So you have to actually put that in place.

If we're going to be preparing for the next bug, we have to have an ability to get the right experts together and find those right tests based on the evidence. Based on the evidence, not based on what you're reading in the paper, not based [on] what your sister-in-law says, but on the actual evidence.

And as a community, the people need to understand this: Politicians will not do this for us. Pharma will not do this for us. The church will not do this for us. We have to do it. And that means we the people have to understand this stuff—or we are done. Because we have to build an accountability for it and it has to be done community by community. There's nobody out there that's going to fix this for us.

You bring together the right literature. So that means the team comes together once a week. They start looking at the problem. They start going, "Okay, what's known about this in the literature?" They bring in the proper literature and it's all stored in one place. If you do that, then you don't get alternative sides hurling their literature over the ramparts to attack the other person. It's all in one place and it's transparent, under transparent leadership.

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You have to bring the data and the papers together. This is critical stuff. Whether or not to vaccinate is critical, but without this, it will be impossible to determine whether to vaccinate and it'll be impossible to get consensus on what to do about vaccination.

That's what happened during this thing. It was primarily a leadership and management debacle, where I consider all of us to be complicit. Because we're members of the public and we didn't see this coming and we bought into a system, which some of us are not buying into any more. But we were complicit in allowing this to take place.

No more. It's about leadership. All of us have to take leadership—personally. And that means we have to understand how this works or we're potentially dead.

Very briefly, as you bring a leadership team together and you have proper tests, you can start testing people in the community. And then you can find out who's actually sick, who's actually dying. Not sick with *E. coli*, but sick due to *E. coli*. This is critical. And actually infected—not a false positive. You start building out that as a series of spreadsheets with

actual people's names. This is exactly what we did in Walkerton and this is the kind of thing that must be done in— We have to be prepared for this for the next pandemic.

Then we start asking people about what are called "risk factors." We simply question them about—Did you drink the water? Did you play in a swimming pool? Did you squirt water with a squirt gun at your brother? Did you eat hamburger? Did you pet a calf? All of that data, hundreds and hundreds of variables, all went into a coherent database that was shared with the whole leadership team, which represented all the key stakeholders.

With that in place then they just— Our team simply started doing some simple correlations. They found, "Oh look, being actually infected with *E. coli* is correlated with 15 measures of exposure to the water." But it wasn't correlated with drinking bottled water, or swimming in a swimming pool in a neighbouring county. People are, "Okay, this is definitely looking like the water."

Then some things came up like, well, it seems that eating hamburger is a minor risk factor for this. And so is having a kid in daycare. Then what happens— And again, you never saw in this thing, although it's basic, basic stuff at the health unit level to run those associations, they're called attack rate tables. They all know it. I can tell you right now they're running out foodborne disease outbreaks and they're doing those things. But they never did it with COVID. Why is another question. But anyway, we have to now start having these things done.

Then they did a multivariable model where they put all this stuff into a big model, and the only one that came up positive was the water. Now they knew that it was the water. You can't possibly manage something like Walkerton if you don't know where it's coming from. There's no point in guessing that it's coming from a cow or that it's person-to-person and then putting in place an *E. coli* vaccine program or something ridiculous. If you follow the steps—starting with a leadership team and then collecting the right data and doing the analysis—all the things fall out into place.

Briefly, in Ontario certainly a huge deal was made about using predictive spreadsheet modelling. I'm an epidemiologist. I have a PhD in this. Spreadsheet models are good for some things. They are not very good at all for predictive modelling of infectious diseases where we know nothing about the disease or the risk factors. This movement to using spreadsheet models as predictors, it's just— Like, this is actually a first-year epidemiology undergraduate exam question.

Disinformation, there was lots of misinformation. People lied. There were lawsuits.

The interventions. Once we could tell what it was,

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we didn't have to run around and try and fix up daycares and stop you from touching cows. The medical officer just put in a boil water order. The cases went down. Then we put in place more of this epidemiology and we found out the exact—analytically, where it was coming from. Then they shut down the well. It was over.

Communications, the fourth pillar. Everybody who runs outbreaks knows that communication has to be complete; it has to be correct; it has to be transparent. This is all in textbooks. This is all in the PHAC field epidemiology training program. That's where I learned it from some of the best in the world. It has to be multidirectional by everybody.

Might Walkerton have descended into chaos? Absolutely. It could have been just an utter debacle. Why wasn't it? Proper leadership by people who understand the pillars of outbreak response.

It's literally like if you had your grandmother in the kitchen and a bunch of the neighbours came together in the family and said, "We think she needs brain surgery." They're starting to say, "Well, anybody know anything about brain surgery?" "Well, I watched it on TV once. I think we should just start opening up her head." A brain surgeon is actually in the room and he says, or she says, "I don't think that's a good idea." That's what the pillars of outbreak response are. This is why people need to understand this.

COVID? I would just go, "every pillar was violated, every single one, by people who know better."

The details matter. It doesn't count to say some leadership meetings happened, some data were collected, some interventions were tried, some communications happened. The pillars only work when they're done properly by people that know what they're doing. With a proper leadership team for something like COVID—of course vaccination as an option comes onto the table, but it's managed coherently based on the risk factor data. And then it's implemented with a coherent team that includes not just vaccine proponents but other people who know a bunch of stuff about vaccines.

Kassy Baker
I just wanted to let everyone know that we do have a hard stop at noon today, which gives us ten more minutes. I'm sure that we'll have some questions that— I just want to make sure we save a bit of room for the commissioners. Thank you.

Dr. Jeff Wilson
In the interest of brevity, the question then becomes: Can you run something as big as COVID like we ran Walkerton?

I'm here to say, the main difference between Walkerton and COVID is the size. It's the number of people. When you have something that's big, all manner of opportunities for confusion, malfeasance, gaming the system, fear, and whatnot come into play.

What you need to do then is to actually have a way to bring the people of Canada together. Starting with groups like this but also like-minded people within the public health system, the academic system, and members of the public. You might go, "Well, that sounds like a hard thing. How are we going to bring everybody together?" It is a hard thing and it's a new thing, but it's absolutely essential. In Walkerton, we brought a hundred people together to manage this. In Canada, we've got thousands to help millions.

What our company did was: After watching things like Walkerton and working as a pharmaceutical consultant and an academic and a whole bunch of other stuff, I realized that our primary problem is that all the easy problems are solved. We know how to chlorinate the drinking water. What remains are wicked problems. They're complex. And to solve them, you need to bring together a lot of stakeholders.

What we did was we developed a process, which is part business process, part social psychology, to bring people together coherently to solve these problems. We call it CNI

[Community Network Integration]. I've been working on this with our team and multiple networks across Canada like Kyle alluded to.

[00:25:00]

To start showing people how to do this. One of those, as Kyle mentioned, is the avian influenza network. Now you might say, what does avian influenza have to do with COVID? Well, let's think. What might be the thing? Well, it might be the next pandemic, right?

What I discovered was that I could start bringing together the— I've already begun, and our team is going to bring together the public health people to solve things like COVID.

But COVID is so triggering for people, if I go to the mayor of Guelph or the head of the poultry association and say "COVID," the word makes them go apoplectic. What we did was we said, "What issues would you like to work on?" Because I know a lot of people in the poultry network and I could see it's very parallel to solving COVID. They said, "We want to work on avian influenza." It turns out, now, we've brought together most of the major players across Canada in that network. It's solving a chicken disease problem, but it's also a potential public health problem. Everything that I described that we did in Walkerton, we have the leadership teams coming together. We have the data frameworks coming together. We have the initial pilot projects. We even have ways to fund it through industry, through crowd funding, because we're setting it up so it actually makes money. We even have pharma as part of it—but they're on a tight leash—and they're funding it.

I wanted people to see this is very real. This is the kind of thing that— Theresa Tam, who I know quite well, connected me to Howard Njoo. PHAC is now a part of this because they want to bring in and understand better how to manage outbreaks.

Kassy Baker
Sorry, just on that note, we have three minutes left. I think I have to—

Dr. Jeff Wilson
It's all good. If there are any questions, I'd be happy to answer them.

Kassy Baker
Very good. Do we have any questions? Okay. We have one.

Dr. Jeff Wilson
And I apologize for my stridency, but anyway—

Commissioner Massie
Yeah, I have a couple of question which— I really like your model. I think it can work except for the one variable which is very difficult, which is the human element. And I'm going to bring something that was mentioned by many other witnesses at this Commission, which is the conflicts of interest that really corrupt a well-functioning or well-intended process. Because people that are at the table—that have some expertise and knowledge that can contribute—are trying to move the agenda towards what they would want to see

for their own benefit. So how do you ensure that the conflict of interest of such a fantastic network is not going to be derailing the network?

Dr. Jeff Wilson
I'll try to give a brief answer. There's a few moving parts to it.

With the poultry network, for example, what we did was we decided we're running this network. It's going to be collaborative and transparent, and we simply will not allow conflict of interest—there's always some, but significant conflict of interest—in the network. I simply started connecting to people across the network—so people in public health, animal health—and I told them, "Here's what we're doing." I said, "You know how this avian influenza thing is a big problem and we're only going to solve it if we come together." And I brought together, to begin with, the people who psychologically don't like to do conflict of interest. We started at that point, but some of them are major players in the industry and in public health. They all said, this is exactly like you're saying: "Jeff, this is a good idea. We have to stop this."

The first step was, we simply named it as part of the leadership framework: "Everything here will be transparent—excluding, you know, proprietary secrets that are legitimate. It's all going to be transparent and we simply won't allow— We love you dearly, but we're not going to allow backstabbing, cheating, lying, stealing, or any of that stuff."

And you know what people said? They said, "Excellent,

[00:30:00]

what an amazing idea."

And then we started building it out from there. So I broached people in pharma. I've worked in the pharmaceutical industry for years. There are really good people in pharma and there are really bad people in pharma. I reached out to a bunch of them who I know are good people and I explained what we're doing. And they said, "Excellent. Finally, someone who's disrupting all the malfeasance across our industry, including from pharma."

Now they like that. And they also can see they can be part of a network which will help with their sales, for example, but only if they are transparent and actually work to contribute to the whole. And you might go, "Why would that work?" I'd say, "Come join our poultry network and I'll show you." And I'm quite serious.

Commissioner Massie
My second question, which I think you illustrate in your model at Walkerton, I think it's a very nice illustration. Because we had other people at the testimony that were talking about this whole notion of epidemic versus pandemic.

And the question was: Given the environment, the complexity of the environment, the territory, the people there, and all of the encounters of—in the case of COVID—the respiratory virus, how can we propose a one-size-fits-all model top-down?

Dr. Jeff Wilson
You can't. It makes no sense.

Commissioner Massie
And why is it that we've been trapped in that mindset?

Dr. Jeff Wilson
Mass stupidity, I would say. I'm being irreverent obviously; there's different names for it. But I kind of think the level of fear and greed and just overwhelm came to the point where it normalized highly dysfunctional destructive behaviour, which is now threatening to take down pharma. And the federal government.

Is that helpful at all?

Shawn Buckley
Commissioners, I'm sorry to interrupt, but because we have to vacate this room at six o'clock and the schedule that we have— You'll see that with every witness, we've been really tight on the timeline. I had to apologize to Dr. Shoemaker, I apologize to you.

I'm going to suggest that we do take a lunch break but a truncated one for 35 minutes. And commence early. Because some of the estimates on our witness schedule you'll see are not very optimistic and we have a hard stop. And we want to protect those closing statements from several people. So I'm going to adjourn us to 12:35.

[00:32:48]

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Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 5: Dr. Daniel Nagase
Full Day 3 Timestamp: 04:29:20–05:02:20
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Hello, Dr. Nagase. Good afternoon. Can you hear me?

Dr. Daniel Nagase
Yes, I can hear you clearly. Thank you for having me on.

Wayne Lenhardt
I can hear you as well. First of all, if you could spell your full name, I'll do an oath with you.

Dr. Daniel Nagase
I'm Dr. Daniel Nagase. D-A-N-I-E-L N-A-G-A-S-E, all rights reserved.

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

Dr. Daniel Nagase
I promise to speak only the truth.

Wayne Lenhardt
Thank you. Okay, Dr. Nagase, I gather you have some slides today. You're a bit of a hard person to get a hold of on the telephone. I know that you're going to deal with censorship today and not much else.

If you could give us a snapshot of what you're going to talk about today and then we'll let you launch into your presentation.

Dr. Daniel Nagase
I don't have any slides actually for today. The reason is I'm dealing mainly with patient medical records, which wouldn't be appropriate to put online. But I will be speaking to facts documented in medical records and perceptions of what has happened to me in my medical practice.

I graduated from medical school in 2004. I'm 47 years old and I was an emergency doctor for my entire medical career. And in the course of treating three elderly patients who were critically ill in Rimbey Hospital in northwestern Alberta, I decided that the balance of benefits and risks favoured trying ivermectin to help with their COVID pneumonia.

All three elderly patients were critically ill. And from my emergency experience, they were about four to six hours away from needing mechanical ventilation. That is, they were failing to get enough oxygen into their lungs by breathing using their normal respiratory muscle. So doing everything possible, I gave the patients ivermectin and hydroxychloroquine, vitamin D, zinc. And I gave them standard therapy for viral pneumonia, which is bronchodilators such as Ventolin and Flovent and nebulized medications. Also, for the patients that seem to have fluid overload in the lungs, I also gave them a diuretic to help remove the fluid to help improve their oxygenation.

Less than 18 hours after receiving ivermectin, these patients made a remarkable clinical turnaround. Now again: this is based on data that had been published throughout 2020 and 2021 because this was September 11th, 2021 that I treated these patients with ivermectin. The scientific data was abundant.

The next day I was removed from my medical duties as the ER doctor on call in Rimbey Hospital in Alberta. All the work I had scheduled for the rest of the year was rescheduled and I was left without work for the rest of 2021. For a further shift in 2022, Alberta Health Services refused to schedule me for any further shift.

Furthermore, the Director of the Central Zone in Alberta—so the Central Zone of Alberta Health Services—Dr. Jennifer Bestard, filed a complaint with the Alberta College against me because I had successfully treated three patients who recovered from COVID pneumonia following my treatment with ivermectin and hydroxychloroquine. And her complaint to the College [of Physicians and Surgeons of Alberta] was that I had used a medication that I was not supposed to use, despite the medical and scientific evidence showing its immense benefit in the treatment of COVID-19 pneumonia.

So subsequent to the complaint initiated by Alberta Health Services, the Alberta College investigated me and put restrictions on my practice. These restrictions that the Alberta College put—allegedly for patient safety—was that I was not supposed to treat anyone with COVID or suspected COVID. So given that the symptoms of COVID pneumonia or COVID illness can be anything from a belly ache to a cough,

[00:05:00]

that effectively ended my ability to practise emergency medicine within the province of Alberta. However, at that time I still did hold a British Columbia medical licence. However, a month and a half later the British Columbia College [College of Physicians and Surgeons of BC] investigated me in spite of the fact that I had not taken care of any patients in BC for years. And they took action that they suspended my British Columbia medical licence, allegedly for being out of province.

Wayne Lenhardt
Can I stop you for a minute, Dr. Nagase? Ivermectin and hydroxychloroquine have been used in various parts of the world in order to treat this type of an illness for some time, have they not?

Dr. Daniel Nagase
Yes, they have. This was September 2021, so these medications had been used for over a year in the treatment of COVID pneumonia.

Wayne Lenhardt
So you used them successfully and what you got in return was an investigation by your college. Is that—

Dr. Daniel Nagase
And although Alberta Health Services refused to state that they fired me, effectively they did fire me by refusing to allow me to pick up extra shifts in the emergency department and cancelling all the shifts that I had scheduled to effectively leave me without work.

And in order to put a roadblock in my ability to work further, they filed a complaint with the Alberta College and the Alberta College placed restrictions on my practice, basically making it impossible for me to work as an emergency doctor—

Wayne Lenhardt
Okay.

Dr. Daniel Nagase
Any patient that I saw could not be treated by me if they had any symptoms of COVID or even a bellyache, for example.

Now I tried to push the issue with the Alberta College of Physicians and said this restriction they put on my practice—that I'm not allowed to see any patient with COVID or suspected COVID—would be a violation of the *Canadian Human Rights Act* because they would be forcing me to discriminate against my patients based on their illness.

The Alberta College had no response to that and they maintained their restriction. They refused to acknowledge that by placing a restriction on my medical licence, forcing me to **discriminate against people, they were in violation of the *Canadian Human Rights Act* from 1976 I believe, if I'm quoting the date correctly. So again, a gross violation but the medical college here in Alberta has no qualm—and to this date has not been reprimanded for—violating the *Canadian Human Rights Act* by trying to force me to discriminate against patients.**

Wayne Lenhardt
What was the reason that they gave for preventing you from using ivermectin and hydroxychloroquine? Was it that there was something wrong with your treatment protocols or what?

Dr. Daniel Nagase
No, they offered no explanation other than their policy that ivermectin was not to be used in the treatment of COVID. And this was a policy that they published shortly after I had successfully treated the three elderly patients in Rimbey. So I believe this policy came out in October of 2021 and shortly thereafter, British Columbia came up with the same policy.

So then because I had not treated any patients in British Columbia, the British Columbian College could not suspend me for any patient work that I did. In fact, they suspended me allegedly for the reason that I was out of the province for too long.

Since my college licence was suspended in BC and restricted to the point of being unable to work in Alberta, I did not renew my Alberta or British Columbia licence, as the cost would have been significant to try and renew both licences. Shortly after not renewing my licence in British Columbia with the College of Physicians and Surgeons of BC, the College of Physicians and Surgeons of BC sent me a demand letter that I must renew my licence even though it was suspended or face a penalty of $100 a month.

[00:10:00]

I said, "Well, that would be certainly a first that a membership organization can charge a penalty for not renewing membership." It seemed absolutely ludicrous. But the BC College insisted that if I wanted to not be charged a $100 per month penalty for not renewing my suspended BC licence, I would have to resign or retire from the BC College. So I filled out their resignation and retirement form.

However, about eight months after my retirement and resignation, the British Columbia College served me with a disciplinary notice. They were initiating a disciplinary proceeding against me because I had made a speech on December 9th, 2021 warning about the dangers of mRNA injection and the safety of ivermectin in the treatment of COVID-19 illnesses.

Because of the content of a public speech I made, the British Columbia College, even though I no longer held the licence—I had retired from the college—was pursuing for disciplinary action. Under the British Columbia *Health Professions Act*, if I fail to attend a disciplinary hearing for a college for which I am no longer a member, the British Columbia College of Physicians and Surgeons can apply to the Supreme Court of BC to have me confined for contempt. That's written into the legislation in BC.

So I attended their hearing. Ironically enough, when I submitted my evidence to the British Columbia College explaining the justifications for the statements I made publicly, the British Columbia College of Physicians and Surgeons wanted an adjournment to the hearing that they had scheduled—from February 21 to 24th of this year. I said to the BC College, **"Adjournment is refused. If you don't have the evidence in February of 2023 that any of my statements from December of 2021, a year and a half prior, are in any way incorrect, then you can't— I refuse an adjournment. I'm not going to give you guys another six months to try and dig up evidence, or try and make up evidence, that any of my statements were factually inaccurate."**

Every statement I made in December of 2021 during that public speech in Victoria, BC turned out to be true. I refused adjournment. The British Columbia College disciplinary committee declined to show up at their own disciplinary hearing. So I conducted the disciplinary hearing without them, hosted online publicly as per the BC *Health Professions Act*. And public record already exists now for that disciplinary hearing for which I refused

adjournment. Yet the British Columbia College is still trying to reschedule another hearing, in spite of the fact they failed to show up to their first hearing.

So these are the— This is the cancel culture. This is the rotten, corrupt actions of these regulatory bodies, both the BC College and the Alberta College.

But one of the things more important to my heart— Because from my own personal perspective, I really don't like to dwell on my own personal grievances. Because when I look at the awful treatment, the criminal negligence, and perhaps even worse than criminal negligence that patients have suffered—patients who have died because of COVID hysteria from medical professionals—these people have suffered far worse.

And the two cases I wanted to touch on today was one case of a 47-year-old father of five who was transferred to Edmonton hospital, the University of Alberta. So one of only two university hospitals in Alberta: one is the University of Calgary, one is the University of Alberta in Edmonton. And the emergency doctor, without any medical reason— And I poured through this patient's medical record for hours looking for some, any indication why a 47-year-old with no prior lung problem,

[00:15:00]

with oxygen saturations of 93 per cent throughout the airplane transfer flight before being sent to Edmonton. And while in the emergency department in Edmonton, this patient was awake, alert, responsive, with pre-physical signs of having enough oxygen to sustain all the normal activities of life. And yet for some reason Dr. Craig Domke—and I named his name because his name needs to be mentioned—put this healthy 47-year-old, whose only medical issue was that he was suffering from a COVID-19 pneumonia. Stable vital signs, adequate oxygenation, Dr. Craig Domke put him on a ventilator.

And this was in November of 2021, after there was almost two entire years of evidence showing that ventilators caused harm in COVID pneumonia. Therefore, unless somebody had inadequate oxygenation there is no reason to put someone on a ventilator, which in most cases according to the scientific evidence, hastened the decline and deterioration of patients with COVID pneumonia.

Yet that wasn't the end of it. After the patient was put on a ventilator for no medical reason, an infectious diseases specialist from the University of Alberta—this is the ivory tower of medicine in Alberta— Dr. Brittany Kula put this 47-year-old man on a medication called baricitinib, a medication that is no longer used by rheumatologists because it has such deadly side effects of blood clots. This medication was originally developed to reduce inflammation in the lung that some rheumatoid arthritis patients get. For some reason, this **subspecialist of internal medicine, Brittany Kula, put this patient on baricitinib for no medical indication.**

The patient had stable oxygenation before being put on a ventilator. And while the patient was on the ventilator in the emergency department, his oxygen saturation remained stable. If this doctor had literally done nothing, this patient would probably still be alive today. A day after being taken off the ventilator, five days after starting baricitinib, this 47-year-old without any prior lung problem died. And the autopsy shows massive bilateral—that is both sides—blood clots in his lung: the exact black box warning that is on the medication, baricitinib.

From my perspective, if multiple individuals—the emergency doctor, Craig Domke and the infectious diseases doctor, Dr. Brittany Kula—took action that hastened, that resulted in, the death of a patient, and they had no medical reason to start the medication baricitinib or put the patient on a ventilator? To me, that appears to be a homicide. Yet as far as I last checked on the Alberta Health Services website, neither Alberta Health Services nor the Alberta College is investigating either of these two doctors in the death of a healthy 47-year-old patient. Yet I have been put through the wringer—being investigated by Alberta Health Services and the Alberta College—and all three of my patients survived.

Where is the justice in that? Individuals calling themselves doctors working in the ivory towers of medicine take actions that result in death, no investigation? But you save three lives and you get investigated and run out of the medical system? It's as if this public health care system that I've known for my entire life has turned into a death care system.

But the criminality does not end there. That's just one example in Alberta. In British Columbia, the head of ICU in Trail Hospital in BC, Dr. Peachell: Seven days after a 69-year-old woman

[00:20:00]

recovered from COVID pneumonia, she was seven days off of a ventilator. Remarkably, she survived COVID pneumonia despite being on a ventilator. Was put on a T-piece, which is one of the recovery surgeries where they have you breathing through a little port in your neck that they put in any situation where a patient needs extended mechanical ventilation. This patient recovered to the point where she was off the ventilator completely for seven days. Dr. Peachell then orders the patient to get the Pfizer mRNA injection. This is with the background knowledge of an internal medicine specialist who is the head of internal medicine at Trail Hospital.

Every family doctor, every medical student even, knows: You never give any vaccination while a patient is still ill. This patient was less than a week off of a mechanical ventilator and the head of ICU orders an mRNA injection for COVID-19.

Four days after ordering this deadly injection, the doctor, Dr. Peachell, makes a verbal order to the nurse to remove COVID-19 vaccination from the medication administration record. Unless I had seen this medical record with my own eyes, I would not believe that any doctor would be so criminal as to try and forge and remove a medical record that showed evidence of deliberate harm to a patient who just recovered from a ventilator.

Later that week, the patient died. As far as I know, Dr. Peachell in British Columbia, head of the ICU, still has his British Columbia medical licence and is practising.

Wayne Lenhardt
Okay, I think at this point I'm going to ask the commissioners if they have any questions of the doctor.

Yeah, Ken.

Commissioner Drysdale
Good afternoon. If I understand your testimony correctly, you had three elderly patients and you administered a protocol for COVID-19 and each and every one of those three patients got well and survived. Is that correct?

Dr. Daniel Nagase
That's correct. I had to supply the ivermectin to the patients because Alberta Health Services refused to dispense ivermectin to the patients. So I had to supply the patients directly for themselves so they could take the medication on their own, as nurses in the hospital refused to administer the medication and do their job.

Commissioner Drysdale
And those patients— Prior to your treatment you said they were probably a few hours or days away from having to go on a mechanical ventilator. Is that also correct?

Dr. Daniel Nagase
In my emergency department knowledge and having examined and listened to their lungs, they were approximately four hours away from needing life support: that is, having a mechanical ventilator try and put enough oxygen into their lungs because they were not able to get enough oxygen into their lungs through laboured breathing, through their own—

Commissioner Drysdale
So you were— And I apologize for kind of jumping in, we're on a tight schedule I'm told. And you were punished for doing that.

Dr. Daniel Nagase
Yes.

Commissioner Drysdale
We seem to have a lot of testimony from Alberta.

And have you got any commentary on the lady that testified here in the last several days? She was waiting for a transplant, which I'm not allowed to say what it was, but she's waiting for a transplant in Alberta. And the doctor— The hospital is refusing to give that lifesaving transplant unless she takes the COVID-19 vaccine. And not having that transplant is likely going to result in her death.

Can you comment or contrast that to what you've gone through?

[00:25:00]

Dr. Daniel Nagase
From what I've witnessed reading medical charts of patients, it is a consistent—I have no other word to describe it other than "criminality" or "homicidality." These injections are

known to be unsafe, known to have deadly side effects. And to try and coerce a patient, "Take one deadly medication, or die," that's criminal. I have no other way to describe it.

For the head of an ICU to give a patient a substance that— Every medical student, you should never give any vaccination when a patient is still recovering from an illness. And to deliberately do so with foreknowledge and then to try and tell a nurse to remove the record of COVID-19 injection from a patient who already has COVID-19 antibodies and is still in the recovery phase, and then the patient dying? That is criminal.

For an emergency doctor— I don't care how tired an emergency doctor is at 2 a.m. If a patient is talking to you and has oxygen saturations of 93 per cent, you leave them alone. You say, "I'm going to come back and check on you in half an hour, while I see all the other emergency patients to make sure no one else in the department is critically ill or dying." The number of times I have put somebody on a mechanical ventilator who is able to speak a full sentence in my entire career is zero.

And the doctor, Craig Domke, in his own emergency department note, says a time out was made for a compassionate phone call to the patient's family. So I talk to the patient's wife. Yeah, the doctor didn't call the wife. The patient himself called the wife. And his last words to his wife was, "They are putting me under," all spoken in one breath. Anyone who can speak a full sentence in one breath does not need a mechanical ventilator. And yet that's exactly what Craig Domke did.

And once the patient was paralyzed, on a ventilator, unable to refuse a dangerous experimental medication, baricitinib, Dr. Brittany Kula, infectious diseases specialist at the University of Alberta in Edmonton, comes along and orders baricitinib. And guess what? Five days later, the patient is dead from the exact black box warning for baricitinib.

Commissioner Drysdale
I just want to—

Dr. Daniel Nagase
I only have one description for this type of behaviour.

Commissioner Drysdale
I only have a minute or so left. My next question has to do with informed consent. Is it permissible under informed consent to withhold treatment in order to get the patient to agree to a different procedure? In other words, can you say, "I will not give you this operation unless you do XYZ," unrelated to that operation?

Dr. Daniel Nagase
Well, I'd go one step higher than informed consent. That's just unethical. It's completely immoral. I know people get fixated on catch terms in ethics like "informed consent." The CMA [Canadian Medical Association] Code of Ethics is pages and pages of, I hate to say it, drivel. Ethics is simply morality. There's no such thing as medical ethics. There's just ethics, based on morality, which is based on reason, which is based on humanity.

There's no different ethics for medicine and a different ethics in a church. All ethics is based on humanity. And to say that, "Well, informed consent is a special subset of ethics," no, that

is wrong. Ethics is simple. It's right versus wrong. And to try and coerce someone upon the threat of death or harm that you aren't going to get this medication to save you unless you take this deadly injection? That is just wrong.

[00:30:00]

And I don't want any party to try and claim, "Well, informed consent was denied." Because by using the term informed consent, it's almost like, "Well, they didn't commit a real crime of coercion, coercion, threat, extortion. Oh, they just made a violation of informed consent."

I'd like us all to get rid of that term and call it for what it is. If it was a thug on the street that said, "Take this cocaine or else I'll shoot you," that's basically what medical doctors have been doing here in Canada in the public health system, getting paid for it, with the mRNA injection.

Let's call it for what it is: an actual crime. Not an informed consent violation, an actual crime.

Commissioner Drysdale
Thank you. Thank you, sir.

Wayne Lenhardt
Are there any other questions from the commissioners? Any more questions? No.

Okay, any last words?

Dr. Daniel Nagase
If I could summarize just briefly, you know, a big concern for me is: How is it that colleagues that I've worked with for years have come to do such awful, unconscionable acts? And as far as my deep soul searching and trying to figure out my colleagues has gone, thus far I've boiled it down to three issues: fear, a lack of reason, and obedience.

And that combination of fear—fear of losing your job, fear of not making enough money in a year—is combined with a lack of reason and this unreasonable blind obedience to hospital administrators and policy that every doctor knows will cause harm to their patients.

And yet between the fear, the obedience, and the complete lack of reason causing a complete lack of morality: this is a deadly triad resulting in the deaths of mothers, fathers, men, and women. And this is— This is unbelievable.

Wayne Lenhardt
We're getting close to our time limit. But yeah, I'll add— One more thing is that I think this is the mark of a profession, where you are able to make an informed decision within your profession without having somebody else tell you exactly how to do it.

Anyway, in any event, thank you for your testimony today on behalf of the National Citizens Coalition [sic]. Thank you again.

Dr. Daniel Nagase
Thank you for having me on.

[00:33:33]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 6: Pascal Najadi
Full Day 3 Timestamp: 05:02:45–05:36:00
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is joining us virtually, Pascal Najadi. Pascal, can you hear me?

Pascal Najadi
Yes, sir. I can.

Shawn Buckley
Okay, and I can hear and see you. Pascal, can we begin with you stating your full name for the record, spelling your first and last name?

Pascal Najadi
Yes, my name is Pascal Najadi.

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

Pascal Najadi
Yes, I promise to tell the truth, nothing but the truth, so help me God.

Shawn Buckley
Now, I'm going to try and introduce you, but if I don't do you service, please add. Because I want people to appreciate that you kind of have travelled in other circles than most of us.

You are a Swiss-born British citizen, so you have dual citizenship. Your great grand uncle from your mother's side was the president of Switzerland during World War II. His name was Rudolf Minger. You have served in the Swiss Air Force. You were an investment banker

with Merrill Lynch International in New York and London. You were a director on the management board of Dresner Bank AG London and was in charge of advising heads of state and ministers in strategic, advisory, and crisis. The territories were Central Europe, Central Asia, the Russian Federation, the Middle East from Lebanon down to Oman, including Saudi Arabia and the African continent.

Does that fairly introduce you or should we add some more?

Pascal Najadi
No, that's perfectly fine. Thank you very much, sir.

Shawn Buckley
Okay. And again I just wanted, because there'll be people watching you online and there'll be people here that won't know your background. And you're testifying from Switzerland today.

Pascal Najadi
That is correct, yes. This is from Switzerland, live.

Shawn Buckley
Now, I wanted to start because you have a personal story to share concerning the COVID-19 vaccine. And so if you want to share that with us and then we'll move on to some of the legal activities you've been involved with.

Pascal Najadi
Okay. Sir, if I could just ask you the time maybe that I have please.

Shawn Buckley
Oh, so we've got 45 minutes.

Pascal Najadi
Okay, wonderful.

Shawn Buckley
Yeah. So actually, take your time. Because, like I say, there will be many people that are not familiar with your story.

Pascal Najadi
Sure. Thank you, sir. Well, first of all, I'd like to say the following, if I may, as an intro. I would say dear honourable judges, experts of the National Citizens Inquiry, dear ladies and gentlemen, dear supporters, friends, and colleagues, and victims of COVID-19 vaccinations from Canada and around the world: I greet you all warmly from Switzerland. It's a great honour for me to give you my testimony here today.

Before I start, I wish to share with you my thoughts and essence about this genocide of Biblical dimensions against humanity—

Shawn Buckley
Pascal, can I interrupt you a little bit? Is it okay if we not read and we just have more of a dialogue?

Pascal Najadi
Sure.

Shawn Buckley
Yeah, because it's just we're in a format where, you know, it truly is testimony. Some people get uncomfortable with that, but I know when we've spoken in person that you're very animated and very good at communicating.

Pascal Najadi
Sure. Sorry, I just wanted to greet everybody. And the personal story is the following.

Like many people, unfortunately billions, I trusted my Minister of Health, the Swiss Minister of Health, Mr. Alain Berset—who is now also President and still Minister of Health of Switzerland—when he came on board after the psyops started, showing people dying and people on ventilators in hospitals; saying that there is good news, that there is a vaccine coming, and it's safe, it is tested like any other vaccine, and it's effective.

And we then got introduced and pushed into a vaccine mandate with a QR code on the telephone, whereby people with a vaccination—or with an injection, I dare say—got the QR code, the green pass, to go and have a normal life. Whereas the un-injected people were discriminated [against] and many of them in some companies lost their jobs, like the pilots or cabin crew of Swiss International Airlines that were not agreeable to get injected with an experimental substance.

[00:05:00]

The consequence was that me and my family—my mother included, she's 81—agreed to the injections. We got three times Pfizer mRNA into our bodies. And we did not, at that moment, have any second thoughts. Because again, the whole system—all multilateral channels of communication by the government, by the media mainstream—were saying, **"You must vaccinate; you must protect others and yourself; it's good; it's effective; it's tested."**

The shock I got was on the 10th of October 2022, when Janine Small, a senior manager of Pfizer Inc., was called into the European Parliament and had to testify and had to answer questions to parliamentarians. One—I believe he was a Dutch parliamentarian—asked a very simple question. He said, "Mrs. Small, could you please give me a direct answer, a yes or a no: Did you test the vaccine before you went to market?"

He switched off the microphone and then the lady said, "Of course not, we had to go with the speed of science." So—

Shawn Buckley
Now, can I just interject because I think— That's a pretty famous video and I think you just inadvertently left out— She was being asked, if I remember it correctly, whether or not they tested it for transmission, whether it would protect against transmission.

Pascal Najadi
The end points, so the end points: immunity and transmission. Correct.

Shawn Buckley
Right. So how did that affect you? Because you had three shots and you're watching her basically say it wasn't tested for that.

Pascal Najadi
Yes, for me it was clear. What she was telling me was, "The stuff doesn't work." Okay. Then I got worried. I start to calculate in my head that I have something experimental here. What was the purpose of it, I didn't know.

I went straight through the messages of the Swiss Ministry of Health. I didn't go to newspaper reports. I went backwards in communication statements given to us by the Ministry of Health.

First, I started December 2020. The video's still there. Alain Berset saying, "We have a vaccine, it's safe, it's effective, and it's tested like any other vaccine according to the Swiss regulator's standard." Then I went on and on where the same message was "safe, effective, vaccinate, safe, effective." And then I came to the official press conference, which is still in the website of the Ministry of Health, where Dr. Virginie Masserey, the Director of Infection Control of the Swiss Ministry of Health, Public Health said— That was the 3rd of August, 2021, she said—end of July, I believe it was the 26th of July, 2021—they received a report from CDC of the United States saying that vaccinated people transmit the virus as easy and often as unvaccinated people.

Then a journalist interjected in the press room—it's all on video—and said, "Dr. Masserey, can you confirm this? Is this really true?" And she said—it was in French she replied—she said, "Yes, vaccinated people transmit as easily and often as unvaccinated people." So I made a note. That was 3rd of August 2021.

I went on towards my time, towards the present time. And on the 27th of October 2021, a few weeks before the COVID law of Switzerland was going for public vote to be prolonged or not, the Swiss Minister of Health, Alain Berset, on primetime live national TV, Channel One, said: "With the certificate," means you are injected, "you can be sure that you are not contagious." Okay, so I made a note.

There were lies in the room. Now who was lying? Was it the CDC of the United States and Dr. Masserey and the experts of the Ministry of Health? Or was it the Minister of Health himself trying to promote the COVID law with the Swiss voters? I didn't know.

[00:10:00]

I took the consequences: I went to the Swiss police in my city and I went to file criminal charges against Alain Berset. It was the 2nd of December 2022 when I filed, at the police

station, the police report for criminal charges for Article 312 of the Swiss criminal code: "Abuse of office." Because clearly, I wanted this to be investigated. How come a Minister of Health, who is in charge of eight million people in the country, claims that it protects when his own Director of Infection Control, three months earlier, and the United States said that it does not protect?

This criminal charge report went to the state level—we have cantons like you have provinces or states in the United States—went on that prosecution level for about seven days. And then it ascended to the federal prosecution level, where federal prosecutor Nils Ekman confirmed to me in writing that he has given me a case number, in writing of course, and that he is in charge of these criminal charges to be investigated: whether or not they will open a procedure against Alain Berset—by then become president, in January 2023, of Switzerland.

He also asked me to supply him with more evidence or more causality regarding my own consequences. Unfortunately, I had to supply to him my blood reports. I had my own blood, six vials, taken in early March by my doctor, Dr. Weikl. And we transported them within 48 hours to the special laboratory of Professor Dr. Brigitte König in Magdeburg, Germany. She has established the most modern lab process to find out what the damage is of these mRNA injections. And three vials for evidence went, or are now still in cryonic freezing, and three vials were used for the lab tests in the laboratory.

The results are devastating because the nanolipids are the packaging of both Moderna and Pfizer mRNA. The nanolipids are toxic. You can Google that. They are synthetic; you can buy them; they are traded for laboratory, for tests for research. And they're labelled, 'Toxic, Not for Human Use or Animal Use." Clear. So we have a toxin already in the packaging. Every shot delivers about 15 billion nanolipids into your body. They are charged positively electrically; the blood cells of your body are negatively charged. What happens, the nanolipids shoot into your blood cell, go inside, and destroy your energy system.

Professor Dr. Bhakdi, who many of you know worldwide, one of the leading experts, made me the expert report—unfortunately, reading 10 pages of complicated laboratory language which I don't even understand—and concluded that I have lost at least 20 years of my life. And that the nanolipids have done the first damage: three shots cumulative 15 billion or 20 billion each, between 50 and 60 billion nanolipids hitting my blood cells. We unfortunately also determined one year and three months after the last shot that I still have 183 MPO [myeloperoxidase] per millilitre of my blood, of spike proteins running through the body, attacking my organs and systems.

Shawn Buckley
I just want to slow down to make sure that people understand. So how many years of your life did Dr. Bhakdi predict you're likely to have lost?

Pascal Najadi
Twenty.

Shawn Buckley
Twenty. And one year and three months after your last injection, they're finding spike protein circulating in your blood.

And I'll just let both the commissioners and those watching your testimony know that you've consented to your medical records forming part of this record. And so the report on your blood with spike protein is now Exhibit OT-3c and the letter from Dr. Bhakdi is OT-3a. And thank you for consenting to that. Because it verifies what you're saying and I think it's important for people to realize,

[00:15:00]

your body is still obviously manufacturing or retaining spike protein after 15 months.

Pascal Najadi
Yes. The regulators wrote to me by email that it will be gone after three to six weeks. Obviously not. The doctors who have administered those injections have violated the criminal law in Switzerland because they were giving to me injections without informed consent. They should have had a form where they should have read out to me the severe possible consequences or side effects, and on the same page, there should be a line to sign that I understood the above. That would go into a ten-year saving of my medical history. That didn't happen. Therefore, I have also filed criminal charges against the two medical doctors, Swiss medical doctors, that have given me those jabs without informing me.

Shawn Buckley
I'm going to ask you what's happened with that. But we're curious, what did your doctors tell you? I mean, you are telling us for sure they didn't give you informed consent, but do you recall what was said to you when you were vaccinated?

Pascal Najadi
Yeah, it was like in a train station. We had to wait in a tent and then one after the other was going through—green light, red light—into a box. You could sit down. I remember I had a pullover and he said, "Please, you want it here or here?" I said, "here." And I said, "Does it hurt?" He said, "No. Maybe you have a bit of a swelling today or tomorrow but don't worry." And he went on with the disinfectant and the jab was not painful and I was given the pass—no, not the pass. I had to leave the box to go and pick up my vaccination certificate booklet and went out.

Shawn Buckley
Okay, so what happened with— You charged the doctors. Can you share with us what's happened with that?

Pascal Najadi
Okay, so I filed those charges as well as a whole package to the federal prosecutor.

I said, "The whole line is defunct because obviously promoting it as safe and effective for protecting, it was obviously not true by the Minister of Health statement in television." I said, "The doctors didn't ask for informed consent and signature, which they should." I also submitted the lab report and the spike report. And Professor Dr. Bhakdi sent directly, in German, his conclusions.

I've done all the job actually, what the justice should have done. But it then got rejected. All of these three charges got rejected. The federal prosecutor rejected [them] a few weeks ago saying that the Minister actually did publicly, on several occasions, say that it's not quite effective and that it could be dangerous.

Shawn Buckley
I just want to put that into context. So the public prosecutor isn't saying that you're incorrect about him lying publicly on the occasion you complained about, but he didn't break the law on other days, so he's not going to proceed with charges.

Pascal Najadi
Correct.

Shawn Buckley
I used to practise defence law. I'll have to try that on a judge and see how far I get.

Pascal Najadi
Yeah, so the federal prosecutor came back with a different statement. I said, "How come in August 2021, the Director of Infection Control says it doesn't protect and it's not— et cetera? And how come three months later, in October 2021 the Minister says it protects?" That was my point. That was not answered or investigated or anything.

So I've taken a criminal lawyer in Zurich and we have now taken this—filed within the deadline, comfortably fine—to the federal criminal court of Switzerland. And it's now there, where my lawyer has written a piece proving that the entire COVID vaccination policy was a lie and was fake. I mean, wrong. And we are now at that stage.

With the two doctors, we took them to the cantonal—in your case would be provincial—supreme court proving well that informed consent was necessary. Why? The prosecution claimed it was not a poisonous injection;

[00:20:00]

therefore, I should have given these criminal charges within three months after the jab. But if it's a poisonous injection—that's our argument—we have 10 years. And the nanolipids on the packaging, that's clear: nanolipids are toxins. Therefore, it's a toxic injection. Therefore, you know, we will see where this goes now, but it's at the Supreme Court of Lucerne.

Shawn Buckley
It's curious, we had a witness this morning, a Dr. Shoemaker, that was telling us with regards to those lipid nanoparticles that basically a hundred percent of the animals, the mammals, would die in animal testing. So it basically didn't even get to human testing until our current vaccine rollout.

Pascal Najadi
Yeah, I'm not an expert, but that's what Professor Bhakdi told me about the nanolipids. Yes.

Shawn Buckley
Now, you're also involved in a civil lawsuit in the state of New York.

Pascal Najadi
Yeah.

Shawn Buckley
Can you tell us kind of how that came about and what that case is about and how it might apply to us in Canada?

Pascal Najadi
Yes. Well, I got in touch with Ana McCarthy; she's Panamanian American citizen. She's not an attorney, she's not a lawyer, but she studied law. And she has filed two active cases that are now active at the New York State Supreme Court in Manhattan. These are cases 101048/22, filed in November 2022, Ana *McCarthy v. Pfizer, Inc.* New York. And the case I'm involved is case 100197/23, filed on the 6th of March of this year, 2023, at the same court. Both cases are active. The justice assigned is Honourable Justice Lori Sattler.

These cases are very important. Why? Because Ana McCarthy argued, correctly, that actually President Biden's national emergency and vaccination mandate of the 9th of September, 2021 in the United States—that was Order 3414042—was unconstitutional. Because the U.S. Supreme Court has ruled on the 13th of January '22—remember that's the same power like the White House, the U.S. Supreme Court—that under the First Amendment of the United States Constitution, there is exemption for religion. This was not communicated by Biden to his own military and his own people or all of the nations worldwide.

That means there is an exemption: it's religion. Which means you don't have to specify. If you're on American territory or anywhere in the world, the injection—no matter which vaccine—is a U.S.-manufactured, U.S.-patented, U.S. company product, you can say the simple thing: "I don't vaccinate. I am religious." You don't have to say which religion, you don't have to say if you're a priest or not, you just say, "I feel religious." That's fine.

Shawn Buckley
And I just want to slow this down. Because this is important, what you're talking about. Now my understanding is—and this is from an earlier conversation—that by U.S. law, U.S. companies have to obey U.S. law, even abroad. So U.S. companies acting abroad, they can be **subject to court proceedings in the United States.**

Pascal Najadi
They are not allowed to violate U.S. law that prevails at home abroad. Very simple. The United States did not have a nationwide vax mandate which made a two-tiered society between vaxxed and unvaxxed. Yet in my example, Switzerland—I'm Swiss-British—or Britain, Pfizer came to our country, violated those rules by selling their product, making money in a two-tiered or apartheid market, vaxxed/unvaxxed. Already that as well is a violation because in the USA, everybody is the same in front of the law. Okay?

In Switzerland with the COVID law, not. Because if you're not vaxxed, you cannot go to the restaurant. So it's apartheid. If you're vaxxed, you can, you could. They are not allowed to violate U.S. laws abroad.

[00:25:00]

It sounds simple, but it was a lot of work to file. And it only was possible because I'm Swiss and British; I could attach the criminal filing—not the procedure, just the criminal filing in Swiss precedent—to this case, 100197/23. And I was able to attach a ruling that files a loss in London in the administrative court in '22 for frivolous marketing. I could attach that ruling as a British citizen onto the case that we submitted, or she submitted, into the New York State Supreme Court in Manhattan against Pfizer.

Shawn Buckley
Right. And again, I'm just going to try and explain this because I want people to understand. What you're saying is that U.S. companies, so Pfizer acting in Canada is subject to U.S. law, not just Canadian law but, according to the U.S. system, U.S. law. So they can be held liable for violating U.S. law as they act in Canada and so that would require a religious exemption.

And it would also prevent a two-tiered system; you call it an apartheid system and that's quite appropriate, actually: identity papers for the state to grant you privileges to access certain activities. So that's basically why you believe this is an important case.

Pascal Najadi
It's very important.

Shawn Buckley
Yeah, I just, I'm trying to make sure people understand what you're saying.

Pascal Najadi
Yeah, sure. And don't forget, people can also sue the U.S. president now because he did not communicate on the 13th of January 2022 that actually every human being on the planet has a right to say, under the First Amendment of the United States of America, "I don't need to vaccinate."

Shawn Buckley
Right.

Pascal Najadi
One more legal fact. On the 23rd of March of this year, President Biden lost in the Fifth Circuit Court of Appeals of New Orleans. He lost the claim, his claim. He said, "I'm the CEO of the United States of America. Like a company CEO, I have the right to force-vaccinate my employees of the federal agencies." Well, the judges ruled, "No U.S. president has such authority." And they reaffirmed in their decision that on U.S. territory, vaccinations are an exclusive affair between the doctor and the patient. Been ruled on the 23rd of March, 2023, in the Appeals Court of New Orleans. He cannot go to the U.S. Supreme Court with this because he lost already in '21 with the same question at the U.S. Supreme Court.

Shawn Buckley
Which is likely why he lost in New Orleans the second time around. So, okay. Now you were telling me about something happening in Germany regarding their military.

Pascal Najadi
Yeah, the German Ministry of Defence is still force-vaccinating their soldiers and officers. That is obviously in violation of what I just told you. Ana McCarthy has—and I witnessed this call—called the Ministry of Defence a few days ago and has made them aware that they are in violation by using, in our case, Pfizer U.S. product force-vaccinating soldiers, or under vaccination mandate. Ana McCarthy also has issued temporary restraining orders, has notified Pfizer—via their lawyers, Davis Polk in New York—and the judges in New York that the German military is still doing that.

We are now watching every day to see when the German military, the *Bundeswehr*, will stop this illegal activity.

Shawn Buckley
So it's another example of using the U.S. courts to try and influence what is happening in other countries.

Pascal Najadi
Well, it is clear: it's a violation. I mean, it's not just trying to influence. We report them and say, "This is a violation." This is serious. It's not trying to—they have been notified. The TROs [temporary restraining orders] have been issued. They are in force.

We will see, but the German government cannot continue with this. Impossible.

Shawn Buckley
No. And you see, you're describing a procedure that Canadians don't appear to have attempted. We've had a lot of lawyers speak in frustration about our constitutional rights being overlooked during this in court cases, but we haven't actually heard of attempting to use U.S. law to influence what happens in Canada.

[00:30:00]

And that's why I'm kind of going over this again and again, just so that we get to understand that.

Now, you had kind of presented a presentation and I stopped you from reading it. Are there some points that you wanted to cover that I haven't asked you about yet?

Pascal Najadi
No, it was just maybe my closing remarks, but I can wait. I'm here for questions, really.

I've said what I had to say, what I have done, attempted to do, and the Swiss criminal charges are now at the Swiss criminal court and the two Swiss doctors are in the Lucerne Supreme Court. I will update people—you, maybe—as soon as we get more information

through my channels. My Twitter is @najadi4justice and I update and make legal statements there.

Shawn Buckley
And I'll also indicate that some of the court proceedings that you've referred to we've entered as exhibits for the commissioners and the public to access, so that they have a better understanding of what you're referring to [Exhibits OT-3, OT-3a to OT-3g].

I will open you up then to the commissioners, if they have any questions. We're doing decently for time.

Pascal Najadi
Thank you.

Shawn Buckley
No, and the commissioners don't have any questions.

So Pascal did you want to just share briefly some of the remarks that you had for closing?

Pascal Najadi
Yes, I would like to, if I may.

Shawn Buckley
Yes.

Pascal Najadi
I call this The Devil's Rules Explained. But we are battling always that recognition that we have been duped. How do you get someone to admit that they have been duped and triple-injected or double-injected with an mRNA bioweapon substance? How do you get someone to admit that they have been duped into giving these injections to their own children? This psychological trap makes the duped the guardians of the dogma. These, the duped, have been placed in the position of having to lie to themselves in order to maintain psychological equilibrium and avoid harming themselves. This trap of pride makes the Machiavellianism of their crimes, they have been allowed to harm themselves.

This is—for the bad, evil people—the perfect genocide, is perpetrated through the victims themselves. But no, we will break this and obliterate these rules, with strong determination have begun to stop this genocide, promoted by truth. Thank you.

Shawn Buckley
Thank you, Pascal. And Pascal, we really appreciate you. I know you're in a different time zone and you've been very kind to attend.

On behalf of the National Citizens Inquiry, I want to sincerely thank you for participating and sharing this important information with us.

Pascal Najadi
Thank you, sir, and thank you for the Commission and thank you to everybody. Greetings to Canada and all over the world, thank you.

[00:33:15]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 7: Aidan Coulter
Full Day 3 Timestamp: 05:36:21–05:44:10
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Our next witness is going to be Aidan Coulter. So Aidan, if you could give us your full name and spell it for us, I'll do an oath with you.

Aidan Coulter
Aidan Coulter. So that's A-I-D-A-N C-O-U-L-T-E-R.

Wayne Lenhardt
And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Aidan Coulter
I promise that the evidence I give today will be the whole truth and nothing but the truth.

Wayne Lenhardt
Okay, we're going to talk for ten minutes about the problems you had when you were about to enroll at Ryerson [University] when the mandates came into place. So you were going to enter your first year, your freshman year, at Ryerson?

Aidan Coulter
Mm-hmm.

Wayne Lenhardt
And that was in the fall of 2021, correct?

Aidan Coulter
Yes, correct.

Wayne Lenhardt
So tell us what happened.

Aidan Coulter
I had applied and gotten an acceptance letter for the Fall of 2021 semester. And then about a week or two before, that would have been July 2021, I received a response back from my application to residency and paying for residency. And they said that in order to attend residency, one would have to be fully vaccinated in order to interact with their peers and the residency community.

I did not have any intention of taking an experimental gene therapy that had at that point been untested. They said there was a form that you could fill out. And that form, ordinarily, would be for a person with a disability who is seeking a human rights accommodation. So I modified that form and sent it to them, saying that they were basically breaking various healthcare laws, so that was the personal private healthcare information act [Ontario's *Personal Health Information Protection Act*], the Nuremberg Code, and the Helsinki Declaration, among others. And saying that this request to have me have an experimental gene therapy was against the law.

They responded back saying that there was nothing that they could do about that, that I had not given them sufficient evidence or sufficient documentation. But by that point, the deadline to apply for residency had passed. I had to find very last-minute co-op housing within the Toronto area to live.

Wayne Lenhardt
And at that point, were you able to go to classes?

Aidan Coulter
Two out of my four classes were promised to be hybrid; these were classes that required a technical component because I was taking film. I was film and visual and media design. So that was film tech and silent film that required a technical component—were promised to be hybrid, meaning that there would be an in-person component. The first day of in-person classes, I attempted to attend being aware that there was a screening requirement, like an app that you had to fill out and also that you would have to test yourself.

Wayne Lenhardt
You completed one semester then, is that right?

Aidan Coulter
Yes, that is correct.

Wayne Lenhardt
And what happened during second semester?

Aidan Coulter
The second semester, or the fall semester: basically, the upshot was that, for the winter, they said that my classes were frozen and they would not provide me with automatically signing me into my coursework for Winter 2022.

Wayne Lenhardt
Okay, so you basically went back home for the second semester because of the situation.

Aidan Coulter
Yes.

Wayne Lenhardt
Okay. After you got back home, how did you fare?

Aidan Coulter
So primarily due to the stress and isolation that was inflicted upon me and not being able to access equipment during the winter and fall semesters, I had an episode of psychosis. That would have been, sorry— May 2022, I had a brief episode of psychosis, which consisted of intrusive thoughts and basically, kind of synchronicities or making connections that weren't there.

So basically, I was in an unstable mental condition. And I went to the hospital to receive psychiatric evaluation. I was put under a Form F,

[00:05:00]

which would mean 72 hours under the observation of an overseeing psychiatrist. And in order to be admitted into hospital, I would have had to take a PCR test.

I initially refused because the cycles that they're normally run on mean that the likelihood of a false positive was very high. But in order to be admitted, I had to take the PCR test and I resulted in a positive—or false positive as I understand it—for COVID-19, meaning that I could have been contained for more than the 72 hours in the hospital.

Wayne Lenhardt
Okay. And you never had an episode of psychosis before?

Aidan Coulter
Prior to this, never.

Wayne Lenhardt
Great. Have you had any since, just that one?

Aidan Coulter
I was put on a Abilify, which is a mood stabilizing drug. And had a brief episode a little bit later. But since then, I have fully recovered, yes. I was on for about— It was nine months that I was on the drug.

Wayne Lenhardt
In September then of 2022, did you go back to university or college, or what did you do?

Aidan Coulter
No, I was worried about a reintroduction of the mandates since in the public consciousness, it's still perceived to be an emergency and that the measures warranted in regards to the mandates were valid.

So I was worried about a return of the mandates. And then also due to my own mental health.

Wayne Lenhardt
In other words, you worked at a provincial park. You never did go back to Ryerson, is that right?

Aidan Coulter
No, I did not return to Ryerson due to their treatment of me.

Wayne Lenhardt
And you are going to go back to a college this September, though?

Aidan Coulter
Yes.

Wayne Lenhardt
Tell us about that.

Aidan Coulter
I applied to King's College University in Halifax. They have a foundation year program that studies classical literature. And that sort of narrative is as close to film as I can get. I'm a bit nervous because they still have a masking policy in effect, so we will see how that goes.

Wayne Lenhardt
Just out of curiosity, any of your Ryerson courses that you got in the first semester, are they transferable?

Aidan Coulter
Not to my understanding, no.

Wayne Lenhardt
No. Okay, at this point do the commissioners have any questions?

Is there any anything we've missed with respect to the problems you had during this period?

Aidan Coulter
No.

Wayne Lenhardt
Okay. On behalf of the National Citizens Inquiry, I want to thank you for coming and giving us your testimony today. And good luck in Halifax next year.

Aidan Coulter
Have a great day, thank you.

[00:08:17]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 8: Navid Sadikali
Full Day 3 Timestamp: 05:45:08–06:20:59
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Navid Sadikali, I hope I pronounced that correctly. And I see him on the screen.

Good afternoon, Navid, my name is Wayne Lenhardt and I'm going to be doing an oath with you and asking you some questions today. Could you give us your full name, spell it for us, and then I'll do an oath.

Navid Sadikali
Navid Sadikali, N-A-V-I-D S-A-D-I-K-A-L-I.

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

Navid Sadikali
I do.

Wayne Lenhardt
Okay. I understand that you have some slides that you want to show us.

Navid Sadikali
Yes, I do.

Wayne Lenhardt
Sure, if you want to just launch into it and—

Navid Sadikali
Absolutely.

Wayne Lenhardt
And we'll stop if we need to along the way.

Navid Sadikali
Absolutely. So just to give some background on myself and then I'll jump into my slides. Like many of you, I've been navigating the world of some complex decision-making in health care and other matters for the last few years. But unlike some of you, I have experience leading innovation in healthcare firms, and that's for 23 years.

In some sense we're already connected. If you go into most hospitals in the world, there's technology that I designed in the radiology department, cardiology department, so I'll tell you a little bit about that. Then we're going to go into something quite exciting and stay to the finish because there's a really optimistic ending to this.

I'm going to share my screen now. I hope this comes through okay. All right. Has that come through?

Wayne Lenhardt
Okay. I believe you have a slide with all your credentials on it. I wonder if we could have that one next.

Navid Sadikali
Sure. Yeah, I'll tell you a little bit about myself and then we'll go through the rest.

In a sense I started after going to school in the United States, being recruited for rowing there, to Brown University. I got two degrees there and I went to University of Waterloo for my master's. I have experience in science and in computer science technology and so the integration of that was medical imaging. I helped to disrupt the world medical industry, which was all film in the early 90s. And it's Mitra, and then at Agfa, which— We were purchased as a startup. We ended the medical film industry and it all became digital.

And since then—for like I said, 23 years—I've been leading product design at different companies, most recently Canon Medical, where we had a $200 million portfolio. I designed big imaging systems used across the world in pretty much every hospital and many clinics. It impacts at least 200 million patients a year today. Those are products in radiology, cardiology, oncology, and surgery.

We started with this, which is— Here are some of the hospitals I've been in.

Why does this matter to you? Well, basically, I've had to go into pretty difficult environments where there's— Both fun and difficult, where there's a lot of opinions. Experts are at play and my job is to figure out what we should do as a company, where we should take medicine forward. We don't just listen to experts because we're the experts in medical device creation and that's me. And so I have to sort of integrate many perspectives. And to do that you have to be quite open-minded, to listen to all sorts of opinions. And if

you go to an academic teaching hospital versus a regular community hospital, things are very different.

Medicine looks many different ways in many different places. And my job as designer and the scientist is to bring that all together and help the engineers build the right products. So just to show you what that looks like, this is some of the technology that I've designed. So stroke imaging, cardiology imaging, general radiology. And so these are actual products where I've been in surgical wards to figure out how to push surgery forward. And I've seen many interactions with patients and oncologists to understand what we need to do better. So that's my background.

I want to really focus it on us, which is you. And our goal today is to cut through the complexity—which is what I have to do anyway in medicine, right? To cut through all the complexity because most physicians aren't interested in academic stuff, they've just got to get their work done.

There's six stories I'm going to be telling. And those bring together three business stories and three scientific stories. And if you understand those, the world will be a very different place.

[00:05:00]

It'll be a safer place. And if we can get the doctors out there—there's a million doctors roughly in North America—if we get them to understand these stories in these 20 minutes, we won't have another pandemic like we did. In fact, we may not have any more in some sense. And we'll have to get into the specifics to see what I mean by that.

The first story I want to tell is just that in October 2019, "The Business" was preparing for a pandemic. And Event 201—some of you may not know about it; watch on YouTube— was an economic and business event to prepare for a coronavirus pandemic. They actually ran it like a war game; they ran a simulated pandemic for coronavirus.

And then what's interesting to me, because I'm saying that business was leading, was that no physicians were invited to this simulation of a pandemic. And there's a lot more to say about this. But really what we need to say is that this is business leading the charge; some of the biggest pharmaceutical companies on earth are there. What's important is that it wasn't science leading.

Who was inviting the people to this? It was the World Economic Forum. They were the ones who took the stand, gave the intro keynote. And what Ryan Morhard, the lawyer from the World Economic Forum said, "One of these days, a pandemic, a fast-moving pandemic." That's October 27, 2019. And then, if you look at what was said on day one of the pandemic, March 12, 2020: "There's not going to be a way back to normal." That's what Ryan said on March 12, the first day of the pandemic.

This is business leading the way, because the scientific community had no idea that there was not going to be a back to normal. In fact, it wasn't really clear what was happening in terms of the scientific community at that point.

I want to move on to the second story. I already did one, it's great.

Now second story, a business story, is that December 12th, 2019—which is about three months before the pandemic was declared by the WHO [World Health Organization]—we

have a legal agreement, a material transfer agreement between the University of North Carolina at Chapel Hill, Moderna, and Fauci's NIAID [National Institute of Allergy and Infectious Disease]. And they were testing the mRNA corona vaccine candidate and this coronavirus vaccine candidate was a joint venture between Fauci's NIAID and Moderna. And the University of North Carolina received this for animal challenge testing. Here's the most well-known, prolific coronavirus spike protein researcher Ralph Baric signing this agreement. The patent holders of the spike protein that was used to create the vaccine—which has a long history and patent history, which I put links to there—was signing this. And Moderna signed.

So it's a work that was happening before. Now what does this mean? We can't really dive into that right now but just to say that, "Hey, look. Again, business was leading the way." This is a business agreement, right? To do some business.

The third business story I want to tell is that billions were spent to market a lockdown. Some of you remember the NHS's [U.K. National Health Service's] Stay Home, Save Lives campaign. There was the same type of messaging through the world, actually. Campaigns were used, "Look them in the eyes and tell them to always keep a safe distance." So quite in-your-face, hard-hitting advertising. This advertising was created in an agreement in the U.K. with the world's top—I think it's near the top—marketing agency called Omnicom, on March 2nd, 2020.

So that means they were in discussions in February to sign an agreement on March 2nd. That's all before the pandemic was declared on March 11th. There's a marketing business event happening before the pandemic started. And what's really important to note if you're an epidemiologist is: look, on March 3rd, the day after they signed a contract for lockdown or stay-at-home campaigns, there was only four cases in the U.K., and that's 68 million people, and there were zero deaths. So the U.K. spent more than even World War II on an ad blitz—proportionally even more, accounting for inflation, than World War II—to market lockdowns and the sort of measures they wanted to take. And by the way, those measures were discussed at Event 201 in October 2019.

We could go into some of the agreements that were signed: the HHS [Department of Health and Human Services] in the United States signed $1 billion dollars for advertising;

[00:10:00]

$328 million with the Omnicom Group for "Stay Home, Stay Safe," et cetera. You can see this. Nations spent heavily on lockdowns.

Now we're going to move to the science. You've kind of got three business stories that I think, for those interested in science or in academia, they could look into those more. It's a little bit of a push to spend more effort on this. So now to the science. Now the science was obviously being—had not advanced. So now we have Neil Ferguson. I won't go into the full story, but he's a modeller who's had some bad successes in the past. He works for Imperial College. And his Excel file went around the world.

He had Imperial College, which is heavily funded by a private foundation called Gates Foundation. He created an Excel file and that Excel file went around the world. And it said something that's quite dangerous: It said that we were going to have unmitigated, without lockdowns, which he was saying we needed trying to sell lockdowns— In Canada, we'd destroy Halifax, the equivalent of Halifax, in months. In the United Kingdom, it would be like 489,000, you can see their deaths. This is the Excel file, there's a link to it. And in the

United States, there'd be 2 million deaths—and we're talking about in months. Like, that would be like the city of Houston.

And so obviously that kind of a scientific message from an individual somehow—and we think it's through WHO and all the national governments— scared people. If you're going to destroy Houston, well, you probably should lock down. So that's the first scientific story. There's a lot more to dive into there, but I think you need to know that that's what actually happened.

So now we're going to go to the fifth story. We're advancing at a good pace here and I'm going to slow it down a little bit. The last two pieces, these two things are a little more technical. But everybody can understand these, so I'm going to go a little slower. And if everybody understands this, you're going to be 99 per cent ahead of all the scientists and all the physicians on the earth—probably 99.99 per cent, to tell you the truth.

We're going to go through the PCR test first. And the PCR test caused mass medical confusion. You've probably heard of this during the last few days, and I know many of the speakers have touched on it. We're going to understand a little deeper and a little more visually. And you're going to get it.

So first, you know that a virus is like computer codes; it actually is a coding system. This screen is all these letters that are proposed base pairs for coding for the length of the viral virus RNA, this proposed coronavirus. We can't find them. We actually have no technology to find them very well, at least not at mass scale. What they actually do is they find this PCR test that finds a little bit of a bigger thing and say, "Well, if I find that, that's indicative of the big thing." And that's already a bit of a hint. You're not actually looking for it, you're looking for something that looks like the thing you're looking for, right? Sort of like, a bit of a clue.

When you do a PCR swab, it's important to note: there's billions of DNA bases in that swab. If you took all those bases like a code and overlay them all and put them over seven million kilometres of highway in North America—so that's how much is coming in that little swab. DNA is really small and RNA is really small. Then how much would the PCR be looking for? We would be looking for, like, a 50-metre section of road in seven million kilometres. So we're looking for something very small. And like I said, the virus is a lot smaller; it's like 15 kilometres. We're only looking for a 50-metre section and saying, "If we see that in all that stuff, we really have a virus." What's interesting about that is, obviously that's really difficult. We can't really look with a microscope for something that small.

So what PCR is, this is what you really need to know right here: it's just a photocopier. If I take one page and I photocopy it and I get two pages, and I collate them, and I photocopy again, what am I going to get? I'm going to do one, two, I'll get four. And I take all four and photocopy each one again, I'm going to get eight, right? So we get this doubling idea, which is what PCR is. It's a photocopier just like this one, except it's doing it with this little thing I found. Let's photocopy it, make two. If I make two, I make four; and I make four, I make eight, and that's the two to the power.

[00:15:00]

If you do that 35 times, you've lined up 35 photocopiers; you'll get 34 billion viral PCR segment copies. Now really, it becomes DNA copy. It's not the virus—remember that. And if you have 35 billion of something, you can imagine: well, now you can maybe see it. And you can because they sort of tag it with a light emitting element, a chemical that is going to light

up. So basically, that's how PCR works. It works by taking something small and making it really—amplifying, amplifying, amplifying, photocopying, photocopying, photocopying.

What's the result of that? The result of that is that you take one: if I have one of these little pieces in my nose and if I duplicated that through that doubling 24 times, two to the 24[th power] is 16 million. Okay, does that mean you're sick or not? Well, actually nobody could say on the earth. If I have 60 fragments, those little 60 pieces, and I do that 24 times, I have a billion. Am I now positive? But if I have one and I do that 30 photocopying duplications, I get a billion. Oh, and is that—?

This is not a test. This is a duplication thing that through some interpretive event says, "Maybe that's a positive; maybe you're sick, maybe you're not." It's not a diagnostic test of sickness. So that's one of the first and early confusions. And obviously it was sprung across all the physicians who, "Well, I guess the test works." But they don't really know the science of it, right? Because they don't go to school for this: this is molecular genetics; it's not something they're really familiar with.

And so really, we don't really know— With this test, the problem comes about that this duplication process, we don't really know what is true or not.

Because of that, you have a lot of ways that this can be a false positive test. For example, if a kid breaks up the virus really quickly in his nose and he gets these little fragments, his snot will be positive, potentially for 90 days. That's a false positive. If you walk into hospital Tim Hortons, let's say, and you're in the coffee line: someone sneezes and a little fragment goes in your nose, the virus or even a broken piece of it, then you'll be positive. And you're going to the hospital for something. So you could actually be there with another illness, but now you're positive because you were in the hospital coffee line. Well, that's not fair.

And of course, poor lab processes lead to contamination and that happens. And then high amplification leads to bad protocols—which we can't even get into, there's so many ways that can happen. With the reagents and different temperatures. Then you can just amplify the wrong RNA or DNA. You could actually have—and some people said you could make something that's—you know, a brown trout matches, has sequenced like the one that they're looking for in the PCR test. Now is brown trout in your nose? Well, probably not. But maybe. All right, we're talking about little small elements of it.

There are many ways to get false positives. We're not going to cover them, but here's two scenarios that happened that impacted all of us. Fifty kids in a school—or all the kids in the school—are tested, but they're all exposed a month ago. None were ever sick. Their natural killer cells broke that virus up, let's say, and there are little fragments in there. You go to amplify them and they're positive. Now you've got 50 quarantined kids that have no **infection. And that can happen up to 90 days after they were exposed. And so for example, if you— That is unfair because you quarantine truly healthy people because of a test that's really very iffy. It's not a test of sickness, right? It's a test of viral pieces.**

The next thing that can happen is that our patient, like I said, goes into the hospital, short of breath, viral fragments in his nose; he's lined up in the coffee shop. He goes for a PCR test so they can start treating him. He tests positive. Now he's in the COVID funnel. And maybe he gets remdesivir because they think he's a COVID patient. And maybe he gets put on a ventilator because he's now tested positive. So now a whole protocol gets enacted because of a test that's not even diagnostic, a real test, itself. This is sort of like a factory system, right? And medicine has to kind of work like that, but when you put a new technology in, it

doesn't always work well. And trust me, I've done— I've built FDA [Food and Drug Administration] products in the world, so I know about safety.

Okay. I can't go into all the details. There's so much here you can see I've put links to. But what this means for us is that all COVID statistics are uncertain and overstated: We have studies used to show 50 per cent, some doctors say 90 per cent. In certain cases, in certain times, right? This is a complex thing of when,

[00:20:00]

what PCR tests. There's many vendors: some PCR tests could be completely bogus; some may be cycled less; and so, there's, you know, the number of false cases will be 50 per cent.

What that means is that we don't have any good data on cases, hospitalizations, and deaths. We know they're overstated. What would have the world looked like if there was far less cases? Would they have been able to— Would the fear have been instilled as well if there were less cases? No, absolutely not. Because the more you test, the more you're getting cases; just from the false positive rate itself, you could create a steady line of positives.

Okay. What we want to say next is: the vaccine was never going to work. So now we're going right into fundamentals. We don't have to— We can debate about statistics and we'll get into that a little bit, but what really we need to know is that when you inject into the arm, you make something called IgG blood-borne antibodies. You see that little guy with the hat? He's orange. Those antibodies are in your blood; they're circulating, I just get a portion of his body.

Now, when you get a natural infection in those cells, you get IgA antibodies. That vaccine can't put those IgA antibodies in your mucosa, which is where you start getting infected. You don't get infected in your arm, right? It goes through your mucosa and that's how the system's designed to block this. Basically, what this means is that the injection could never make IgA antibodies in your mucosa—nose, throat, intestinal tract is also mucosal entry point. So it could never stop infection; it couldn't stop transmission because that thing will never make the things you need, the IgA in your mucosa. So by first principle, it was impossible. And of course, Gates now admits that.

So how did they get efficacy? And everyone's wondering this and you're going to get the answer now. How did they get efficacy from a vax that couldn't work? How can they say "95 per cent" when you know that it couldn't even work?

What's happening here is that, when you get injected, it's an immunosuppressant, right? There's foreign technology in that shot. People have talked about polyethylene glycol and **cationic lipids. And that stuff, your body's immune system is like, "Oh, that's a foreigner. I'm going to attack that." What happens is you get the immune suppression and you'll potentially get sick—especially if you're exposed. Or it's already there and you've already had it, but now you're actually weakened and now your immune system can't fight it off. So COVID cases rise after the first dose and after the second dose. We kind of can get that because it suppresses your immune system.**

You get injected, you get a little bit of a fever—Israel had data that it was happening en masse to the whole population. I have to go back and look at the numbers, but it was well-documented this happened. And it has to happen because you're injecting a foreign item in your body. So all we have to do to get efficacy is withdraw those people who get that after the first week or second. Don't count those people, right? That's what happened. In some

studies, they call them "partially vaccinated"; in some they're "unvaccinated"; and in some they're actually—and I'm going to show you in the Pfizer study—we believe that some of them were just completely trashed. Like that data is not used, so they're not in the study, ejected from the study.

Let's look at the Pfizer data, which is the only— Remember, this is the only randomized control trial we have. We have 311 withdrawals in the vaccine arm and 60 in the placebo arm. Well, why would that be? Why'd you have five times more withdrawals? They call it protocol deviation. Let's say that we were injecting people and those 251 people got the— 311 minus 60, right? The vaccine had this many withdrawals. With the placebo, it's only 60. It's 251 that were just removed. If we take those 251, say, "maybe some of them got sick." Let's pronounce it: "They got sick, they got a fever, and the protocol said they have to be removed from the study."

So then what does that mean? That means that on the left, we're being told the vaccinated sickness was 9 in 169. That's actually the numbers. That's how you get— Over 18,000: you divide those numbers, you get 95 per cent, right? If you put those people back, the 251 and the 9, you have more vaccinated getting sick than placebo. You have negative 53 per cent efficacy.

[00:25:00]

I'm saying on the left is what's published, on the right is what's likely. We would want— We'd have to go back and get all of that data, all of the site's data. And what each person would happen to them out of the 260 that we're saying were perhaps withdrawn because they got sick in the first few days.

But we don't actually have to even look there. We have good published data that show this is actually happening for sure. The Government of Alberta proves that the newly vaccinated are at risk but counted as "unvaccinated." So here we have—and they published this—time from immunization date to their COVID diagnosis. And these are the first 14 days. You can see that the graph goes way up the first 14 days. These are the deaths.

So you inject someone and they die. And I'm not saying causality. But if they die in the first few days, what's important here is not causality: it's that they're removed from the study and put into "unvaccinated," right? That's what's important. The first 14 days, they're considered unvaccinated and all other days they're considered vaccinated—even though they're all injected. So when we look at their data, 56 per cent of the deaths were in the first 14 days and 44 per cent of the vaccinated deaths were in the other days. So these people are being put into the wrong bin.

If we look at Ontario, and this is right from the website: "Unvaccinated cases," by definition, are "where symptoms started between zero and less than 14 days after receiving the first dose of a COVID-19 vaccine."

This is the world's biggest problem right now. This is it. This is right into the heart of it. Because you don't have to debate statistics and say, "Well, this study shows that." If you rerun all the data—and I'm proposing that scientists do this—rerun all the data thinking about this and saying, "Well, we've binned them this way. What if we binned them the other way? What if we consider them actually vaccinated if they got injected?" This is the source of the distortion.

And there's studies coming out and people trying to talk about this. Thirty Sweden doctors published pushback on distorted mortality data in Sweden. And that link is on the bottom right. Like I mentioned, there's lots of links in this presentation that I didn't cover that you should look at.

Okay, so that covers all the six stories. The breadth of it is that there's a business cycle that's happening first, and then the scientific cycles coming, happening. It's really, there's vaccine cycles coming. And that constitutes, I think, the most important things the public really needs to understand and go, "Oh, wait, that's kind of really a bit confusing and that's not really telling me how it is."

I want to leave with a sort of an optimistic future. My key point is that if people are being sickened by this vaccine technology, then we have to reconsider: is it really ready for prime time? That's going to be up to many other people to do that. But we have to sort of be aware and mindful that potentially the statistics are leading this way—if we rerun the statistics, which we have to rerun.

But the optimistic future I want to leave is a perspective about, we're kind of under-appreciating something scientific. Not just a little bit, a lot under-appreciating something that we all believe. I think really the heroes of this, really the potential way out of this— I think, and this is the big reveal: we have a pretty amazing set of fighting systems, probably the world's greatest army we have. And it's broad and it's got a lot of pieces to it.

We have natural killer cells, which children have in some studies, five times greater than older adults. We have T cells. No one's talking about, "Hey, how many people were immune already from T cells? How many people were immune from natural killer cells? We have a lot of technologies that are already built, purpose-built for this.

The optimistic message is that if we can keep ourselves healthy and really appreciate what we already have— We need to rerun statistics but, you know what? We were actually good. And secondly, we should appreciate that, look, that T cell right there with the sword: If he sees foreigners, if he sees mRNA technology in your heart, his job is to destroy it. If he sees that in your brain, his job is to destroy it.

So you need to be more careful what you're putting in and saying:

[00:30:00]

Look, if this is causing your immune systems to fight and damage, you're fighting yourselves, right? We need to be on side with "Hey, this is, by estimation, $100 trillion technology." I don't even think mankind could recreate it. And it's extremely complex. One of the most complex systems on the earth are the way all these characters work together. I haven't even talked about neutrophils and macrophages and mast cells and B cells and helper T cells. And there's a lot of pieces, right? And we're not even talking about the complement system.

But I think, and sort of leaving it here, that if we're able to really appreciate and re-look at this scientifically—I mean physicians and scientists and the general public—we're going to come to, "Hey, we're actually good." When we look back, maybe things could have been a lot different.

Thank you for your time. And if there's any questions, I'm happy to take them.

Wayne Lenhardt
Are there any questions? Yes, Dr Massie.

Commissioner Massie
Well, thank you very much for this very lively presentation showing some pictures that are probably easier to grasp for most people. My first question is about the analysis that you show in terms of, I would say, reframing of the vaccine efficacy.

I've been following that literature for the past two years. My question to you is: When is it exactly, to the best of your knowledge, that we had initiated some suspicion about the data that was coming from the initial, I would say, advertisements from the pharmaceutical companies that we were getting these somewhat interesting protection levels in terms of efficacy? When is it that we started to question that?

Navid Sadikali
Well, I can only speak to my personal experience. That for me was quite into 2021 already. Because everyone was looking at the Pfizer data. I was in a sort of private scientific group. I don't think it's a big deal to say that people like Dr. Jay Bhattacharya was in that group. And we were discussing things. He wasn't discussing this, by the way, I'm not saying he was. But I was discussing with some other scientists, two others, and we were rerunning numbers. And we were like, "Hmm, that's really weird. And maybe that's all that's going on, is just binning things inappropriately."

I think that for the general public, they're probably still confused, like, "What did he say?" I'm going to say it very clearly now: If you injected everybody, right now, with a statistic run today and everybody died, you would have 100 per cent vaccine efficacy against death. Okay? That's how obvious this is. We don't have to look at nuances of things, this is extremely simple. It's a built-in bias in the statistics.

And you're like, "Well, how did that happen?" Well, I don't know, but I'm not the one who created these studies, right? Those pharmaceutical companies—they're very good at design of the studies to show things that they would like. So maybe that was by design. It has to be by design; someone designed the trial length.

To answer your question though succinctly: that was definitely in 2021. Maybe somewhere in 2020. I wasn't really looking in 2020. It was December when the Pfizer thing, I think, was released—and there was this study earlier than that. But anyway, 2021 is my answer for that question.

Commissioner Massie
My second question has to do with what you've shown, which I think now has been demonstrated in many studies, that with the mRNA vaccine, there are a number of ways that we can postulate that this injection will actually suppress the immune response for a window of time immediately following the injection. And that results, as we've shown in the data, in increased numbers of positive COVID infections. But the DNA vaccine with the adenovirus, would it be Johnson & Johnson or AstraZeneca: I haven't seen data that would show that following the injection, you would have this window of increased number of cases. Have you come across data like that?

Navid Sadikali
Well, I haven't run this for their trial, so that's what the first thing to do is. And the most important thing we can do is, it's like, these are randomized trials. So why don't we get the data? That should be the best data we have on the earth,

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and every patient should be tracked, and we should know everything about everything that happened.

As you probably know, in some of these cases, some of these farmed out institutes had bad record-keeping and protocol deviations from their own protocols, and there's lots of things that happened there.

But I would say that the first place to start would be to have people look at the actual RCTs [Randomized Controlled Trials]. So I can't say I've seen study on the other types of vaccines with respect to the same, but I would suspect that they have adjuvants and they're going to do the same thing. The adjuvants, their job is to drive the immune system.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any more questions from the commissioners? No. Okay on behalf of the National Citizens Inquiry I want to thank you very much for your interesting presentation. Thank you again.

Navid Sadikali
Thank you.

[00:36:24]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 9: Kimberly Warren
Full Day 3 Timestamp: 06:21:29–06:35:24
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
Good afternoon, Ms. Warren. Can you hear me?

Kimberly Warren
I can.

Kassy Baker
Very good. Just to start off, can you please state and spell your name for the record?

Kimberly Warren
Yes, my name is Kimberly Warren, K-I-M-B-E-R-L-Y, last name W-A-R-R-E-N.

Kassy Baker
And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here this afternoon?

Kimberly Warren
I do.

Kassy Baker
Very good. Now, I understand that you're here to talk to us about your vaccine injury. Is that correct?

Kimberly Warren
Correct.

Kassy Baker
Before we get into that, can you just please give us a little bit of your background information, including your current area of employment—which was also your area of employment when you were injured?

Kimberly Warren
Of course. I work at two hospitals. At the time of first vaccination, I worked at Groves Memorial [Community] Hospital and the Orangeville Headwaters Health Care [Centre] hospital.

As of the third booster, we moved to Ottawa. I work at the Ottawa Hospital General Campus and Queensway-Carleton Hospital. I am a medical administrative assistant in one of my roles. And the other role, I am a ward clerk.

Kassy Baker
Now, when you received the first dose, can you give us the reason why you received it?

Kimberly Warren
I'm sure, as everyone is now aware, health care workers were forced to have all vaccines in order to keep our employment. And many people were escorted out of our facility due to not complying with that mandated vaccination rule.

I of course was not in a position to lose my job and I complied.

Kassy Baker
I understand. Sorry, it's just come to my attention that we don't have your camera on. Are you able to turn your camera on?

Kimberly Warren
Let's see if I can do that.

Kassy Baker
Thank you. It doesn't appear to be on. Can you still hear me?

Kimberly Warren
I can and I can see you.

Kassy Baker
You can see me. In the bottom left-hand corner is there a little video camera that you can click? Should be next to the microphone.

Kimberly Warren
Yes, can you—?

Kassy Baker
I'm just looking at our tech team. I don't think we have you up yet, but perhaps I will continue at this point.

You've described to us the circumstances under which you received your first vaccination. Can you tell us when you received the second?

Kimberly Warren
Yes, so first vaccination was January 7th and then approximately just over four weeks later, February 11th, 2021, was the second. And the booster followed November 23rd, 2021.

We were one of the very first people that were given the vaccine due to being health care workers. And I worked at a COVID testing clinic, so we were sent among the first groups. After our elderly were sent, we were then sent in our area.

Kassy Baker
When you received any of the vaccinations, were you at any time told that there could be risks associated with the vaccine?

Kimberly Warren
No.

Kassy Baker
Were you at any time asked if you had any pre-existing medical conditions?

Kimberly Warren
No.

Kassy Baker
And do you have any pre-existing medical conditions?

Kimberly Warren
I did. Yes, I have pre-existing chronic kidney disease, CKD.

Kassy Baker
And just for the sake of clarity: your third dose, was that also required by the mandate? Or did you choose to have it?

Kimberly Warren
The third dose was not. We just kept getting all this—I don't know what the word is to call it—propaganda? But we kept getting emails saying that we all needed to have the booster.

The third was not mandated, however heavily suggested. And we kept getting a lot of internal literature on getting the booster.

Kassy Baker
Okay. And did you ask any questions when you attended any of your vaccination appointments?

Kimberly Warren
I did not. And in hindsight, I don't know if I would have gotten the answer I was looking for at that time anyway. To be quite frank, I went along with the narrative that this was a safe and effective vaccine and that it was required for me to keep my employment.

Kassy Baker
Okay. Now I understand that shortly, or sometime after your third dose, you started to have some complications, is that correct?

[00:05:00]

Kimberly Warren
That is correct.

Kassy Baker
Can you describe those to us?

Kimberly Warren
Yes. Since the series of three vaccinations— So after the booster, within 48–72 hours, I was having hematuria, so blood in the urine; and proteinuria, signs of that, which is foamy urine. And I was just feeling very unwell, fatigued. And I just knew something was wrong, but I didn't exactly know what. And, you know, you attribute it to— At this time as a health care worker, we were working more than 40 hours a week; we were working more like 60 hours a week. So I just attributed it to, you know, my workload.

And it was the morning— December 15th is when I was hospitalized. So that morning, I had called my nephrologist because I was in so much pain that I could hardly take a breath. And the bleeding was so— I really had no idea kidneys could bleed the way I was bleeding. I thought it was another problem, like a female problem I was having. I had no idea kidneys could bleed like that.

When I called my nephrologist, he immediately told me to get to a hospital ASAP. And he had already sent over all my file so it was there and waiting for them when I went into triage.

Kassy Baker
These symptoms that you've described: have these abated at this point or are they a continuing issue for you?

Kimberly Warren
No, they're a continuing issue. I always now have gross haematuria and proteinuria. This is a permanent condition now that will require dialysis and transplant in my future, 100 percent.

Kassy Baker
Were you able to continue working through the early stages after your third vaccination?

Kimberly Warren
I was off work for over a year: December 15th, 2021 to February 6th, 2022 I was unemployed.

Kassy Baker
Have you reported this apparent injury to your doctor and/or any other medical body?

Kimberly Warren
Yes. I was quite fortunate that my doctors immediately recognized that this was a vaccine injury. They had ruled out via CT scans, blood work; I had a kidney biopsy. During this series of three vaccines, I've had two kidney biopsies.

So with all that information, my doctors, thankfully, did report it as a vaccine injury. So I was very fortunate in that regard.

Kassy Baker
And to which body was the injury reported?

Kimberly Warren
It was reported to the Adverse— So the Ministry of Health, Public Health. My doctors filed a report of adverse events following immunization under the "special interest" category because it's an acute kidney injury.

So that report was filed off through Public Health and they also signed the paperwork for me to continue my claim with the Vaccine Injury Support Program.

Kassy Baker
And I understand that if your claim is accepted, the Vaccine Injury Support Program could potentially provide you with some compensation, is that right?

Kimberly Warren
That is correct. And this is where this journey takes a very wrong turn.

Kassy Baker
Can you please tell us about that journey?

Kimberly Warren
The Vaccine Injury Support Program and their exact wording is that, "The board considered the emerging evidence around flares of IgA nephropathy in the context of exposure to mRNA vaccines and a plausible biological mechanism for this. Although no definitive causality has been confirmed, the temporal association with this patient's flare of IgA nephropathy in the context of vaccination does suggest a causal association between the flare of IgA nephropathy and vaccination."

What this letter in essence says is that the medical review board themselves has determined, in fact, this is— They have concurred with my doctors that this is a vaccine injury. So they have taken on that ownership, that responsibility that this is a vaccine injury. However, they then—

Kassy Baker
Sorry, can I interrupt you just for one second? I just recognized you read a portion from a letter that you received, which I do have a copy here in front of me.

And I believe— It's not dated but it's entitled Appendix and the letterhead indicates that it's from the Vaccine Injury Support Program.

Just for the sake of the record, can you confirm that that is in fact what you have just read from?

Kimberly Warren
That is correct.

Kassy Baker
Okay, and we will enter that as an exhibit for the commissioners to read at their leisure later [exhibit number unavailable].

I'm sorry for the interruption. Please continue.

Kimberly Warren
That's okay.

[00:10:00]

The very next sentence, they go on to say that "fortunately this flare did not require an initiation of an immunosuppressant therapy and her acute kidney injury was managed with hydration."

And I'd like to point out that is in fact false. That is a false, inaccurate statement. They had all my medical records. I also, as a medical admin, have all my medical records. And I was definitely put on an immunosuppressant therapy. I was put on high-dose prednisone, steroids. We had a conversation, also documented, and I have the paperwork, that I had a choice of going on a chemo drug—so a chemo radiation type of drug—to enhance, to have a remission of my IgA nephropathy, or I had a choice of this high-dose steroid. And between my nephrologist and I, we decided that we would go with the immunosuppressive therapy as my treatment in order to, hopefully, get a response.

However, that did not happen. I only got a partial response after being on steroids for seven months, so this is a permanent vital organ injury.

They also stated during their medical review board—this is the Vaccine Injury Support Program—that there was no evidence of progression. Again, false. I have had two biopsies. My official diagnosis is IgA glomerulonephritis with cellular crescents and necrotizing lesions.

Take note of the word "necrotizing." That's a scary word when we're talking about a vital organ. So my diagnosis is permanent and that is evidence of progression. And they also said that I was put on prednisone for my inflammatory arthritis. And so they took—

Kassy Baker
Sorry, sorry. I'm just, we're very, very short of time here.

I just wanted to clarify for the record: at what stage is your appeal in currently?

Kimberly Warren
Well, I am in the appeal process. I have sent the appeal in as of January of this year. And the last email I received was that they "did not have doctor availability."

So they are pending doctors to have an appeal, which I also find quite ludicrous, that we've got a support vaccine injury program set up and we don't have doctors ready to review people's medical records when they've appealed. I cannot believe that.

Also the Ministry of Health: When my adverse report was sent to them, they also came back and claimed that it was okay, that I could go have a fourth one. There was no change to my immunization schedule. And my doctor had signed, saying that this is an acute kidney injury and that I was still undergoing treatment, that there was not a resolution to this situation.

My GFR [glomerular filtration rate] kidney function sits at 33. Every time I've taken one of these vaccines, I've taken a hit on my GFR by about 20 points. And when you get a GFR of 20, that's dialysis and transplant. So at 33, if I go get a booster, I am 100 per cent within three days on dialysis and on a transplant list.

I'm not sure where the disconnect is between public health and what's best for a patient in my circumstance. And how did they come to this conclusion without the medical documentation? How do they just say, "It's okay, I can go have a fourth shot."

Kassy Baker
I understand. That actually is the end of my questions, but I would just like to ask the commissioners if they have any further questions for you. We do not.

I would just like to thank you so much for your testimony here today on behalf of the National Citizens Inquiry.

Kimberly Warren
Thank you.

[00:14:12]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 10: James Lunney
Full Day 3 Timestamp: 06:35:37–07:04:42
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is James Lunney. James, can you please state your full name for the record, spelling your first and last name?

James Lunney
James Lunney, L-U-N-N-E-Y.

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

James Lunney
I do.

Shawn Buckley
Now, you have had two, I guess, careers. You started practising as a chiropractic doctor back in 1976. And you practised as a chiropractic doctor for 24 years.

James Lunney
Yes.

Shawn Buckley
And then in the year 2000, you entered politics and became a Member of Parliament for the Nanaimo–Alberni riding, and you were first elected as an Alliance MP.

James Lunney
That's correct.

Shawn Buckley
And then later, when the Alliance Party merged with the Conservative Party, you were a Conservative MP. And you served as a Member of Parliament for that riding until 2015.

James Lunney
Correct.

Shawn Buckley
And then at that time you just resigned from politics altogether. You didn't even run.

James Lunney
I retired—five times undefeated.

Shawn Buckley
Right okay. Now I will let people know, I'm familiar with Mr. Lunney because—I don't even know, is it two decades ago? Where we met and you introduced Bill C-420, an *Act to amend the Food and Drugs Act*.

James Lunney
Yeah, it was before 2004 because it was the first term for me.

Shawn Buckley
Right. And just so— People aren't aware, so that was an act I had drafted to amend the *Food and Drugs Act* to protect natural health products. And Mr. Lunney has been a champion in Parliament literally for decades in the area of natural health and trying to protect our health rights and our access to natural health products.

James, you are here today because you want to share with this Commission your thoughts on vitamin D and how that played a role in the COVID pandemic and how we should be addressing vitamin D issues going forward.

James Lunney
Exactly.

Shawn Buckley
You have a presentation. I'm just going to let you launch in. And I'll let you know if we start running short of time.

James Lunney
The title is, you can see, "Vitamin D3 and COVID, Canada's Response." A lot has been said about vitamin D. And I hope today to give you a different perspective, an aspect that hasn't been discussed. An aspect that hasn't been caught by a lot of the good doctors because they trust the data that our regulatory authorities, all that Health Canada puts out on a variety of subjects, as authoritative.

I have three objectives here today.

One, to briefly talk about the importance of vitamin D in human health and the pandemic. But to talk about the serum levels that determine the outcomes. Your blood level is what determines the outcomes. And that's going to vary for individuals depending on your body size and the tone of your skin—I'll get to that in a minute. But the failure of Health Canada and the Institute of Medicine, which is now known as the National Academy of Sciences, to protect the public interest. And that's a real phenomenon, I'm afraid to say.

So just a quick thing about vitamin D. Look, here's an example. There's three bottles of vitamin D there. On the left is what Health Canada was permitting in Canada. It's a thousand international units (IU). That was based on an analysis of 600 to 800 and being generous, they rounded up to a thousand IUs. In the middle is a bottle you can pick up in the United States but not in Canada. At the bottom, if you can see that: on the green bottle, there's a tiny little soft gel there. The middle, 5,000 IUs and then on the right, 10,000 IUs, which are available in the United States but not in Canada.

I just wanted to say that some people might think: if Health Canada actually recommends 4000 IUs as max, that 10,000 might be a lot. Or when the French Academy of Medicine recommends 100,000 IUs to shut down the acute respiratory distress syndrome that could put somebody on a ventilator, that sounds like a lot. But I tell you what: if you knew what an IU is you might get a different perspective. The actual data has been challenged by these two research groups that met with Health Canada. And I'll want to detail that.

But the first thing I want to say is that who is most vulnerable has not been understood. And many of our good doctors that are speaking about vitamin D and saying 5,000 is part of a recovery program.

[00:05:00]

Well, for the dark-skinned people in Canada—and there's quite a few now and more coming all the time—Health Canada denies that skin colour makes a difference. And it does.

And I'll get to that.

But I'll just say up front: if I fail to get this across, I will have failed in my mission to get some information across to people, so I hope you understand this. And that is, the dark-skinned people— For example, *British Medical Journal* wrote it up first: Sweden didn't lock down and forty per cent of the early deaths were Somali immigrants, equatorial people, the darkest skinned. They were working with the mothers, beautiful dark-skinned young women, but if they'd been in the U.K. long enough to go through a winter season, your D depletes by, 35 to 42 days, fifty per cent.

Shawn Buckley
James, can I just slow you down for a sec? Because some people might not understand that vitamin D is a vitamin that the human body manufactures. And we manufacture it when we're in the sunlight. So when we're in the winter in the northern hemisphere, we're not getting much sunlight. For several reasons: it's cold and we're all bundled up and then we're in the northern hemisphere. So some people might not understand what you're trying to explain without understanding you need to be out, you need to be in the sun to actually have healthy vitamin D levels if you're not supplementing.

James Lunney
Thank you for clarifying. Exactly. We've turned away from the sun for a good part of the year in the northern climates and your D, without supplementation, will deplete by 50 per cent every 35 to 42 days, depending on your body size.

Shawn Buckley
And if I can also interject. And you may want to just explain that vitamin D is an essential vitamin for the healthy immune system. So we hear about vitamin C, but when you're going to be relating that people are getting sick by not having D, I think you need to back the bus up a little bit and explain why it's important.

James Lunney
Thank you.

Well, vitamin D drives at least 2,000 genes that are known so far. And they're involved in, so far we've identified three systems: the immune system, inflammation management, and glucose metabolism. And those three systems together are most of our chronic illness. So your blood level of vitamin D is crucial. It'll be different depending on your body size, how much body fat you have. I'll just move ahead, but thank you for putting that out there.

How do I know about this file? Well, I had a bill on vitamin D. I may get to it, I shortened my presentation and put the most important stuff first, but I would have established all these things if we had more time.

This reports here—Dr. Malone, you all know. This is a doctor from Italy; this is March. Now that COVID is over, these guys disregarded the advice from their regulatory agencies. They had a friend working in Africa who was getting brilliant outcomes. Even in Africa, there were some COVID cases where there's brilliant sunlight, but anyway, "We treat COVID at home and the mortality rate is almost zero."

They had 6,000 cases. This network of doctors, they called themselves after Hippocrates. They just followed their oath to do no harm and to keep the patient's interest first. Six thousand patients so far, at the time this report was written; mortality is practically zero. And this is Dr. Paolo Martino Allegri. And the oldest patient they treated was 95 years and they were working on somebody who's 98 with very promising results so far.

Dr. Malone put this out in his Substack. This is a quote from Dr. Malone: "Mortality risk correlates inversely with the vitamin D3 status, and a mortality rate close to zero could theoretically be achieved at 50 nanograms per millilitre." And that's American measure. In Canada, we use nanomoles per litre [nmol/L], so you have to multiply by two and a half. So that's great. At 125 nanomoles per litre, you could have zero.

And I should ask, I wonder how many people in this room have had their blood tested for vitamin D levels? I see a few hands back there. Those are informed people. Did you have to pay for it? Yeah, we have to pay for vitamin D testing. And somebody just told me in Ontario now it's $140. So that's a disincentive, I would say. You need to know what your numbers are because it'll depend on your body type. And vitamin D is fat soluble, so if you have extra weight—including me; I'm losing some weight—it's fat soluble. Some of that vitamin D will be parked in the parking garage. It will not be in circulation to help the cells that need it around the body.

Okay, so this is Dr. Malone. He says in his own words, "How many people could have been saved from just having their levels of vitamin D3 brought up to 50 nanograms per mL, or higher?"

[00:10:00]

We knew about vitamin D3. It really didn't take a randomized clinical trial to understand the link between D3 and RNA respiratory virus morbidity and mortality. Vitamin D will shut down respiratory viruses in the lung. It produces specific antiviral peptides and antibacterial peptides, meaning it actually would work for tuberculosis in a respiratory way. IF you have enough in your body. And most people in Canada are low. I'll get to that statistic in a second.

Okay, so early in 2020 as COVID terror circulated the globe, you can see this, reports from all over the world: severe infections, hospitalizations, and deaths attributed to COVID-19 directly related to the serum levels. Now I mentioned this: in Sweden, 40 per cent of the early deaths were Somali immigrants. I checked afterwards with the U.K. Very early in the pandemic, 25 per cent of the early deaths were Middle East and Southeast Asian, they have a lot of—

Shawn Buckley
I think I need to stop you again so that people understand. We've established that you need sunlight on your skin, actually on your skin, to make vitamin D. But the darker skinned you are, the pigment prevents the sunlight from getting through, so it's harder for you to make vitamin D. When you're speaking about people that immigrated from Somalia, it's because of their dark skin; they would need way, way, way, way, way more sunlight to get anywhere near that amount of vitamin D that a Caucasian person, a lighter-skinned person, would manufacture. So that people understand the meaning of what you're saying.

James Lunney
There's nothing wrong with their beautiful dark skin, it's just that that's population genetics at work. They had to upgrade the melanin production in order to protect themselves from too much sunlight that could damage the DNA. And we pale-faces come from northern climates. We had to down-regulate the melanocyte production in order to let enough sunlight in to be well. So 90 per cent of our vitamin D does not come from food, which is what Health Canada puts out there. They dismiss the importance of the sun because they're keeping us safe. The secret with the sun would be, don't burn.

This is an important thing I want to get to here. The vitamin D recommendations were made in error. It was 2010-2011, I could pull that right off the Health Canada website; it's still there. On November 30th, the recommendations came out. There were 14 experts on the panel. The data they analyzed showed 600 to 800 IUs. They limited the study to bone

health and ignored all the data that was available on autoimmune diseases being down, cancers being down, heart disease being down, mental health being up. There was lots of literature then, but the study was restricted to bone health.

Anyway, since then, scientists from the University of Alberta, University of California San Diego, and Creighton University took another look. And they found there was a problem. The problem was the data, even limited to bone health, that they reviewed showed the average person needs 6,000 to 8,000 IUs, not 600 to 800 as they proposed.

Shawn Buckley
You're meaning daily.

James Lunney
That, as a full order of magnitude, is a significant mistake. Now everybody makes mistakes. But I will witness to this because I had a bill on vitamin D that I introduced in 2012, and the top vitamin D doctors came to Ottawa May 4th, 2014 to try and persuade Health Canada to fix the mistake they made. A total of 15 doctors spoke in turn and Health Canada was represented. The man seemed rather stressed through the day.

At the end of the day, a woman went to the microphone—I found out later she was his boss—and she said, didn't the people in the room realize how hard Health Canada had been working to figure out how much vitamin D was in a cup of yoghurt and how much was in a cup of milk? Well, it's nice that there's a little bit there, but it's so low. For the needs in the body— There's 80 to 100 trillion cells in your body. Every single one of them has receptors for vitamin D. And it's doing something very important because it regulates your immune system, inflammation management, and the glucose metabolism. And possibly others that we haven't identified so far.

So the average Canadian has a blood level of about 67 nanomoles per litre. Now what Dr. Malone mentioned there was 125 nanomoles per litre. The average Canadian is at 67. But who is the lowest in Canada?

[00:15:00]

That would be the people with the darkest skin tone. And there's nothing wrong with their beautiful skin. They just need more sun access in order to get their D levels up.

And many of the people from countries with dark skin, they're very modest, they're covered most of the time. And Canadians, our numbers are actually dropping. Sixty-seven was average, but that was a while ago, way back in 2010. And they seem to be slow in coming up with new numbers because they don't seem to want to let people know how important this is.

Health Canada, look: the top line here, mysteriously, just at the beginning of COVID they revised the website. You can see the date at the top, I put it on there: "Health Canada continues to recommend that people over age 50 take a daily supplement of 400 International Units." You know, that's a baby dose. Four hundred IUs is a baby dose, one little 400 IU drop. But adults need far more than that to achieve the appropriate blood level.

Now, here we go. There was a study done in Florida, that's 37th parallel. All the way down there, that's where the division is, for dark-skinned people below that; they have a hard time north of the 37th parallel. We're at 40-45 here in Ottawa. North of the 37th parallel, they did a study in mid-Florida. They matched black males, co-matched for age and comorbidities with a white group that were not supplementing. They gave them the maximum Health Canada recommends, 4,000 IUs a day. It's tested every two months; it took a whole year to catch up with the matched group of white people that were not supplementing. A whole year. So if you want to get your blood level up, you have to supplement. Even in Florida, where there's lots of sun.

And you know, one of my heroes would be Dr. Mercola. He was in the top 10 misinformation people according to some authorities. I followed Dr. Mercola for years, but even he didn't recognize vitamin D deficiency in Florida because they had so much sunlight. It's in the dark-skinned people. If you don't check their blood levels— That's why they're overrepresented in a myriad of diseases: obesity, diabetes, thirteen different cancers. They're overrepresented because our officials misrepresented how important vitamin D is and don't tell people.

What is an IU by the way? Who knows? Anybody know what an IU is for vitamin D? I bet if they were all physicians in this room, most of you wouldn't know, because it's not a standard you can— Here we have micrograms and milligrams. You might have a chewable vitamin C as 500 milligrams. Or if you go to the hospital with a chest pain, they want you to take two baby aspirins at 81 milligrams. So an IU for vitamin D is 0.025 micrograms. And 100,000, which could have saved a life from the acute respiratory distress syndrome according to the French Academy of Medicine, that's what they recommended for people heading into acute respiratory distress. A hundred thousand IUs equals 2.5 milligrams. It is one of the safest things you can take.

If you have an organ transplant you might want to be careful, we can't overstimulate. But I do know people with organ transplants have successfully taken 5,000 IUs and several that are taking 2,000 a day. You can still take it, but that's something where you can't take massive doses. But a short-term dose, it's not clear. For two or three days, probably would not over-affect— We don't know for sure. That's the caution there should be.

All right, going on.

Vitamin D blood levels: the blood levels are so important. You should know what your numbers are. But I know, I'm talking to people here in this room, you know, attending here, who are vitamin D deficient just by the symptoms they're having. Everything is better when your D levels are up. And if you haven't tested, you don't know how bad it is. And if you go to Health Canada's website, what you will see is a misrepresentation of the truth.

Fifty nanomoles per litre will protect bone health for most Canadians. Great, but experts say raising blood levels to 100 to 150 nanomoles per litre. Dr. Malone was talking about 125 nanomoles per litre and other experts are saying between 100 and 150. It's clear. It depends on your body size, but the quicker you get your blood levels up when you're dealing with any serious illness,

[00:20:00]

the better that's going to work out for you.

Oh, this is the French Academy of Medicine by the way. Right there, 50[,000] to 100,000 IUs in the case of deficiency could help limit respiratory complications.

Okay. We knew this in Canada. This is Edmonton 2015, Dr. Gerry Schwalfenberg. Also, he called out the mistake that Health Canada had made in a letter to the Canadian Medical Association. "Regrettably, a statistical error resulted in erroneous recommendations by the Institute of Medicine leading to this conclusion. It might actually take 8,800 IUs of vitamin D to achieve this level in 97 per cent of the population." Health Canada was recommending 800. Now, this is a serious public health blunder. That's 2015 in our own Canadian Medical Association Journal.

He's an Edmonton doctor. And he and his colleagues, you might see at the bottom of the screen there, "The Vitamin D Hammer." They get the blood level over 100 nanomoles per litre, they rarely see a patient in their practice, the two of them—in the hospital, according to what he wrote. But if they do end up with one landing in the hospital, they immediately give them what they call The Vitamin D Hammer. And that would be between 50,000 and 100,000—50,000 one-time dose in one day, or 30,000 (10,000 three times a day) for three days, and it's gone.

So that's a pretty powerful medicine and virtually, it's without complications. Now this is from Medscape. The key to managing the sun is: do not burn. It's estimated if you had full-body exposure, just until you get a little bit of pink on you, that would produce 20,000 to 25,000 IUs. It'd take a long time to get there at 400 a day—a baby dose.

There's the question I already asked you, so we'll move on. You should know what your levels are and it's outrageous we have to pay for them.

By the way, the story on that is that our own physicians in Ontario persuaded the government to stop testing for vitamin D because Health Canada said 1000 is enough and they were negotiating for a fee increase. And they—actually, I couldn't believe this when I read it—they were working with the government to identify unnecessary procedures. So "save the public purse," you know? That's the story here.

Now: save lives, reduce deaths. You raise the levels between 100 and 150 nanomoles per litre, a 50 to 80 per cent reduction in breast and colorectal cancers. That's published literature. They expect a reduction of three-quarters of the deaths from breast and colorectal cancers. That's something the public should be interested in, I would think. Garland et. al. is that article on the front of the slide. It's *Epidemiology*, that's 2009.

Now, here's the issue about the skin and vitamin D. Health Canada dismisses the role of skin colour and vitamin D. This is from their own website: "Additional requirements are **not required for sub-populations such as those at higher latitudes and those with dark pigmentation or those wearing heavy clothing that inhibits the sun." The lowest vitamin D levels they've measured anywhere in the world is in an area with a lot of sunlight. And they're people wearing a burka in the Middle East. They're clothed. But you see, the UV light doesn't get through clothing. It's filtered out. And that's a strange thing, but that's where it's at.**

So just to illustrate this, I've jumped right ahead here in the presentation to the closing of our meat plants. Our Cargill plant was shut down. Cargill in High River, Alberta: 2,000 employees. Seventy per cent of them are Mexican, Filipino, Vietnamese and, you know, other dark-skinned people—70 per cent of the workforce. And yet it caused terror for the

town because of the test. A lot of people tested positive; a few were getting sick. The headlines are about cold, crowded circumstances there that causes this.

But, what's the vitamin D level for these people? The longer they're in Canada, they're the lowest in Canada.

[00:25:00]

And it's easily remedied and cheap. But there's no mention of that from Health Canada. Unfortunately, it's dismissed.

By the way, the Inuit would have died out if it was not for their traditional diet where they ate the mammal blubber. The mammal blubber of course is where the vitamin D is stored. I know, time is sensitive, so I'm trying to get some of this in.

By the way, in Hazleton, the meat plant quickly became the area's biggest private employer. It's an hour from New York. Largely from Dominican families like the Benjamins. And the Latino population jumped sevenfold from 2000 to 2010, to 37 per cent of the city's inhabitants, and has risen to more than 60 per cent.

And many of them in the meat plant are like this man I'm going to introduce you to here. This is Raphael Benjamin. Thousands of these workers. This man—I tell you, I wept when I read this—this man was just before his retirement. He wanted to top up his pension. His family wanted him to quit and get out of there because people were testing positive. Well, he was admitted to the intensive care unit and spent his work anniversary on a ventilator. He died on April 19th.

This is criminal and the people responsible for this need to be held accountable. Can we say it's the vitamin D level? There's enough studies to verify that dark-skinned people without supplementation are the lowest, even north of the 37th latitude.

Shawn Buckley
Now James, if we can just kind of focus this back on COVID.

James Lunney
Yes. But that's a COVID death.

Shawn Buckley
Right.

James Lunney
And I'll tell you what. In Canada, Health Canada put out statistics: Toronto and Montreal, hardest hit. They called them racialized Canadians.

Shawn Buckley
As COVID deaths.

James Lunney
COVID deaths—hardest hit in Canada.

Shawn Buckley
You're basically saying that it's a co-factor to be considered when we're assessing mortality and hospitalizations related to COVID, having a look at the vitamin D levels in the blood.

James Lunney
Well, reports go: nine out of ten COVID deaths could have been prevented if the blood level was elevated. And who's the most vulnerable? Not racialized Canadians, but people with low vitamin D. And there's some in the room here today.

So 115 meat and poultry plants reported COVID infections: 5,000 workers. That's a 500,000 workforce. There were 20 deaths amongst them. If you look at mortality, like Dr. Rancourt the other day, you won't see where this is coming from—if you only look at the deaths. But if you look at who's dying, you see that they're mostly dark-skinned people. Not always, it depends. There's lots of shut-in seniors. But the darker the skin, the lower the vitamin D, so it's your serum level. The question would be, how were their employees' vitamin D levels?

Here is just another Israeli study. All over the world, these studies were coming in. That's still 2020. Real world data. They found a vitamin D deficiency and infection relationship. Israel, like Florida, most of the physicians were not looking for vitamin D deficiency. But the deaths in Israel—

Shawn Buckley
James, I'm just I'm going to cut you short because we're short on time. So I'm going to the commissioners if they have any questions.

James Lunney
Can I finish the sentence?

Shawn Buckley
You can finish the sentence.

James Lunney
Most of the severe infections were in the people covered up. That would be the Orthodox Jewish people wearing the dark clothing and dark hats for the men and the Arabs were in the traditional galabeya and keffiyeh. So they're covered even though there's intense sunlight. Okay.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions. And they don't.

So James, on behalf of the National Citizens Inquiry, sincerely thank you for coming and testifying today.

James Lunney
Thank you.

[00:29:05]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 11: Lyne Vandenplas
Full Day 3 Timestamp: 07:24:54–07:33:45
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we come to the closing part of our third day of hearings and the last day of our eight-city tour. We're going to have a presentation by a few different volunteers that have been involved in this project, sharing their different roles and perspectives, and just actually whatever they want to say. So we have Lyne Vandenplas who is attending. Lyne, can you hear us?

Lyne Vandenplas
Yes, I can. I hear you very well.

Shawn Buckley
Okay, well we can see and hear you, so you're actually just ready to do a presentation and share what your involvement was.

Lyne Vandenplas
I will do that.

Shawn Buckley
Okay.

Lyne Vandenplas
I just want to say I was responsible for creating the list of individuals who would receive a summons from the National Citizens Inquiry across Canada. I worked with another volunteer out in British Columbia and we spent most of January and February trying to identify the correct Canadian government officials that have the titles of Public Health Officer, Minister of Health, Chief Medical Officer, and of that kind.

It took us about a month to find everyone for the ten provinces and the three territories. It was particularly challenging because a lot of the individuals changed positions, went to a different government or a different ministry, a different province, and there were a lot of former ministers and so on. Finding the addresses that were not P.O. boxes, because you can't deliver a summons to a P.O. box. And finding their email was particularly challenging. It's as if they didn't want us to find them.

But finally, we did succeed and we made a lengthy list [Exhibit OT-14b]. Then I started issuing summonses as of early March 2023. There were basically eight batches. Each hearing had a different venue and different dates and everyone was invited in each province and all the territories. So basically, what I did is: I submitted a list of all the names of the individuals who had received a summons and whether they received one by email or by mail. It was registered mail—all of them were registered mail. For all of them, I have a receipt date and a signature. And basically, I have the province, the title, the name, the address, the email, and the hearing date and location that everyone was invited to.

So a total of 63 government officials were sent summonses across Canada. Fifty-seven of them received it by email and I sent it with a read receipt request. Also, I sent 58 registered mail summonses. And I also had tracking numbers that had to be tracked and I have all the received dates and signatures. And of the 57 email summonses, I only received eight read receipts, so only eight individuals actually opened it up and confirmed that they read it.

I got two responses saying they were unable to attend. I got one response stating that they were not legally permitted to attend. I got one who declined the invitation. And for the 58 summonses sent by registered mail, I got two letters that were never picked up. I have one delivery that was inexplicably delayed and remains as is. And we received two COVID responses with reports by email that had been done by that province.

My observations are: I did observe that of the 63 individual summonses, no one accepted the invitation. No one agreed to testify with the NCI. I also observed that of 13 provinces and territories, out of those 13 provinces,

[00:05:00]

there have been at least 13 changes in either the Chief Medical Officer or the Health Officer during three years. And that is it, that's my report.

Shawn Buckley
Lyne— Just before you guys clap, hang on; I'm just going to talk with Lyne a little bit. So, Lyne, you had said that a couple had indicated that they couldn't attend. Am I right that the summonses are actually drafted so we'd invite them to attend at a specific hearing, but it would include, "Hey, we're travelling across other cities and if you can't make it at this time, we'll schedule you in virtually otherwise or we could even accommodate you by scheduling you when we're not having a city and to attend virtually." That's how the summons is drafted, isn't it?

Lyne Vandenplas
Yes, it was. It was very clear in the summons that they were invited to do so virtually, or we were very willing to accommodate them. So they just decided not to—to declare they were unable to attend without asking for any kind of accommodation or interest in participating.

Shawn Buckley
Right. Can I just ask you before we let you go: how did that make you feel not to have any response? Because people may not appreciate how much work it is to send these out, get all the registered mail things done, actually get down to the post office, do all of this, and then be tracking it to see what happens. It's a lot of work.

How did it make you feel that basically no government official decided to attend?

Lyne Vandenplas
Well, they made it really obvious that they didn't want to speak with the citizens of Canada. They were not interested in coming to listen and to share their point of view. So I really felt that we were dismissed. It was not a good feeling. But the longer this went on, the less and less I was surprised; it became the expectation, which is not a good thing.

Shawn Buckley
No, and I see that you're emotional about that. I'm sorry. I didn't mean to—

Lyne Vandenplas
That's okay.

Shawn Buckley
So, are there any other thoughts that you wanted to add? We're actually so pleased that you shared this.

Lyne Vandenplas
I just think that the upside to my doing this was the fact that I met so many wonderful Canadians from coast to coast. That was the gift because the gift was not the responses or the lack thereof. And I want to thank the NCI for allowing me to participate and do something, my little bit. That would be it.

Shawn Buckley
Okay, and just so people know, Lyne also attended at the Quebec City hearings and was instrumental in helping find interpreters and things like that. She's very modest, but she has just been a tremendous help. And Lyne, we're so thankful to have you as part of the team.

Lyne Vandenplas
Thank you.

Shawn Buckley
And I know I share that— I know the team's been very pleased and honoured to work with you, so.

Lyne Vandenplas
Thank you.

Shawn Buckley
Okay. Thanks, Lyne. And now you guys can clap.

So, Lyne, you can't see it, but you're basically getting a standing ovation, so people are appreciating what you've done.

[00:08:55]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 12: Jerry Managre
Full Day 3 Timestamp: 07:33:51–07:50:55
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
So the next person attending is Jerry. Jerry, can you hear us?

Jerry Managre
Yes, I can.

Shawn Buckley
So do you want to just introduce who you are and kind of your background? And then I think you've got kind of a presentation or a—

Jerry Managre
Sure, I've got a few remarks.

I live in St. Albert, Alberta. And I am retired from a career in media and in corporate communications. I worked for a natural gas utility in Alberta and I was manager of corporate communications and also director of government and customer relations. And I've had roles in the media as a reporter and news director.

My involvement with the National Citizens Inquiry began on March the 4th of this year, just about two and a half months ago. Some of my communications—some of my testimony here today—relates to communications prior to that date. So I'm relying on documents, some of which were prepared by others. However, I've gathered them and developed knowledge about them which I believe to be true. I'm also reporting on the activities of other members of the communications team, who were responsible for the internet site and our social media platforms.

The National Citizens Inquiry has issued about 18 media releases. And I'm just going to begin sharing my screen here. I say about 18 because I'm aware that one release was a duplicate, replacing one that became outdated. And the releases included information

about the establishment of the NCI; announcements about media conferences; calls for expert witnesses and witnesses with personal stories; the call for commissioners; the appointment of commissioners; media invitations to the hearings in each of the cities; and, as the hearings progressed, information about the expert witnesses that were going to be testifying. Copies of the media releases are available for filing as exhibits.

The media releases were mainly issued via email. And prior to my joining the NCI, an email list was established. Since I've been involved that email list has expanded with more than 800 emails sent to various individuals and media organizations. So the mailing list includes legacy media, alternative media, and citizen journalists. And a copy of the current email list is provided for identification as an exhibit.

It should be noted that with each mailing, there are bounce-backs, as some emails are returned as undeliverable, and sometimes it's because people are away from the office and they have an automatic response.

With searches by other NCI volunteers, as well as by me, we've located more than 100 reports by alternative media, citizen journalists, and legacy media. The bulk of the reports might be described as being produced by alternative media. Although, I have to say, that these organizations do have large audiences as well. And I'm referring here to media outlets such as Epoch News [*The Epoch Times*], Rebel News, and the *Western Standard*.

To my knowledge, only a handful of the legacy media ever attended the NCI hearings, including CBC Manitoba, CKOM Radio in Saskatoon, Bridge City News in Lethbridge and Winnipeg, and the *Red Deer Advocate*. Although CBC Manitoba and CKOM Radio carried reports about the hearings being held, neither carried stories which described the testimonies of the witnesses. A report with links to the stories will be filed as an exhibit and an update will be provided on the coverage sometime after the hearings conclude [exhibit number unavailable].

So attached to my report is a summary of the social media activities on the NCI website, which is nationalcitizensinquiry.ca, and the NCI social media channels on Twitter, Rumble, Facebook, YouTube, and TikTok. These summaries are incomplete right now because the hearings are ongoing,

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and updated summaries will be provided after the hearings conclude.

For today, I'm just going to provide some highlights from the summary.

We've witnessed a remarkable surge in the social media presence. Since the inaugural hearings in Truro on March 17th, our cumulative followers have soared from 16,000 to an impressive 60,000 across all platforms as of May 19th. So I think this rapid growth is a testament to the significance of the NCI and the eagerness of Canadians as well as NCI's global audience to engage with an inquiry of this nature.

The substantial increase in impressions further highlights the broad reach of the NCI content. And over the same timeframe, impressions skyrocketed from 236,000 to well over 14 million. So this demonstrates the widespread interest in NCI's mission and the pressing need to investigate and improve Canada's response to COVID-19 and potential future health emergencies.

As we've experienced censorship in the legacy media, NCI's journey of growth has been accompanied by significant challenges from censorship in the social media platforms. Despite initial success on TikTok, where we developed 11,000 followers, we were subsequently deplatformed. Then as we attempted to re-platform, we had further bans. Basically, that has impeded our ability to showcase the analytics from these inaccessible accounts.

YouTube also played a role in censoring us. Short clips of Dr. Peter McCullough's testimony, which mirrored the content shared during the hearings, were swiftly removed under the guise of medical misinformation. NCI's account also faced a temporary suspension of seven days, resulting in the inability to stream the hearings from Toronto live on YouTube. And a second suspension followed when NCI hosted the live roundtable featuring Dr. Mark Trozzi and the embalmers who testified in Toronto and in Winnipeg. Within hours, that video was removed and the NCI account received another strike. And that led to a 14-day suspension. And now, YouTube has warned us that another strike on that account will result in a permanent ban.

More recently, the individual account's social media manager on Facebook has been suspended for 30 days. So that restricts him from posting on his personal Facebook account, as well as the NCI Facebook page. This has, without saying, resulted in a sharp decline in posting on Facebook and we're restricted to only sharing the live streams. So despite amassing nearly 20,000 followers, the NCI Facebook has encountered increasing trouble with Facebook. And they mainly cite "community guideline violations" as the reasons for our account suspensions.

Furthermore, our Twitter account has experienced shadow banning, as reported by some of our vigilant audience members. Despite being search banned, our audience has actively shared inquiry posts and that has contributed to the NCI presence and reach on the Twitter platform.

I think these censorship challenges underscore the importance and the urgency of the National Citizens Inquiry in total. And NCI remains committed to fostering open dialogue, encouraging critical thinking, and amplifying the voices of concerned Canadians. And we need to continue the mission of transparency and accountability.

I'd like to turn now to the internet site: nationalcitizensinquiry.ca. Basically, this website has performed like what you might expect from a medium-sized business. We've registered 240,000 page views over six months and 137,000 of them during the two months of hearings. So that's like, 60,000 per month, which is very respectable.

So typical website statistics: over five months,

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a typical website would see about 5,000 new visitors. And the average time spent would be about 52 seconds.

When you look at how we're acquiring the people that are visiting the site, almost 120,000 of them are coming direct—that is, by typing in the URL in the URL area. That's excellent that people are finding out about the site. We're getting references from Google (about 30,000), Facebook Mobile (29,000), Facebook, itself on the internet (27,000). So when you look at Facebook itself, that's an excellent representation of referrals. Then from Twitter,

we got about 15,000. I'd also like to give a special mention to Dr. Trozzi, who was responsible for 1,000 people coming over to the website.

When we look at the acquisition of visitors to the site, if you look at the top line graph, you'll see that when the NCI was first announced, that generated a lot of activity. It kind of slowed down, with people mainly signing the petition over the summer and winter. And then as the hearings started, you see the spikes. And then if you look at the lower line graph, you get a close-up of the spikes that occurred. If you look at the lower left-hand side of this slide, then you'll see that you get the representation of that 775,000 total page views and 2.3 million human interactions. And the top three pages on the site were the homepage, NCI Live, and the petition.

When it comes to the petition, as of yesterday, we're at 68,179. And I know we've grown again today.

From a demographics point of view, we're at 232,000. And Canada is by far the majority of that, with representation from the United States and countries over in Europe, as well as Australia and New Zealand. From an engagement point of view, the people who spend the most time on the site are from Canada, the Netherlands, New Zealand, and Mexico.

From a language perspective, English is dominant with 215,000, followed by French with over 14,000. And from an engagement point of view as well, it's English, French, German, Dutch, and Spanish.

Across Canada, Ontario is in the lead position as the most populous province with 66,000, followed by British Columbia, Alberta, Quebec, Saskatchewan, Nova Scotia, and Manitoba, New Brunswick, and Newfoundland.

This is a very telling slide about how we currently operate in the world. And this tells you where we're getting the traffic from—what types of devices that we're getting the traffic from. And this indicates that about two-thirds of the people on our website are following us on their mobile devices; about a third on the desktop; and a smaller amount on tablets.

So that concludes my presentation. I just want to say that it's been an honour to be a part of the communications team here and a part of the effort overall. It's been a great experience to be involved.

Shawn Buckley
Jerry, if you don't mind me asking, why did you decide to get involved in the NCI?

Jerry Managre
Well, I guess I identified early on with— As being a former reporter, I was noticing that the reporters weren't asking the right questions, that we weren't getting the right information from people in government. As has been pointed out significantly during the hearings, the media has not been forthright in their reporting. They haven't been doing newsgathering, as has been pointed out.

And then I did research and I learned a lot of things and I just developed— I can say, too, that I've held elected office and I have been very surprised by the lack of the— All of the political parties seem to be singing from the same hymn book. And that was a red flag for me as well.

I just knew that something wasn't right. And so like everybody else, we've been impacted through family and friends. And it's just been a terrible three years;

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something that we never, ever expected to experience in our home country of Canada.

Shawn Buckley
That's well said. And I think there's some people nodding with you going forward.

Is there anything you want to add before we go? Any encouragement or advice that you would have for us going forward? And by advice, I mean to people, not to the NCI. You're being watched by a fairly large group. as you know. And I'm just wondering if you have any advice for us going forward.

Jerry Managre
Well, we've gone through a very bad three years, but I can tell you that the thing I think that we can always hold on to is hope. And that one of these days we will have the breakthrough in the media. We'll get the attention of some of the political parties in Canada—federally and provincially, municipally, and through the school boards. All of these people play very important roles and we have to do what we can, particularly at the community level. I think community involvement is key in order for us to regain the country that we once knew.

Shawn Buckley
Thank you, Jerry. We'll let you go and we'll let Ches come up. I know that you're watching and I just want to say that it's been a pleasure to be serving with you and I look forward to serving with you going forward.

Jerry Managre
It's been an honour.

Shawn Buckley
Just for you guys who don't know, Jerry is just tireless. And he's kind of that calm voice when the rest of us, myself included, are getting excited. So he's the steady hand, so I've really appreciated him.

And so now it's time for the Administrator— Oh yes. Jerry, people are clapping and standing up for you. You can't see that.

Jerry Managre
Thank you very much.

Shawn Buckley
You're getting a standing ovation.

[00:17:19]

Final Review and Approval: *Jodi Bruhn, September 6, 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

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 3 Timestamp: 07:50:58–07:58:34
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
I'm pleased to have the Honourable Ches Crosbie, who is the Administrator of this Inquiry. He holds a key role of ensuring that the evidence is brought forward, that the Commission is run properly. And I've been very honoured and pleased to act as his agent, as counsel. And so, Ches, if you'd come and say some words.

Ches Crosbie
Shawn is so kind. Acting as my agent. Indeed, Shawn.

Commissioners, I gave an opening statement at the first hearings of the National Citizens Inquiry in Truro in March. I submitted that a threat to our very way of life in the democracies arose during the 1930s. It was called the Great Depression. Many were afraid, but when Franklin D. Roosevelt made his inaugural address as President of the United States in 1932, he did not tell people to be afraid. Instead, he told Congress and the free world that we had nothing to fear but fear itself.

No great nation prospers and grows strong on a platform of fear, but governments chose to ignore their own previously-approved pandemic plans in favour of fear. These discarded plans required that government should protect the vulnerable, allow others to continue their lives normally, and maintain public confidence. Instead, they panicked into a war, a futile war against a virus. And the first casualty of war is the truth.

Jordan Peterson told us in Truro that our political leaders panicked and copied the draconian SARS-CoV-2 response of the Communist Party of China. Peterson said that we don't put political leaders in office in order to panic. And every politician involved in this panic is unworthy of office. But more, these leaders told lie after lie and manipulated public opinion to use fear to impose tyranny, what James Corbett yesterday called medical martial law. To quote Jeff Wilson this morning, "COVID was primarily a debacle of leadership."

Commissioners, Mr. Peterson's statement was brief and not intended to be a full account. A fuller account would incorporate the evidence you have heard that drives us to conclude

that planning and deliberation was involved in our government's COVID crisis response and in their campaign of fear: a campaign of fear so sophisticated that Robert Malone described it to you as a military-grade psyops or fifth-generation psychological operation waged against the entire civilian population. This planning and deliberation involves sinister, deep military strategic and financial system agendas, as touched on before you by Denis Rancourt and Catherine Austin Fitts, the exact outlines of which are yet to be defined.

The evidence from Dr. Rancourt and others is that there was no COVID-19 viral pandemic. Heresy. Heresy against the COVID cult. The spread of the virus, as with numerous other so-called pandemics before it, was invisible through the lens of excess death analysis of great robustness. What caused excess death was not a virus,

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but the partly panicked and partly planned response by authorities to the virus.

In particular, the injectable gene therapy products caused excess death, which Dr. Rancourt calculated in a peer-reviewed journal at 13 million worldwide and 10[,000] to 30,000 in Canada. These are human lives. Human lives. And Canadian governments market this deadly therapy today.

That brings us to the sad fact that this Inquiry is not a truth and reconciliation inquiry. It is a truth inquiry only, because none of the officeholders who managed the COVID crisis had the courage to appear before a commission of their fellow citizens and explain their actions. Witnesses before you documented this role of shame. Until there is accountability, there can be no reconciliation. There can be neither truth nor reconciliation while legacy and social media maintain a dam of censorship against the truth.

But the dam of truth has many cracks and many leaks. These cracks will deepen and become a fatal fissure. We cannot know when the dam will burst—but burst it will. And journalists who chose, or choose, to have their fingers in this dike will be swept away in the torrent of truth. While the truth dam strains and grumbles, evil remains abroad in the world and preys on fear.

The antidote to fear is courage. And as the supporters, volunteers, and truth-tellers before this Inquiry well know: Practise the habit of courage. Teach your children courage. And remember, evil knows how to divide and conquer. Courage knows how to unite and build. Thank you.

Shawn Buckley
For those of you online—and I'm not trying to stop—there was a standing ovation for the Honourable Ches Crosbie, and a well-deserved one.

[00:08:28]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 07:59:18–08:40:53
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

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Shawn Buckley
I've been given the honour of being able to be the last person to speak. We pencilled this in as a closing. And a couple of weeks ago, I realized I can't give a closing. Because I think we're at the beginning of something.

When we got together, just a small group, to just see if we could do this— You know, you start meeting, you start talking, you sort out rules of how you're going to conduct your meetings and what a quorum is and all this stuff that is really kind of tiring and tedious. And then you kind of go, "What are our goals?" and all of this. And we were just adamant we wanted to have an inquiry that was independent.

The frustration was, this was the event that had affected us more than anything else. This has been more intrusive on our rights and privileges than many Canadians experienced during the First and Second World Wars. But for our First Nations people, confined to reserves until the Bill of Rights in a shameless apartheid system, they suffered more than us. But apart from that population, which unfortunately also had to experience this with us, this was brand new. And this was a magnitude that I think confused and frightened most of us in a way that we never thought we would experience.

And this small little group, we just wanted this looked into in a fair way, in an impartial way. And so we get our rules and we get our goals and anyone can criticize what we've done. But we've really tried to do that. And we had Lyne talk about sending out these subpoenas. And, you know, we tried to get the government officials there. And the commissioners will tell you—because I was involved on the commissioner process—that before they were selected, they had to endure my lectures on impartiality. We just wanted them to understand that they needed to act differently, that they were basically taking on a semi-judicial role. That as hard as it can be, that we were charging them with the responsibility of acting impartially. And we're still entrusting them with that.

And that's kind of interesting too, isn't it? That a group of citizens that literally are just feeling terrorized and feeling afraid would decide to do this. And I can tell you, if we had any idea at all—even an inkling of an understanding of how impossible this task was—I

don't think we would even have met. Because how does a small group with no funds, like as in zero funds, we've never had— You know, you hear about groups that have a big sponsor or something; I don't believe it and I've never experienced that. And the NCI certainly hasn't.

So yeah, how do you do that? So well, we just organized. We started putting committees together—saying, "Oh, we need a communications committee. Oh, you need a committee to select commissioners. Oh well, then that committee's got to figure out, well, what questions are we going to ask? What are we looking for? What are our criteria?" Like, it just—it seems it never ends. I think if I have to attend another Zoom meeting, I'm going to break out in hives. I mean, it's just—it's crazy.

And then because almost every one of us, we had other lives and other responsibilities, every time you needed something done, you're trying to get volunteers, right?

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I don't know if you've ever tried— I'm just laughing because it's so funny. So many times, I kind of— Me and another person, Dale. This wouldn't have happened without her kind of having this eye in the sky: "Oh, look at all the things that aren't working. Maybe we need to look at them." I kind of became, I felt like a fire chief. So okay, well, we've got this burning, destructive problem, or complete hole. And so you have to try and cobble together a bunch of volunteers. And there's some in the room, which is fun. So you try and get that done and you learn just how ineffective that is. So, yeah, it's terribly ineffective.

Tips for anyone going forward: if you don't have a minimum of three that agree to form a committee and you've got to charge one of them as being the one responsible, you're just wasting your time. So you know, we had to learn stuff like that. And many failures, but many blessings.

So this has been an impossible task that has actually happened. One thing I learned is—I don't think it's any secret that I think God's involved in this, from my morning openings. And I'll even share how that came about. But when you get involved in something that God's involved with, you don't know where it will lead. So this thing was really, I would say, just one crisis from another. I mean, I just looked at Michelle [Leduc Catlin], who's our public face. We were— [To Michelle] Do you mind if I share the story?

We were losing our other public spokesperson, who was also a volunteer, getting really close to our first hearings. And it's like, you've got to have a spokesperson and our social media was just in its infancy. Do you know that when we held the Truro meetings, or the first hearing date on March 17th, we had not had a Twitter account long enough to become **verified? Yeah, and you laugh. Can you imagine? Because you know the media is not going to pay any attention to you. You know you rely on social media. But we hadn't organized the team yet because that hadn't been a fire yet, right? Which gives you a really clear view of kind of how we're really just kind of patching this together.**

And Garrett, who's our social media guy, is sitting here; I'll get back to you Michelle in a second. I mean, I think—and this will be weeks old—but I think two weeks ago when we had a meeting, he had reported back to us that in the last 30 days, we had had 10 million impressions on social media. It's probably like 1.5 million a week or something now from— I don't know, did we have, like, 200 followers on all our platforms on March 17th? Maybe? If we exaggerate?

Getting back to Michelle. So here we are, we're approaching these hearings, we have no media presence. Or one spokesperson, who was a volunteer is having to leave. And it's like, "Oh my gosh." I'm on a Zoom call with a bunch of other freedom groups and I just say, "We need a media team. Like, we need a media team."

And I called for that. And so Jerry, who's just been an absolute blessing, who's already shared with us: both him and Michelle, from that call for help, responded. And Michelle, it's kind of funny. And I don't know, it was a couple of weeks ago, she said, "Well, why did you pick me?" You know, I just kept the poker face; I didn't say, "Well, you're all we had." So we're not going to pick somebody that we don't trust, but this was an example of God stepping in and filling the need. Because here we had Michelle, who had worked professionally in TV production and direction

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and had her own program on the women's network, understood what it took to put a story together and to communicate in front of a camera and to interview people.

And so here we had this professional person volunteer: volunteer to go to all of our hearings for no charge. We reimburse her for travel expenses—but for no charge. Jerry, he's literally full-time. And it seems that media crises, we can time them to when he has an important personal event in his life for which he announces in advance, "I'm not working for the NCI that day." So we know we're going to have a media crisis that day and he's not—Like, volunteer, volunteer.

How does that happen? And always at the last minute. You know, these Quebec hearings. What was it, three days before, four days before, Philippe—who's sitting here—when we finally got some lawyers? How do you have a hearing when you're calling witnesses and not having some volunteer lawyers to help you out? And interpreters. Lyne, who was on here, helped us find an interpreter team like, literally at the last hour. And then our AV team, David, is just a miracle worker. I mean, he's creating an interpreter booth out of, I think, a drum case and plywood and Styrofoam and stuff like that. And it works. It worked.

It's just kind of been interesting that—at every time, at every turn, just at the last moment, just when we needed it—God stepped in and gave us what we needed. And right down to finances. Like, it was funny, the meeting after Truro: it's like, "It cost that much, really?" And it's not cheap to rent a venue and have an AV team travel across the country and have to fly your commissioners and other volunteers around. It adds up. It's actually quite staggering. And yet we've kept up. And we've kept up because you've participated.

But what I didn't anticipate, and why this can't be a closing but an opening is: we had this **vision and then we just picked eight cities, right? Like, why eight? Why didn't we go here? Why didn't we go there? And why three days? I can tell—if anyone from another country is thinking of doing this, I will give you the biggest mistake we ever made. Why did we do this weekly? We needed a week in between.**

But we have been going now for two months. We started on March 17th, 2023. First time in history that citizens in any country have appointed independent commissioners, sat them down, and started calling witnesses. March 17th, 2023 history was made. And it is now May 19th, isn't it? Life's just been a blur. So May 19th, 2023, three months later, eight cities later, 24 hearing days. I have encountered the witnesses: probably around 350 witnesses testifying under oath in front of independent commissioners. All citizen-run. That is something that I think you all should be extremely proud of.

And the most interesting part was— And I have to tell a story about my wife, Teresa. It was probably about five weeks before Truro. [To Teresa] Do you mind if I share the story?

So about five weeks before Truro, we were just so far behind in getting it together. And some of us were just like, just dusk 'til dawn. And I'm just getting stressed out to the yin yang. And I told you, we had no social media,

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nothing happening.

And I had a couple of days I just couldn't sleep. Like, you know, can we actually do this? We put in all this effort; we've gone this far; do we just have to collapse it now? Because we were on the verge for so long of just having to say, "No, we can't do it." And then, why I'm not sleeping—in addition to just the stress that, "are we failing here?"—was even if we succeed on getting witnesses in front of the commissioners, if we can possibly even do that, who's going to watch? What's the point? Why are we bothering? Because we have no social media. We have no team. Our miracle worker Garrett had started, but he had no content. And we had nobody to make content, and you can't succeed on social media.

So my precious wife said to me, just really seeing the crisis that I was in: "I will give you one day." So there was a fellow at our church who—he's retired, but he used to be a video guy. And he had let me know that he'd be willing to volunteer. So Teresa arranged for 10 or 12 people to be videoed. She just tracked down people who were willing to go in front of the camera and share a story. And finally, we had some content.

And then she continued working. And there was kind of, I don't know—was it the "quote of the day" or something? I don't even remember. They're just trying to come up with little ideas. And she's literally been working day after day after day even though she's got another job and things to do. And I don't even know how many volunteers— There's a volunteer here that put together our commercial. So somebody was willing to introduce us at that World Health Council big meeting and we needed some commercial. And if we had paid 50 grand for that, we'd be going, "That was well done." And we're thankful. We're thankful, Mr. Dahl, for doing that for us.

I don't know if I have permission to mention names, but there's some people on the social media team that have taken on the role of organizing other volunteers. And there's teams that we don't even know about. The chair of our support group, David Ross: for those of you who know him, he's just a steady hand. And it's just a pleasure to work with people that are solid. And for the entire support group.

It's funny, where I have to be in the role of kind of thanking everyone because I'm giving the opening. And it's funny, whenever I talk like this, I never have gone through one of my openings once before I give them. Usually what I'm going to say comes to me at about 7:30 to 8:00 in the morning. I wish it would come earlier, but it seems to work. But when I was jotting down notes where I kind of wanted to go, after I was going to say, "This is a beginning," one of the thoughts that came to me is— You know the Matrix movie? The very first one. And we're at the very end and Neos is back in the matrix. And he makes a phone call to the machines, basically saying, "I'm here. I don't know where it goes from here." And then he flies up into the sky. But you know, it's going to have to be sorted out.

And I think that's where we are. So I've kind of shared with you kind of where the NCI started and that it's literally an act of God, a miracle that we're here. But one of the things that happened is this started resonating. Canadians watching other Canadians tell their story resonated. So it tells us that we need to hear each other.

[00:20:00]

It tells us that we need to listen to each other. It tells us that we're together.

You know, there have been days where I've had trouble keeping it together because I've just been so emotionally wrecked by some of the testimony. And we experienced that a couple of days ago. Sheila Lewis keeps coming to mind, but she wasn't the only one that day. We had— I think we had three or four in a row where I couldn't help not breaking into tears. And in interviewing witnesses— And for all the witnesses that take the stand, I mean, there's many that kind of got through the first selection process that we interview and then they drop out. And some die before we get to the hearing that we had selected them for.

Some drop out. They drop out because they're afraid of social consequences, some because they're afraid of economic consequences. Some, we don't know the reasons. But we hear their stories before they drop out and we get to know them. And then those that testify, even though they're afraid and we have to coach them through, they're grateful. I had one of the witnesses who testified earlier this week basically say, in their own way, that this was healing. That person was really apprehensive and really scared to testify and take the stand. And it helped.

So there's something about being listened to. There's something about finally being brave enough to speak. Like, what a country that we're not able to speak together. And that's been the most touching thing in my life. But we've also just been the people out there—the people on the other side of the camera. I'm not a camera guy, so you know I'm always looking around. I haven't been trained to do this correctly. But you guys, you email us and you text us and you send us messages.

I'm going to read an email. This person was so, I guess, intent on getting communication to me that it came through several sources, including a different group not connected to the NCI. I got a couple of copies of this. David, can you pull up the screen on the lawyer computer?

The email came with this picture attached. And I'm going to read to you the email.

> Dearest Shawn Buckley,
>
> **I hope I am sending this email to the right address for Shawn Buckley. (And this one came from another group). I think I have finally found a place inside of me that is brave, thanks to your profound NCI presentations. I was on the fence for a long time. And thank you for shining a light on how to draw a line in the sand.**
>
> **How to draw a line in the sand. I took this picture with my cell phone. The sun is shining through the fence. I could not help but think this is how to draw a line in the sand.**
>
> **Thank you, again and again.**

But that's what this is all about. I just happened to be one of the public faces of what's going on. But I'm just one cog in thousands of volunteers, and I'm very honoured to be here.

I feel, and I've said this in some openings, I feel indebted to the truckers. And I feel that we need to— Yes.

[00:25:00]

For you truckers out there, everyone in the room was standing and giving you a standing ovation.

I know that I was scared when the Trucker Convoy started. I was cowering in my home. I think that I'm here and that we're here because of you. And our governments backed down because of you. Can you imagine what it would have been like if the truckers hadn't done what they did? I mean, the mandates started dropping province after province because of them. The government was not going to drop the mandates. I forget which witness said, you know, that the plan was two years. Lock them up for two years. Now we're Canadians, we're northern hemisphere; they had to let us out in the summer or we would have blown a fuse. But we were going to be locked up again.

And I believe the only reason we're not wearing masks and having to go through the police state ritual of showing passports right now is because of what the truckers did. I think we need to understand that they showed us something. And they showed us that sometimes you just have to stand up. And sometimes you have to get punished. And sometimes you have to pay a price.

But aren't we proud of them?

And I'm proud of the NCI team. I'm proud of everyone in this room. I'm proud of all the volunteers. I'm proud that we collectively got together and helped give some people a voice. I'm proud of the volunteers and I can't mention them all. You know, there's Peyman, who is just a guy that came to mind that has been so instrumental in the social media and getting video clipping done and encouraging Teresa on many levels. And there's this whole team. There are whole teams I don't even know exist—like, I find out about them.

You know, each venue— The local team here in Ottawa, do you have any idea how much work they put in? It's not just renting a venue. There's so much that goes into this. The team that sorted out what our guidelines are and selecting commissioners and witness selection. There's— Colm, you're amazing. Like, some people have really sacrificed. Some people you know, have really sacrificed. And the witness selection: there's people in this room that have been involved in that. That's just a monumental task. And I've already mentioned the communications and social media, the support group.

We're not supposed to mention our names so I won't. Just the thinking was, is: this is supposed to be independent. And some of us are tied to other freedom groups and that's not what it was about, right? It wasn't to tout groups we were involved with; it was to try and put on an independent commission. The lawyers that volunteered, people like Lyne that were doing the subpoenas, there was a whole team. I only knew one person who catalogued—this will end up in our archive and our website—all of the government communications and all the provinces, with links. It's just— It goes on and on.

[00:30:00]

And I want to say thank you. On behalf of the NCI, for all of you out there that I know and don't know, I sincerely thank you. And I feel honoured to be here and to be able to share.

I'm not done, so just hang on. There's a danger some judges have learned over the years, that if you give me a microphone and I don't have a time limit, bad things can happen. But I wanted to talk about— Well actually, so I have to talk about my talks.

I wasn't supposed to be involved publicly at all. That wasn't what I wanted to do. I wanted to just be involved in helping to organize and kind of put the fires out. And so I had no intention on attending. I thought maybe I'd go to the Saskatoon hearing and the Red Deer hearing as a spectator. Had no plans on leading witnesses or giving openings or anything like that. And all that happened was, for whatever reason— We have a whole bunch of, I wouldn't say a whole bunch, but a reasonable number for each place of lawyers' names, who had earlier on expressed interest in volunteering. We actually weren't thinking we were going to have problems getting lawyers to volunteer once it actually got to the hearing. But it turned out that they just dropped like flies as it got closer.

And I'm very thankful for Kassy and Wayne, both who have flown in from different provinces, because we didn't have local lawyers volunteering here.

It turned out in Toronto, we didn't have a single lawyer for the first day. So I'm thinking, "Okay, now I have no choice. I have to go and do this." And the second day when we had one and so it's, "Okay, I'm doing the lawyer thing." But that just continued. I show up in Toronto on the schedule—day one—as an opening. I got to figure out what I'm going to do there. So I actually prepared for that one. It's not that I would have run through it, but I sat at least a day or two before, I kind of figured out what I was going to say. And then lo and behold, I'm there on day one and I noticed they got a slot for an opening on day two. It's like, "Okay, well I better figure out something to say on day two." And then after day two, some of the commissioners—who I won't name to protect the guilty— "Oh, we actually liked your openings. I'm looking forward to your next one." So now I felt the pressure, right?

So I just continued doing openings. And some days I feel I've walked the line. But I want you to know that I've taken that role, once that role fell on me, really seriously. And I took it seriously because first of all, there's no reason why you would listen to me at all. Like why do I have a mic and why do I get the honour of actually speaking to you? And I took that seriously.

And just so you know, I would pray that God would just tell me what to say—whether I was going to go, whatever that direction would lead. And I felt the responsibility to give people hope and to try and give us unity. And I can tell you: if you had told me before some of the things that I would be saying, that I might be sharing a Bible parable or anything like that, I **would not have believed it. And yet that's what happened. And a lot of people have commented that they have appreciated what I've said. I need to make it very clear: I didn't say anything to you. And I see some people nodding their heads and know exactly what I'm talking about. Because those weren't my words. And half the time what I was saying, I didn't have notes about. It's just what He said. And that— That is an honour.**

And we know that God is moving in Canada.

[00:35:00]

We know that people are beginning to understand that what we've been taught is an illusion. We don't even know— I'm sure there's things that we still believe to be true that

are completely false. And for the first time in our lives, we find ourselves actually not knowing our way. Just because, like I spoke this morning, if you've been lied to about something—if you don't know what's really true—you're being controlled. Because you can't decide. Your agency, your ability to decide has been taken away from you.

I actually feel that when the words would come out that we're under a spell—and again, those weren't my words—that we've been under a sleeping spell. And I think we're waking up. I think we're coming out. I think the sun is shining. I think there's a line in the sand. There's sun shining through the fence, and we know the sun is there.

We're going to have a long journey. But I think we understand that we're in a historical time. Like it's interesting, isn't it? I was a Second World War buff. It fascinated me. And when I was a little teenager, before I made a music CD for my car, I would throw in a little Churchill speech first. You know, "We will fight on the beaches, we will never surrender whatever the cost." When I used that Churchill quote the other day that he used— And you have to understand when Churchill became prime minister, everyone was expecting Britain to surrender, including his cabinet, including the King. Because it looked hopeless. And do you know what? It was hopeless. It was absolutely hopeless and yet they didn't surrender.

I read a really interesting book. I'm totally off script, so we know who's speaking. I read a really interesting book in the last year about how, when the Germans started their bombing campaign—and I mean, there's some exceptions, like when Bristol got just totally gutted—the British morale actually went up. They got used to it. They would, especially the young: they would party harder. The people, they got used to it. They got used to bombs falling on their head. And they stood tall. And then they started to feel proud. And they never surrendered.

And that's where we are. We're starting to party again. We're starting to go out again. We're starting to feel strong again. And we realize that we can't surrender. They're going to lock us down again. I don't know what that's going to look like this time. They're going to tell us to wear masks again. They're going to try and force treatments on us again. I live in St. Albert. We're designated as a 15-minute city, so they're going to eventually block off the roads so we can't drive in and out because the whole idea says you're supposed to walk. Which is why it's called the 15-minute city. You can walk a mile in 15 minutes.

All this stuff is going to happen. We watched James Corbett. But this time, we're not asleep. And there'll be times that we're afraid—but we know how to handle our fear now and we know we're not alone. And that's why this isn't the closing, it's an opening.

And what we have that we didn't have before is, we have each other. And we have an understanding that we're not alone. And we have an understanding that— We are Canadians. And Canadians don't cower.

Do you know where the word "stormtrooper" came from? It's what the Germans called the Canadians in World War One.

[00:40:00]

Stormtroopers. They didn't like going against the Canadians. And we have a reputation. One of our witnesses who had been stationed in the military in Germany related that the Germans would tell their children, "If ever you get lost, just go to the home of a Canadian stationed in Germany and you'll be okay." Because we have a reputation of treating people decently. We have a reputation of loving each other and loving others. Because that's who

we are. And I think maybe why this experience has been so traumatic for us, is because we didn't recognize that, that we lost our way.

And I'm just going to end there, saying that I don't know where it goes from here. And I don't know what stands we're going to make together. But we're not going to stand alone anymore.

It's been a pleasure and an honour. And I will say to the commissioners that I've been very honoured to get to know you guys and to help you with your role.

And I'll just end there. Thank you, everyone.

[00:41:35]

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

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