VOLUME THREE

Witness Transcripts

Part 7 of 9: **Quebec City, Québec**

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

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

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni
Full Day 1 Timestamp: 01:17:02–01:29:35
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[00:00:00]

Philippe Meloni
Hello everyone, I'm Philippe Meloni, President of the National Citizens Inquiry for Quebec. So, welcome to this first day of the National Citizens Inquiry into the management of COVID in Quebec's capital. This inquiry is the fruit of the commitment of hundreds of people who have been working for months, on a voluntary basis, giving of their time freely. I'm not going to name anyone, not that they don't deserve it—they all deserve it a thousand times over. Unfortunately, I won't be able to name them all. So without exception, thank you everyone. It's thanks to you that we're here.

What is this Inquiry? From my point of view, it's the quintessential citizen act. During this crisis, which has affected everyone to varying degrees, governments at all levels and the mainstream media have delivered a single message, a single vision of the situation.

Many citizens have tried to take their cases to court. Unfortunately, the response has essentially been: "We can't judge the substance of the case because this court does not have the requisite expertise in this subject area; we have to assume that the government is acting in good faith and is, in its view, doing what's best for its citizens." So it's not a question of justice; it's a question of politics. The judicial follow-up was, "Prepare complete case files." But when it came time to talk about the substance, the ruling was: "The measures are no longer in place. The case is now moot. We can therefore no longer process it."

However, for many the damage is irreparable: side effects, broken families, children with impaired development, businesses—sometimes generations-old—bankrupt, dreams shattered. For all these people, moving on is not an option. They can't accept: "It's behind us. No one could have done a better job anyway. Get over it and look to the future". All these citizens need to have their suffering acknowledged and their legitimate questions answered.

They say there are four powers: the legislative, the executive, the judiciary, and the much-vaunted fourth power, the media. But when all four speak with one voice—when even the

opposition parties join in the chorus—what's left for citizens who aren't satisfied? We are, according to all levels of government, in a democracy. And what is democracy? It's government of the people, by the people and for the people. If that's the case, this Inquiry is the finest example of democracy we can dream of. Hundreds of men and women have come together across the country, despite differences of political opinion, culture, and language, to peacefully set up the tool they need, financed solely by citizens' donations, to answer their questions.

From the outset, long before I became part of this adventure, it was decided to look at every angle of this crisis. Not having the power of subpoena, we therefore invited all the government players who took part in the decisions to speak in addition to all those who haven't had a voice for all these years. Unfortunately, so far, unlike all the specialists who have already testified as well as all those you will hear from here in Quebec and next week in Ottawa, none of them have come here to explain their point of view. I find this deplorable.

Our work will be remembered for posterity. A hundred years from now, historians who want to understand how this crisis took shape, how it was managed, and what the consequences were for the population will have access to over 150 hours of testimony, provided by eminent specialists and ordinary citizens alike. Everything will be brought together in one place, with all the evidence and documents that have been recorded. And they'll be able to see—with evidence to back it up—that governments have preferred to ignore all this work. This work will also be of use to any lawyers who want to start proceedings. They will have at their disposal exceptional raw material to prepare their cases.

[00:05:00]

The mainstream media, too, have so far chosen to ignore us. Only the CBC, in a Manitoba regional broadcast, did its job by reporting on the Winnipeg hearing. They noted the seriousness of our work, without bias: journalism that reminded us that it's still possible to do honest work. Fortunately, nature abhors a vacuum. Independent journalists have taken up the baton. Several of them are here, and I thank them warmly. It's thanks to them that many of you are here in the room, and even more of you are listening to us live or recorded around the world. It's also thanks to them that, for the past three years, we've been able to hear different points of view.

"You have to believe the science": we've been hearing this phrase ad nauseam for years. But it makes no sense. We don't believe in science; at most, we believe in the relevance of the scientific method. Belief is a matter of spirituality. We've also been told repeatedly that there is a scientific consensus. You've already been able to verify, by listening to the six previous hearings, that this is far from the actual situation. Over the next three days, you will be able to hear internationally renowned specialists explain their point of view in French. You will observe that, contrary to what has been repeated, the truth is not so simple. As responsible citizens, you can make up your own minds. We invite you to do so. I'd also like to point out that it won't all be about science. We'll also hear from ordinary people who have had to face difficulties that were, and for some still are, far from ordinary. Like many of us, I'm sure you'll come away changed by the experience on many levels.

Finally, from all this testimony, the four commissioners here today will produce a report. I have the utmost respect for the colossal amount of work they will have to do to distill the essence of everything they have heard. Let me introduce these commissioners.

First of all, who will be the spokesperson for the commissioners in Quebec City? Bernard Massie. Bernard Massie has a PhD. He graduated in microbiology and immunology from the Université de Montréal in 1982 and completed a three-year postdoctoral fellowship on studying DNA tumour viruses at McGill University. He worked at the [National] Research Council of Canada, NRC, from 1985 to 2019 as a biotechnology researcher and held various management positions, including the position of Acting Director General of the Therapeutics in Human Health Centre from 2016 to 2019. He has devoted a significant part of his career to the development of integrated bioprocesses for the industrial production of therapeutic antibodies and adenovirus vaccines. He was also an associate professor in the department of microbiology and immunology at Université de Montréal from 1998 to 2019. He is currently an independent consultant in biotechnology.

Next, who is the spokesperson for the commissioners in the rest of Canada? Ken Drysdale. Ken is a professional engineer with over 40 years of experience as a Professional Engineer, which includes 29 years in the development and management of national and regional engineering businesses. Ken is currently retired from full time practice as a consulting engineer, but continues to be active in the area of forensic engineering, investigations, preparation of expert reports, and expert testimony in trial, arbitrations, and mediations. He has testified as an expert witness at trials in Manitoba and Ontario. He has also acted as arbitrator and mediator in disputes.

We will continue with Janice Kaikkonen. Janice's passion is community outreach. She works primarily with vulnerable populations and youth. Janice holds degrees in Island Studies, English and Political Science, as well as in Public Administration. Janice has taught at the elementary, secondary, and post-secondary levels (in the Faculty of Arts, Education, Journalism and Pre-Med). Her research specialization concerns the intersection of public policy and the social fabric, which led Janice to pursue a Doctorate in Theology and Discipleship.

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Professionally, Janice has been a researcher with the PEI Task Force on Student Achievement, a coordinator with Canadian Blood Services, and a contributing member of the Supply Chain Management Sector Council. At one point, Janice established a transportation service for adults with special needs, and owned and operated a summer day camp for youth. In her spare time, Janice enjoys reading and writing and facilitating workshops on effective communications and media.

Currently, Janice is a school trustee in the Bluewater District. Janice and her husband Reima have 7 children and 17 grandchildren, and live on a farm in Southgate, Ontario.

Last but not least, Heather DiGregorio. Heather is a senior partner in a regional law firm based in Calgary, Alberta. Heather has nearly 20 years' experience in tax planning and dispute resolution, which involves assisting her clients navigate Canada's complex and constantly evolving tax landscape. She is a past executive member of each of the Canadian Bar Association (Taxation) and the Canadian Petroleum Tax Society. She continues to be a frequent speaker and presenter at these organizations, as well as the Canadian Tax Foundation and the Tax Executives Institute. Repeatedly recognized in the legal community as an expert and leading lawyer, Heather has represented clients at all levels of court, notably the Alberta Court of King's Bench, the Tax Court of Canada, the Federal Court of Appeal and the Supreme Court of Canada.

To conclude, I'd like to say that the world is watching. Those of you who have, or will have, taken part in this project in one way or another—whether by financing it, working on it, sharing the information, or honouring us with your presence; whether here, online, or in rebroadcast—I thank you from the bottom of my heart. We couldn't have done it without you. You are making history.

Without further ado, you can now listen to a man whose courage was admirable and whose name will undoubtedly be associated with this crisis throughout the French-speaking world and beyond: a man for whom I have the utmost respect, Professor Raoult.

[00:12:33]

Final Review and Approval: *Erin Thiessen, October 26, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 1: Dr. Didier Raoult
Full Day 1 Timestamp: 01:29:40–03:16:45
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
Good morning, Doctor Raoult. My name is Jean Dury, I'm a lawyer in private practice and I've been working in the field of human rights for over forty years, and I'm the one who's going to be questioning you today. I'd like to begin by thanking you on behalf of the Commission for your presence here today, and above all, for all the work you've done, which in Quebec has been followed by many, I can tell you!

So, without further ado, I'm going to touch on certain subjects that you know well, and as a preamble, I noticed that you've said on certain occasions that your job is to find therapeutic solutions for new diseases. And I found it important to emphasize this in the preamble today since it will be a path on which we'll travel today because we were contending with a new disease. Now you have to understand that I'm a novice, so I'm not a scientist at all, and if I make mistakes, you can correct me. I have no problem with that.

So let's go back to March 2020, when we were informed that there was what we called a pandemic. I would like to know, for your part, if you are able to explain to the Commission your thoughts on this notion of a pandemic that had just been determined in March 2020. Can you answer this: specifically, was there a pandemic?

Dr. Didier Raoult

First, permit me—forgive me if this appears pretentious or arrogant—to tell you in a few words what I have done previously in my life. I'm talking about it because we're discussing scientific consensus—I am not at all a fringe thinker. I'm the microbiology man. There are probably people here who know that I have been the most quoted in the world over the past 20 years. Twenty years ago, I was tasked with a report by my Ministry to manage the issue of bioterrorism, which I thought at that point wasn't that serious. I have no regrets. So of course, I took the opportunity to write a report, that is still available online, on how to manage future epidemics, right?

So you could say I had a report that's 20 years old, and I therefore had a very well-defined vision, particularly regarding organization, which led me to set up an institute for research and care on infectious diseases, which is the biggest medical research project contract that France has ever had. So I'm not someone marginal. Maybe my attitude, my hair style appears like that of a weirdo to you, but I'm not a misfit. I've published more in all the infectious disease journals than anyone else in the world. So it's not true that the idea of what was put in place represented a consensus.

[00:05:00]

It's a very interesting way that will explain—of course, it has to do with what I'm going to explain to you.

For the past thirty years, infectious diseases specialists have essentially played a crucial, even exclusive, role in testing drugs for chronic infections such as AIDS and chronic hepatitis. As a result, the links between infectious diseases specialists and the pharmaceutical industry that was developing those drugs became essential, and a very large proportion of infectious diseases specialists no longer did anything else in terms of research—which isn't proper research: trying to provide patients with protocols that were written by the pharmaceutical industry, with all the results analyzed by the pharmaceutical industry, which "ghost writers" published in the *New England* [*Journal of Medicine*] or *The Lancet* or *BMJ*.

So, if you like, that was the situation. And so, in most states we turned towards people who were known to deal with infectious diseases and who, in reality, had no experience at all in epidemics but in the management of chronic infections—like, for example, Fauci in the United States who has done just that for forty years.

You see, emerging diseases and epidemics are very, very different in nature. AIDS was like that in the beginning. I worked on AIDS at the beginning, in the early '80s, and it subsequently became the management of chronic infections with the development of therapeutic optimization by the pharmaceutical industry. It's a different nature. So the consensus we've been talking about in terms of infectious diseases is, from the outset, a consensus achieved by relying on practitioners who, for decades, have been working to develop or evaluate drugs that have been bought—not developed. They are actually developed by start-ups, bought by pharmaceutical companies, by Big Pharma, and who then put them on the market, and then promote them, including in the biggest newspapers.

All this data, it's data that's very well known, it's not paranoid data. You know, three out of four of the last editors-in-chief of the *New England [Journal of Medicine]* wrote this, the current editor-in-chief of *The Lancet* published this, he also wrote this: that the pharmaceutical industry's weight in scientific production has become colossal, since they are the indirect employers or associated employers, people who do and who have become advisors, experts, et cetera. We are in a situation that is not one of consensus, or of reflection on epidemics, but a reflection that will integrate people who have a very particular way of working on infectious diseases, since the infectious diseases on which most people have worked in Western countries are AIDS and chronic hepatitis.

Secondly, the question of the definition of a pandemic: like all definitions, it is a question of the words used. A pandemic means that it is an epidemic that spreads across the entire planet. Now we can see things a little more clearly. At first, it's an epidemic that struck China, with secondary cases in Europe, Germany and Italy, before becoming widespread. What I'm thinking at the moment, after an analysis we're currently carrying out online which is now in preprint, is that a very important phenomenon happened somewhere after the virus entered France— I don't believe at all that the pandemic virus was manufactured in a laboratory, because that doesn't make sense virologically. Two mutations appeared; one mutation in the mechanism that reproduces the virus, which will multiply the number of errors by a hundred. As a result, this virus will become hyper-mutagenic, whereas coronaviruses had the reputation of not being mutagenic.

[00:10:00]

And so, the two previous virus outbreaks that were very similar, SARS in China and MERS-corona—you were unlucky in Canada to have a hospital outbreak of SARS, but it hasn't been reproduced elsewhere—the epidemic was quickly exhausted since the adaptive capacity of this virus, due to its low mutations, was very weak. So this virus which was close to MERS-corona or to SARS, people predicted at the outset that it would develop in

the same way: in other words, that it would disappear on its own. And these two mutations that we will find in almost all the viruses that you've had here and that we've had in Europe—which are in the RNA polymerase and the spike that you've heard a lot about—one has allowed a better adhesion of the virus, the other has allowed a greater speed of mutation—a quite exceptional adaptability, meaning that this virus has given rise to children, grandchildren, and great-grandchildren who each play their role one after the other.

And so this is the point at which we're going to be able to see that this virus is likely to become much more epidemic and change quickly. And so you have a single episode that looks like a normal epidemic, which is the first episode that we have in the world, which gives the typical shape of an epidemic with an acute infection—that is a bell curve—but then new epidemic episodes will appear. I was the first to talk about variants, and people were denying the very idea that there are mutations or variants. It was only when people in England, at the Wellcome Trust, said that there were variants, that the idea of variants was accepted, although this happened three months after I spoke about it.

So we are faced with multiple viruses, and which will have— The meaning of your question is even deeper than you imagine. We have conducted considerable analysis of the variants: that's 60,000 genomes in my centre alone. And what's really interesting is some of the variants have gone pandemic; what we called Alpha, Delta, now Omicron are pandemic, meaning they're found all over the world, while some variants have remained epidemic in particular areas. For example, the one that killed the most people in France is called Marseille-4. It developed in mink and spread to parts of Europe, but did not invade the whole world. Another variant has been detected in Spain and England, and has not become a pandemic but produced a limited epidemic. And why some of these variants became pandemic and other variants caused limited epidemics is quite incomprehensible at the moment.

So a pandemic is simply the observation that a virus is taking hold everywhere, but we don't know why. We're starting to get data, but it's a bit technical. Viruses exhaust themselves if there is not a new fertile mutation, meaning one that restarts the story. Otherwise, the mutations that accumulate spontaneously lead to the end of the epidemic.

Jean Dury

Thank you, Doctor. Before continuing, I have to swear you in. I didn't do it initially, but we can do it retroactively. So everything you said will be under oath, so, well, it's called a solemn oath. So do you swear to tell the truth, the whole truth? Say, "I swear."

Dr. Didier Raoult
Yes, I swear. I would like to add my conflicts of interest, I usually do. I have been working for the development of an electron microscope for Hitachi for several years, and since the beginning of the year, I have been scientific adviser for Orofa, which is a company that does biological diagnostics.

Jean Dury
So I'm going to ask you a question that has gone around the world: we're going to talk about hydroxychloroquine. You found a therapeutic solution, and can you tell us briefly about this episode in your life where you were confronted by your peers and many other doctors around the world, when you advocated for hydroxychloroquine? Can you tell us about this therapeutic strategy that you undertook at that time?

Dr. Didier Raoult
So hydroxychloroquine is part of a group of molecules that was studied in the '80s for their role in the cell.

[00:15:00]

Hydroxychloroquine is a weak base, meaning it is basic and not acidic like amantadine. All basic products, which are relatively small in size, enter the cell easily, by diffusion, and concentrate in a very acidic area of the cell called the lysosome. And they modify the pH, the acidity of this lysosome, by changing it from pH 4.7, which is an acid pH, to pH 5.6, which is a little less acidic. And by doing this, they change the physiology of how the cells fight against microbes.

So I analyzed the role of hydroxychloroquine. All of these things were measured first by another team, an American team that was working on Q fever. And so, I was a specialist in Q fever, which we couldn't manage to treat effectively. I analyzed this drug in the context of Q fever. For 30 years now, Q fever has been treated with hydroxychloroquine coupled with an antibiotic, because the antibiotic in an acidic pH doesn't manage to kill the bacteria, whereas if you raise the pH a little, then the antibiotic kills the bacteria. So it's a molecule that I know very well, that I have prescribed myself—I'm also a medical practitioner.

I've treated thousands of people with intracellular bacterial diseases—Q fever, Whipple's disease—and I've been requested to consult around the world, including in Canada, for advice on how to treat them. And by using this phenomenon, which is that by raising the pH

level of the vacuole, that is, the little sac in which the microbe is found, you change the life of the microbe in the cell. So if bacteria, viruses or parasites enter the cell through a vacuole, which we call phagocytosis or endocytosis, in most cases, the lysosome sticks against this vacuole; they fuse together; they pour enzymes into it, and these enzymes are only active at acidic pH.

So you change the nature of what is happening, and that includes with viruses. And so, long before us, there were people who had written a paper in *The Lancet* saying, "Look, we need to evaluate the antiviral activity of hydroxychloroquine because some viruses enter by endocytosis, including one of the two influenza viruses." And so when SARS arrived, hydroxychloroquine was tested for SARS. At the time, Fauci said: "It's likely that the only drug for SARS-1 is hydroxychloroquine." And the Chinese had tested hydroxychloroquine, just as the Koreans had tested hydroxychloroquine when they had problems with MERS. So it was a phenomenon that was not at all unexplained nor inexplicable.

Simply put, it's not a classic antiviral. Antivirals generally act on the enzymes of the virus itself, or on exchanges, or on the mutation of viruses. In this case, it's a general phenomenon which affects the ability of the virus to leave the vacuole it's entered through fusion with the lysosome. And in preventing this activity, you prevent the virus from multiplying. So it's a well-known phenomenon.

Furthermore, I chose hydroxychloroquine because it was an extremely well-known drug. There have been billions and billions of prescriptions that contain chloroquine or hydroxychloroquine. There was a year, I believe it was 2006, six billion treatments with chloroquine were carried out in countries around the world, since it was the standard treatment for malaria at the time. We used hydroxychloroquine for a year or two. I treated more than 4,000 people; we never had an accident, either cardiac or ocular. Hydroxychloroquine is used constantly by rheumatologists to treat the common disease of rheumatoid arthritis and also lupus, which is also a disease due to antibodies, specifically the same antiphospholipid antibodies that we sometimes see in SARS, and which cause heart damage.

Globally, it's the drug we use to combat autoantibodies, autoimmunity antibodies. It's a very well-known drug, and we know—I did thousands of tests before this adventure—that **if you give 600 mg a day of hydroxychloroquine, after a few days you'll have 1 µg/ml of hydroxychloroquine, which is sufficient, according to the first in vitro tests we did, to neutralize the virus.**

[00:20:00]

So all of this is very basic and understandable science. It's not mysterious, it's just mysterious to people who haven't looked at the literature, who don't know what they're talking about. It's all understandable science. In fact, I immediately reacted to the first statement made by the Chinese, who were the first and only ones to say at the start of the epidemic— The man who managed the first episode of SARS in China said: "There are only two drugs we've tested that are effective: Remdesivir and hydroxychloroquine. And because we know hydroxychloroquine, we know it's not toxic, we know the dosage, we're going to start treating people with hydroxychloroquine." And they announced preliminary results that said there was some efficacy.

So all this was knowledge, there's no improvisation here. So we quickly applied for authorization to carry out a therapeutic trial. As luck would have it, we were able to do a comparative trial with people whom we were able to diagnose, but couldn't treat with our protocol, which wasn't yet ready. Because they weren't included, they served as a control group where we simply measured viral load. That is, did the virus decrease more rapidly with or without our protocol? This was our finding, and it's a paper that's caused quite a stir. In fact, I didn't think that you could unleash such astonishing passions by doing science.

Jean Dury
Yes, in this vein, you often said that most of your detractors knew nothing about science. And I can tell you that it reached a lot of people when you said that because you mentioned that the majority of those making policy regarding COVID came from the National School of Administration. Could you please speak a little to a subject about which so much ink was spilled?

Dr. Didier Raoult
To tell you to what extent science is not what is explained in administration schools—but I understand. The reason why I didn't want to participate in the French Scientific Council is that the politicians wanted to say that they were making political decisions in the name of science, but it wasn't in the name of science, it was in the name of political strategies, which were not scientifically validated.

So for example, we now know that there was no evidence to suggest that wearing masks in the street would reduce the epidemic. We have shown that to be false. The lockdowns had no scientific substance. And besides, the Swedes, who have had no change in their life expectancy, never applied lockdowns. So all of this wasn't science, it was politics. It's all

very well, people have to be political. But, as for me, I didn't want to be exploited as a scientist, to be said to be the one who did it. So I wouldn't have wanted to play the role that Fauci was doing, or what Delfassy was doing: to say that we make political decisions in the name of science. I don't agree, and it's not my role. My role is to talk about science, it's not to make political decisions. I never wanted to do politics. Besides, no one is able to say what my political opinions are. If anyone knew, I'd be interested in knowing what they are, because they vary depending on the situation.

Jean Dury
We are going to talk about a subject that has shaken the planet. It's the subject of vaccines. So it's a big topic. I would like if you could give us at the Commission an opinion on the effectiveness of vaccines, if you would.

Dr. Didier Raoult
You are talking about the COVID vaccine.

Jean Dury
Yes, which have been offered.

Dr. Didier Raoult
Not to advertise, but I wrote a book on vaccines five or six years ago, long before this, and I agree with everything I wrote about vaccines at the time. So on the question of vaccines, we have to try not to get caught up in binary arguments of "I'm for vaccines or against vaccines," which are idiotic.

Jean Dury
With that, I agree. That's not what I'm asking you. I agree with what you've said.

[00:25:00]

Dr. Didier Raoult
There are vaccines that work very well, that have made it possible, at least in the one case of smallpox, to eradicate a disease; and others that have made it possible to reduce the

incidence of disease very, very dramatically. There are at least a dozen that work very, very well, that are indispensable. And in France, I played a political role in getting two of these vaccines reimbursed. There are so many. One for the Hæmophilus influenzæ vaccine, the other for the hepatitis B vaccine which were not subject to reimbursement in France for ideological reasons. Since then, the ideology has changed. In the '90s, the people who were hostile to vaccines were rather "New Age," rather left-wing; and now, those who are in favour of vaccines at all costs are rather left-wing.

So the tide turned as to those who were against vaccines. You know that in California, there's a huge drop in vaccination, which was due to left-wing hostility. And at the time, they were teaching at the national health training school that vaccination policy was directed by the pharmaceutical industry, and that the tragedy of the imputed link between hepatitis B and multiple sclerosis was an error linked to pharmaceutical lobbying. When I asked for the science to be re-examined, I was accused of being an ally of the pharmaceutical lobby, which is a laughable accusation—as you can see, times are changing—because it's all a kind of ideological simplification.

Now, to come back to the vaccination for COVID, we are in a situation in which we have over-dramatized an epidemic by making people believe that everyone was going to die from this epidemic. I will remind you that in most countries— apart from the United States, which is the country that has had the most singular management of all for reasons which I believe I know and will share with you—of the people who died, half of them were over 85 years old. Ninety per cent of them were over 70 years old.

So we were in a group of diseases that we know—that is, in the elderly or those who have associated pathologies, immunocompromised, Down syndrome—with a very, very high mortality. Well, with these people, you have to have protective measures, and you had to have them as soon as possible in the EHPADs. EHPADs are what we call nursing homes. Well, we had to take care of these people right away, so we immediately tried to put protocols in place. We reduced mortality by 50 per cent with therapy, but we were forbidden to continue. So the immediate targeting of this disease was therefore essential.

The over-dramatization caused the government to say, "We're not going to require the scientific validation that we normally require for a vaccine." And all of this was pushed very, very, very hard by, in particular—I'm sorry, but it's the reality—by Bill Gates for years. He proclaimed: "We will have to have vaccines in six months." However, it's not possible to validate a vaccine and its effectiveness in six months. It's impossible. So if you want to validate it in six months, well, you can't really assess its action against— That's what happened, we never tested for contagiousness.

So this vaccine was sold as a solution to a panic-stricken population, saying, "Listen, when the vaccine arrives, we are going to have a magic wand and this magic wand is going to be to vaccinate everyone. And then the disease will be over." But if you consider the results now, it's terrible by the way. As nobody remembers, and they remember less and less, nobody sees. You just have to look. You know, there was a very good site, which I looked at very, very regularly: the Johns Hopkins COVID. You only have to look at it to see that the vaccine did not change the impact of the disease. It has not changed; the impact is the same.

So secondly, regarding its effectiveness, we saw this very quickly because we asked people who came for testing. We did 1.2 million tests in my Institute and we asked the people we tested: "Have you been vaccinated or not?" And we quickly realized that vaccinated people were just as infected as unvaccinated people. So we knew there was no protection against infection. Everyone knows that now. So the eradication or elimination of COVID was something that we very quickly knew was not true, despite the fact that every time I talked about it, people tried to say: "It's not true."

But you only had to look at the vaccination coverage in England and the rebound immediately after, and you only had to see what was happening in Israel. This is all on Johns Hopkins COVID, you have to just look. Or look at South Korea. There was no COVID before the vaccination, and after the vaccination we see COVID exploding at a time when there was a considerable vaccination rate. So we know very well that it will not protect against the disease.

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The second question is—okay, if we come back to a proposal that is reasonable, at least at first glance—which is one we know about for other respiratory viral infections. We should bear in mind that for respiratory viral infections, we currently have no vaccine that can ensure lasting immunity. There are none. And the diseases themselves, like COVID, you know well that there are people who have had COVID three or four times, so it's not protective. You cannot envision a protective vaccine when the disease itself is not protective because the immune response during a disease is considerable. And there are no examples of non-immunizing diseases for which we have vaccines that provide lasting immunity. That's basic. It is a basic scientific concept. It's because people are ignorant that they don't know that.

We well know that what happens with the flu is the same problem. One, it mutates. Two, it rearranges itself. There is a lot of rearrangement with COVID also. And it's a viral respiratory illness that's not immunizing. You have a flu and then you have another one the

following year, or you don't have it, for reasons that we don't understand. And so the flu continues. And every year, we make vaccines for the flu. And fine, all it does is lessen the severity a little bit in those most at risk. That's the efficacy.

And unfortunately, the subjects most at risk are those who have the poorest immune response. This is one reason why it decreases the mortality a little. It's not totally ineffective, but it's not terribly effective. Even so, the flu vaccine provides some protection against contagiousness for three to four months. And so, this is one of the reasons why it is recommended by most countries for healthcare personnel in direct contact with patients during the seasonal epidemic. This isn't extreme, it's just knowledge.

So this vaccine has been produced under conditions that make it impossible to evaluate all the groups. In other words, you can't test its safety and efficacy in pregnant women so quickly. You don't have time to test it on children. You don't have time to test its efficacy against transmission. So those three major elements. And the only thing you can test —and that has been tested—is whether there are more or fewer symptomatic forms in people who are not vaccinated compared to people who are vaccinated. There were preliminary results within three months showing that—and again, we can't assess the efficacy of this vaccine at six months because it hasn't been tested for six months.

All this is being done in real time in the general population, even though it hasn't been tested. And, of course, it hasn't been tested, so we don't know the results. And when we see the results, well, there's a certain number that don't work. So in terms of effectiveness against contagion, we know that we can't eradicate it. We've got the simple and absolute proof. We've really seen it. This disease cannot be eradicated by vaccination. Afterwards, if you want to prove it, you know, there's always someone who'll make you a mathematical model paid for by a famous foundation to show that it works. And if you simply look at the variations on Johns Hopkins COVID, you'll clearly see that the efficacy surrounding transmission isn't great. We've just published a study on 30,000 people we've treated here. Regarding the efficacy for high-risk subjects, there's a certain efficacy on the severity for the oldest subjects, those over the age of 75. They have fewer severe forms.

Then there are the side effects. I was the first to speak up about this in France. We had a very young care worker who was vaccinated and lost an eye because she suffered a deep retinal vein thrombosis. Then, of course, there was a great reluctance on the part of staff to seek treatment. People say it's because I was the one expressing reservations, which wasn't the case. It's because people were talking. When you have a 25-year-old girl who loses an eye, all her caregiver friends in the hospital find out very quickly, and then people get suspicious. The facts were in. And so that was with the AstraZeneca vaccine. Very quickly, I

announced on my channel when I was doing my shows that I recommended that women under 50 shouldn't be vaccinated with this because they were the people most at risk. They shouldn't.

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Afterwards, England itself banned it, and everyone dropped it. Everyone forgets that I'm the one who said it in the first place, because afterwards, everyone interpreted it as a general position against the COVID vaccine, a general position against vaccines in general, which is stupid. Sorry but I don't want anyone to think I'm stupid. I'm not stupid at all. Well, if I am, I don't realize it.

All that. Then we saw the story of myocarditis in Israel. The proportion of myocarditis is currently unknown, especially because there is a proportion of sudden deaths in young subjects, and particularly in athletes, which has not been explored. For a long time, people denied that it causes myocarditis, but now nobody denies that. There are people for who it's not important.

But we have to assess all vaccines, if you like. That's why I can't answer your question directly as to whether I'm for or against it: all vaccines need to be examined in a balance of the risks and benefits involved. We have the same results as, for example, the Swedish government, which has just published a very well done, intelligent study on the mortality rate of people under the age of 45 with COVID, specifically, from the moment they are sick. We must treat them. In France, we did a terrible thing at the beginning, when we said: "Don't treat the sick, stay at home, don't bother your doctor." Doctors didn't respond. "Just take some Doliprane [an analgesic] and if you're out of breath, go to the emergency room or phone the SAMU [emergency services in France]." This was a huge mistake because if you don't know anything about a disease, you have to start by studying it.

That's what we did, we started by looking at the patients. And so we realized, as the Chinese had written, that the disease presented itself on the respiratory level initially as a drop in oxygen that exhausted the patients, without any increase in carbon dioxide. It's carbon dioxide that leaves you out of breath. In influenza, you have both a drop in oxygen and an increase in carbon dioxide. It's all about gas exchange. And so, when things aren't **right, you realize it because you're out of breath. Whereas in this disease, when you're out of breath, it's very late, it's time for resuscitation. For a long time, you've had very low oxygen, you've exhausted yourself fighting to get oxygen, and when you can't fight any more and you're suffocating, it's extremely late.**

And so in this disease, you have to measure oxygen concentration very, very early on with pulse oximeters. Everyone ended up buying pulse oximeters. The Ministry finally recommended it, three months after I recommended it. So you have to measure oxygen at home. It's medicine; it's science; it's the experts versus the administrators. It's different worlds, you see. And so if you oxygenate them, you lower mortality in the youngest subjects, because they will recover if they don't have to struggle for ten days to be able to oxygenate themselves. Otherwise, they won't get to intensive care—they will die.

And we know this too because we had our aircraft carrier on which there was an epidemic of 700 people with zero deaths. We had an epidemic on a cruise ship in China, and with those under the age of 70, there were zero deaths. And so in Sweden, when they assessed this, they determined that there was one death for every 10,000 infected people under 45 years old. So if you want to know what the relative risk of dying is when you're under 45, you have to multiply that by the frequency of the disease, and the frequency of the disease during this observation period in Sweden was of the order of 10 to 15 per cent. This means that between the ages of zero and 45, there was perhaps one death per 100,000 people who would die from COVID-19.

So when you introduce a vaccine into this population, if you know from the very beginning that it doesn't play a role in controlling the epidemic, then you have to tell yourself that the vaccine must have less than one death per 100,000 people. And this, of course, you can't test yet. And that's what benefit/risk is all about. There's been devastation in 85-year-olds, so, if you were to say, "Look, if there's one death per 1,000 or per 10,000 in people vaccinated," next to the risk of dying from COVID, well, my God, we can take the risk. The expected benefit is reasonable. But when you have no expected benefit, well, no risk is tolerable. Is that clear?

Jean Dury
Yes. In fact, I just wanted to add that you can be sure I didn't get into a question about whether you were for or against vaccines because I know we've tried to catch you with that on several occasions.

[00:40:00]

You answered well. We were talking about the vaccine's effectiveness, not whether you're for or against it.

Now, I'm going to address a subject that, for me personally, is very important, and that's censorship. Just to put it in context, Professor Raoult, in Quebec we have around 400,000 professionals who are subject to 42 or 44 professional orders, and each professional order has an employee who, during the pandemic, monitored social networks to see if there was any deviation, or to see if there was any professional who thought differently from the way the government wanted them to think. When this happened, the professionals would suffer the wrath of these overseers, and often it ended in disciplinary complaints. It wasn't just medical disciplinary complaints, or those who belonged to professional orders related to public health, but it could be a surveyor, an engineer, or any other professional order.

So there was a lot of censorship, and of course, I mentioned that this was something I'd been working on since I was very young. And now that I've given you a bit of a context on what's going on in Quebec, I'd like to get your opinion on what's going on in your circle and what you think of the benefits—that is, not the benefits, the opposite—of censorship in Europe at the moment.

Dr. Didier Raoult

I wasn't expecting, if you will, this degree of censorship. I could see it coming because I was doing a whole series of seminars very regularly in my Institute, and I had already compared, if you will, the information provided by the traditional media, the newspapers, in this case, therefore, *The New York Times*, *The Washington Post*, *The Guardian*. At the time, this had been analyzed by *Our World in Data.* And I compared this to information from Google and social networks. We could see that the traditional media focused on two or three areas, if you will, whereas the social networks were much broader in terms of causes of death.

So if you look at the mainstream media reports covering three causes of death, that is, terrorism, suicide, and homicide—that was before the COVID era because after, it became all about COVID—in 70 per cent of articles talking about death, they were about these three types, while these three kinds of death represented perhaps less than 5 per cent of causes of death depending on the country. On the other hand, the social networks only talked about them 20 to 30 per cent of the time. So the understanding of mortality in social networks was much closer to reality than that of the mainstream media. So the bias of the mainstream media was extremely clear to me after this discovery, and that bias has absolutely incredible power—the same in France.

But what was really interesting, and something I wasn't aware of, was indeed censorship on social networks. My first intervention on hydroxychloroquine in China, reporting on

what was happening in China, was labelled "fake news" on Facebook and "fake news" on the Ministry of Health website. Afterwards, I said, "Wait, I'm reporting something that was officially said in China. You can't say it's fake news. You can say the Chinese are lying if you want,"—that was the big thing—"but you can't say it's fake news." So, everything that has been instituted over the last few years by fact-checkers, fake news, et cetera, in reality is information control. It's censorship.

And then, as we've seen on social networks, people regularly have their videos deleted on YouTube. That wasn't the case for me because I was a bit too big for them to really do that to me. Besides, every time I talked about something, I was careful to rely on texts that were written and known. I expressed very few personal opinions. In reality, I was explaining what I believed we knew based on information that was published. But it was absolutely enormous. Moreover, since he bought the Twitter network, we can see this more clearly now with Elon Musk's willingness to remove and report on efforts that have been made to censor communication on networks. So this is a very striking development.

[00:45:00]

I can tell you I'd only read about this evolution in Hannah Arendt's work on totalitarianism, and I recommend that you read it because it's extremely disturbing. She explains totalitarianism very well; it's very different from dictatorship. In a dictatorship, they force you to obey, but in totalitarianism, they want to force you to think the way they tell you to think. I feel that we've entered a phase in the West which, in my opinion, is very, very close to totalitarianism, and which can be very, very well studied with respect to the establishment of Communism. If you read [Arthur] Koestler's *Darkness at Noon* or you read about Nazis, that's how it's done, it's propaganda. "You've got to think like that, you've got to recognize when you've said something else, that you've got it wrong, you've got to be self-critical." But we know all this, we just didn't think the world we lived in was going to become like this.

As such, we need an extremely strong democratic reaction to prevent what was described in *1984*, in other words, the establishment of the Ministry of Truth. We also had the Ministry of Truth, and it's interesting because the Ministry of Scientific Truth, if you like, has its own ways of measuring things. Among scientists, our measure is the number of citations we have or a construction based on the number of citations called the "h-index." So, I had visits organized with the intention of destroying the Institute and the work I was doing, by eight people who are senior civil servants of the Republic, mandated by two ministers, as well as upper management of the equivalent of the FDA, and I had fun taking all their scientific output and letting them know that, "There are months when I published

or was cited more than all of you combined. So, you can't tell me that this is science, that isn't science. It's ridiculous, it's ridiculous." So clearly, it's not in the name of science.

But there are other things I've discovered. So, there's a site called PubPeer, which is an online denunciation site which analyzes your studies, including analyses done by anonymous people who have no scientific knowledge, and then bombards the newspapers in which you've published to say that you've cheated, that you broke the rules. So you see, there wasn't just censorship, there was an absolutely incredible aggression that I'd never imagined possible.

And then there was cheating, really, because "Lancet-gate" is nothing other than cheating. In other words, that unknown people managed to get 80,000 medical files of patients treated with hydroxychloroquine and that 10 per cent of them died, and published this in *The Lancet*. I can tell you, and you can mark my words, I was *The Lancet*'s only editorial consultant. Once again, I'm not a minor figure; I've been *The Lancet*'s only French editorial consultant for some 15 years.

So I sent a paper to *The Lancet* in which we report 3,000 cases, and okay, the paper isn't reviewed because it was about chloroquine. I receive for review a paper by rheumatologists from a world association of rheumatologists, reporting a million treatments with hydroxychloroquine over several months or years, in rheumatic patients, and showing that there are no cardiac incidents. They reject both papers and at the same time publish a paper in which they say that there are 10 per cent deaths out of 80,000, whereas they had in their hands the rheumatologists' paper with one million without deaths.

So, if you will, this is extraordinary. This means that censorship was exercised not only at the level of the press, but at the level of the scientific press like I'd never seen before. What happened was unheard of—and therefore, that led me to have a political reflection on how to clarify this? How do we deal with this? You're a lawyer.

Personally, I'm struck by all the drama we've seen in recent years with the pharmaceutical industry. Maybe that will change with Purdue. In the United States, an estimated 100,000 deaths a year have been caused by OxyContin: Purdue, advised by the pharmaceutical industry's top consulting firm. Perhaps some people will go to prison. But for Vioxx, which is estimated to have killed 60,000 people, there hasn't been a month's imprisonment.

So, if you will, our society needs to reflect. The only penalty there is—and in the United States, they still penalize them—they take money from them, they take billions from them. In France, they don't even go this far, or only take extremely small amounts.

[00:50:00]

I don't know if they penalize them in Canada when they realize that they lied, concealed the results.

This is all happening. Again, you have to stop saying it's conspiracy or paranoia. You just have to look. There are lots of sites that measure the number of— I don't know how many, Pfizer must have had 20 billion in fines in recent years, Merck, the same. So these are fines for cheating, fraud, bribery, illegal financing of doctors for prescriptions. All this is perfectly well known. So quite simply, society hasn't taken measures that are commensurate with the deaths that have been identified. These are indirect homicides and should be treated as indirect homicides, okay?

And they are not, because there's a false naiveté that suggests that the pharmaceutical industry is not like all other industries. Yet, it is an industry just like the car industry, which cheats with diesel, or like tobacco. It's all the same. The aim of an industrialist and an industry leader is to make money so as not to go bankrupt because otherwise he's obliged to put people out of work. States protect them. And all this has to be regulated because the pharmaceutical industry is no different from any other industry. There's no conspiracy or paranoia here.

It's hard to see how we could regulate Pfizer's sales in 2022. It's $80 billion, including $22 billion in profits. You can't let that go unchecked. You just can't. It's a challenge to all human intelligence. The whole thing has to be contained. You can't imagine: in Europe, we have not been able to get the status of the European Commission's negotiations to spend 41 billion dollars. There's no visible trace of it. It's a world that shouldn't exist. In a regulated world, such things don't exist. So there's a real fundamental problem here, which is that first we say "but it's for the good of mankind," so, we agree that it's for the good of mankind and therefore, we throw out all the rules.

I'll give you another rule to which I'm very attached. In my Institute, from the outset, one of the major undertakings was to create our own professional conduct and ethics committee, because I think this is one of a number of things that has been hijacked. We've ended up distorting ethics, which is never more than the morality of the doctor-patient relationship, into something that is purely regulatory and administrative.

Let me tell you something. We do not accept so-called non-inferiority trials, meaning trials in which a molecule is tested that cannot be of any benefit to the patient. It's meant to show that the new molecule or strategy is no worse. In Quebec, we would have said, "It's no worse than the molecule that already exists," alright? But in reality, patients are never informed that they are taking a risk because what we're testing is whether the new molecule is less risky than the old one. We decided that in our Institute, we wouldn't do or take part in any non-inferiority studies, unless on the paper that we give the patient we say: "You're taking an unknown risk." That's one thing.

Secondly, we're very concerned by these developments: normally, the Declaration of Helsinki, which hasn't been followed here—I don't know if it's been followed in Canada—stipulates that if a doctor earns money by prescribing a new treatment that hasn't been evaluated—which was the case for all vaccinations, we were in a phase III trial, it was still in the field of research—the patient has to provide consent. And so if we ask a patient to accept, we have to tell them whether or not we're getting money. I can tell you that in France at least, when it comes to therapeutic experimentation, there's no doctor or principal investigator who says: "I'm being paid and I'll earn more money if you say 'yes' than if you say 'no.'' It's not clear in the files we give them.

And the third thing, which is something that is absolutely terrible: I don't know if it happened in Canada, but back home, there were a number of professions for which vaccination became compulsory. But this collided with the fact that people were being asked for their consent since we were in an experimental period. But it's stipulated, including in the Declaration of Helsinki, that you can't ask someone to consent if saying "no" penalizes them in comparison with saying "yes."

[00:55:00]

You know very well that when a therapeutic experiment is carried out, you have to write on the consent form—and we didn't say this for the vaccine, it's an exception to all ethical rules—"Listen, you won't have any sanctions, penalties, or problems with your care if you say 'no'." So it's genuine consent, not an obligation. From the moment it ceases to be risk-free consent if you say "no," it's an obligation; and so this obligation, theoretically, in an experimental phase cannot be imposed.

There's a real problem here that's been generalized worldwide. In other words, in a product that hasn't been fully evaluated, that's going to be evaluated on prescriptions as a whole, well firstly, the states have assured the pharmaceutical industry that it won't be

prosecuted. So on the one hand, the states will assume the dangers and penalties if there are prosecutions. And on the other hand, well, the study wasn't finished. Volunteers would have been found because there was considerable initial appetite for the vaccine.

We were the first vaccination center in Marseille so once more, we had to put things in place and stop the "for or against vaccines" nonsense. There were people crying to be vaccinated. At the beginning, we started by vaccinating the oldest people, but there were people who were ten years younger than the initial vaccination age, which was over 70, so there were people in their 60s or 50s who were crying to be vaccinated, so there was an appetite for this vaccine. There were people who didn't want it, but there were people who really wanted it. There was considerable emotion involved because once more, this calm analysis of benefit and risk—for benefits that were not known—could not be carried out. All the benefits were hypothetical.

Jean Dury
You mentioned a subject that captures everyone's imagination: conspiracy theorists. I'd just like to say that, in Quebec, in cases where I've personally acted and the subject has been raised, I've always objected, saying, "There is no definition." It's a journalistic discourse and it's impossible to frame the term "conspiracy theorist" in a court of law and have a judge say what a conspiracy theorist is. So, I'll just mention that I'm going through this right now in Quebec.

Dr. Didier Raoult
The Minister of Employment too, I assure you!

Jean Dury
I speak of in court. For me, the courthouse is where I act. I've always objected, I've always won, I've always challenged. And I'm against the idea of going to court to define the word "conspiracy," and it's very difficult to define, by the way. You mentioned consent, and we're very concerned about that too because the Supreme Court of Canada ruled that no one can be treated without consent. And I can tell you that this principle has been unfortunately disregarded in the case of the vaccine.

I'll close by telling you what I heard on social networks, that in May—around May 23, I believe—at the World Health Organization, there's going to be a meeting to establish laws

that will oblige countries to follow all WHO recommendations when next there's a pandemic. Are you aware of the current situation?

Dr. Didier Raoult
No, no, no, I don't follow that closely. Once again, I'm very, very concerned about the financial power in the 21st century—and I'd like to make a comment about this—and the considerable conflict of interest that Bill Gates has in this affair. Bill Gates, through his two foundations, Gavi and Bill & Melinda Gates, is the leading funder of the WHO, ahead of the United States. He has a policy that he has always declared and he has personal investments in those stated goals, which make this the biggest conflict of interest in the world. So here's a real question and one day it will have to become clear. Here too, I agree with you: in 10- or 20-years' time, when people look at this, they'll be laughing at us. We can't have healthcare run by a billionaire who thinks he's God and invests in the areas he predicted we should invest in.

[01:00:00]

I think we have arrived at a problem which is staggering, I find it so big.

Now there's something I'm going to tell you that I find very interesting and fascinating. Doesn't it all come full circle? You probably know, because you're neighbours, that in the United States, there has been the biggest drop in life expectancy of any country in the entire 20th century since the beginning of the COVID episode; but it started even before that, about ten years ago. So at present, life expectancy in the United States, which is like the blink of an eye in terms of history, is lower than in Cuba, lower than in the Maghreb countries, and lower than in China. Yet it is the country that spends the most on healthcare. And it's the country with the most pharmaceutical companies.

So I don't know what conclusion you draw from this. But what's very interesting is to see that countries which only use generic drugs—none of the molecules invented during the 21st century—have a life expectancy that hasn't stopped increasing. And the countries in which this disease has taken its heaviest toll are the countries in which the pharmaceutical industry is most powerful: in Western countries, and in particular, the United States. But I will never wager anything on the United States because it's so multifaceted that anything is possible.

I think they need to reinvent the law against Rockefeller for the pharmaceutical industry and for GAFA [Google, Apple, Facebook, Amazon]. I don't think we can let monopolies get to

be this size without breaking them up because they're becoming too powerful and too dangerous for democracy. The Americans invented that. The same goes for white collar crime and conflicts of interest. I learned all this when I did my post-doc at Bethesda. That's when I became aware. How could we have ignored that? You know, the chap who during this crisis became editor-in-chief of *Clinical Infectious Disease*, which was the *American Journal of Infectious Disease*: he was on Gilead's board. How is it possible to have been so negligent about conflicts of interest? It's a terrible thing.

So I believe that a certain number of basic principles of liberal democracy have been bypassed or forgotten in the name of "we're doing all this for your own good." I don't believe that. Just as I don't think there's such a thing as a free lunch, but that was also something a great American economist said.

So I think we need to return to a controlled liberal democracy, that is, with checks and balances that are commensurate with the powers that be and with transparency. For example, we've just done a study that I am having difficulty getting published in the major journals, but which is original in terms of a study. In it we've included 100 per cent of all the patients we've treated in the Institute, just over 30,000, whose therapeutic data is external to the IHU [l'Institut Hospitalo-Universitaire], that is, external to hospital pharmacies. The phenomenon we're studying—mortality—is external to us. We used national statistics where we examined name by name and then, according to the treatment, we compared the mortality. And all this data is already available on a data bank that anyone can view, 100 per cent. Our analysis is our own, but raw data are raw data.

Until now, we've never been able to get the raw data from all those analyses claiming that this works or that doesn't, particularly from the pharmaceutical industry. As you can see, it's a first to get Pfizer's results because the Texas court required Pfizer to make them public. Otherwise, I believe—I may be talking nonsense, you know better than I do—that in the United States, as this is considered a trade secret: the results of these expert reports can remain undisclosed to anyone—apart from the FDA—for ten years. This means that other researchers cannot look at them, see what has been removed, what has been eliminated. If it hadn't been for this situation, a story like Vioxx, again with an estimated 60,000 deaths, would never have happened. So the fact that there's no transparency about therapeutic trials is totally immature.

So we cannot simply live as if, we cannot do, we cannot believe that the role of the pharmaceutical industry is to do good for humanity. I know one of your commissioners is a theologian, but I'm sorry, this isn't about the goodness of God or humanity. It's about money.

[01:05:00]

So we need to get back to figuring out how to control, what controls are possible so that there are no attempts to buy each other off, no special rights, no financing. How do we control this? We need to be adults and consider that this is the same thing as "Dieselgate," it's the same thing as tobacco, it's always the same thing. And so we have the impression that these lessons are totally forgotten or simply that we act like they don't exist.

Jean Dury
So as far as I'm concerned, Doctor, these are the questions I had to ask you today. Thank you very much for being here and for being questioned. Are there any questions? Please remain at the disposal of the Commission, which may have questions for you, Doctor. Thank you for your time.

Commissioner Massie
Hello, Professor Raoult. My name is Bernard Massie. I'd like to thank you very much for taking the trouble to come and give us these absolutely detailed explanations, which allow us to really understand the situation we're in. I've been personally following you since February 2020, and I'd like to thank you personally for being a voice of reason and serenity in this madness, and for enabling us, through rigorous science, to really come to grips with what we're dealing with. That's my comment.

I'd like to ask you a few clarifying questions. I've followed a lot of your conferences, and among other things, I've noticed that you regularly cite the data available on the Johns Hopkins site and *Our World in Data*. I've always had a certain, well, we follow this data and assume that it's collated as rigorously as possible. I've always had a certain reserve in view of the work you've done at the IHU [l'Institut Hospitalo-Universitaire] with Bernard La Scola, in particular, to demonstrate that the presence of an active or infectious viral load obviously depends on the number of PCR cycles performed to detect the presence of an active virus. And I know that in Quebec and in other parts of the world, PCR replication cycles have perhaps been exaggerated, let's say, to such an extent that I've always wondered a little about the famous epidemic curves, which are essentially based on the presence of positive signals, the accuracy of which is ultimately questionable.

How do you analyze this data, given that, well, it's the data we have access to? I know you've been very rigorous doing this in your Institute, which gives you perhaps a much

more accurate picture of what happened in the epidemic phases. How do you work with these sites to extract information that can be useful in understanding the broader picture?

Dr. Didier Raoult

I agree with you. I can tell you one thing, though: this, too, may be something to think about. When I started, we had an Institute that was over-equipped, probably the best-equipped microbiology laboratory in the world. Our equipment was exceptional. And so, when things started happening, we were already doing 300,000 PCR tests a year. All we had to do was add PCRs for COVID at the start, which wasn't a particularly difficult thing to do, and we managed to do up to 5,000 a day. In France, the policy was created by people who didn't even know what a PCR was, or who performed very few of them. It was based on the fact that "we don't do testing." Instead, we tested those who were identified as highly likely—predictive value—of having a significant positive test, and this became absolutely ridiculous. I pointed this out three times. It provides an almost magical illustration of this crisis. Listen carefully, because it's so big, it's like a novel.

So in the beginning, the Ministry said: "Since there are so few tests, we can't do any tests. In my lab, I was told, "We can already do 200, 300, 400." You know, when we repatriated people from Wuhan and there were no cases in France yet, there were 300 people needing testing and we returned 300 results in two hours, so we knew how to do it. But at the time, people were saying: "In France, we can't do tests, we can't do more than 30 tests." And in Paris, we couldn't do more than 30 tests, which led to hostility. And so, the public health authorities said: "For the time being, the only people who need to be tested are the Chinese from Wuhan who have a fever. The others don't need to be tested."

[01:10:00]

And so, an 80-year-old Chinese man presented himself at a Parisian hospital with a fever, illness and cough, but he wasn't from Wuhan itself, he was from the Hubei region. And they didn't test him; they sent him home. He came back. When he came back, same thing, he still didn't fit the criteria of people to be tested, and he was sent back home. And he came back in respiratory failure. He ended up going to Bichat, where he was treated by the team of Yazdan Yazdanpanah, who was responsible for managing this crisis in France, and who is a specialist in AIDS and hepatitis of course, and who gave him Remdesivir. He died of kidney failure as a result of the Remdesivir. And, icing on the cake, this case was published three times: once in *New England*, one as a case report, once in *Lancet Infectious Diseases*, and once in the *International Journal of Infectious Diseases*. That says it all about the ineptitude, ignorance, and cynicism of having published. I would be ashamed to mention it. Listen, it's

such a considerable medical error, it's such stupidity to have this man who died without treatment, without anything, who was sent home even though he came from the area where the epidemic was taking place. It leaves you wondering if you are dreaming.

And so, it's true that we've moved on from that—in the end, I was the one who convinced the President of the Republic that we had to do tests. This was one of the things I was able to convince him of. We had to do testing because that's how infectious diseases are diagnosed. But, you know, with the tests, you now see the opposite extreme. But if you look at the two major studies that were supposedly used to evaluate hydroxychloroquine—*Recovery* by the English and *Discovery* by France—within the framework of the WHO . . . Have you read them? —maybe it's not your job to do so, but it's my job. Well, in these two studies, as in many studies that were done at the outset, there are people who never had confirmatory diagnostic tests. And yet these people have become the world's reference.

I would never in my life have dared to say that someone had been diagnosed with an infectious disease without having had a test. If you look at the criteria, they were like, "Look, does the doctor think he has this?" And they didn't even know what the major signs of COVID were at the time, which were loss of smell and loss of taste, which had really significant predictive value. But at the time, they didn't know that. And so, they included people who were coughing and said, "There, they've got COVID." And so, those were the two big studies that everyone relied on. It's such a huge mistake. You see, this isn't methodology, this is medicine.

So we didn't even have the diagnoses. In most cases, people didn't know how to make the diagnosis, especially in big cities where there were too many cases for them to take action. And then in the second part, when this started to spread in France, we did millions of tests. People came to us to have their positive tests confirmed. And in 25 per cent of cases, we found that the test was actually negative. The rates that had been reported were the result of—you know, PCR contamination. That's one of the reasons why you can get titres with distilled water. You can have a positive PCR for COVID if you're not working in conditions that prevent you from doing so, and you obtain PCR titres that are not reasonable. So, I agree that this is unreliable. The only thing that is reliable, and interesting, is kinetics. And it's always like that, when you do scientific studies, and the means of inclusion aren't satisfactory, the only thing you can interpret are the movements, all other things being equal. So, the tests may be as bad as ever, which is speculation, I agree with you. However, an increase reflects an increase in cases. Am I making myself clear?

Commissioner Massie
Yes, it's very clear. Thank you very much. I had another question about the famous definition of a pandemic. And, well, you mentioned, quite rightly, that it's a definition, it's a question of words. And my concern, in listening to the lectures you've given, is that, basically, an infectious agent like a coronavirus won't necessarily evolve in the same way depending on the specific environment in which it's found, in terms of animal reservoirs, climate, or the level of health of the population.

[01:15:00]

So how can we have the illusion of managing this kind of infectious disease situation on a global scale without taking into account the local particularities that are probably decisive for the evolution of the pandemic, and which should normally call for more localized management based on each of the cases that will occur locally? So epidemic versus pandemic, isn't there a confusion here that makes us dream of magic wands, for example?

Dr. Didier Raoult
Yes, there's no doubt that the WHO uses the word pandemic as if to wave a red flag and say, "This is very dangerous." I agree with you. From my point of view, one of the major problems we've had in France is that we've neglected the zoonotic role of what we call mustelids, that is, mink farms. Taking this into perspective is one of the reasons why I don't believe in the Wuhan [laboratory virus] escape at all. Anything is possible. If, in fact, there's proof of that, I'll change my mind because I'm a scientist. But, on the whole, emerging diseases are born when there is a very, very large concentration of a possible target animal, either man-made concentrations like farms or the only ones that have such natural extraordinary concentrations, which are bats and murids (rodents).

So rats: there are huge colonies of rats and bats, you've seen that; there are caves in which you have a million bats rubbing their wings on each other. And in there, we find hundreds of strains of coronavirus, and the fact that at some point, one of them recombines—because everything recombines and modifies itself constantly—and causes a virus to emerge is quite possible. That's what happened with mink. Now, there are plenty of strains that have been brought in from mink, with, incidentally, a selection process. Mink have a number of specific characteristics. And it's true that it was neglected in France, although it had been acknowledged in Holland and Denmark. For once, the WHO was on the ball because in May/June 2020, the WHO said: "Be careful with mink farms because there are a lot of mink in close proximity." There are also people who think that it emerged from mink farms in China—the Chinese are among the biggest mink breeders. And so in Denmark, they killed

17 million minks to prevent spread. France was a long way behind in this field and didn't control mink farms at all for a very long time.

And I asked all levels, including the highest, to access the samples from the mink farm from which developed the second part of the epidemic, creating a virus specific to France: the biggest killer in France. And it took six months for me to get a sequence from the Pasteur Institute, without us ever receiving the samples to do the sequencing ourselves. And it was this sequence that was the very root of the epidemic which started up again in the summer of 2020. So we know it came from there, because epidemiologically it was the place, it was the time, and the strain was the same. So we know it's true. So mustelids and minks in general have been neglected. Now, it's becoming increasingly likely that Omicron has a real specificity, that is sensitivity to rats and murids, whereas the others were not. So the idea of Omicron goes back a long way. It took at least a year to emerge in humans, if we look at the genesis of the sequences. And so for a year it was floating around without being diagnosed. And for the moment, the most plausible hypothesis is that it was a mutation that appeared in African murids, which is very possible.

So in any case, it's true that these zoonoses and epidemic rebounds were unpredictable because we didn't really know how sensitive the different animals were, although among mustelids, there's the ferret, and the ferret is the experimental model for all pandemic respiratory viral infections. So it's no surprise that the ferret is sensitive to this. In fact, ferrets had already been tested with previous coronaviruses, so it's no surprise that minks were susceptible. And when you have several million minks in a farm, the speed at which viruses advance and mutate is considerably colossal. It creates an absolutely extraordinary biodiversity.

[01:20:00]

It was known from the outset that keepers on mink farms were infected and that keepers could infect someone in their family when they came home with an infection acquired from mink.

So all this was knowledge. It was simply politically unmanageable. And on top of that, when I started saying about the vaccine, "You're not going to eliminate a disease that's epidemic in mustelids by vaccinating humans, it doesn't make sense." What's more, we knew that felines were susceptible, and then we knew that rats were susceptible. So you can't eradicate a zoonosis that has so many different targets, it's not possible. So accepting that it was a zoonosis and not a one-off event called into question the strategy of eradicating or eliminating the virus, which suddenly became laughable. If you say to people, "You realize

that with all the animals that are capable of getting this, you're not going to vaccinate all the mustelids and catch the badgers, the ferrets to vaccinate them, it's not possible," nor will everyone hide from dogs. We don't know if dogs can then become vectors, but there are dogs that have caught it from their owners, you see. So the possibility of animal reservoirs is considerable.

Commissioner Massie
Perhaps I will allow myself one last question. I know you don't like making predictions. You have said it frequently. But in your opinion, at what stage of the pandemic do we find ourselves at the moment? There is, for example, Geert Vanden Bossche, who raises a terrible possibility that we would not only have a more transmissible variant, but possibly a more pathogenic one. Well, it's disputed, it's debatable, it's not impossible because, well, his hypothesis is that there is a very targeted immunological selective pressure with these vaccines that we used on the only target, which is the spike protein. It creates an immune pressure that can ultimately lead to an adaptation that will bypass the more global immune response of natural immunity. But it would seem from what we are observing at the moment that Omicron, although it is very transmissible and we have a whole series of variants, it seems, in any case, to balance out; or, in any case, we do not seem to see any emergence of variants which would be particularly more pathogenic, as you had with Marseille-4, for example.

Dr. Didier Raoult
I never predict anything, it's not part of my nature. I observe, if you like. Therefore, the only reflections one can have, at least that I am likely to have, are comparative reflections. So I watch what goes on.

So there are works that you probably don't know, and others that you certainly won't know, that have been done by my great friend and collaborator. He's my first student, you see; it's hardly new, it's been forty years. He's Michel Drancourt, who still works with me, because I don't have as bad a temper as people say. Pretty much everyone who was able to stay with me has stayed with me.

So together, we invented a field called paleomicrobiology, that is to say, the study of past epidemics. This also brought me terrible conflict, albeit scientific battles, because we were the first to use these techniques. And we used them to show that the plague of the Middle Ages was due to *Yersinia pestis*, at a time when there was the same fantastical thinking: "There's going to be something even more serious, even more deadly." So there was NSF

[National Science Foundation] funding that was attempting to demonstrate that the Black Death of the Middle Ages was due to a hemorrhagic fever virus and not the plague at all, and this had a lot to do with ignorance. And, I'm pleased to say in a French-speaking country, this ignorance was due to the fact that around 80 per cent of the epidemiological studies carried out on the plague in the 19th century were done by French speakers and published exclusively in French, so English speakers were unaware of them. So, of course, Yersin was a French speaker. Balthazar, who discovered the whole plague cycle, was French; Montlaré, who worked all his life on the plague, especially Garmontrand, who made telluric reservoirs, was French and wrote only in French. And so this literature was only known by French people, people who had studied in France or who read French. Still, it caused a lot of conflict.

So we invented a technique based on the dental pulp. Dental pulp is vascularized like the spleen, it's full of blood. And so, when people die, it clogs up, and dust remains inside, which is a kind of blood culture, if you like, preserved by time. So we were the first to use this. Everyone uses it now, even for genetics. It had been incredibly criticized on the grounds that, theoretically, DNA couldn't be preserved for so long. So once again, it was theory versus practice. But Michel continues. Michel continued with proteins. But now he's doing that all by himself. We did the plague together. The first evidence he had through protein analysis and serology of an infection by this group of coronaviruses, the betas, dates back to the 16th century.

[01:25:00]

That's published, okay? And he's just finished a paper that's in the process of being accepted; in the infirmaries of Napoleon's armies in 1804, he has found another infection.

So this is to tell you one thing. Epidemics used to stop on their own. So we're in a megalomania of human scientific power, which means that it won't stop unless we decide that it will stop. It'll stop anyway. If it does stop, then we begin to understand: In reality, the mutations we see in organisms end up exhausting them. There are many mutations that have no use, that are not mutations that kill microbes or viruses. And we've been able to show that for SARS, for example, there's one mutation maintained every fortnight [two weeks] on average. And when there's an average of seven mutations, the SARS clone disappears. It has lost its energy and disappears. This explains why most epidemics last two or three months: because they accumulate mutations which, over time, prevent them from being effective.

And there's an extremely well-known model for people interested in epistemology, in the history of science, and that's the story of myxomatosis. I advise you to read this, because—as for Wikipedia, it's incredibly rigged, there too is censorship. It's incredible, it's become a propaganda tool. If it's become about propaganda, it's over. It's all bought by the industry or influencers. But myxomatosis was imported into Australia to kill rabbits—there were too many rabbits—and then it killed so many rabbits that it killed all the rabbits. We wondered what had happened. And what happened was that, spontaneously, the myxomatosis virus became less and less lethal, meaning that there's a reverse selection process known as "laziest selection," which means that the least aggressive viruses are the ones that come to the forefront after a while. So we get the impression that there are alternating cycles between priority for the most aggressive, which is the start of the epidemic, and priority for the least aggressive, which is the continuation and installation of the cycle.

That's what we saw, for example, with the flu. For example, the Spanish flu was a monstrous thing that killed young people, devastated the world, and is still used as a reference by catastrophists. Yes, but the flu doesn't do that anymore. So from time to time there's a new major variant that's deadly, but it's never been deadly like the Spanish flu. So the natural evolution of viral cycles is to disappear.

So in terms of the plague, which we've studied a great deal in particular because we've done a lot of work on old plague samples, we can see that it's not exactly the same variants that arrive, and then, for one reason or another, they disappear. On this point, I disagree with the immunologists and the idea of "herd immunity," which would mean the end of the epidemic. As long as there are cases, there are cases. As long as there are still susceptible cases, there may still be human cases. So I believe that the end of the epidemic is not due to population immunity, but to the end of the viral cycle. The virus exhausts itself, if you like, through the accumulation of useless mutations; and it either has a new favorable mutation, bounces back, and refashions another epidemic with a unique variant which is itself another virus, or on the contrary, it exhausts itself and then eventually disappears, or becomes like the rhinoviruses.

This may be the future of coronaviruses because there are four endemic coronaviruses circulating everywhere, which more frequently give rise to a total absence of manifestations than to manifestations. In Africa, we didn't work on coronaviruses, but others did. There are areas where eight per cent of people carry coronaviruses in their nose all year round. They're not sick. Some of these coronaviruses are believed to have been the cause of epidemics, of a whole host of epidemics, particularly in the 19th century, and also what we found in the 16th century.

[01:30:00]

Little by little, these viruses became viruses of the upper respiratory tract, that is, rhinoviruses—rhinitis viruses, if you like—and then they stopped being very aggressive. Nevertheless, if you catch a rhinovirus at the age of 85, you now have, I don't know, a three per cent chance of dying in Marseilles hospitals—these are a few of the things I know. It's not totally harmless, but in cases that are very, very fragile, it can still kill people; but in the general population, these are common infections that don't kill. So it's possible that the natural evolution of these viruses is gradually to have, on the contrary, a decline in their pathogenicity, but it is then something that can be reawakened by a mutation on another occasion.

Commissioner Massie
Thank you sincerely. I'm going to ask my colleagues if they can address any questions to you in English because they don't speak French. I think you'll be able to answer them and we'll do the translation. Do you have any questions?

Dr. Didier Raoult
No problem; although in Quebec, I know it's frowned upon to speak English. Anyway, I will make an effort.

Commissioner Massie
We'll forgive you. Do you have any questions you'd like to ask, Janice?

Commissioner Kaikkonen
Good morning, bonjour. I'm going to speak in English because my French has really lapsed, but I'm going to pass my question on to Bernard, Doctor Massie, who might be able to translate it for me if you don't understand what I'm trying to say. So you mentioned the financially powerful in the context of transparency and who is controlling who, kind of like the old cliché, "follow the money." But as we know, it's very difficult for people to make good decisions about their health and well-being when authorities are oppressing the populace through lockdowns and mandates. So how do we prepare now, should governments try these same measures again in the future?

Dr. Didier Raoult
Well, I don't know. One more time, you're trying to ask me to make predictions. I would not. What I'm seeing here is that people don't believe now, so it's going to be more difficult. Many, many people have been really, really, disappointed by the fact that there was a lot of decisions that were not supported by anything. For example, because you speak in English, you may have been aware of this, because it is probably one of the most important documents in this story: it is the Johnson leaks. So we have now the conversation between the equivalent of the Ministry of Health in the U.K. and Boris Johnson on the political decisions they took for lockdowns, for restrictions. And they discuss together, and I wonder if you have read that. It is really fascinating. And the reason why they decided is, finally, Boris Johnson says, "Well, the Prime Minister of Scotland has done that, I don't want to hurt her so we are going to do that in England as well." So this was the rationale, the scientific.

These people are clowns! This is not serious, they're clowns, the head clown is followed by all the clowns. So the main thing is that people are following one another; and one of the reasons is because finally, two years after, everybody understands that it was not a good decision, they can always say: "but everybody was doing this," so they don't need to think. I don't know if they can think, but they don't want to think. Only Sweden, in Europe, had a different position. I don't know why they are so good but they get their own decision, based on their own analysis. All the others just followed the first clown that starts to walk, the first clown was mainly in the U.K. because the U.K. gets the reputation to be the very best in medical research.

Commissioner Kaikkonen
Thank you, merci.

Commissioner Drysdale
Good morning, sir. You have commented about a wide variety of topics, from medical to censorship to government actions, so I want to talk to you overall about them.

[01:35:00]

So first, can you explain to me—in layman's terms "in short" because we're short for time—what is the definition of a pandemic?

Dr. Didier Raoult
Well, there is no definition of the pandemic. Theoretically, "pan" will say "everywhere," an "everywhere epidemic," so this is the definition. So as I told you, it's kind of a red signal to say, "well, it's terrible." This is how the WHO uses it, but if there is a definition, "pandemic" is a disease that is epidemic everywhere. This could be your definition.

Commissioner Massie
Professor, can I ask you to answer in French for the audience? And they will have the translation. I know it's complicated.

Dr. Didier Raoult
The first question is: how will the public react to the next display by governments and the press in a comparable situation? I can't predict that, but in any case, what I see is that people are a lot less gullible now than they were three years ago. And there is something that is very, very, very important. I hope that this will be part of your analysis and your comments: the leaked emails from Boris Johnson and his Department of Health about the measures taken, crisis management policies, and in particular, lockdowns. They discuss, and there is no scientific basis for this, but they say: "Since the First Minister of Scotland said that lockdowns were necessary, so as not to offend her, we will lockdown too." So, when people say it's in the name of science, that tells you the nature of the reasons why they've made these decisions. And the nature of the reason is for following, sorry, that's a neologism. They follow each other, and when one has started, the others say, "If we're accused or have a trial tomorrow, we can always say, 'We did what the others did, you can't say we decided that.'" So the decision not to do as the others do is potentially more damaging, and requires thought and decision-making based on established data, as opposed to saying, "Look, there's no reason; they're doing it, so we're doing it." And since the leaders in medical research were the English and the Americans, as soon as this decision was made, everyone followed them, except the Swedes. The other question is about the pandemic, which I think I've already answered in French. There's no real definition, apart from the fact that it's a signal that something is very serious. But theoretically, a pandemic is an epidemic that occurs in every part of the world.

Commissioner Drysdale
Then, to follow along and continue on that, again, you discussed many things in your presentation and you talked about the COVID-19 pandemic; and Doctor Massie and yourself talked about PCR testing, you know, the variability or the unreliability of the PCR

test. You talked about that the average age of death of a victim of COVID is actually higher than the life expectation age. You talked about that often COVID-19 was called the cause of the death and it was not sure whether that was the cause of the death. We heard testimony—as a matter of fact, in Toronto—from a paramedic who said someone jumped off of an eight-storey building and they swabbed the remains and said it was a COVID death. So when I think about COVID-19 and I think about the definition of a pandemic, and I think about the variability across the world, you know, Sweden you mentioned, France you mentioned, United States, et cetera. So there's a lot of variability, there's a lot of questioning about how they diagnosed it, and I want you to compare that to something else you talked to. And I want you to talk a little about pandemic. The other thing you talked about is government response. You talked about censorship, and that's universal around the world, as I understand it. It happened in France, in England, in the United States; it happened all over the world.

[01:40:00]

We have heard significant testimony from across Canada about how our institutions failed. You know, basic fundamental beliefs in our institutions, informed consent failed. You talked about that yourself. You talked about the courts failing us. And with all of that, here comes the question. Was the real pandemic COVID-19 or was it the effect that it had in ripping apart the fabric of our society—because that was universal across the world?

Dr. Didier Raoult
I don't know. I cannot write the story. What I can tell you is that the trouble that we get here is that, first, I agree with you: some of the deaths have nothing to do with—the only young person that died of COVID-19 in Buffalo died of an overdose.

Commissioner Massie
Professor Raoult, I'm going to ask you to answer in French. And I've been asked to translate my colleague's question for the audience here, so I'm going to summarize the long preamble of Ken, who apparently speaks more than I do. To put the question, with what has been deployed around the world to manage this pandemic, do we really consider it to be a pandemic in terms of an infectious disease occurring everywhere at the same time? Or is what we've witnessed merely a response from our institutions that has caused a major disruption in the organization of society?

Dr. Didier Raoult
There are two things we can say because there are examples of countries—Scandinavian countries, certain African countries—where there has been no decline in life expectancy. These countries have managed effectively. As you know, the greatest loss of life expectancy has been in certain Eastern European countries, such as Bulgaria, and in the United States. There are two phenomena that seem very important to me. Firstly, the way in which the epidemic was handled, that is, calmly focusing on those at risk, learning how to treat it as the disease unfolded. As I said, we used oxygenation and anticoagulants because there was substantial deep vein thrombosis. So we had to detect people with coagulation anomalies. So we had to practise medicine.

So what's happening, and this is a real general issue, is that more and more administrators—in our case, it's the ENA [École nationale d'administration], in your case, I don't know what it is—think that, in the end, medical practice isn't that important anymore: "We don't really need doctors." In fact, we've been putting the brakes on the training of doctors for the last 30 years in an incredible way. There are plenty of places where there are no more doctors. So I think it's likely to get even worse because the state is in danger of thinking that artificial intelligence is going to replace even more doctors. The state ended up thinking—in France, this was very clear—for example, it was the Director General of Health who spoke directly to the population to tell them how they should look after themselves, to tell them what they should do, and not go through the doctor.

And so the whole relationship that was built up— So whenever there's medicine involved—for example, I have a lot of links with Africa; the Africans understand very, very well what I'm saying because in Africa, you can't leave someone who's ill without care. It could be someone who practises traditional medicine or it could be a health officer or a doctor, but when someone is sick, you have to take care of them. It's the first time I've heard ministerial instructions saying that you shouldn't look after the sick. It's something completely new, and it's indicative of a deterioration in our perception of medicine. That's one thing.

The second thing is, of course, what's happening in America; and I don't know what your figures are in Canada, and I apologize for that, but you have an obesity epidemic which is the cause of excess mortality in young people. Obesity is a considerable cause of excess mortality for all respiratory infections, and it's very easy to understand if you ever look at a cross-sectional drawing of an obese person on his back and you look at his respiratory capacity.

[01:45:00]

Just from that, you'll be able to understand that his tolerance level to a respiratory infection is much lower, and on top of that, there are immunological phenomena. And so, the decline in life expectancy in the United States began ten years ago with two phenomena: obesity and drugs. And drugs, for reasons that were favoured by the U.S. government saying, "You've got to be happy right away." They polled patients to see whether they had immediate relief, and for immediate pain relief, you give opiates. And when you are given opiates, a certain number of you become drug addicts, and the mortality rate from opiates in the United States is terrifying. So I agree, there's a fundamental problem in society, meaning that not everyone is equal when it comes to disease. In other words, there are people in our country who are essentially over 85, and I think it's the same in Sweden. In the United States, it's not at all the case because, of course, obesity in the United States today is not at all the same as it is in France. But here too, it's the same thing: what are the countermeasures against drinks? We all know that obesity is caused by sugary drinks. What are the restrictions against sweetened beverages? There are no countermeasures against sweetened beverages, as far as I can see.

Jean Dury
That's the end of the questions, Doctor. We'd like to thank you very much for the information you've provided, which will undoubtedly help us prepare a brief containing a number of recommendations. In fact, that's the purpose of this Commission. So thank you very much.

Dr. Didier Raoult
You're welcome. Goodbye.

[01:47:05]

Final Review and Approval: *Erin Thiessen, October 27, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 2: Mélissa Sansfaçon
Full Day 1 Timestamp: 03:17:08–03:54:17
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Louis Olivier Fontaine
So good morning, everyone. Let me introduce myself: my name is Louis Olivier Fontaine. I am a lawyer and today I am acting as a prosecutor for the National Citizens Inquiry. Hello, Madame Sansfaçon. Can you hear me well?

Mélissa Sansfaçon
Yes

Louis Olivier Fontaine
So, Madame Sansfaçon, I'm going to start by identifying you. I would ask you to state, please, your first and last name.

Mélissa Sansfaçon
Mélissa Sansfaçon.

Louis Olivier Fontaine
All right. And another formality to start: I'm going to ask you to take an oath. Do you solemnly affirm to speak the truth, the whole truth and nothing but the truth? Say: I affirm.

Mélissa Sansfaçon
I affirm.

Louis Olivier Fontaine
So today, Madame Sansfaçon, you have been invited by the National Citizens Inquiry to testify about the consequences you suffered as a result of the COVID injections. On behalf of

the Commission, I would like to thank you for your availability and your courage to testify today. To begin I would ask you, just briefly, to tell us what your occupation is, Madame Sansfaçon.

Mélissa Sansfaçon
I am an information management consultant. But I can name my employer. I work for Hydro-Quebec. So it's basically office work with meetings and things like that.

Louis Olivier Fontaine
All right. As has been said, you received the COVID injections and suffered consequences. I would like to know what are the reasons that led you to receive these injections.

Mélissa Sansfaçon
Mainly, I went because, since his birth—basically, the first two years of his life—my son has been hospitalized twice each winter. So we suspected that it was to continue. We were a little afraid that if, say, he was to catch COVID, he would have to be hospitalized too. And at that time, you had to be vaccinated to accompany someone to the emergency room. So the main reason I went was that. It's that I didn't want to leave my two-year-old child alone in the emergency room. And at my work, there was talk about making it, let's say, strongly suggested. But the main cause is really my son.

Louis Olivier Fontaine
All right. In fact, I would like to know; before having received the COVID injections, what was your state of health, in general, without going into details. But what was your state of health?

Mélissa Sansfaçon
Still good. I just had irritable bowel, basically, since the 2000s, but otherwise I was mostly healthy.

Louis Olivier Fontaine
All right. So we are now going to talk about the first injection you received. Could you tell us what state of mind you were in before receiving the first injection, and what happened during and after that first injection?

Mélissa Sansfaçon
I definitely went there in a somewhat resigned state of mind because I didn't feel I needed to have the vaccine. I saw it a bit like the flu vaccine. If you are more likely to get sick if you catch the flu, you would take the flu shot. I saw it somewhat the same with COVID. But, you know, at the same time, it gave me a certain peace of mind because I thought to myself, "If my guy ever has to be hospitalized, at least I can go with him." Once the injection happened, in fact during my 15-minute wait, I started having symptoms. Basically, at that time, at the site of the first dose, it was the feeling of a heavy and swollen arm that started during my 15-minute wait and which lasted for four days following that.

Louis Olivier Fontaine
Do you remember the approximate date?

Mélissa Sansfaçon
Yes, it was May 23, 2021.

Louis Olivier Fontaine
Perfect. Do you remember the brand of product you received?

Mélissa Sansfaçon
Pfizer.

Louis Olivier Fontaine
Okay. So I understand that you felt some effects. What happened next?

Mélissa Sansfaçon
I'm not sure I understand your question. After what?

Louis Olivier Fontaine
Yes, so I believe that, in reading your file, we saw that you also received a second injection.

[00:05:00]

Mélissa Sansfaçon
Yes. Yes, I got my second injection on July 25, 2021. Then when I got there the nurse asked me what side effects I had on my first dose— Excuse me, I'm just going to drink some water. I explained to her, basically, what I just told you, that I had had the sensation of a heavy and swollen arm for four days. To which she replied: "Well, expect worse, because people really react more strongly to the second dose." So once I had my injection and was in my 15-minute wait, my arm started to feel numb. So I just said to myself: "Well, well, this time, it's not the heavy and swollen arm, it's going to be numbness." Then I left after the 15-minute wait.

Louis Olivier Fontaine
All right. Regarding that, could you talk about the symptoms you had or the consequences you had following that second injection? What steps you took in relation to your health?

Mélissa Sansfaçon
Briefly, because I really had a lot. Basically, we can say that I still have numbness present in my right arm today. I have it in my right leg too. In fact, it's at different intensities. Sometimes it goes as far as needle sensations that are painful, both in my arm and in my leg. Sometimes the numbness goes up along the neck, in the face, the lips. Sometimes on the left side, but that's rarer. It's really more concentrated in the right arm and leg. We can also add to that all the burning sensations. The way I explain it best is that it's like having a full

body sunburn. When you have a sunburn, you don't realize that you are in pain; we scratch and then it becomes painful. It's rather the same principle here, but I have it from the roots of my hair to the soles of my feet. The burning sensations—I'm sorry, but my meds are making my mouth dry—have basically resulted in a hypersensitivity of most of my right side. Hypersensitivity to heat first; it developed this winter in response to the cold as well. Humidity, fabrics, heat, so admittedly the skin, the water, the shower—all these are things that I have to manage—that's the term I have, but that's not quite it. Basically, I now shower in lukewarm water, things like that. The heat: as soon as the sun touches me, it is the same feeling as with a sunburn, as I was saying earlier. So as soon as the sun touches me, I react strongly: it's as if it were burning me right now. The direct consequences following the injection are these: the numbness, the needle sensations, and the hypersensitivity with the burning sensations.

Louis Olivier Fontaine
All right. And did you receive any formal diagnoses during your dealings with healthcare personnel? What diagnoses have you received, if any?

Mélissa Sansfaçon
I have not yet. I went through countless tests, if you count my three visits to the emergency room in a month and a half. In fact, the first time I went to the emergency room after my second injection was for ten days. They gave me countless blood tests. I had a brain scan, electrocardiogram, head to spine MRI. I also had an—I want to say this correctly—EMG, the test for the central nervous system. And lately, I've had two skin biopsies. I had a first biopsy in mid-October which turned out to be voided, if I may say so, in the sense that the skin specimen was poorly preserved. So I had to do another one, this time at the end of January, for which I am still officially awaiting the results from my neurologist—we have an appointment at the end of the month—but which seems to indicate the same result as the first, according to what is in my Quebec Health file. So my skin specimen would have been poorly preserved again this time, and theoretically, I will have to do a third one.

[00:10:00]

I don't know if I can take two minutes to explain because the reason I'm discouraged is that the first biopsy aggravated my symptoms enormously. Excuse me . . .

Louis Olivier Fontaine
Take your time, no problem.

Mélissa Sansfaçon
It's a very incapacitating disability, if I may say so, in the sense that I'm constantly looking for ways to improve my daily life. Hypersensitivity means I can't cuddle my own daughter anymore because she's too hot. Her skin is too hot. I can't hug my spouse either for the same reason. Even with a layer of clothing, I have to be careful because it ends up burning me. You can imagine how "comfortable" it is to sleep or even just sitting up surrounded by pillows.

But the biggest impact is really regarding the clothing because clothing burns me. There are clothes that are okay one day and not okay the next day. I've completely reoutfitted my wardrobe twice. And each time something gets worse, I have to redo the whole process. I'm

on the verge of doing it all over again for a third time. And it's always that I have to think two steps ahead. I will give an example: earlier I mentioned the sun, the heat, with temperatures like those today. Last year I had to teach my daughter—she was seven years old at the time—to take the car key, put the car on "accessory mode" to open the windows because I can't get into the car to lower them myself, because it's as if I'm putting my whole self into an oven. It's super painful. Always having to think about different ways to try to go about my daily life is what exhausts me.

And the biopsy happened between the death of a person I considered to be as a grandfather and the death of my grandmother. Both happened very suddenly, and then the biopsy added physical stress to the emotional stress I was experiencing at the time. From the moment of the biopsy, my body overreacted because that's how hypersensitive it is—it overreacted. I couldn't lean on the side of my leg, in fact where the biopsy is, where they took the piece of skin. This is exactly where my sock elastic touches. So I absolutely had to fold my sock, fold my winter boot. Then, I constantly had to keep a plaster on it to prevent any fabric, whether my leggings or whatever, from falling on it. And that went on even up to the week I had to go for my second biopsy.

For the second biopsy, my body reacted less strongly than the first time, but there was an additional layer of symptoms that was added on top. Even today, although the two wounds have healed, it feels as if they were raw. I can't touch them. I can't lean on them. Just sitting cross-legged is impossible for me. I have to always fold my sock. And the other example that I can give you is that my feet—I'm a girl, I have lots of kinds of shoes—my feet, at present, only tolerate one pair of shoes: my Converse. Even though the back of the Converse sits below where my wound is, when I drive, I feel like it's pushing right on the wound, even though there's still a lot of space before you get to the wound site. So it's the fact of having constant pain, which is very mentally tiring. But it's also having to constantly think of solutions to be able to live my daily life, which should be super simple, but adds an additional level of effort.

[00:15:00]

Not knowing what it is, that it has almost been two years—I have a hard time accepting that I may be stuck with it for life.

Louis Olivier Fontaine
Tell me, Madame Sansfaçon, how did you perceive the reaction of the healthcare personnel during all the steps you took to identify the cause of your symptoms?

Mélissa Sansfaçon
I consider myself lucky because I've spoken with other people who have had side effects who were told it was all in their heads. Except the first time I went to the ER; the ER doctor looked at me really hard and then said, "No, no, that's okay. It's only been ten days. It's normal, go home. It will disappear." Then despite me asking him, "Okay, let's say it doesn't go away, what should I do?" "No, no, no, it will go away. Good day." But the last two times I went to the ER, people believed me. They made me take tests. They saw that there was something wrong, even though I had no obvious physical traces.

After that, when I went to the emergency room, I was referred to neurology. The neurologist also ordered tests. It doesn't matter what they do because I've seen so many people. Right now, I'm being followed by a psychologist in chronic pain management, and

also by an occupational therapist for managing chronic pain. I'm going to start physio soon. I am followed for medical cannabis, neurology, I saw a dermatologist, all that. And while I don't want to point fingers, generally what they tell me is that maybe it was something that I had that was dormant, which the vaccine would have triggered. Others tell me: "No, no, no, it really is the vaccine. We see the cause because your symptoms started during your 15-minute wait. So, it's hard not to make the connection with the vaccine."

But these people who say "yes, it really is the vaccine" are rare. More of them want to say that it is something dormant that I had awakened, for whatever reason. But these are symptoms I've never had. It's hard to say, "Okay, maybe, yeah, something was dormant in my system." But one way or the other, whether it's something dormant or not, well, the trigger is still the vaccine. So, in my opinion, I see the link. It's there. It started in my 15-minute wait. They aren't symptoms that I had before, so it's the vaccine.

Louis Olivier Fontaine
And how do you present the situation when you approach these healthcare personnel? Do you have a way of approaching them, presenting your symptoms? For example, do you suggest that link? How do you present your situation to healthcare personnel?

Mélissa Sansfaçon
I never hid anything. I've always said it started in my 15-minute waiting period. And that it has only gotten worse. Basically, the three times I went to the emergency room at the beginning—I went to the emergency room three times within a month and a half—I always told them that it was in relation to the vaccine. I always told them it kept getting worse. And by then it was getting worse every two weeks. Every two weeks, I had a new symptom that popped up, which appeared intermittently and then took hold permanently.

Now, almost two years later, the development is, let's say, slower, in the sense that it's not every two weeks that I have a new symptom, it's maybe every month, month-and-a-half. It's just that it's added to an already overwhelming situation. So it always seems a bit like the end of the world when a new symptom sets in, because no one really knows what it is. Nobody is able to really put it into words. What I'm being told is that, with a disease like mine, it's difficult to have a sure and precise diagnosis in the sense that they go by process of elimination.

[00:20:00]

Okay, I understand. Currently, I have two probable diagnoses: sensitive Small Fibre Neuropathy, which is, in essence, a malfunction of the nervous system of the skin. That's a first diagnosis that should, one day, if a valid biopsy comes back, be confirmed by that. And I would have to take another test to confirm another diagnosis, which would be Reflex Sympathetic Dystrophy. Then we add to that something I learned recently, which is allodynia, which is basically, from what I understand, a feeling that's not supposed to be painful and that becomes painful. The same idea as, you know, having my sweater feel like it currently burns me, but it is not supposed to burn me. A kind of, as I was saying earlier, hypersensitivity of the skin, things like that.

But the delays are extremely long. You know, being told twice that my skin specimen was poorly preserved, when each time it [the biopsy process] made my symptoms worse, then being told, "You really should—we need this—you really should have it done a third time." Let's say, I don't really feel like it.

Louis Olivier Fontaine
And perhaps, in a few words, what were the consequences for you at the professional level?

Mélissa Sansfaçon
Actually, the first time I went to the emergency room, the first time I was examined, it was my office colleagues who pushed me to do so. We were, well, for sure we were in a pandemic; we were working from home. The arm in which I got vaccinated is my arm, what do you call it, the main arm in any case, my right arm, my dominant side, in short. The reason why I chose this arm, again, comes down to my son; I still needed to be able to hold him since he was young. I have always held my children with my left arm. So what I wanted was that if ever there was some pain in my arm at the injection site, well, I would still be able to hold my son.

The reason why my colleagues pushed me to get checked out is that they saw me using the computer mouse on the right at the level of the screen. Then they said to me, "Hey, Melissa, what's going on?" I then said to them: "Well, I don't know. My arm is more numb than usual. It's not pleasant, so I'm using my left hand." I didn't make a big deal of it, in that I told myself that it's going to end eventually and then it's going to be okay. Then they said to me: "No, no, no, you are going to see a doctor." So I went for an examination. And after the third time I went to the emergency room, I saw my family doctor, who acted, basically, as an orchestra conductor. She was somewhat the coordinator: "Okay, we should try returning to the emergency room, have fewer delays, see a neurologist," things like that. But when it came to all the medical paperwork, all that, she was the central core. Then, in the weekend that followed my last visit to the emergency room and the appointment I had with her, I had the burning sensations begin to appear. And when I told her about it, she said, "Okay, I think we're going to put you on sick leave for two or three weeks while you see the neurologist; we find out the results of the tests you've just taken; we see what's going on, all that, then after that, we'll reevaluate."

Finally, after much paperwork, the doctor reevaluated me and gave me an indeterminate leave of absence. So I've been off work for over a year and a half, mainly because my burning sensations are so much stronger on the right side.

[00:25:00]

So the whole outer side down to the fingers, with which I use the keyboard, mouse, all that: it's the side that hurts me the most. And I also have trouble remaining in the same position for long. Whether it's standing or sitting. If I sit too long, my right leg becomes extremely numb. If I stand too long, my biopsy wounds begin to, I just have the term in English, "throb." In any case, in short, they hurt. Which means that I often joke a bit by saying that I adopt the stance of a pink flamingo: I have to lift on one leg because it hurts too much. So for all these reasons, the work stoppage remains indefinite, at least until we find a medication that helps me in my daily life. Then again, it's a been a failure so far because I've tried six drugs, and I haven't yet found one that works for me.

Louis Olivier Fontaine
Madame Sansfaçon, I can see that you are wearing something on your right forearm. Could you say a few words about that?

Mélissa Sansfaçon
Yes, basically, since the holiday season, my hypersensitivity symptoms have gotten so bad that I constantly have to have my right forearm bandaged, which is where my hypersensitivity is most acute. It's not tight, it's really just to make a kind of sleeve. Besides, if it is too tight, it increases the numbness. So that's a good indicator. It's really just to create a sort of crutch against the elements because a sweater that may be okay one day, as I was saying earlier, may not be okay another day. But it's the same between my two arms. It can be fine on the left, but not fine on the right because on the right side I'm always overreacting. So putting this on allows me to—I don't like the term—be more efficient in trying to get through my daily life. Because, as I was saying earlier, if, let's say, we break a foot, we're going to use crutches to be able to keep walking. Well, for me, this is my crutch. It's putting a bandage on my forearm and my hand to be able to go about my business.

It's a bit the same principle as, you know, on my desk, I have a homemade "ice pack" because ice is the only thing that allows me to reduce the burning sensations. So I constantly have ice packs that I had to make at home—I know it's not good, but with food transport ice packs because those from the pharmacy didn't stay cold long enough for me. I really needed something that could last me more than an hour. Not that I need it constantly. It's just that when my hand gets too hot, at least just being able to lean on the ice helps me keep going.

Louis Olivier Fontaine
So we are now coming to the end of your testimony, Madame Sansfaçon. The Commission suggested that we ask a question: how things could have been done to make things better for you. I understand that your case is extremely difficult and you have very serious symptoms, but is there anything, ultimately, that could be done or could have been done to make you better?

Mélissa Sansfaçon
In relation to vaccination or in relation to what I am currently experiencing?

Louis Olivier Fontaine
In general, whether it's regarding vaccination or it's just in general.

Mélissa Sansfaçon
You know, even though the term "compulsory" was never used, we can agree that the rights of the non-vaccinated were so violated that we did not really have a choice. As I said earlier, I'm not hiding anything. The main reason I went was for my son. Because I wanted to be present with him if ever he had to have something done, or if he had to be hospitalized. If it hadn't been compulsory—because here, it was basically compulsory to accompany someone to the hospital—I would have followed the other measures: to stay two meters away from everyone, to wear a mask, it doesn't matter, the Purell [hand sanitizer], whatever. I would have followed all the measures. I wouldn't have been vaccinated. And of course, I think about it.

[00:30:00]

Of course, I say to myself, "Why did I go? Why did I do this?" But, again, it's always about my son.

But what really exhausts me is the fact that medical personnel, in general, do not want to make the connection with the vaccine in the first place. As I said earlier, I never hid the fact that, for me, it was connected to the vaccine. They always try to sideline me by saying, "well, maybe that, maybe this, maybe that." No, no, no, it started in my 15-minute waiting period. I've never had symptoms like this before, so in my mind, the connection is clear. But it doesn't seem like medical personnel want to recognize this, no matter the specialization or whatever. That's something I also hear from people I've spoken with who have side effects that are different from mine. We're not really supported because we feel misunderstood, in the sense that since people don't want to make the connection to the vaccine, it's kind of like, in a way, saying it's a bit in our heads. But that's false. It's completely physical, even if I have no obvious physical signs.

I talk about it a lot. When I talk about my case, I always say that it's as if they don't consider it urgent because I'm not bleeding out. But my quality of life suffers enormously and increasingly, whether it's just time passing or, as I was saying earlier, the biopsies that have made my condition worse. And regardless, the delays are always endless. I understand that we are lacking people in the health sector. I understand that there are many people who are sick. I don't want to jump ahead in the queue for anything. It's just that I really feel that because I have no physical traces, because I'm not bleeding out, it's not seen as urgent, whereas I see it as urgent.

Maybe it's silly, my daughter compares me to a vampire. Honestly, that's pretty much it. I can't go outside without being in pain. I must be in the shade. If we go to the park with my children, I have to hide under the play structures. Of course the other parents look at me and think I'm weird. Except those who know me, they know why. But, you know, the other parents at the park, they wonder why the lady, she practically runs under the play structure. It's mentally exhausting, it's physically exhausting. But just minimally—because we certainly can't change anything; we've had the injection; look, what's done is done, we look ahead—to be recognized, to be told: "Yes, it's okay, I know it's the vaccine. Do not worry. We will take the appropriate steps accordingly because we know that's it." Just that, it's worth all the gold in the world. But it is difficult.

Louis Olivier Fontaine
Okay, thank you very much for your testimony, Madame Sansfaçon. Now, maybe the commissioners will have some questions for you. So I will now give the floor to the commissioners if they have any questions.

Commissioner Massie
Do you understand English or do you need me to translate the question?

Mélissa Sansfaçon
No, no, I understand English.

Commissioner Massie
All right.

Commissioner DiGregorio
Thank you for your testimony. Excuse me, I will ask my question in English, but if you can answer in French— Has your injury been reported to a vaccine adverse injury reporting system such as CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] in Quebec or in Canada?

Mélissa Sansfaçon
It's a good question. I know I have a doctor who has—

Commissioner Massie
I'm going to have to translate the question into French first for the audience here. So my colleague's question is whether your vaccine injury was properly reported to the health authorities.

Mélissa Sansfaçon
I have a doctor who has reported to the public health level. We are talking about January last year here, so January 2022. This was the first person who spoke to me about that. I didn't even know there was a system to report this to public health. Yet I've seen many people between July and December.

[00:35:00]

So she took the steps for the report to, in short, reach the level of public health in Quebec. And the public health nurses followed me for one year from the date of vaccination. That's what they do, they told me. But my file remains open at the level of public health in Quebec, since it is not settled, and it continues to get worse. So I no longer have occasional follow-ups, as I did for the first year following vaccination. But if I need information or have things to add to my file, I have a phone number that I call and there is someone who calls me back, who speaks with me in fact. Also, this same doctor is taking steps to fill out the Quebec form for the victim compensation program. But we haven't finished yet because we wanted the results of the biopsy, which we don't have. So I'm not sure when it's going to be ready.

Commissioner DiGregorio
Thank you.

Louis Olivier Fontaine
So that would be complete for the commissioners' questions. So, it only remains for me to thank you, Madame Sansfaçon, for having testified today before the National Citizens Inquiry. Allow me to congratulate you on your courage and availability. So thank you and have a nice day.

Mélissa Sansfaçon
Thanks, you too.

[00:37:07]

Final Review and Approval: *Erin Thiessen, October 27, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 3: Pierre Chaillot
Full Day 1 Timestamp: 03:54:29–04:57:10
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Chantale Collard
Yes, so, hello; my name is Chantale Collard. I am the acting prosecutor for the National Citizens Inquiry today. And Monsieur Chaillot, I don't know if you're online. So hello, Monsieur Chaillot.

Pierre Chaillot
Hello!

Chantale Collard
So first of all, we are going to proceed with identification. Please state your name.

Pierre Chaillot
My name is Pierre Chaillot.

Chantale Collard
All right. And also, for the purposes of the Commission, I must swear you in. Do you solemnly declare to tell the truth, the whole truth? Simply say, I do affirm.

Pierre Chaillot
I do affirm.

Chantale Collard
Perfect. So Monsieur Pierre Chaillot, if you don't mind, I'm going to introduce you briefly. And if I make any errors, don't hesitate to correct me. So you have training as a statistician at ENSAI, the National School of Statistics and Information Analysis. You have also obtained

a degree in mathematics from the University of Rennes 2 and you have been a statistician since the start of the COVID crisis.

Every week, you have scrupulously collected all the official data available from the Eurostat, INSEE [National Institute of Statistics and Economic Studies], the DREES [Directorate for Research, Studies, Evaluation and Statistics], and various ministry websites. You also won the 2007 INSEE public statistician competition. You have attended engineering school and worked for ten years at the National Institute of Statistics and Economic Studies. On the INSEE website, there are posted around 20 studies in which you have participated. But since 2020, you became interested in this COVID crisis as an ordinary citizen.

You have also anonymously written many articles transcribed into video, notably on your YouTube channel, without claiming authorship. It's also important to mention that you're not making money with this civic activity, neither from your YouTube channel, where there is no publicity, nor from your articles, which you offer freely on internet platforms. And you are the author of the book: *COVID-19, ce que révèlent les chiffres officiels: Mortalité, tests, vaccins, hôpitaux, la vérité émerge* [COVID-19, What the Official Figures Reveal: Mortality, Tests, Vaccines, Hospitals, the Truth is Emerging] with the royalties being paid to the association: Où est mon cycle? [Where is my period?] Correct?

Pierre Chaillot
That's right.

Chantale Collard
So Monsieur Chaillot, you are going to tell us about the results of your research. I believe you also have a PowerPoint that we can share on the screen.

Pierre Chaillot
It's shared.

Chantale Collard
Yes. So first of all, you are going to tell us about the deaths. So to the effect that there was no mass mortality event [hecatomb], can you explain this to us?

Pierre Chaillot
Yes. For my purpose, what I would like to explain to you today is that statistics are of no interest in themselves. A statistical figure means nothing. A statistic is a tally, and to understand the statistic, the number doesn't matter. We must first understand what we have counted. What is most important in statistics is to know what has been counted and how it has been counted.

And so it is the person who decides what we are going to count and how we are going to count it who has already determined what the final statistic will be. And what I show in my book is that all of the statistics labelled COVID-19 are not scientific at all. They are nothing more than the result of bureaucratic counting decisions. Therefore, anyone who uses statistics labelled COVID-19—whether it be of cases, hospitalizations, or deaths—to make it look like they are doing science are not, in fact, doing science, and are creating nonsense,

producing nothing usable. And so the book tells how we experienced statistical fraud throughout this period.

And indeed, I start with the deaths because it's the most important element. It's important to show that, statistically, absolutely nothing has happened from the perspective of deaths, since the whole world has forgotten that it is necessary to take into account the age of people before starting to speak of deaths. Obviously, the number of deaths in a country corresponds first to the size of the population. The larger the population, the more deaths there are; and after that, it is the age of the people that counts.

And for example, here you have the number of deaths in metropolitan France, which says—and I carried out this exercise for all the European countries for which I had data—where we have seen the number of deaths each year since 1962. And we have institutions that cried in horror when, in 2020—which we see here—there was an increase in deaths, saying that it broke the record number for deaths, which was true. But the previous record was set in 2019, before that in 2018, et cetera. There are more and more old people in France, and it is normal that more and more of the population is dying. And to illustrate this, you have to look at what is called the age pyramid.

[00:05:00]

The age pyramid represents the population in a country according to age. Here we are in the year 2000 in France: 20 years ago. The age pyramid is this. Each bar represents a share of the population in France, and it is by age group. There are the 0- to 4-year-olds below, 5- to 9-year-olds above that, 10- to 14- year-olds, et cetera. We go up to the over-90s and we put the men on the left in blue and the women on the right in red. And we see that in the year 2000, there is a big gap that begins at around 55 years; and we see this hole which represents the people who died or who were not born during the Second World War. The Second World War left a lasting impression on history in a very marked way for more than a century. And below that gap there are those under 50 who were called baby-boomers—the baby-boomers born from 1946 in France, Europe and Western countries. There were a lot of births; and therefore, that makes up the people who were under 55 years old in 2000.

And therefore, in 2000 in France, there were 9.5 million French people who are 65 years old and over. And 20 years later, quite inevitably, people are 20 years older, and so are our baby boomers. And so in the graph on the right, our baby boomers have shifted 20 years upwards and they are now approaching 75; and at 75, many more people die than at 55. And it's not just a little more: it's a lot more. Death by age follows a curve that we call exponential, so there is a multiplication of the number of deaths for each year that passes. And so you have to take that into account—the continuous evolution of the age pyramid—whenever we make calculations on mortality. And there are official calculations that allow us to do this, such as the standardized mortality rate by age, the "age-standardized mortality rate," which we can find at the WHO, at Eurostat, as well as at Stats Canada.

And so when we take this into account and calculate the age-standardized mortality rate, we obtain this curve in France, and we realize that 2020 is the sixth least fatal year in all of the history of France. So this is the case for all the countries of Europe where we see variations. Sometimes the year 2020 is the least deadly year in history and sometimes it's the tenth, something like that. Well, it depends on the country, but there is nothing exceptional, and we are not able to find the slightest mass mortality event anywhere in the world for which we have data. That is about totals.

And it's even worse for those under 65, since some have said that there was, after all, an increase compared to 2019 but of course for those under 65, we see nothing. So anyway, those under 65, who represent 80 per cent of the population, have absolutely never shown the slightest sign of any danger or any increase in mortality, and have never been affected by anything whatsoever. And the over-80s, of course, died more in 2020 than in 2019 in some countries, but their mortality rates remain among the lowest ever recorded in all of history.

So the mass mortality event didn't happen in the way it was promoted. So we cannot defend any measure that has been put in place on any justification of reducing mortality, especially not among young people, nor even among the oldest. And so as I was saying, I did this for all the countries in Europe. And on this map, I represented where the year 2020 is in terms of mortality compared to all the past years. And we see that—for example, here we have Iceland at the top, Ireland, here we have Norway, Denmark—2020 is the least lethal year in history for these countries. Absolutely nothing happened. It's even a record low mortality. For Germany, Finland or Sweden, well, it's the second least deadly year in all of history, so only 2019 is less deadly. For countries like France, this is normal for the decade. And for the worst in black, the year 2020 remains the tenth least deadly year in all of history.

So it is important to look at age and stop pretending that a mass mortality event has happened anywhere since 2020. This is completely false. In Europe, I downloaded all the data from Eurostat, but you can also look for it on a site called Statista, data on the United States or even China to realize that—even in China in 2020—there is no trace of a mass mortality event. So that is the first thing we should completely refute: there was no mass mortality whatsoever.

Chantale Collard
Basically, you confirm that there was no mass mortality event in terms of deaths. Now what about hospitalizations?

Pierre Chaillot
Exactly, this is the second level. We have to ask ourselves the question of hospitalizations. And in France, as in many countries, we had propaganda that was extremely strong—numerous images on television saying that French hospitals were completely overwhelmed by what was called the first wave (we will come back to this) in March-April 2020. Therefore, everyone was persuaded. Since then, there are official reports that show that here in France during the 2020s, the total number of registered COVID-19 patients in the hospital—that is, the burden of COVID-19 patients—was 2 per cent. Therefore, the suggestion that it was COVID that caused hospitals to be overcrowded in 2020 is perfectly ridiculous. It is completely impossible with a figure as small as 2 per cent.

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Ninety-eight per cent of patients had nothing to do with any kind of respiratory infection that could have been labelled COVID. So it was something insignificant.

It's even worse than that, since, here on this graph, I have shown the evolution of the number of hospital stays in 2020 compared to other years. And we can see very clearly that these are the months of the year, and we see the number of stays from previous years. In red are the numbers of hospital stays for the year 2020. The yellow bars represent the

decline, and we see that there was a huge decline in hospital activity in 2020. Why? Because with the panic that had been unleashed, the French government decided to put in place a *plan blanc* [general emergency plan] from February onwards which was used to throw out all of the sick people who needed to be in the hospital saying, "COVID patients will take up all the space."

In the end, this story of COVID in hospitals was totally insignificant, and the hospitals remained empty. And up to 50 per cent empty in April, while all the TVs were telling us that they were overwhelmed and that the hospitals were full of COVID patients. So not only were they half empty, but there were hardly any sick people labelled COVID inside. So that's the hospital aspect.

Chantale Collard
Now let's talk about diseases. So is an epidemic apparent?

Pierre Chaillot
This is the third level, in fact. And in France and elsewhere in the world too, there is a network called the Sentinelles Network, where doctors report patient cases via a network that makes it possible to count and track what are called outbreaks. And in particular, it works well for the flu. That's what I'm going to show on this graph.

So here we have the results of what is called the incidence, in other words, the number of patients per 100,000 inhabitants as reported by the network of doctors called Sentinelles. And so here we see the black curve, which is what was recorded during the winter flu season in 2014-2015—so up to 800 new patients per 100,000 inhabitants—and here, 2015–2016, in yellow; and 2016–2017 in blue, where we had reached 400 patients per 100,000 inhabitants. And all the red curves on the right represent patients whom doctors have diagnosed with COVID-19, and who had consulted doctors. And we have never exceeded 150 patients per 100,000 inhabitants in France since the start of this crisis.

In other words, according to the usual definition of what constitutes an epidemic, there has never been an epidemic of COVID-19 in France. It's quite simple: doctors did not see enough patients to declare that there was an epidemic.

So in other words, there has been no mass mortality event anywhere. There has been no overwhelming of hospitals as was promised. There was a total disorganization of the hospital system. There was a lot of fear. We turned people away from the hospitals, saying that COVID-19 was going to overwhelm everything; and in the end, there were very few hospitalized cases. And even regarding disease, doctors did not see patients in sufficient numbers to declare any epidemic. So there is something wrong. And these are the three ideas to sort through first in order to ask the question: What have we counted from the start?

Chantale Collard
And here I have a question for you. The famous tests, the tests: is there a link between the so-called COVID tests and any disease?

Pierre Chaillot
That is the whole question, since we have changed the definition. This is what we have just seen, since there were no patients. We never should have been able to initiate any kind of hysteria, and especially not for medical reasons. But the definition was changed. I recall that there were reports that criticized the WHO in 2009 for having launched an H1N1 panic by changing the perception of severity. In other words, in the past, before declaring a pandemic, large numbers of serious patients had to be found in countries. Since 2009, the WHO changed its definition to say that the severity criterion no longer applied and that you only needed to find patients. By the way, the WHO was strongly criticized for having participated in trying to launch a panic in 2009, but in 2020, it's much worse, because it's no longer a question of counting sick people but of counting cases. And so, in effect, rather than having an epidemic of sick patients, we have epidemics of cases based on testing. And so, we don't have an epidemic with these famous tests, we have a simultaneous count everywhere.

Here is a screenshot of the site called "Our World in Data," where you can look at new confirmed COVID-19 cases, and these are the deaths per million confirmed COVID-19 deaths. And therefore, you see there's an almost synchronized count starting all over the world at the same time. We are not yet necessarily at the testing stage because the tests are not necessarily provided everywhere, but we still have a count that starts everywhere at the same time. And besides, this simultaneous count everywhere demolishes the idea that it would be due to a communicable disease—we will come back to that later. What people need to know is the way in which patients are registered in hospitals—this applies to all hospitals in all countries affiliated with the WHO—is done on the basis of a nomenclature called ICD-10 [CIM-10 in French], the International Classification of Diseases.

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Soon we will see version 11, but at the time, it was ICD-10. A new code was put in place by the WHO beginning on January 31, 2020, and so all WHO-affiliated hospitals around the world were asked to start counting COVID-19 from February 2020 onward. And this start is indeed the beginning of the count, which takes place almost everywhere in the world at the same time. Indeed, the WHO memo specified that there were two codes: code U07.1 for confirmed COVID-19 and U07.2 for unconfirmed COVID-19 virus, but it also said not to use the second code. Everything was to be registered as virus confirmed.

And what we see in the French hospital statistics, available on a site called ScanSanté, is that the introduction of the COVID-19 code—this COVID-19 code of the ICD-10—is then used to determine the price at which the hospital will be reimbursed. Then, there is a passage from the ICD-10 code to another price, another code, which is called the GHM. And the COVID-19 code allows you to enter information into the different boxes, seen in yellow. But almost all have been entered into this yellow box according to age: "respiratory infection and inflammation, age over 17 years."

So we see that there was an explosion of these codes in France from the year 2020: an explosion of more than 400 per cent, then 500 per cent in 2021 compared to 2019. So we had 50,000 people per year pass through the hospitals under these codes, and we went to 250 [250,000], and then to even more than 300,000. And we see that the use of these codes was made at the expense of all the others. So in other words, at first reading, one would have the impression that COVID-19 is a disease that cures bronchitis, even asthma, pneumonia, bronchopneumonia, pulmonary edema, interstitial lung diseases, all other diagnoses on the respiratory system: bronchiolitis, tuberculosis, chronic bronchopneumonia and flu. In other words, all other respiratory diseases seem to have

disappeared in favour of COVID-19. And what we understand very well by looking at this table is that we are only dealing with a transfer of coding. What has been called COVID-19 is the synthesis and sum of virtually all other respiratory diseases that existed until then, and which are now placed under the same banner.

It's a story of transfers and codes. I also specified that these codes correspond to a reimbursement price for the hospital, and "respiratory inflammation infection," for example, is much more highly reimbursed than flu. So there is greater interest in entering a patient in this box rather than in the flu box, thereby improving hospital reimbursement. So in the hospital, we only see a transfer of coding and that's it: there is no new disease.

And indeed, you are right to talk about the tests. Perhaps before speaking about the tests, which are the key to all this, we should go back to what people died from.

Chantale Collard
The cause. Indeed, you are also going to talk to us, Monsieur Pierre Chaillot, about the effectiveness of vaccines.

Pierre Chaillot
We are going to talk about effectiveness and the cause of death. This is a question that I would like to raise now, since we said there was no mass mortality event, there were no overloaded hospitals. There was no visible pandemic, no epidemic in terms of the number of patients. We had a transfer of hospital coding, but we did have increases in deaths. Here, I will show you two different neighboring countries.

So here are the weekly deaths that occurred in France since 2013. So you see variations. Every winter, there are increases in deaths throughout the northern hemisphere at the same time, simultaneously. And we see here, in 2020, I put in yellow the period of strict lockdown in France in March–April 2020 and we can clearly see a peak in deaths which only affected the oldest people. I put here the different age groups, and it really affected the older people. And we have the neighboring country, which is Germany, in which during the same period absolutely nothing happened. There was no strict lockdown at all. There were rules that were put in place, of course, which closed certain public places, but there was no strict lockdown.

So we have a country which strictly locks down, which has too many deaths over this short period—at the end of the year, it was not that much, but over this period it shows up—and then Germany, where absolutely nothing happens. So it does not make sense to have countries like that, which behave so differently in terms of the level of deaths. And I have included a map here which highlights in red the countries where we observe an increase in deaths that is significantly higher than usual. This uses the Eurostat data, the official data. I have 9 out of 33 countries, which is a minority.

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So the idea of the pandemic and the first wave is completely wrong. It's a minority of countries that are seeing an unusual increase in mortality. And if we dig a little deeper and look within each country, for example here in France, it's the French departments—there are 100 of them—and so in France, there are only 14 French departments which have an abnormal increase in mortality. So, it's the same, it makes no sense in terms of geographical

distribution. They are not even neighboring territories. We have all of Île-de-France, that is to say around Paris, and then we have a few territories scattered all over the place.

So we really have completely incoherent distribution zones, with a story that does not hold water, about a virus which is spreading and which would cause a mass mortality event from a geographic point of view. There are— Once again I repeat, the deaths labelled COVID, which we saw is mostly counting—well, they are almost simultaneous everywhere.

This can be seen when we look at the death peaks among the different countries. Here we go from the United States, to Spain, to England, which is an island, to Germany which is in the middle of Europe, et cetera. And we must have a maximum of 10 days of lag between any two peaks, which makes it perfectly impossible for us to accept that something is spreading. If there was something spreading in the population, we would have quite notable differences among the different waves, among the different countries. So there are far too many inconsistencies to validate this story, and that just shows that we are dealing with a simultaneous count everywhere and not a spreading epidemic at all.

What I showed for France is that, in France, we know where people die. We know if people died at home, in hospital, or in what are called retirement homes, nursing homes for the elderly, or EHPADs [residential establishments for dependent elderly people]. Here, we see the number of deaths at home; so in other words, these are people who were found dead at home, whose death was confirmed by a doctor at home postmortem. Therefore, these are people who have never been registered as COVID of any kind, otherwise they would have been taken to the hospital. If they had been in care homes, they would have been counted as COVID. As such, these people were really discovered afterwards at home.

Even so, there are doctors who said that the excess mortality which took place in March–April was due to COVID deaths. But no one can know, there were no autopsies. The institutes had fun attributing this increase in mortality from March–April 2020 to COVID-19 without there being the slightest proof of that, apart from death certificates—I repeat—issued by doctors who were convinced that COVID kills and who wrote that on the certificate, but without completing any autopsy.

And this excess mortality corresponds to 5,200 people over the period of the first French lockdown: March–April 2020. But we have an official report from Public Health France on May 7, 2020, which sounded the alarm over the fact that there had been a huge decline in the use of stroke and cardiac emergency care provided over this period—a deficit which was estimated at 4,800 untreated people, and therefore, possible deaths—because if we don't treat strokes and heart attacks, it is not COVID that will kill them; rather it's that we have deaths by neglect.

This figure was confirmed by another report, that of the ATIH [Technical Agency for Hospital Information], which said 3,000 for only one of the two pathologies—I believe it was heart attacks—and consequently, 3,000 times two: that's 6,000. So we are between 4,800 and 6,000 possible deaths from lack of care, as established by official authorities, to cover an excess mortality of 5,200. In other words, the entire bump that we see from deaths at home during this first French wave has nothing to do with a virus, even in the slightest, but only with neglect.

It's the same for EHPADs, in other words, the retirement homes I talked about. Here, I put the number of daily non-COVID deaths in blue, and in orange, those labelled COVID. So we see that from the moment we have the right to count COVID, all other types of mortality disappear. It's an obvious scam. Nevertheless, there is excess mortality over the period,

which corresponds to 5,000 people. And I would remind you that in France, like many other countries, the government was being advised by consultants, and decided that there was a new deadly disease—COVID-19—which was going to infect everyone, and that there would be no room in hospitals for the elderly because they would be full of COVID patients. We saw that this wasn't actually the case.

And so the only thing that was proposed was to offer them a palliative: a double injection of a palliative drug. In many countries, it was Midazolam. On the other hand, there was a worldwide shortage of Midazolam because of the Canadians, the English, the Americans who had taken all the world stock. And therefore, in France, there was a special decree called, "the Rivotril decree," which authorised Rivotril.

And so on the graph below, we see the sale of injectable Rivotril in French pharmacies. And consequently, we can estimate the number of beneficiaries of the palliative Rivotril, which is estimated at 5,000, and which corresponds exactly to the excess mortality in that period. In fact, with Rivotril, we can clearly see the first so-called wave of COVID-19 from March–April 2020 here and the second so-called wave of COVID from October that we see there, and which is again perfectly reflected in this policy, which says "we no longer treat"—no doctors, no treatment for the elderly—"and we go straight to the palliative." This seems to cause deaths in a perfectly logical way, without the need for a virus at all: it's just a change of protocol.

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Now for illustration purposes, we also have the data in England. So here is the excess mortality that can be calculated from the English ONS [Office for National Statistics] data—so the excess mortality in the over-90s, and below that, the distribution of Midazolam over the period, that's it. So as I said, there was no longer a stock of Midazolam in France, but there was in England. It was used to do the same thing in England and therefore, we also have perfect correlations in England for the same protocol.

The last place you are when you die is in the hospital. In fact, the hospital is even the primary place of death in France, since the majority of people who die, die in the hospital. It's 1,000 people every day, and we see the same thing: the blue curve of the number of daily deaths in hospital—I should say the blue curve excluding COVID, which goes down from the moment we have the right to register patients as COVID.

So here we are registering those who have just died as COVID patients, but there is still an increase in mortality over the period of March–April 2020, which we can estimate to be around 7,000 people, as I said. And we have an official report. Members of the Scientific Council published a report in *Nature* which shows this rather exceptional curve where we **see, over this period, among the patients labelled COVID—the orange curve, here. It's the time between their admission to the hospital and their death. And we see a huge death rate on day one and also very, very strong on days two and three, knowing that we are apparently talking about a disease that is supposed to make you sick in a few weeks, and then you die from it several weeks later. So dying on the day of admission to the hospital, or within three days, is not normal.**

I remind you that the protocol in France at that time was not to consult a doctor, but to self-medicate with the antipyretic Doliprane, to wait it out, and only when you could no longer breathe to go to the hospital. So in terms of patient survival, it's not great because we have patients who arrive at the hospital in the emergency room in a very advanced state of distress.

Second thing, I showed for the retirement homes that I could calculate the number of people who benefited from the protocol called Rivotril, but I have no idea of the number of people who benefited from a palliative treatment instead of care at the hospital, which can very well explain why we have people who die on day one.

And the third thing is that the protocol, seeing that we said that there was no treatment in the hospital, the only thing they claimed was going to save people was to intubate people deeply, put them on a ventilator, and put them in an induced coma. Well, this practice has been shown in many ways to be harmful and to cause people to lose their chance to recover, since it's not easy to survive it.

And therefore, if we add these three causes—so, the iatrogenic effect, in other words, people who are put on a respirator and who do not survive whereas if we had done otherwise, they could have survived; if we add palliative treatment replacing care; and if we add the non-care in early stages—well then we can explain 100 per cent of the excess mortality, which is just that we didn't do what we normally do, and we implemented deleterious decisions that harmed patients. And there is no need at all to bring in even the most minor new virus to explain this excess mortality. You just need avoid doing what you normally would have done.

Now we are going to get to what you spoke about earlier, that is the tests, which are indeed the engine of statistical fraud. In effect, in statistics, as you mentioned, the tests are indeed the engine of fraud since tests don't normally reflect reality. Take the example of a pregnancy test. So a pregnancy test is when a woman pees on a pregnancy test and there's an indicator that tells her if she's pregnant or not pregnant. But that's not the reality. The reality is to be pregnant or not pregnant. Pregnancy tests are more than 99.9 per cent reliable, and that's okay. If we imagine that we make all the little 5-year-old boys on the planet pee on pregnancy tests, we will probably have some that will be positive. Well, should we have a 5-year-old boy checked for pregnancy because he has a positive test? That is not the reality. The reality is to be either pregnant or not pregnant, and not simply to have a positive test.

However, for this idea of COVID-19, that's what we did. That is to say, a person who had absolutely no symptoms could, on the basis of a simple test, be considered sick. So being sick with a non-disease: in other words, a disease without symptoms. Even being considered contagious: that is, that they could transmit their non-disease to someone else and their non-symptoms to someone else. After 15 days, they were administratively considered cured of their non-disease and even immune to their non-disease.

Therefore, this is a complete absence of reality. And it explains why the doctors did not see **any sick patients yet still cried pandemic, as a result of these famous cases and these famous tests—famous tests, moreover, the worth of which we absolutely cannot know. For our famous pregnancy tests, to determine how often they are wrong, all that is needed is to have pregnant women pee on them and then all the tests that show "negative" when the woman is pregnant, well, we know right away it's a false negative. This allows you to test the sensitivity of the test. And conversely, if we have non-pregnant women pee on the test, we look at everyone who shows "positive," and that allows us to test the specificity of the test.**

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And so the fact of being pregnant or not pregnant, which is reality, is called a "gold standard." For this COVID-19 story, there is no "gold standard," simply because there is no precise definition of the disease. We have a set of symptoms that has been stated, which include headaches, cough, fever, chills, fatigue, stomach aches, nausea, diarrhea, and all that could fit into the COVID-19 box. With any of these symptoms, and based on a test, you could say, "Oh well, it's COVID-19 disease." That's why there are a great number of scientists who say that it's a disease, which is specific, which is multifactorial, which is diabolical—quite simply because we are including anything. We are counting a test without being able to measure it against something concrete, and there is no "gold standard."

With the French data, we can even verify that this test has absolutely no meaning. That's what I'm going to show you now. Well, if we imagine that the test is 95 per cent reliable, we can say to ourselves, "Well that means that if I test everyone, and the sequence of the virus I am looking for does not exist, well, I'll find 5 per cent positive." Well, right there we have a problem. Because for a good part of the year 2020 in France, there were less than 5 per cent positive tests. That's the Ministry of Health telling us whether we have a positive test, a negative test, a person who is symptomatic, and a person who is asymptomatic—that's 4 boxes. If we add symptomatic positive tests and asymptomatic positive tests, we are less than 5 per cent for a large part of the year, which means that we are possibly in the process of locking people up for something that does not exist. In the end, we are just talking about a test which is too sensitive, which is not specific enough, and therefore, in fact, we can't do anything with this data.

Second thing: Let's assume that the test is not entirely bogus, that it is very reliable, above 95 per cent. Well, one can ask the question: is it coherent? For example, we can look at whether our positive tests indicate any actual disease and you can see that over the whole of 2021—well, among my positive tests—I have a lot more asymptomatic ones, that is people who have nothing at all, than people who are symptomatic, that is people who have symptoms. In other words, the test is absolutely inconsistent, and when you have a positive test, you are not actually sick. And so that's a huge problem, which means the test is bogus.

We can check in the other direction: We can look at people who are symptomatic, that is, they are said to have the symptoms of COVID-19. We make them do a test and what do we notice? We notice that the overwhelming majority of the tests, three-quarters, are negative.

So for the sick, the tests are mostly negative; and when you have a positive test, you're likely not sick, which means that the test has never had anything to do with the disease in the slightest. It is therefore— well, I don't know what you can call it, a scam, in any case, scientific nonsense; and therefore, it is above all not a statistical tool since it's nonsensical.

Chantale Collard
It is rather an epidemic of cases. So we have an epidemic of positive cases, but without disease. That's what you are telling us, Monsieur Chaillot?

Pierre Chaillot
Exactly. Absolutely. If we go to 2022, then I can show you that the positivity rate increased in 2022. It has nothing to do with the fact that the virus arrived. It would be somewhat unfortunate to say that it arrived just when everyone has been vaccinated. These statistics don't even make sense over time, since gradually, as virology laboratories did not find the SARS-CoV-2 virus, but started finding other sequences, they called them variants.

And we suddenly increased the sensitivity of the test by looking for more and more variants—the record having been established from the end of the year 2021 to the beginning of 2022 with the alleged Omicron variant, which skyrocketed test positivity rates all over the world. In France, we reached 30 per cent positivity; and there was, I believe, 70 per cent positivity in Sweden at that time, so all the Swedes were positive. It was remarkable.

So that still doesn't make sense. It's just that we're changing the protocol all the time and so we do anything at all. And then we even changed the protocol in the opposite direction. But in addition, it's winter, and therefore in winter, the number of symptomatic people increases among the negative cases as well as among the positive cases, and that's all. Fortunately, there is science for that, to enable us to count. In winter, people get sick, and then if you increase the sensitivity of the test, there are more positives, and that's it.

Therefore, there's no consistency. There's never been the slightest consistency in the positivity rates of these famous RT-PCR tests. There wasn't the slightest consistency with any disease. And we've been forever changing administrative rules that made no sense all along—and that's very clear if we allow ourselves to analyze the statistics.

Chantale Collard
So we now come to the question of vaccines. So the tests have no efficacy according to your research results, but they do have an efficacy to promote the vaccine. Do the vaccines provide protection?

[00:35:00]

Pierre Chaillot
There are very few people who know that indeed, the vaccines— So neither Pfizer nor Moderna have ever promised people who were vaccinated that they would be protected against any disease. By disease, I mean symptoms. Personally, that's how I define the word "disease": to be sick, to have symptoms. Neither Pfizer nor Moderna promises that people will have fewer symptoms or be less sick once they are vaccinated. They promise that people will have fewer positive tests, that's all. It's supposed to play on the positivity of the test. The two phase III studies are very clear on this: they are based on positive tests.

An additional small thing is that when the trials come in, you're supposed to say that COVID-19 is dangerous for people over 65 years old. But the study protocols for the two tests here from Pfizer and Moderna have three-quarters of the test population be candidates under 65, which means that the two studies should have ended up in the trash just because, quite simply, the population doesn't correspond to the target. And there you go.

We're going to dwell a little on the fact that it is based on the positive tests. We say an "output" means that the patient has symptoms, whatever they are: so we said fever, we said difficulty breathing, chills, muscle pain, loss of smell, diarrhea, vomiting, et cetera, there are plenty of them. As soon as we have one, then we get tested. Here we have a problem: it's that in the protocol—I'll take the example of Pfizer—it's not mentioned at all that each person must be tested the same number of times. This means that if we tested those who received the placebo more often than those who received the vaccine, consequently, we'll find vaccine efficacy simply through test bias. And so there is nothing at all in the study that

guarantees that the two cohorts were tested in the same manner, and we have clues instead that tell us this wasn't the case.

Finally, I will remind you that the alleged 95 per cent vaccine efficacy of Pfizer is eight cases—that is, in six months, out of the 40,000 people tested, they found eight positive people in the vaccinated group and 162 in the placebo group. So the first Pfizer result—even after six months of study—is that there is no pandemic. Eight versus 162, when we study 40,000 people for six months, means that this pandemic story does not exist. They haven't found enough people to say that. And it's on this eight to 162 which leads to 95 per cent efficacy. These are figures that are so ridiculous that the biases required to arrive at this result can be colossal.

I remind you that there is a testimony in the *BMJ* [*British Medical Journal*] of a researcher who was head of the laboratory at Pfizer denouncing the number of breaches of the usual protocol that had happened in the laboratory. And in particular, there are doubts about the secrecy being properly maintained throughout, because once again, if people know who is in the placebo group and who is vaccinated, well, then they simply need to test only the placebo candidates and not the vaccinated.

Again, in the Pfizer study, there is this particular table, which is interesting, which shows that for people who have been vaccinated, here, we see many more cases of fever, chills, muscle pain—that is, sick people—than in the placebo group. So what the Pfizer study shows very clearly is that their vaccine makes you sick. It's written down very clearly with these statistics: the only thing we can be sure of is that it makes you sick. And besides, people are therefore forced to take anti-fever medications or painkillers such as, for example, paracetamol, which will have a great impact because it will suddenly mask their symptoms. So the population that is the sickest and that takes the most medication to mask these symptoms, well, that's the vaccinated population—and by far.

So, there's some doubt about the fact that they tested the right number of people and that, as we look at the study, they didn't just decide that for the same type of symptoms—Because you see that the symptoms that are written down are the same symptoms of what is called COVID, they're the same—but when we talk about vaccination, we're going to consider that they are adverse effects to the drug, whereas when we talk about people in this placebo group, we can consider that they are the effects of COVID-19.

Many of these undesirable side effects happen within the first seven days, by the way, and the first seven days aren't included in the study results. So that is again a possible bias. In other words, if the vaccine, for example, makes you really sick for the first seven days, so you take antipyretics and painkillers, you won't feel anything afterwards—well, you won't test positive afterwards. Whereas if the placebo doesn't make you sick, then there's a better chance of testing positive.

And then one last thing is that at the end of the study, you have to look at the number of people who were excluded from the study, which is the primary method for Big Pharma to get rid of the embarrassing results. And here, we see that of the 40,000 initial people, there are 1,800 vaccinated who were removed from the study before the end and only 1,600 among the placebos. That's a difference of 200. That's not normal, and those numbers are colossal in relation to the efficacy.

[00:40:00]

So that is, the efficacy we see is 8 against 162, even though 3,000 people were removed in all, and 200 more people were removed from the vaccinated group than from the placebo group. So the bias can be colossal, to be certain that they haven't kicked out people who would have had positive tests if they hadn't been removed from the study. This is a very typical way to succeed in promoting any medication on the basis of supposedly scientific studies—by making these kinds of small statistical adjustments.

So Pfizer is not showing at all that you will be less sick after the vaccine. You are sicker after being vaccinated. And as for the alleged effectiveness in relation to the test, we have a whole host of reservations—even more than reservations—with regard to the study when we see all the figures put forward, when we see the shortcomings, and furthermore, when we know the track record of this brand. So what we can say then is that everything is based on the tests—and knowing that the tests are a scam, all we have to do is not test the vaccinated and only test the unvaccinated to get the results that suit us.

If I take France as an example, well, we can show—thanks to this simple graph which is available on the internet, which was produced by a person who, by the way, received the Legion of Honour from the French President for all his work during the crisis—this graph shows the entire scam. In other words, the link between test, health passport [*pass sanitaire*], and vaccination. Since in fact, when we set up a health passport, we arranged it so that only the unvaccinated are tested.

And so here is the graph for France. It's the positive cases reported for the population, so it's a positivity rate, if you will, according to vaccination status. And so, orange shows the unvaccinated; blue are the vaccinated, two doses; and black are the vaccinated, three doses. There is a small data error that comes from the site. And what we see is that when the health passport was introduced in France on July 12, people were forced to go and test themselves because they were on summer vacation. So they went to the campsite, to the restaurant, they tested themselves all the time.

And so, there was a wave in the middle of summer, a wave of positive tests, no sick people at all. There is no wave of sick people at that time. We have a wave of positive tests in the middle of summer which begins from the moment the health passport is introduced. And as long as there is a health passport, it is the non-vaccinated who are required to test themselves the most. Therefore, we have vaccine effectiveness, since the effectiveness of the vaccine comes from not having to test yourself.

And so it works very well, and the wave stops exactly on August 15, which is the usual date for the return of vacationing people in France. And so there you go: we have a virus that starts with the health passport and stops exactly when people come back from vacation. It lines up perfectly. The positivity rate, then, when people are at work, is relatively low because they don't need to go to restaurants and camping. And we see that when the All-Saints holidays begin in November, there is a new increase, there, in the positivity rate among the unvaccinated. That has nothing to do with a virus; it's a new administrative rule. Well, the French state decided at that time that all college students would have to test themselves every day to go to college. It was to encourage them to be vaccinated.

And so, that's it; that's why it's going up. And it's not a new virus at all, but as long as there is a health passport the unvaccinated are more positive than the others.

And a new administrative rule change took place just before the start of 2021. The Minister of Health decided that all people who have two doses will now have to take a third, otherwise their health passport would be deactivated—it's a "vaccination passport" and it

could be deactivated. And so rather than rushing for a third dose, everyone, especially those who had had side effects—you have seen testimonies—instead rushed to get themselves tested: it was free. To get this lauded positive test: it was in winter, you had symptoms, and you had a chance of avoiding the trap of having to get a third dose. And so people with two doses rushed to get tested so much, so that more of them will be positive than those with zero doses.

And so here we are, at the beginning of the end of the scam, as we realize that by modifying the administrative rule, well, then we modify the vaccine effectiveness. From now on, not having a vaccine, not getting vaccinated, is more protective because we're not subject to an administrative rule that is worse than any other. We had those with three doses who still got tested and the results were quite positive. That's pretty odd. I mean, people who think they're protected, who still go to test themselves and find themselves to be positive.

And here, the most interesting thing is in March. It's the end of the scam, in other words, we have the end of the health passport. And on the very day of the end of the health passport, the curves are reversed. That is, the least positive are those who test themselves the least: these are the unvaccinated. A little above that are those with two doses, and the most positive of the bunch are those with three doses, simply because what you see is a perfect reflection of people's levels of fear—that is, the more we are vaccinated, the more we are afraid and the more we test ourselves—and it works perfectly.

So this graphic—all by itself—definitely destroys this scam that has been the "test, vaccine, passport" triptych. We set up a health passport so that the vaccine protects against having to be tested, and it artificially creates vaccine efficacy.

[00:45:00]

Chantale Collard
It's quite clear, Monsieur Pierre Chaillot. I don't know if you also had a follow-up to talk about post-vaccination deaths. So you claim that there were no deaths, no mass mortality event, in the COVID period in 2020. But after vaccination, do you have any figures to show us the statistics of deaths or hospitalizations?

Pierre Chaillot
Yes, I downloaded the deaths. There was no mass mortality event of any kind in either 2021 or 2022. There was no mass mortality from the vaccine either, otherwise we would see stronger statistical indicators, but we do see statistical signals. So I'm not going to say mass mortality event either, but we see signals. I'm just going to remind you—I think it's in a screenshot I made in July 2022 for the release of my book—the numbers have increased. There it is. In European Pharmacovigilance [part of European Medicines Agency], the number of adverse effects have been entered according to category, reported by professionals or not. So proven cancers, cardiac arrests, myocarditis, pericarditis: these were already in large numbers in Europe. And then, the number of results that ended in the death of the patient reached 28,000 last July, and we must be at 33,000 in Europe today.

I remind you that the pharmaceutical industry says two things. The first thing they say is that none of these cases can ever be attributed to the corresponding drugs. Why? Because the industry tells us: "Myocarditis existed before vaccination. Therefore, you can't prove that in a vaccinated person the myocarditis occurred due to the vaccine." This is the primary spiel of the pharmaceutical industry—it serves to protect itself. This is one of the

legal reasons why in France, in particular, it is almost impossible to win any lawsuit against Big Pharma, and moreover, what is said is true statistically and is further asserted by all the health, drug, and government agencies.

Except that the drug industry is saying a second thing: it says they are fully aware that there is a total underestimation of the number of adverse effects since people don't report them. Almost no one knows that there is pharmacovigilance, and even when they do, it's very complicated to make a report, so no one does it. So according to the drug industry, these numbers have to be multiplied by 10 to find out what happens in real life. It's taken from the drug industry documents that say, "It reflects only 10 per cent, you have to multiply it by 10." There are professionals who say that we should rather multiply is by 20 or 100, but even if we take the figures of the drug industry, we still have to multiply by 10, which is quite interesting and impressive when we look at these numbers.

What I did to give myself some insight is that I looked at the evolution of weekly deaths in France and in all the countries of Europe from Eurostat. Here, for example, I took Portugal. I made a model for calculating excess mortality, the details of which I wrote in my book, and all my programs are online. I have a red bar when I see a weekly excess mortality compared to the past, compared to the expected, and green when it is a lower mortality. Blue is the average of what happens and below I put the number of doses received.

So here, for example, is for 15- to 24-year-olds in Portugal, and what do I see? I see that there is an increase in mortality right during the vaccination campaign for 15- to 24-year-olds in Portugal. It lines up perfectly. And I also notice that for the 60- to 69-year-olds in Austria, I also have increases in mortality at each dose in a perfectly synchronized way. I didn't make calculations just for these countries; I put two examples per age bracket in the book and I did all the examples, I did everything, for all the age brackets that were available.

Thus, to run my programs, I have absolutely everything, if you will. And I even did statistical calculations to find out if the vaccination peaks were close to the death peaks that we see in the excess mortality. And the statistics tell me that it can't be due to chance—it's too close too often. So I tried all kinds of things to see if it worked every time, and it works way too often. So I have real traces of increased mortality occurring exactly during the vaccination campaigns.

There are also details on births. That is, we have data in Denmark and in other countries such as France, Germany, Slovenia as well. We notice that since the vaccination of women of childbearing age, indeed, nine months later, we have a collapse in the number of births. In Denmark, we can see it very well: we are below the low significance curve, whereas births in Denmark were very regular. These are the numbers of births month-by-month. There it is from 2022. Therefore, nine months after the vaccination of women of childbearing age, it collapses and it does not go back up.

Here, in France, is a graph that was made by Christine McCoy, which I also checked. So by downloading data from France on mortality, representing the rate of children who died between 0 and 6 days—that is, neonatal mortality, which most often corresponds to children who are born too early, very premature—

[00:50:00]

we note that the vaccination of pregnant women officially started in France in May 2021, but rather it's in June 2021 that we have the peak of vaccination of pregnant women, and

we have a peak of neonatal deaths the like of which has never been recorded, that we therefore see here. And for the red dotted lines, it's the very, very high excess mortality. Therefore, there is less than a one in 1,000,000,000 chance that this spike is natural. So we also have a record of the deaths of premature babies.

So from all that we've seen, what I'm showing is that we've been through a statistical scam from start to finish based on testing, and they created fear based on statistics of deaths, hospitalizations, and sick people who were never there at all. And the tests, with the health passport, have made it possible to set up a "test, vaccine, passport" triptych, which has made it possible to build perfectly, artificially, a vaccine effectiveness that does not exist. And then what we observe, and what is silenced by all the media and many institutes, is that right during the vaccination campaigns, we have unexplained increases in deaths, we have a drop in fertility that comes afterwards. Therefore, there are far too many traces, far too many signals not to worry about them.

Chantale Collard
Monsieur Pierre Chaillot, I have one last question for you. In fact, with regard to all these statistics, with regard to all your figures, the figures speak for themselves. You have done a very thorough and very, very, clear study. What could have been done differently or not done—I can go negative too—during this period?

Pierre Chaillot
For France, it's quite simple since, as I said, there is a report from the Senate which chronicles the H1N1 scam. So the report is from 2010 on the 2009 H1N1 scam, which made it very clear that if this scam didn't catch on—and which implicates the WHO by the way—but if it didn't take, it's because we behaved as usual. Meaning that when people got sick in the winter, well, they went to see their doctor as usual, who cared for them as usual. Each doctor treated his patients differently, incidentally, but it doesn't matter. In all good conscience, each doctor treats in a different way and as a result, it worked; that is, nothing happened at all. In fact, a report was issued after this episode saying that this is what works in the event of a pandemic: we don't panic, people go to see their doctor when they are sick, and when the doctor decides that they are very, very, sick, they go to the hospital.

So that is what should have been done. But there's another report that came out in France in 2019 that broke these rules and now said: "In the event of a big pandemic, the first thing you have to do is tell people not to go see the doctor, to send them only to certain authorized hospitals." So, no congestion of the hospitals occurred in France, but some hospitals were overwhelmed if they were among the ones called to the front lines. There were only 38 qualified to receive COVID-19 patients, and I remind you, it was anything and everything: it was headaches, fever, chills, nausea, diarrhea, et cetera. So all the French patients were sent to 38 hospitals, whereas there are 3,000 health centres in France, public, private—and they hadn't seen the doctor before either, so we created a gigantic bottleneck for sick patients.

So, that's what the report laid out. And the report also said something else: that a sick person was no longer defined as being symptomatic—that is to say, as having symptoms, knowing he is sick from it—but it was these famous tests. And that's also what the WHO did, was to stop and say, "We have a pandemic because we have found a sequence of a virus from a sick person in China, and now that we have tests, we are going to launch this great hysteria." So that's what was new.

What should have been done was to stay within common sense, to stay pragmatic. What is a sick person? It's not someone who is dangerous; it's not someone we identify with a pseudo-test and who we consider dangerous. A sick person is someone who has symptoms who we must take care of, and that's it. And there are doctors for that who must act in good conscience to receive all the sick and to treat them, and that's all.

Therefore, what shouldn't have been done was changing rules that work: rules that don't permit launching a hysteria and that don't make some people rich, whether it's by way of tests or pseudo-vaccines that protect against testing.

Chantale Collard
Pierre Chaillot, thank you very much for your testimony. As far as I'm concerned, the questions are over. In addition, it's quite possible there will be questions from the Commissioners. Thank you very much again for your collaboration during the Citizens Inquiry.

Pierre Chaillot
Thank you.

Commissioner Massie
Hello, Monsieur Chaillot. Thank you very much for your very exhaustive presentation, which really sheds light on a lot of things. I won't have a lot of questions, but there is one that bothers me. You have presented comparisons between different jurisdictions, for example, France and Germany, which had not deployed, in any case, lockdowns with the same intensity, so to speak, at a similar time. And we make the assumption that, well, if there is a virus circulating, it doesn't know that there is a border between France and Germany, so we should normally have the same kinds of effects in the population in Germany.

[00:55:00]

And so you mentioned that in France, when you look in more details at the department level, it would seem that there would have been a greater concentration in certain departments in terms of the effects that we saw associated with this pandemic. Would the explanation for this be that the administrative measures or directives to deploy lockdowns would vary depending on the size of the departments, or because there is a big difference in certain departments at the geographic level, at the population level, and it wouldn't have had the same impact on the populations at that time?

Pierre Chaillot
So from what I have shown of the two main causes that led to more deaths than usual, the first was to say that the elderly in rehabilitative nursing homes should no longer be treated, but instead just be injected with a palliative. There is a French report on the COVID crisis where we have testimony from a trade unionist doctor who says that for hospitals in Paris—that is, around the Paris region—there was a special group which was called the rapid response group. You had doctors who went around, based on a simple phone call, to provide a double injection of this product to the elderly, and who then left. And so this practice, that is, this idea—which was to say that the elderly were doomed and that we just had to inject them with palliative—was industrialised in Île-de-France, the area covered by

AP-HP [Public Assistance for Paris Hospitals], and it is right there that we see a significant increase in mortality. So there you have it, there is a particular measure that hasn't affected everyone but is part of the initiative that was taken there, and which is perfectly correlated.

The second thing is that we have to look at the practices of the hospitals that panicked and in particular, as I was saying, at intubation. Intubation and artificial coma. And in Marseille, they didn't hide the fact that they did not want to do this practice because it was harmful for the patient. And so, it turns out that it's likely that what we're observing are the hospitals that panicked and implemented this protocol—that was probably promoted by ministry, that had also been done by the Italians at the beginning, and that everyone gave up on afterwards—and the hospitals who were the most relentless in their use of this method are where we see an increase in mortality. You would need access to the figures of the various implemented protocols to make a determination, which I don't have. But that is quite enough to explain the differences in mortality between the territories: the level of panic, the orders that are given, and the way in which they are executed. And it has nothing to do with any virus from start to finish. It's just administrative rules put in place, protocol choices, and iatrogenic effects [the effects of those treatment decisions].

Commissioner Massie
My other question is about, well, the idea that there would have been a virus circulating, which would have caused major illnesses or hospitalizations or deaths. Do you deny the existence of the virus having the ability to cause disease in a certain number, or do you vigorously question the alleged effect on a large population? In other words, does this virus, in fact, exist in the population? Is there a new virus circulating which can cause illness in a certain number of particularly fragile people, but overall, is no more important than what we would see in other respiratory infections?

Pierre Chaillot
I am not a doctor, nor a chemist, nor a virologist, nor a microbiologist, and I have never observed even the smallest cell. So I can't tell you if something exists or doesn't exist based on actual observation. On the other hand, I can tell you that there are no traces: there are no statistical traces that there was any virus anywhere. And I told you that the curves were synchronous, which is to say that we have evidence that we can discuss scientifically, that it is impossible that the deaths, or even the sick people that have been attributed to this COVID, have anything to do with something that has spread. It's just physically impossible. It is impossible for the curves to be synchronous with something that spreads in space and time. It's not possible. Therefore, there are too many inconsistencies regarding this subject.

Personally, I am asking for scientific proof. That is, that we find existing proof—something in the order of an RNA sequence—that would arrive, that would spread, that would also be responsible for a disease. What evidence can we provide on this subject before it is possible to make a determination? I call on everyone to ask themselves that question.

As for me, I just maintain my point on the statistical aspect of things. The story that's been told on this subject doesn't hold water for two seconds when we look at the statistics that we have. And the only things we observe are a new method of counting, transfers of codification and iatrogenic effects, abandonment of people, and then, voilà, a change in behavior that explains the whole thing. I don't know if the virus exists, but there's no need at all to bring it into the equation to explain anything. So, in my opinion, you don't even have to worry about it. If it exists, it's perfectly insignificant and it has no influence whatsoever in what we have experienced.

[01:00:00]

Commissioner Massie
My last question concerns, ultimately, trying to answer the question: To what extent has the deployment of the vaccine in fact resulted in either hospitalizations due to side effects or deaths? The challenge we have, of course, is that it doesn't seem to be a high enough frequency in general for us to be able to detect a clear signal. Sometimes you can see it over time, when there's a fairly synchronous aggressive campaign, but otherwise it's pretty hard to detect in the general population. There's the whole story of the doses: when we're going to get them, second dose, third dose, et cetera.

And in the end, the best way to find out would be to have solid numbers on the vaccination status of people who are hospitalized and/or who are going to die, for all kinds of reasons, but who are vaccinated. So these figures must exist in the official statistics. How is it that we are not able to extract this information from the official figures?

Pierre Chaillot
It exists. It exists in France; it exists in all the countries of the world. There are very few countries that have attempted to circulate this information. Scotland did it at one time and stopped right away when it showed vaccinations unfavourably. We have England continuing to do so, and we have Norman Fenton doing exceptional work to show that the so-called vaccine effectiveness comes just from the fact that there is a time lag between when you get vaccinated and the moment when you are registered as vaccinated. And so we place the vaccine deaths of those who have just been vaccinated among the non-vaccinated. His presentation is very, very, clear.

In France, we've been asking for the data for months. We shouldn't have to ask to see these figures when they are normally accessible, and even are—and have been—the subject of preliminary studies on the topic. There is nothing coming through at the moment. Maybe by insisting, by complaining, by demanding things we'll get them. And once again, even if we're given figures, we shouldn't take them at face value. We have to look at where they come from, what their quality is, what we can infer from them first.

In the end, in any case, you have to do real statistical work. Demand it at least, but also have the raw data, and verify everything that's inside and its quality before deducing anything.

Thank you. I'm sorry, I have another meeting now. I'm going to have to leave you.

Commissioner Massie
Thank you so much. I'll leave you with the lawyer.

Chantale Collard
Thank you very much. Thank you very much for your time. I know you have other commitments. Thank you again.

Here's hoping that the recommendations of the Commission will go in the direction of your statistics. Thank you very much, Pierre Chaillot.

Pierre Chaillot
Thank you.

[01:02:39]

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 4: Dr. Jean-Marc Sabatier
Full Day 1 Timestamp: 06:05:46–07:00:07
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Konstantinos Merakos
So hello again everyone. We had a little dinner break. So thank you for being here. We have our next witness with us, but before that, I'll start by introducing myself. It's good to know the lawyers are here today to help the situation. So my name is Konstantinos Merakos. I am a lawyer in Canada for the firm Bergman & Associés. A brief word about our experience. In 2020, our firm represented members of the public service in a legal action against the federal government on the basis of violations against the Constitution of the Charter of Rights and Freedoms and Human Rights. This was after the federal government expelled public servants over their right to privacy, bodily integrity and their medical choices. So I would quickly like to thank the forum for its professionalism and respectful exchanges, and I want to emphasize that it is not only important but crucial in a free and democratic society to have forums like this.

So thank you and congratulations. Without further ado, we'll move on to the next witness, Monsieur Sabatier, who is on Zoom with us right now. Monsieur Sabatier, can you hear us?

Dr. Jean-Marc Sabatier
Yes, hello.

Konstantinos Merakos
Are you doing well?

Dr. Jean-Marc Sabatier
Yes, very well, thank you.

Konstantinos Merakos
Thank you for being with us. So I'm going to start by having you sworn in. So do you swear or solemnly affirm to tell the truth, the whole truth and nothing but the truth? Say "yes" or "I solemnly affirm it."

Dr. Jean-Marc Sabatier
Yes, I solemnly affirm it.

Konstantinos Merakos
Good. Your full name, please?

Dr. Jean-Marc Sabatier
Jean-Marc Sabatier.

Konstantinos Merakos
Ok, and where are you currently located?

Dr. Jean-Marc Sabatier
Pardon?

Konstantinos Merakos
Where do you currently live?

Dr. Jean-Marc Sabatier
I live in Rousset, so in the south of France.

Konstantinos Merakos
Okay.

Dr. Jean-Marc Sabatier
It's near Marseille.

Konstantinos Merakos
And are you alone in the room or is there someone else?

Dr. Jean-Marc Sabatier
Yes, yes, yes, yes, I am alone.

Konstantinos Merakos
Okay. So Monsieur Sabatier, today, we will first of all speak about you, your CV and— I have here the message that you sent and essentially, it will be before the committee here, with

whom you spoke. So I'd like to start by discussing your CV, your background and your expertise. So briefly, in a few sentences, your expertise, please.

Dr. Jean-Marc Sabatier
Yes. In fact, I am a research director at the CNRS: the National Center for Scientific Research. It is the French research body. My educational background is a doctorate in cell biology and microbiology, and I have a Habilitation to Direct Research, therefore an HDR in biochemistry. And so I've been working in a research lab since 1985. I've worked in different fields, but my specialty is toxins, microbes, and protein engineering. And in particular, I have worked on vaccines since I joined the CNRS in 1989 on the topic of vaccines. At the time, they were HIV vaccines. On that occasion, I worked on the subject with Professor Montagnier, since we had a partnership with the Institut Pasteur in Paris.

Konstantinos Merakos
Perfect, thank you very much. And currently, you are still working in the field. What is your present employment?

Dr. Jean-Marc Sabatier
Yes, so I currently work at the Institute of Neurophysiopathology in Marseille, and I research COVID. Among other things, I am editor-in-chief of infectious disease journals, in particular a journal called *Coronaviruses*, which is really specialized in coronaviruses, and another journal that is more specialized in germs, let's say, and then diseases associated with germs. It's a journal called *IDDT*. Both are peer-reviewed international journals.

Konstantinos Merakos
Excellent. Thanks. In a few words, I see your résumé here, which is very extraordinary. Can you say a few words about patents? There are quite a few pages on the subject here. Can you say a word or two? Are these patents that you participated in creating? Is it something that is under your name? We will perhaps identify one or two patents which would be important for today.

Dr. Jean-Marc Sabatier
Yes. I was the co-author of 55 patents, there are joint patents with the Institut Pasteur—moreover, old patents signed by Professor Montagnier, so in virology on HIV.

[00:05:00]

And then, more recently, there are also patents on toxins and on microbes, on antibacterials, for example; and in particular, we filed a patent on a molecule that I had designed and produced chemically, which has been tested in an FDA protocol against HIV, the human immunodeficiency virus. I've worked quite a bit on microbes. I'm also editor-in-chief of another journal which specializes in antibiotics, in other words, molecules that are active against bacteria.

Konstantinos Merakos
Excellent. Thank you. I know that here, if possible, we will talk about the virus's mode of operation and the pathological problems associated with vaccine injections, but I will leave

the floor to our commissioners to ask you questions. So I thank you and I will leave you to it.

Dr. Jean-Marc Sabatier
Thank you.

Konstantinos Merakos
Thank you.

Commissioner Massie
Hello, Dr. Sabatier, my name is Bernard Massie. I am also a researcher, but I finished my career a few years ago. I was in biotechnology so I know the whole history of patents. I know that during this pandemic, there was a lot of work that was done around the axis of the ACE2, I don't know how to say it in French. . .

Dr. Jean-Marc Sabatier
Yes, the ECA2 [in French].

Commissioner Massie
. . .which regulates an extremely important function, and that you have particularly focused on trying to perhaps explain both the pathology that could be detected with the infection—with SARS-CoV-2—but also with pathologies that arise from, or rather, the undesirable effects that result from the injection and the abundant expression of the spike protein following the gene injections. Can you briefly describe to us the problems that can be detected, and perhaps draw a parallel between being in a condition of infection versus injecting these coding sequences to produce, or overproduce, the spike protein?

Dr. Jean-Marc Sabatier
All right. So first of all, to describe the virus's mode of infection, I must remind you of how the renin-angiotensin system works. In fact, it is a system that I must explain in some detail for you beforehand in order to understand precisely how the virus works on this system, and how current vaccines—which are essentially based on the spike protein—can act. More specifically, messenger RNA vaccines. First of all, this renin-angiotensin system is extremely important because it is the number one system for the functioning of the human body. It really allows the functioning of all our organs and tissues; and it is in this capacity, therefore, that it has a truly essential role for our body to function. In particular, it is responsible for renal, pulmonary, and cardiovascular functions. It also controls innate immunity, and it controls the different microbiota, therefore: the intestinal microbiota, which is the second brain, and also the vaginal, cutaneous, and oral microbiota. So you see that it is a very important system.

So to outline in a few steps how this system is affected by the virus, as well as the vaccine spike protein works. First of all, in some cases, you have a substance in the liver that will be produced which is called angiotensinogen, and then you also have the kidney which will produce an enzyme called renin. And in fact, this renin will degrade angiotensinogen to give angiotensin 1, which is a hormone. This angiotensin 1, in turn, will be degraded by another receptor called ACE1, which is the angiotensin-converting enzyme 1. And when this molecule is degraded, it will produce angiotensin 2, which is another hormone. This

angiotensin 2 is the key to COVID diseases. If you will, this angiotensin 2 normally recognizes a receptor called ACE2, which is the angiotensin-converting enzyme 2. Now, this ACE2 receptor is the target of the spike protein, either of the virus during a natural infection or, in certain cases, of the vaccine spike protein—in other words, the one which will be produced by the vaccines, in particular messenger RNA ones. Since messenger RNA vaccines are vaccines in which RNA is injected into the deltoid muscle, and is coupled to lipid nanoparticles which allow penetration into the cell, these RNAs will be translated into spike proteins, which are actually the vaccine spike proteins.

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So what happens, if you will, is that this spike protein— whether viral or vaccine-induced— will be able to recognize the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. And in fact, by binding to this ACE2 receptor, they will interfere with the degradation of angiotensin 2 because normally angiotensin 2 is degraded by the ACE2 receptor to give another hormone called angiotensin 1-7. And so when you have a natural infection or when you receive a vaccine injection, at least in certain cases, you can hinder the degradation of angiotensin 2, which will then end up in excess and which will over-activate its own receptor. Its own receptor is called AT1R, and it is a receptor that can be extremely harmful. That means it is a receptor that is completely essential for the human organism to function because it just so happens that it pilots all these renal, pulmonary and cardiovascular functions. It controls innate immunity and it controls the different microbial flora, so it has a very, very important function. But on the other hand, when it is overactivated—and that is precisely the case when there is an infection of the SARS-CoV-2 virus, like when we have COVID or when we receive a vaccine injection or a vaccine booster injection—at that time, this receptor can be overactivated, which can be very harmful because it is capable of launching a host of cellular signalling pathways since it is an extremely complex receptor. It's one of the most complex receptors that we know of—one of the seven-transmembrane segment G protein-coupled receptors—and it can do a lot of things because it activates pathways, or cellular signaling cascades.

So I won't go into details, but the best known are JAK/STAT, p38 MAP kinases, NF-kB. There are many more. And in fact, what this receptor does when it is overactivated—Because you have to know that we find the renin-angiotensin system on which this receptor depends in all the organs of the human body: in the heart, in the lungs, in the liver, in the spleen, in the intestines, in the adrenal glands, in the thyroid. We even find it in the brain, we find it in the gonads, in the reproductive organs. So it really is absolutely everywhere. And so this AT1R receptor, when it is overactivated—which just happens to be a consequence of the attachment of the spike protein to the ACE2 receptor, and therefore, of the overactivation of the AT1R receptor—can cause vasoconstriction. In other words, it will be pro-hypertensive. It will also be pro-inflammatory, which means it will launch a storm of pro-inflammatory cytokines, for example, a production of interleukin-1, interleukin-1 beta, interleukin-6, TNF alpha, interferon gamma, so it's very harmful because it can start a lot of inflammation. At the same time, it is pro-oxidant, which means it will generate oxidative stress at the cellular level. And this is very harmful since, in fact, oxidative stress can kill cells because it can put them into apoptosis—in other words, into programmed cell death—and then that can also put them into autophagic dysfunction. In any case, it is very harmful.

So the AT1R receptor has this pro-oxidant effect because it activates an enzyme called NADPH oxidase, whose nickname is NOX. This enzyme will release reactive oxygen particles which are very harmful because they can kill mitochondria, which are the energy centers of the cell; and so when they kill the mitochondria, they also kill the cells. So this

AT1R receptor is also pro-angiogenic; that means it will promote the growth of blood vessels, and so, among other things, it will be able to grow tumors, even launch tumors. It has a pro-cancer effect too, which is also problematic. The overactivated AT1R is a receptor as well, which is prothrombotic; in other words, it can initiate thrombosis. We know how serious this is since the majority of people who die from severe COVID die from thrombosis. It is also pro-hypoxemic; that is to say, it will reduce the oxygen load of red blood cells—the red blood cells that carry oxygen to our cells, tissues, and organs so that they can work. So it decreases this dioxygen load since it, in fact, hinders the incorporation of dioxygen on the iron, which is present at the level of the hemoglobin of the red blood cells. At the same time, you also have this receptor which is also pro-hypoxic. In other words, being pro-hypoxemic by causing the blood saturation to drop suddenly, it causes a deficit in the supply of oxygen to our tissues and organs. We consider it hypoxia when we are at a saturation level of less than 95 per cent oxygen in the blood.

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You also have a pro-fibrotic receptor, which means it will be able to induce fibrosis of organs, which is also very harmful because it is often completely irreversible. It could be fibrosis of the heart; it could be fibrosis of the lungs. And it's a receptor that's also pro-hypertrophic, meaning it causes organs like the heart and lungs to swell, simply because the renin-angiotensin system is actually involved in cell differentiation and multiplication, and that's why it can make organs grow and enlarge. And that's also why it can have a pro-cancerous effect since cancers are in fact an anarchic proliferation of cells. So alongside all that, this AT1R receptor can also lower the production of nitric oxide, which is a very important substance because it is involved in all the inflammatory, immune and memory phenomena, all the cognitive problems. That's why people who have long COVID often have memory problems or cognitive problems. So it's due to this drop in nitric oxide or NO. You see, therefore, that this overactivated AT1R receptor, either by the viral spike protein, or by the vaccine spike protein, can be very harmful. Because it is, to sum up: pro-hypertensive, pro-inflammatory, pro-thrombotic, pro-hypoxic, pro-hypoxemic, pro-fibrotic, pro-hypertrophic, and lowers nitric oxide.

And besides this, the essential problem with current vaccines—for the messenger RNA vaccines—is the toxicity of lipid nanoparticles. So just as a reminder, lipid nanoparticles are what allow these messenger RNAs to enter the cells. In fact, there are four types in vaccines: so Spikevax from Moderna, and the Pfizer vaccines, Pfizer BioNTech and Comirnaty. Actually, these lipid particles are cholesterol and phospholipids, so they are not a problem. And the ones that are problematic are the other two types of lipids because they are pegylated lipids and cationic lipids, which are not natural. And so these smaller-sized substances can be picked up by the different organs, and then, what is even more concerning, they can cross barriers: in particular the placental, blood-brain barrier, et cetera. And so these messenger RNAs which cause the spike protein to be produced are simultaneously harmful precisely because this spike protein was badly chosen from the start; that is to say, it was slightly modified. You know, actually, the spike protein is like a string of pearls made up of 1,273 pearls, with the pearls being amino acids. And you have twenty different types of pearls. In fact, the designers, that is, the designers of these messenger RNA vaccines, have modified two pearls: one bead at position 986 and one bead at position 987. They actually replaced them with two proline residues. However, prolines are amino acids, which are somewhat special because they can make a connection with the amino acid that is upstream, in either cis or in trans [configuration]. In fact, that means that at the level of these two modified prolines in the messenger RNA vaccines, we can have several types of configurations, so a trans/trans, cis/cis, cis/trans, or trans/cis configuration.

So what does this actually mean for our listeners? This means that at the level where the beads were modified, the peptic chain can have four different orientations. In other words, at that level, the pearl necklace's spike protein can be oriented in four directions. And in fact, these four orientations enhance or increase the probability that the S protein—or the spike protein, which is actually produced by the translation of these vaccine messenger RNAs, or RNA vaccines— This means that it can, in fact, adopt different shapes in space, and that enhances the possibility that these S proteins, or spike proteins, combine into a trimer. And when it associates in threes—in other words, when it is an association of three spike proteins—at that moment, it looks like the spike protein of the virus: it looks like the spicule, which is, in fact, an association of three S proteins. And when it looks like the spicule, these vaccine proteins in trimeric form have the ability to recognize the ACE2 receptor. And once attached to the ACE2 receiver, what do they do? They do exactly what the virus does, which is to interfere with the breakdown of angiotensin 2.

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This angiotensin 2 will therefore be in excess. It will over-activate the AT1R receptor, which will produce all these harmful effects—which I spoke to you about five minutes ago—and it will trigger a lot of more or less severe diseases, and will be able to affect many organs. This is why the COVID diseases that we find in long COVID are very varied. Because this renin-angiotensin system is pervasive and is, in fact, connected to all the organs since it is found on the surface of many cell types—in particular all the endothelial and epithelial cells, as well as all of the nerve cells. On nerve cells, you have neurons and oligodendrocytes. In the immune system in the brain, you have astrocytes and microglial cells. All of these cells have ACE2 receptors.

Also at the level of the reproductive organs, you find these ACE2 receptors in the prostate, the penis, and the testicles; and in women, in the endometrium and the ovaries. So it really is present everywhere. And it also lines the entire vascular system, and that is precisely why we can have cardiovascular problems since it covers the entire internal lining of the blood vessels. And it's really pervasive because we find it even at the level of mitochondrial membranes, as well as inside cells. So it's not only on the exterior of cells. There's also a renin-angiotensin system which is intracrine and which, in fact, controls all the functioning of the cell. And we find it particularly in all the cell membranes: on the internal membrane of the mitochondria, which are the energy centers of the cell and allows the cells to live. But we also find it in the membranes of cell organelles such as the endoplasmic reticulum and the sarcoplasmic reticulum, even the nuclear membrane, so they are found in the endosomes, exosomes, and lysosomes.

Well, they are really present everywhere, and that means, in fact, that this renin-angiotensin system that controls our organs can be extremely harmful precisely because it is present everywhere. And the problem with the current vaccines is that they are all based on the spike protein, and this spike protein is, in fact, to a certain extent able to recognize this ACE2 receptor and to make the system malfunction. And by causing this system to malfunction, well, these vaccine spike proteins effectively do the same thing as the virus, which is to say they disrupt the renin-angiotensin system, they over-activate the AT1R receptor, and they cause all the pathologies that we know today.

Commissioner Massie

If I can take the liberty of summarizing what you are saying— If I correctly understand what you are saying, it is that the spike protein found on the coronavirus will engage this

system and can potentially cause any series of dysfunctions at the cellular level, and even at the organ level. And similarly, the spike protein, which is expressed as a result of gene injections, can do the same thing. So can I ask you a question regarding, I would say— Well, in the case of coronavirus infections, with SARS-CoV-2, based on the recent epidemiology that we have, we can practically conclude that a very large majority of people have been infected, exposed to the virus. But that a large number of these people would not present symptoms, or at least not easily detectable ones. Is it like this because people's immune systems have stopped the virus from spreading to enough places in the body to cause these malfunctions? Or, at the same time, are there people who, in terms of this system—which seems extremely complex, with enormous ramifications in all sorts of cellular pathways and in all sorts of different organs—are there people who would have a better capacity to manage this kind of dysfunction?

Dr. Jean-Marc Sabatier
Yes, absolutely. So in my opinion, it is precisely the people with relatively severe forms of COVID—even fatal forms—who are essentially the people who are vitamin D deficient. Vitamin D plays a very important role in this system because it acts upstream of the system, as it is a renin inhibitor. And renin is the enzyme that transforms angiotensinogen into angiotensin 1. And this angiotensin 1 is the precursor of angiotensin 2, which over-activates when it is in excess because of the presence of viral or vaccine spike protein, which over-activates the AT1R receptors. So you should know that indeed, people who are vitamin D deficient or insufficient—that is to say with levels lower than 30 nanograms of calcidiol per ml; for people who are deficient, it is lower than 12 nanograms of calcidiol per ml—at this point, there is a very harmful effect, precisely because the spike protein, viral or vaccinal, will over-activate the AT1R receptors, which will go into overdrive.

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So there will be a disruption, an overactivation of the renin-angiotensin system, and vitamin D will not be there to thwart this system since it would have a braking effect on this system.

And we should be aware, of course, that there is a genetic polymorphism, if you will, of the renin-angiotensin system. We don't all have the same renin-angiotensin system. If someone is Caucasian, Indian, Asian, African, they will have different renin-angiotensin systems. In other words, globally, we all have the same elements of the renin-angiotensin system, but there is a biodistribution of the receptors that is not the same. And then there are also variants at the level of the receptors and of the molecules as well. Now, for example, 35 variants of the AT1R receptor are known. So there is a polymorphism which is very important at the level of the RAS [renin-angiotensin system] that can actually also explain the differences in the occurrences which can be observed in people. We should be aware that this renin-angiotensin system is also not the same in the same person throughout his life. In other words, when you are a baby, you do not have the same renin-angiotensin system as when you are a child, a teenager, an adult, or a very old person. It constantly evolves throughout your life. And then, we should also be aware that a woman does not have the same renin-angiotensin system as a man. Why? Because, among other things, the ACE2 receptor, is encoded by a gene which is located on the X chromosome, which is the common sex chromosome. The AT1R receptor, which is responsible for COVID diseases, is encoded by another chromosome, which is chromosome 3.

But, in any case, what is certain is that there are comorbidities which make us more sensitive to an over-activation of the renin-angiotensin system when we have this system

that is already out of order. In other words, when you have comorbidities—for example, when you are hypertensive, when you have an autoimmune disease, when you have cancer—that means you already have a problematic renin-angiotensin that is dysregulated. And therefore, the vaccine injection can have a much more harmful effect on such a person. Likewise, a SARS-CoV-2 infection can cause a much more severe case of COVID precisely because these people are susceptible. We also know of genes that make someone more susceptible to developing serious forms of COVID. For example, there is a gene called HLA-B27. We know that people who have this gene have a greater risk of having a severe form of COVID.

So you have other genes that are involved. For people who have this HLA-B27 gene, it is interesting to know that, in the situation of infection with HIV or the hepatitis virus, it has a protective effect. Who knows why, but it does not behave the same depending on the microbes. Anyway, there are genes which strongly affect outcomes. Of course, in this gene polymorphism, that is very important. There are other diseases, you know, in people who have problems like Marfan's disease, for example, with a defect in the production of fibrillin-1, or people who have Ehlers-Danlos disease, for example, who have a problem producing collagen since they have a collagen-deficient gene. When they are infected with the virus or receive a vaccine injection, these people develop more severe forms precisely because they have a problem.

Commissioner Massie
Monsieur Sabatier, I will try to focus the discussion a little with a question for you, which has to do with the fact that, well, this spike protein— According to your knowledge of coronaviruses, and given its preferred target with the ACE2 receptor, is it unique in the coronavirus family or does it exist in many other coronaviruses?

Dr. Jean-Marc Sabatier
No, it's found in coronaviruses. It's not unique at all. For example, you know that SARS-CoV-2 is a beta-coronavirus, from the sarbecovirus family. So it's an enveloped virus with spike protein and then you have a single-stranded arm positive-sense ribonucleic acid.

Commissioner Massie
My question, more specifically, is this: Is the interaction of this spike with this receptor new?

Dr. Jean-Marc Sabatier
So it recognizes the ACE2 receptor. We need to be aware that the 2002 epidemic was also an infection with a coronavirus. It's SARS-CoV, now called SARS-CoV-1. So the target of this coronavirus was also the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. The MERS-CoV of the 2012 epidemic, on the other hand, was different.

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It's also a coronavirus, but it was targeting another receptor, which is CD26; it's a DPP4—a dipeptidyl peptidase-4—which is another receptor. So we are aware of different types of receptors.

But you also have, for example, the cat FIP [feline infectious peritonitis] virus, which also disrupts the renin-angiotensin system, and which, in fact, causes exactly the same diseases

in cats that we see as COVID diseases in humans. It also disrupts the renin-angiotensin system, but it recognizes another receptor: it recognizes the spike protein of the cat coronavirus, of the cat FIP virus, and it recognizes another receptor called CD13, that is aminopeptidase N; and in fact, in this case, it will hinder the degradation of angiotensin 3. This angiotensin 3 will be found in excess since the spike protein of this coronavirus has fixed on the APN receptor, on the CD13 receptor. And so this excess of angiotensin 3 will also over-activate the cat's AT1R receptor and will cause COVID-type diseases in cats. We find exactly the same pathologies with hypertension, thrombosis, and pleural effusions. So if you will, you have a whole family of receptors, and obviously, there are other receptors that are targeted by coronaviruses.

Commissioner Massie
Going back to the treatment of COVID with this alleged magic wand, which was the gene injection for the expression of the spike protein, you mentioned briefly that you thought it was probably not very wise to choose this antigen in the platform, notwithstanding the quality of the gene platform that was chosen. The choice of this protein was misguided. My question is, how long have we had sufficient knowledge to conclude that—when we made the choice to use this protein—we should have known that there would be problems in choosing this target for vaccine platforms?

Dr. Jean-Marc Sabatier
As early as 2002, in fact, because the 2002 SARS-CoV virus also targeted the ACE2 receptor, so we already knew that it was a receptor that was harmful. In addition, there has been work done since 2002 on SARS-CoV. There were facilitating epitopes that had been highlighted: that is to say, regions of the spike protein that contain facilitating epitopes; in other words, regions that will stimulate the immune system—in particular the production of antibodies which will, in fact, not neutralize the virus, but on the contrary, facilitate infection by the virus SARS-CoV. However, these domains are also found on the spike protein of SARS-CoV-2. So the vaccine designers could have already known that these regions were potentially harmful in the case of vaccination with a messenger RNA that codes for the spike protein of SARS-CoV-2.

In addition, this spike protein has other problems. The spike protein of SARS-CoV-2 has an RGD motif. It has isotypes that the SARS-CoV-1 spike protein does not have. And we know that this RGD motif is a small piece of the protein which is made up of three beads; these three amino acid residues make up RGD, or arginine-glycine-aspartic acid. We know that it can be very dangerous because it is a motif that recognizes membrane integrins. It has been shown that the spike protein of SARS-CoV-2 is capable of recognizing membrane integrins, among other things: in other words, capable of triggering activity in the cell. And it recognizes, among other things— And this was described experimentally—this spike protein of SARS-CoV-2 is able to recognize membrane integrins which are called alpha v beta 3 and alpha 5 beta 1. And this is serious because these integrins can also be recognized by collagen. But hey, these critical sites are hidden within the collagen, and also happen to have these RGD motifs which are hidden, and these are critical motifs. In fact, when the spike protein, if you will, binds to these membrane integrins, it activates a system called caspase-3 and induces cell death, or apoptosis.

Additionally, we know that there is another danger. In this spike protein of SARS-CoV-2, there is a furin site which happens to have a particular affinity for human cells. And so we knew that compared to SARS-CoV, it was going to increase the infectious capacity of SARS-CoV-2 and the harmful effects of this spike protein. And further, concerning your question

on the vaccine platform, it is bad because, you know, at the level of this messenger RNA, this vaccine messenger RNA has also been completely modified to be very stable. It received, for example, a polyadenylation tail in order to stabilize it.

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The nucleotides have also been changed. You know, you have as a basis ATGC: adenine, thymine, guanine, cytosine. They modified uracil because, when it has ribose on it, it becomes uridine. They modified it to be a pseudouridine. And that's serious all on its own. It's playing sorcerer's apprentice because we only have a decade of hindsight regarding this pseudouridine. And above all, we don't really know what it does because we don't really understand all the enzymatic systems that process the pseudouridine found in these messenger RNA vaccines, especially when the uridine is replaced at the stop: UAA, UAG and UGA codons. When they are replaced, there are no stop codons—which means, if you will, that the system is unable to adequately recognize pseudouridines.

This means that when these vaccine messenger RNAs are translated, there is the possibility that the ribosomes are also capable of making mistakes: that the transfer RNAs are capable of making mistakes and of introducing a different amino acid than the amino acid found in the primary structure of the spike protein of SARS-CoV-2. This has been demonstrated experimentally. And furthermore, if ever the messenger RNA could, in one way or another, integrate into the genome of the host cell—which has not been completely ruled out either since there are systems that could apparently do this, such as a system called SINE-1 LINE-1—you would have a system that is, in fact, an RNA-dependent DNA polymerase activity that could actually make DNA from RNA. At the moment, these polymerases—DNA polymerase, RNA-dependent and RNA polymerase, RNA-dependent—we know that they are also not capable of correctly reverse transcribing a pseudouridine. This means that they can make a mistake. And if indeed the gene that codes, for example, for the spike protein or for the virus genome is effectively incorporated into the human genome, at that point, there may be mutations. So this platform is not ready. In other words, it is too stable. And the fact that it is too stable also leads to the fact that it is capable of producing a lot of spike proteins whereas, normally, a natural messenger RNA would quickly degrade.

Commissioner Massie
Monsieur Sabatier, can I interrupt you here? Because the explanations you give are excellent for a scientist like me. That's fantastic, but I suspect there are a lot of people in the room for whom these explanations are perhaps a bit too sophisticated. I would like to perhaps underline two points concerning vaccine strategy.

You have experience in vaccine development. What you said, in many words, is that this vaccine approach with the messenger RNA platform and the choice of target, which is the spike protein, is very misguided for a large number of reasons that you have listed. I am going to ask you a question that will go one step forward. From what we know about coronaviruses, is even hoping to develop a vaccine that could control the infection like the one we had a possible approach? And if it is possible, what would you suggest as a vaccine strategy?

Konstantinos Merakos
Excuse me, Monsieur Sabatier. Just a moment, sorry to interrupt you. Can you just speak a little slower for the translator, just speak a little slower? That's all. Thank you so much. You can continue, sorry.

Dr. Jean-Marc Sabatier
Yes, absolutely. It is quite possible to produce a vaccine against SARS-CoV-2, one that is a real vaccine and not a pseudo-vaccine. In fact, a vaccine must meet two demands, two essential criteria: It must first be effective, and then it must be innocuous to a certain degree for the people who receive these vaccine injections. However, the current vaccines that we are offered meet neither criterion. In other words, they are ineffective since they do not prevent the infection of the individual who is going to be "vaccinated," in quotation marks, and then in the event of infection, they do not prevent transmission from the person who has been vaccinated to the person who is not vaccinated.

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So there is already a lack of effectiveness. And furthermore, it is not harmless precisely because this vaccine spike protein is capable of causing the renin-angiotensin system to over-react, thus triggering COVID diseases. So what should have been done, and what the designers should have done when producing this spike protein that they modified— Just to remind you, at the level of two beads out of the 1,273 beads, the beads in a 986-987 position, they did that for a very simple reason actually; it was because they wanted to maintain this spike protein in a prefusion conformation. In other words, they wanted to expose a domain which is called the RBD, or the "Binding Domain" receptor, which is the domain of the spike protein that is able to recognize the receptor ACE2. So they wanted to expose this domain of the spike protein so that the immune system would be able to mobilize against it, and in particular, to produce neutralizing antibodies against it. Except that there is still a problem, since the spike protein is able to recognize this receptor, and that is why it is very harmful.

So in order to make a vaccine that is not harmful, it would be necessary to produce a spike protein analogue and to make sure that this structural analogue, modified on one, or even several beads— It would be necessary to make sure that this analogue of the spike protein was unable to recognize the ACE2 receptor—and that way, the spike protein would be somewhat safe. It is not certain, but at least it would not be as toxic as it is at present. Why? Quite simply because this spike protein analogue would not be able to bind to the ACE2 receptor. So there would actually be no disturbance at the level of the degradation of angiotensin 2 or angiotensin 1-7; and that way, there would be no dysregulation of the renin-angiotensin system, and there would be no overactivation of the AT1R receptor, which is the cause of COVID diseases. So that would be important. At the same time, they should have already removed the domains from this spike protein, in other words, the portions of the spike protein which are known to contain facilitating epitopes.

So just to remind you, the facilitating epitopes are the regions of the spike protein that stimulate the immune system—in particular the B lymphocytes, which, when they differentiate into plasma cells, will produce antibodies directed against this region. But these antibodies will not be neutralizing. They will do the opposite of neutralizing antibodies. In other words, they will not have the expected effect; they will have the opposite effect. That is to say, they will facilitate the infection of the host by the SARS-CoV-2 virus, quite simply because these antibodies will bind to the spike protein of the virus. And there are innate immune cells—especially macrophages and dendritic cells—which have a receptor on the surface that is called the Fc Gamma R2A receptor. These will, in fact, recognize the antibody-virus complex.

Commissioner Massie
Monsieur Sabatier, if I may interrupt you. Your explanations are once again very detailed. And my question was, well, actually, you answered it. This is not the type of vaccine that we should have developed. We could have potentially chosen a better target by modifying it. And the second step is the delivery platform. Do you think it's safe to use a genetic platform rather than a protein platform, as is suggested in some of the vaccines that exist at this moment? Do you think it would be safer or more effective to favour these protein platforms rather than genetics?

Dr. Jean-Marc Sabatier
So in a few words: without a lot of data as at the beginning, it was already somewhat logical and normal to choose the envelope glycoprotein of a microbe because that is what is usually done. But let's say that given the history of SARS-CoV, they could have already seen that there were problems with this spike protein. They could perhaps have targeted another antigen of the virus, in particular the N protein—an internal protein, the nucleocapsid protein—since that one is highly conserved, and can produce neutralizing antibodies or stimulate a cellular response that is neutralizing. So that's another antigen that could have been targeted.

To me, the current messenger RNA vaccines are not at all good. In my opinion, it would take at least another decade for them to be perfected because we have no perspective on them. We have no perspective at all. We may say that these vaccines, these messenger RNAs, these vaccine platforms have been studied since the '80s—which is true, they have been studied since the '80s—but the work that has been done on them is not all conclusive since we don't know much. It is not known how stable these messenger RNAs really are.

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We do not know if they are able to produce 5, 10, 20, 100 spike proteins, et cetera, since they are very stabilized. We don't know what their biodistribution will be. We don't even know exactly how they will be translated. We don't even know, in fact, which amino acids are really going to be found in the spike proteins produced due to the presence of these pseudouridines, among other things. The lipid nanoparticles, too, which are used precisely in order to allow the penetration of these messenger RNAs, are not ready either because we know that they are also toxic in themselves, that they are picked up by the various organs, including the reproductive organs. They can be picked up by the brain, by the lymph nodes, by the liver, by the spleen—in fact, by many organs.

Commissioner Massie
If you allow me once again, if I may summarize your thoughts, you are saying that what we have at the moment are prototypes which are ineffective and dangerous.

Dr. Jean-Marc Sabatier
Yes, absolutely.

Commissioner Massie
That there would potentially be—

Dr. Jean-Marc Sabatier
We are lacking sober reflection.

Commissioner Massie
—the possibility of developing something better, but we are far from the mark.

Dr. Jean-Marc Sabatier
Yes, we should have taken inspiration from vaccination trials that have been carried out in cats. Because the cat FIP coronavirus—which is an alpha coronavirus, but is made exactly the same, is an enveloped virus with a spike protein, which disrupts the renin-angiotensin system—there were vaccination trials that were done on it, and those vaccination trials were not successful. So we know already that coronaviruses are not very easy targets. And as for messenger RNA vaccines, in my opinion, we don't have enough perspective on them at all. And I think that, personally, it was madness to vaccinate billions of people with a platform that is, in fact, still experimental; that is to say, we don't have years of hindsight on it.

Therefore, the other "anti-COVID" vaccines, in quotes— Whether they are: attenuated virus vaccines; adenoviruses like Sputnik, Janssen, AstraZeneca; or inactivated virus vaccines, Sinopharm, Sinovac, Chinese vaccines; or even vaccines with recombinant spike proteins like Novavax, the Sanofi vaccine, they also pose a problem because the spike protein is, in fact, there. And the problem is that the spike protein, in itself, is harmful. It should have been modified so as to not be harmful because it might eventually no longer be harmful. But that would be the first thing to study before launching large-scale vaccination trials, especially for a disease that is not very lethal. It would have been better to carry out early outpatient treatments, for example, by treating with an active form of vitamin D.

Commissioner Massie
So as we speak, in the situation we are in, you advise against vaccination with the vaccines we currently have. Does that sum it up a bit?

Dr. Jean-Marc Sabatier
Yes, these vaccines are harmful in themselves. They can cause COVID pathologies for the reasons I have given you. And then, it goes beyond that. There are a certain number of booster vaccine injections which are planned, up to ten, I believe. There is a strong push for booster vaccines. But that's madness because this spike protein affects immunity; because by disrupting the renin-angiotensin system, it affects innate immunity, since the renin-angiotensin system drives innate immunity. So that means the monocytes, the macrophages, the dendritic cells, the granulocytes and eosinophils, basophils, neutrophils, and the "natural killer" cells with the mast cells.

And so the dysregulation of the RAS affects innate immunity, and this innate immunity is what launches the specific adaptive immunity—which is based on the B lymphocytes and the T lymphocytes—and it therefore also disrupts the adaptive immunity that launches itself about four days later. And by disrupting innate immunity, what happens is that it induces a complete disruption of the immune system—since innate immunity launches adaptive immunity. And when we disturb the two, at that moment, it provokes an immunodeficiency, that is to say that it induces AIDS: an acquired immunodeficiency syndrome. And it's a type of AIDS which has nothing to do, of course, with HIV; it's an

immunodeficiency. And this immunodeficiency is accentuated by booster vaccinations since we exceed the immune system's threshold of organized criticality by injecting too many antigens—that is to say, too many spike proteins—either in the form of messenger RNA, indirectly, which produces the spike protein, or by directly injecting the spike protein— well, we induce this deficiency of the immune system.

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And it goes beyond that, since we can provoke the triggering of autoimmune diseases. Because innate immunity commands the recognition of self and non-self proteins, and therefore, when it is dysfunctional, it can recognize a self-protein as foreign—for example, as microbial—and can then initiate autoimmune diseases.

Commissioner Massie
Thank you very much, Monsieur Sabatier. In the interest of time, I will ask my colleagues and commissioners here if they have any questions for you. We have to move on to our next witness soon, who is waiting in line. Do you have any questions you'd like to ask, Ken? I'm going to translate and then if you could answer in French afterwards because the translator will make it possible to give the answer to the Commissioner and the audience will be able to hear. What's your question?

Commissioner Drysdale
Good afternoon. What you've been talking about so far has to do with a properly manufactured theoretical vaccine. Can you comment? We've had a lot of testimony about manufacturing issues with the vaccine. Can you comment on what additional effects manufacturing errors or manufacturing defects might have?

Dr. Jean-Marc Sabatier
Yes, absolutely, because, apparently, the vaccine batches—in particular for messenger RNA vaccines—do not appear homogeneous. That is to say, we can find messenger RNAs which are truncated, with batches that are not equivalent. And of course, when we inject messenger RNAs that are truncated, we also produce spike proteins that are truncated. So that means that we produce different types of spike proteins and that can be problematic, precisely because we know that the spike protein has harmful effects. And it can also be problematic to present fragments of spike protein since certain fragments of this spike protein can perhaps bind to specific receptors. Because in fact, we always talk about the ACE2 receptor when it comes to the spike protein, but there are also other receptors that have been described. For example, DC-SIGN, neuropilin-1: there are a number of receptors that are potentially targeted by this vaccine spike protein. This means that fragments can affect cellular functioning or can affect the functioning of physiological pathways. And so it's problematic. Normally, there should be very homogeneous batches of vaccines.

Commissioner Massie
Thank you for your reply. Do you have any other questions, Ken? Janice? Okay.

We thank you very much, Monsieur Sabatier, for this testimony and, indeed, for having contributed to enlightening us on this whole issue of vaccines. It will help us in our reflection and in the recommendations that the Commission will try to make for the future. We thank you very much.

Dr. Jean-Marc Sabatier
It is I who thanks you. Sorry for being a bit long.

Commissioner Massie
I will pass you on to our attorney, who will conclude this testimony.

Konstantinos Merakos
So Monsieur Sabatier, thank you once again for your testimony and for all the valuable information you have given us today. And, on that note, the Commission wishes you a good day. But I think it's an evening at home because you are six hours ahead of us.

Dr. Jean-Marc Sabatier
That's right, it's 9 p.m.

Konstantinos Merakos
So we thank you and wish you a wonderful evening.

Dr. Jean-Marc Sabatier
Thank you and I wish you success.

Konstantinos Merakos
Thank you so much.

[00:54:21]

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 5: Dr. Christian Perronne
Full Day 1 Timestamp: 07:01:30–07:51:33
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Louis Olivier Fontaine
Hello again everyone, I'm going to re-introduce myself for those who weren't here for the previous presentation. My name is Louis Olivier Fontaine. I'm a lawyer and today I'm here as a prosecutor for the National Citizens Inquiry, taking place here in Quebec City.

Hello, Professor Perronne, can you hear us clearly?

Dr. Christian Perronne
Hello, I can hear you very well, thank you.

Louis Olivier Fontaine
So to begin, Professor Perronne, I'm going to ask you to formally identify yourself by asking you to state your first and last name please.

Dr. Christian Perronne
Christian Perronne.

Louis Olivier Fontaine
Very good, and on another formality, we're going to ask you to—

Dr. Christian Perronne
I had been a professor of infectious and tropical diseases since 1994 and I was head of the infectious and tropical diseases department at the Raymond-Poincaré Hospital in Garches, in the suburbs of Paris. It is a university hospital which is associated with the large group Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals].

Louis Olivier Fontaine
Pardon me, Professor Perronne. Forgive me, you beat me to it. I was just asking you to state your first and last name, and now the next formality is to be sworn in. I'm going to ask you to solemnly declare that you're going to speak the truth, the whole truth, and nothing but the truth. Just say "I affirm it" please.

Dr. Christian Perronne
Yes, I will tell the whole truth, and nothing but the truth, I swear.

Louis Olivier Fontaine
Very well, thank you, Professor. So excuse me for interrupting you, it's just the order of formalities required.

So I was going to introduce you briefly and you can correct me. There are so many elements in your CV I apologize beforehand if I forget some. You are a university professor, a hospital practitioner specializing in infectious and tropical diseases. You are also a medical doctor. You hold a doctorate in human biology. You're also an author since the crisis, or maybe even before, with a book on Lyme disease. In 2020, you wrote a book published by Albin Michel which is titled, *Y a-t-il une erreur qu'ils n'ont pas commise* [Is There an Error They Did Not Commit?]. You also published in 2021, under the same publisher, a book titled: *Décidément, ils n'ont toujours rien compris* [Definitely, They still Haven't Understood Anything]. And finally, in 2022, you published a book called *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]. So has my presentation about you been correct so far?

Dr. Christian Perronne
Yes, that is correct.

Louis Olivier Fontaine
Very good. And are there any other qualifications you think are important to mention in this introduction?

Dr. Christian Perronne
Just to say, for 26 years, I was department head of a university hospital. For 15 years I also worked part-time acting as president for the highest French authorities in public health and in vaccination, advising the Ministry of Health on health crises, epidemics, and vaccination. I was president of the official committee for vaccination policy in France for several years. And for nine years at the WHO on the international level, I was a member of the group of experts called ETAGE [European Technical Advisory Group of Experts on Immunization], which is the vaccine expert group for the WHO European region, a region that is much larger than the European Union. For six years, I was vice-president of this committee of experts. So I have national and international experience in crisis management and vaccination. I think it's important to remember this when we see what happened with this crisis.

Louis Olivier Fontaine
All right. So there was Professor Perronne from before the crisis who was, if I understood correctly, invited on French television platforms and probably also those in other countries; and then, the [COVID] crisis arrived.

The first subject I would like to discuss with you would be, in general, the subject of censorship.

[00:05:00]

I would like you to explain to the Commission all the different maneuvers that were carried out, in a way, to exclude your voice, to censor you in the media. Could you please elaborate on this subject?

Dr. Christian Perronne
The epidemic arrived in France in March 2020, and from the start, I was invited to all television platforms. Sometimes it was a bit tiring because I was invited several times a week on all the main TV channels because the journalists had known me for a very long time. When I worked in these official bodies, they always invited me whenever there was an epidemic, an infectious disease problem, or a public health issue. They were, therefore, familiar with me, invited me, and liked me.

And I was able to express myself. And from the start, as early as March 2020, I expressed my surprise and had diverging opinions from the government's recommendations. Well, at the beginning, it didn't bother the journalists too much. They kept inviting me for several months, but it ended up irritating—I would say—those in high places. In the fall of 2020, what was called in France the CSA, Conseil supérieur de l'audiovisuel [Higher Audiovisual Council]—responsible for controlling audiovisual communications and which has since changed its name to Arcom—made a statement to all the media providers that I was not to be invited to comment anymore because my opinions were a deviation. Alternately, I would be put in front of a lot of opponents to engage in a contradictory debate, supposedly for the purpose of freedom of expression.

But what shocked me was that people who had opinions not based on scientific evidence, who completely followed government policy, had the right to be invited without opponents, and I no longer had that right. While I had been constantly present in the media for several months, overnight I was no longer invited, save for a few exceptions. This was my personal experience. It surprised me; but at the same time, I was not too surprised, seeing all that was happening.

Louis Olivier Fontaine
Okay, thank you. Were other steps taken against you—for example, in connection with your status as a professional or as a doctor?

Dr. Christian Perronne
Yes. So in the fall of 2020, a few months after I took my public position, the director of the Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals] group asked that I be summoned by the Order of Physicians to be struck off as a physician. He called me in December 2020, a bit at the last minute. His secretary called me the day before: "You must be in the managing director's office tomorrow morning." He handed me a letter to the effect that he was dismissing me from my duties as department head, which I had held for

26 years. Everyone had been very happy with my leadership; there had never been any problems. And in the letter, what really shocked me was that it stated that I was unworthy of my position because I had made, shall we say, deviant comments in the media.

I also found it very difficult to accept that there was a young doctor at the time who had, in the summer of 2020, started a national petition for me to be called before the Council of the College of Physicians to be struck off. He was an intern at the time, and he had dared to tell the authorities that I was responsible for death threats against him, even though I didn't even know this person when the events took place. And I was able to prove—fortunately, because I was attacked on this—that though he had received death threats, it was several months before I knew him.

Fortunately, I had proof and was able to defend myself on this because all of a sudden, I found myself attacked. The director of the largest hospital group in the Paris region said, "You are unworthy of your duties since you are responsible for death threats." And even the president of the Conference of Deans of Île-de-France, that is the Paris region, wrote the same thing to me: "You are unworthy of supervising students because you are responsible for making death threats." Fortunately, I was able to prove that it was false. Even the Council of the Order of Physicians—because I was summoned to the disciplinary chamber long afterwards—recognized that it was false. This young doctor received a warning. He could have received a harsher sentence, but he publicly apologized in court, so he benefited from mitigating circumstances.

But in fact, this removal from my title of department head was purely symbolic since I voluntarily chose to step down from the position three months later because I already intended to retire later that year. I retired in March 2022. I was 67 years old; I'm 68 today.

[00:10:00]

I told my successor: "I leave you the department head," because opening an application file for a new department head is a huge file. Doing a service project for several years, I said: "Well, now I'm about to voluntarily step down. It was independent of any attack against me. I don't see the point of doing the file, I prefer that it be you." And besides, I got along very well with him.

So the directors of the Public Assistance knew perfectly well that I was leaving the department head position voluntarily. But since they had no power to remove me or act against me in any way, they performed what I would call a publicity stunt in the media by announcing, "We removed Professor Perronne from his leadership position." It didn't change anything for me. Besides, I continued to practice. I'm still a doctor, I'm still recognized by the Council of the Order of Physicians because I won my case against them afterwards. So that was an attack I suffered that I didn't find very nice, and I found a little shabby on their part because they had no really serious argument against me.

Louis Olivier Fontaine
I understand. So the process you talked about at the level of the College of Physicians is now over. No, sorry, there is another.

Dr. Christian Perronne
There was a so-called fraternal meeting, and the official procedure was the disciplinary chamber of the Regional Order of Île-de-France, in the Paris region. It was in September 2022. The verdict came down in October and they said in their verdict—it's written down,

it's public, you can find it on the Internet—that in the end I was one of the rare people in France to be able to understand what was at stake in the crisis and that, given my national and international CV, not only did I have the right to express a dissenting opinion from the authorities, but I even had the obligation to do so, which was very strong. They completely cleared me of all attacks.

Louis Olivier Fontaine
All right. Has an appeal been lodged against this decision?

Dr. Christian Perronne
Yes. An appeal was launched for the process, but an appeal to the Council of the Order can last a year, two years, three years. I'm not very worried because anyway, they have no argument against me. What bothers them a lot is that everything I said has been proven. I have written three books, as you said. When the first book came out, a lot of people were screaming in the media saying, "Perronne is going to be immediately sued for libel; he libels everyone." I defamed nobody, you can read the book. In addition, there are dozens of pages of scientific and media references for everything I say. There was proof for everything I said. Meanwhile I know they hired law firms against me to try to find a flaw and they found nothing. I have never been sued for libel regarding my books. Everything I said was proven, so I'm very confident.

Louis Olivier Fontaine
All right. So if I understood correctly, again, no legal action following the publication of your three books. Is that right?

Dr. Christian Perronne
Yes. There is a colleague who sued me for defamation, but I never defamed her, I never quoted her. This will be a long process, but I'm not worried because I never cited this person who felt offended. I was saying things scientifically contrary to what she was saying, so she felt defamed. But all the lawyers or jurists I've consulted say, "There won't be any consequences since you never defamed this person." You see, there have been a lot of attacks like that, but it doesn't bother me because everything I said was sourced, based on my experience, based on scientific evidence, and based on the official figures for this epidemic.

Louis Olivier Fontaine
So still talking about your first book called *Y a-t-il une erreur qu'ils n'ont pas commise?* [Is There an Error They Did Not Commit?] could you elaborate a bit on that? What are the mistakes that have been made by the authorities, whether French or international?

Dr. Christian Perronne
I already have experienced a long fight for the recognition of chronic Lyme disease because it is recognized now—even the House of Representatives of the United States voted on this—that it is a bacterium that was modified for military purposes; therefore, it is a disease that ought not to exist. But I had been fighting for the recognition of this disease for 20 years in France. I didn't dare talk about it too much, but now that there is the evidence, as well as the vote of the United States House of Representatives, I can totally talk about it.

So even if I was in the institution, I was very well regarded by the Ministry: I was president of all the commissions, I advised many ministers, I had already opposed them a little on the Lyme disease. Well, I'm not going to go into details—it's not today's subject—but I had already seen how we could manipulate public health data, et cetera, with regards to a disease.

[00:15:00]

And when the epidemic arrived in France in March 2020, from the very beginning, I saw that all the directions given were contrary to common sense. What shocked me was that the Minister of Health at the time, Agnès Buzyn, even before the virus arrived in France—You know that in France, chloroquine/hydroxychloroquine had been available over-the-counter in pharmacies for decades. There were never any problems. No one had complained about a nasty side effect. It was over-the-counter. And, all of a sudden, before the epidemic arrived in France, as an emergency measure, it was registered on the list of poisonous substances. You realize, a substance that was over-the-counter, that we bought like chewing gum in the pharmacy, became a poisonous substance. So I said, "Well, that's bizarre."

And then, from the start in France, there were no masks. In the hospital, when I was a young assistant a long time ago, at the beginning of AIDS, there were epidemics of so-called nosocomial tuberculosis—that is to say tuberculosis which was transmitted in hospitals among the immunocompromised, including people who had AIDS at the time. It was before the tritherapies. And I had fought for the isolation of tuberculosis patients in their rooms, for a mask to be worn when entering the room, for the patient to wear a mask. The mask is very useful when you are in the same room as a patient who has respiratory symptoms, who coughs, who spits. I have always defended masking.

And when I saw that the masking was useful in the hospital or at home to protect the family, there were no masks in France in March. It was strange because they closed the last factory making masks in France just before the pandemic. So now all the masks were made in China. They had burned the last remaining masks saying, "They are expired." They told general practitioners: "You have the right to have free masks at the pharmacy, you are entitled to one box per week," but then they also said to change the mask every four hours. So anyway, it was not possible to do this. Besides, there were zero masks in pharmacies.

And we saw the President of the Republic, the Prime Minister, the Minister of Health, the spokesperson for the Élysée: "Now the masks are useless, stop getting upset. There's no evidence that they do anything." Even the Director General of Health said so. So for months they repeated this continuously on TV every night, and the day the masks finally arrived from China, several months later in June, then masks immediately became mandatory, **including when in outdoor spaces, which makes no sense. The mask is useful in a closed space, when you are in direct contact with a sick person who has symptoms, who coughs, who spits, but it makes no sense in the street, on a beach—and with very heavy fines. I said, "This is not medicine, this is not public health."**

And when there were lockdowns, we had never had a lockdown before. If I had been entrusted with the management of the epidemic, it would have been settled in three months. In an epidemic with respiratory transmission, we isolate the sick—diagnosed or presumed—preferably at home if they are in a state of health which is not too bad, and possibly in hospital if they are more severe. And we must focus on basic medicine, general practitioners, who are hyper-organized.

For me, around a good hospital, all the general practitioners were ready, had organized themselves in their offices, but they were suddenly told, "No, no, you are not competent." Everywhere on television, people in France were told: "Don't call your doctor. You take paracetamol, and if you ever have trouble breathing, you call the emergency number to get to the hospital." And once there, the hospital had orders not to treat patients.

And watching this, I said, "But how can we manage an epidemic like this?" Especially since we knew from the start of the epidemic in France that hydroxychloroquine worked well. There was even a randomized study evaluating hydroxychloroquine versus placebo conducted on patients in China who had pneumonia due to COVID; it had shown that hydroxychloroquine worked very well. Afterwards, there were Raoult's studies and then, we demonized hydroxychloroquine in France.

And then this fraudulent *Lancet* article that everyone knows came out, where there were 95,000 patients springing out of a hat—like that—in a few weeks. I thought I was hallucinating when I read it. There were no names given of doctors who had participated, no names of hospitals. Even the Australian government was surprised that there were more sick patients in the study than there were in Australia at the time. When you know that there is a very small proportion of patients in a country who agree to enter a study, you can see that it is preposterous. Well, in France, the Minister of Health relied on this fraudulent study to ban hydroxychloroquine for doctors in town. And when, a fortnight later, *The Lancet* recognized that the article was fraudulent, it was not retracted.

[00:20:00]

All that shocked me deeply, and afterwards, what shocked me a lot more was the summer. So the first wave had passed, which was the only serious wave. Afterwards, there was a second, less serious wave; then afterwards, it was wavelets without consequences. And in addition, there were deaths, unfortunately; but most of the deaths were people over 80, 85, who had major risk factors. We could treat them and if they died, unfortunately for a lot of them, it's because we banned treatments.

So the epidemic had mostly passed by the summer of 2020. But to scare people, we created the second, third, up to the twelfth wave with PCR tests. PCR is gene amplification. We amplify small bits of RNA from the virus, but normally PCR should never be used in the general population to screen healthy people. Kary Mullis, the brilliant American from California who won the Nobel Prize for the invention of PCR, had always said so. Sadly, he died just before COVID, otherwise I think he would have been screaming in the media. He had said, "Never use my test for mass screening of healthy people. There are always false positives."

And in addition to this, they intentionally used a number of cycles of amplification that was much too high. Eventually, a lot of people who were in perfect health had a positive test; and that made it possible to artificially create epidemic waves, which were waves of positive tests in people who were healthy. So there you go: it all piled up. We'll talk about the vaccine later, but already, all of this made me understand that all the decisions were contrary to common sense and the normal management of an epidemic.

Louis Olivier Fontaine
Yes, I understand. Well, you say: is there an error that they did not commit? I would like to ask you, is there anything they did correctly?

Dr. Christian Perronne
I honestly cannot find anything because—whether it was the isolation of the sick, the tests, the masks, the PCR, the treatment, and later, the vaccines—everything was done backwards from what should have been done. That saddened me a lot. Especially because I knew personally, and I was friends with, many of these players. And what bothered me a lot about this story is that we didn't have the opportunity to have an honest public scientific debate. For example, Professor Jean-François Delfraissy, who was the President of the Scientific Council at the Élysée Palace until last summer—well, they ousted him a little bit because he was starting to rebel. He admitted publicly on leaving his post that, in the end, everything they had done had produced no good results: that they had bet on a vaccine that did not work; that they should never have forced the population into lockdowns which had not been effective; and that they should have listened to the population.

When he said that as he left, I said, "Oh dear, he's opening his eyes." I think he said that maybe a bit to protect himself. But Monsieur Jean-François Delfraissy, whom I knew as an intern in 1978—so a very long time ago—I called him several times because I knew him well, we had worked together in other areas. I said to him: "Listen, Jean-François, we don't agree, but accept an open scientific debate in the media." He always refused. The same with journalists who have attacked me, experts who have attacked me. I say: "But I would be delighted to have an open debate of all the scientific data." They have always refused.

Personally, I was attacked by the media saying, "Perronne is talking rubbish, he's a conspiracy theorist." It's a catch-all word when they have no argument. They have always refused adversarial debate, but in their articles, there was never any scientific data. Well, I was very shocked by that. I agree that not everyone accepts what I say. I am ready to hear contradictory data, but at the very least, science is also the confrontation of ideas and that was refused.

Louis Olivier Fontaine
I would like us to come back a bit to your experience within the WHO. So I would like you to briefly describe: What was your role at the WHO?

Dr. Christian Perronne
So I was a member of the WHO Euro Region Expert Group. The WHO Euro Region is much larger than the European Union.

[00:25:00]

It actually includes all of Eurasia, all of Russia up to Vladivostok, all the Russian-speaking republics of Central Asia, Eastern Europe, Northern Europe which is not in the European Union, Turkey, Israel. So it's a very big Europe. I was a member of that group for nine years. I was vice-president for six years. It was a big responsibility. Sometimes I hosted meetings and there were a thousand people in the room with people from all countries. It was an advisory group for vaccination policy in this large region of WHO Europe. As such, I was able to see a little bit of what was happening in the WHO as it was ongoing.

Louis Olivier Fontaine
Yes, well, precisely, I would like to know: What were your findings? What is your opinion of the World Health Organization today?

Dr. Christian Perronne
The first thing I saw was that, in the WHO, there were excellent top-level doctors and scientists from all countries. I very much enjoyed working with them: really remarkable, motivated people, who probably earned very little, but were very good civil servants. Afterwards, what bothered me— it was the people at the WHO themselves who told me— that the WHO was sometimes on the verge of bankruptcy because the member states did not always pay their dues, and then there may not be enough money to run this huge building with its many officials and a lot of activities carried out in the four corners of the world. So they happily accepted funding from the pharmaceutical industry.

As such, the pharmaceutical industry is a very big funder of the WHO. And the icing on the cake is the GAVI foundation, which is the vaccines foundation created by Bill and Melinda Gates, which is the biggest funder of the WHO. That is to say that Bill Gates now has a major influence on WHO policy and that is not normal. So it's true that when I started at the WHO at the beginning, there were two or three GAVI representatives in the meetings. By the end, there were 10 or 15. I saw the increase in their presence.

What also shocked me: I am not talking about the group for Europe, which often met in Copenhagen, where the pharmaceutical industry was not present, but when I went to the global plenary meetings in Geneva; there, representatives of all the global pharmaceutical industry were present at all meetings. They were in the hallways; they were lobbying all over the place to all the members. And I was shocked because they heard everything that was said and then they influenced the decisions. And all that was profoundly wrong to me.

I didn't think we were going to get to this particular crisis, but as I was well regarded by the elite, I had been invited twice by Bill Gates' foundation to their international economic forum. I found out, because I attended their program for days, how they financed vaccines. And I realized that, ultimately, Bill Gates never spent a penny: he always collected. That's why he always gets richer, but he makes the states pay. It's a very well-oiled machine.

When someone at the WHO warned me about this a long time ago in Geneva, I didn't really believe it. One day, when Laurent Fabius was Minister of Foreign Affairs in Paris, I had been invited because I was part of the elite, if you will, at the Ministry. There were the Republican Guards, sabers drawn, the red carpet, gilded salons. I was next to the director of the Institut Pasteur; there were a lot of very important people. And in front of me, Laurent Fabius, minister, presented Bill Gates with a huge check on behalf of France. And at the same time, the Africans were saying: "Bah, you French are abandoning us, you are no longer funding vaccines, you are no longer helping us. Fortunately, Mr. Gates is there to help us." But who was paying Mr. Gates? It's France. And besides, recently, Emmanuel Macron announced again that he is giving absolutely exorbitant sums to Bill Gates. I found it odd how it works.

Again, the WHO is a fantastic institution, but I think it has been infiltrated. And what scares me today is the new draft international treaty on pandemics, where the WHO would be in authority above the states. When we see how they changed the definitions—before, a pandemic, there had to be deaths—now they have changed the definition: an epidemic that spreads somewhat across the world, even if there are no deaths, could be a pandemic. And the WHO will have the right to impose on all states the worst measures of lockdowns, compulsory vaccination, and all that.

[00:30:00]

And the states will no longer even have a say. It is very dangerous when I see this divergence being taken by the WHO, which was a fine institution created by the United Nations, and which is currently, in my opinion, a little adrift.

Louis Olivier Fontaine
Okay. Now, Professor Perronne, I would like to address another subject which we had briefly discussed during the preparation, a subject which you told me was one of the most important subjects at present. It is the topic of side effects and deaths from COVID injections. Could you talk to us about that?

Dr. Christian Perronne
Absolutely. So by the end of 2021, I published a letter which was distributed in France, which had been translated into English, and which had gone somewhat around the world. I said: "Caution! These experimental products are still in the experimental phase."

I remind you that a vaccine normally takes ten years to develop. To inject it into a pregnant woman, it takes 20 years. All that was eliminated, I would say. In a few months, they gave us a product and said, "It's safe, it's effective." There was no data. In addition, we now know that the studies published by the manufacturers were rigged. There is even a very shocked American scientist who had written an article in the *British Medical Journal* in 2021. So here we are; we were sold a product. They even skipped the animal phase of development because 80 per cent of the rodents were dead. There were also skeletal abnormalities in the baby rodents. They said: "The rodent is not a good model, so we go directly to humans."

In addition, the fact that we have imposed an obligation of an experimental product in France on professions such as caregivers, firefighters, soldiers, police officers, is contrary to all national laws, to all international treaties, the Oviedo Convention, the Nuremberg Code. So it's like a crime against humanity. It's the law, it's not me inventing anything.

At the beginning, I said, "Careful, these are not vaccines; RNA can transcribe itself backward into the DNA." I know, I took courses at the Institut Pasteur when I was younger. We had lessons on retroviruses. And we know that our human chromosome is partly made up—I don't know the exact figure, but it's around 20 per cent—of DNA that comes from animal retroviruses that have integrated in the human genome millennia or centuries ago. So we have in our genetic heritage something which codes for an enzyme that goes backwards from RNA to DNA. Well, this is recognized by the greatest scientists. Right away I said, "Be careful, you are playing the sorcerer's apprentice. You inject so-called messenger RNA to make this state-of-the-art protein called the 'spike' protein; but beware, nothing says that the RNA will not go into the DNA." So I was insulted everywhere, but some time went by and then there was *PNAS*, *Proceedings of the National Academy of Sciences*, and then other articles after that, which proved that I had spoken the truth. Indeed, from time to time, the RNA can go into the DNA; therefore, it is very worrying.

At the time, I didn't yet know the side effects we were going to see. I was a little worried, but now all the countries that have vaccinated massively all have excess mortality, including in young populations between 20 and 50 years old. Because, ultimately, when we look at COVID itself—in any case, when we read Pierre Chaillot's book; I know that you have interviewed him—we see that there has been practically no increase in mortality, except in the very old at high risk. But now, since the vaccination, depending on the country, the increase in mortality can go from 20 to 40 per cent. And this is recognized, even officially.

The first country to recognize this was Portugal last summer, and after that, the United States, Great Britain. Even *Le Parisien*, which is a French daily that has been quite supportive of government policy, wrote an article last December saying, "In France, 20 per cent increase in mortality among the youngest." But each time, the argument is: "We don't know the cause." So it's strange that we don't know the cause. They say: "It's global warming, it's the stress of the war in Ukraine," it's any kind of nonsense.

Above all, if we compare the countries that have not vaccinated or vaccinated for a certain period and not others, we see that each time we have carried out major vaccination campaigns, there is a "boom" in the epidemic; there is a "boom" in the mortality. Fortunately, some government authorities stopped the vaccines and the numbers came down again. We saw it in Vietnam, we saw it in India. So now there is proof of these major side effects. And even if we look at all the North American and European databases, we see— If we stay with side effects without talking about deaths, in less than two years, we see a gigantic peak in side effects unlike any of the surrounding noise we have had with all the other vaccines over the last 20 years.

[00:35:00]

So we can't say it's a coincidence.

And when we now see the death data, it's terrible. And above all, it is now confirmed in France and in many countries that nine months after the massive launch of vaccination campaigns, we began to see a drop in the birth rate. The other day, I was at the European Parliament in Brussels for the International COVID Summit. There were international scientific experts who made presentations. There was a lot of data that was published in the referenced medical journals. It wasn't just convention waffling. It was solid data that shows the impact of this state-of-the-art protein on the ovaries, on the testicles, on male and female fertility. And what is happening is tragic.

And I'm not talking about the cancers that are flaring up. Now doctors are talking about "turbo cancers." We see people who were cured of their cancer, or had a cancer that was very moderate, which flared up in a few weeks after the inoculation of these pseudo-vaccines. And that is extremely serious. Right now, it's being suppressed, of course, by the media and all that; but I think this all will come to light anyway because you can't hide the dead under the rug. It may take a while, but not very long.

Louis Olivier Fontaine
Thank you. So the commissioners will possibly have questions to ask you; they will want to take advantage of all your expertise and your generous availability. But maybe, to conclude, it was suggested that we ask the question: How could things have been done better? So do you have any suggestions? What could have been done?

Dr. Christian Perronne
Well, for me, it was very simple: if I had been entrusted with the management, it could have been finished in three months. By isolating the patients, treating them as quickly as possible. We had treatments that worked. Even if some grumpy people said: "We don't have complete proof that it works," I remind people that the WHO had written texts several years ago saying, "In a crisis situation, this is not the time to set up long-term scientific studies," these famous randomized studies where you had to wait several months to know if a particular drug was effective.

No, when you have assertions that a drug can work, when you know it is not toxic— This was the case with hydroxychloroquine because even the Chinese had shown at the time of SARS that it worked. Even Anthony Fauci, who was director of the infectious diseases branch of the NIH in the United States, had written in a major international medical journal a few years ago, "If, one day, there is an epidemic of coronavirus, hydroxychloroquine is the best treatment."

So we had assertions, yet we weren't certain, even if there was, as I was saying earlier, a study that had come from China. We could very well, and without doing randomized studies, say, "We will treat and evaluate along the way." And if 100 patients had been followed in France, Germany, Great Britain, Canada, and other countries: after a month or two months, we would have had the answer that it was working. There was no need to look for these very complicated studies which were white elephants.

So here we are. We would have isolated quickly, brought forward the general practitioners by entrusting them with the responsibility of treating as soon as possible at home rather than overwhelming the hospitals. There was no point in developing a vaccine for an epidemic with such a low mortality. Mortality has always been zero point zero something, or zero point zero, zero something per cent. This is an extremely low mortality. So in fact, people were scared in order to impose the massive inoculation of billions of people with experimental products.

You had to treat people early. According to published studies, if you waited a week or more until people were suffocating to give them hydroxychloroquine, then it was too late. There was the example of the flu. You know, there's a drug that works very well for the flu called Tamiflu. It works very well if given within the first 48 hours, and then the effectiveness is remarkable. If you wait three or four days, it works less well. If you wait a week, it doesn't work at all. We were in the same situation here.

So there you go: I would have asked the doctors to be on the front line. I would have recommended to all pharmacies to facilitate the delivery of the medication, recommended to the manufacturers to provide these drugs to everyone—which the Indian government has done, moreover, several times.

[00:40:00]

There are a few states in India that have strayed into vaccination. And it was easily fixed. In fact, when you look back, it was not a very dangerous epidemic. But simply, I think that all that was manipulated to create fear.

Louis Olivier Fontaine
Thank you very much, Professor Perronne. So I will now give the floor to the commissioners, who may have questions for you.

Commissioner Massie
Good evening to you, Professor Perronne. For us, it's still "good afternoon" here. Thank you very much for your testimony. I have a few questions for you. Given the experience you had in managing health crises, both nationally and internationally, when it happened, you were able to realize before others that there was something which was unusual. But aren't you a little surprised to see to what extent all the institutions in France, as in many industrialized countries, rushed to follow a narrative that was at odds with what was done in the past for managing pandemics? And what had been codified, if I'm not mistaken, in pandemic

preparation manuals, which were practically relegated to oblivion at the time of this pandemic? Weren't you a little surprised to see with what enthusiasm people and institutions fallen into this narrative?

Dr. Christian Perronne
Sure, I was surprised, but not so surprised as that, given my experience. In my book on Lyme disease, I had already spoken a little about the corruption, about the influence over the major international medical journals like *The Lancet*, the *New England Journal of Medicine*. It was not me who attacked them, it was the editors of these journals themselves who publicly said so in the media.

I think there has been major corruption of key opinion leaders, what Anglo-Saxons call KOLs: "Key Opinion Leaders." I know this because, I have had young doctors in my service for a long time, with whom I have maintained friendly relations, who have risen to the highest levels of the global pharmaceutical industry, including in the United States. They all told me that what these major opinion "leaders" declared on the official databases— In France, there is a database called Transparence–Santé, where they declare ten thousand Euros, one hundred thousand Euros. It was before COVID, they told me: "You know, that's the gratuity" because some people receive millions of Euros or dollars in offshore accounts.

There was even one who gave me the address in Chicago, in New York, where one of my colleagues received a lot of money; I won't mention a name, but I have known this for a very long time. So already, there are opinion leaders who go on television, who will influence everyone because the vast majority of doctors is not at all corrupt. They are under pressure, they say: "If Professor What's-his-Name, who is very famous, says that, it must be true." So there is some kind of a stranglehold.

In addition, then, there is a great global manipulation going on through private consulting firms. Much has been said in France about McKinsey, which is the main one, but there are others. And again, it's not me saying it. There was an official report from the French Senate a few months ago, which analyzed all this and which said, "It's not normal." The French government has given more than a billion Euros to these consulting firms since the start of the crisis. And I wrote it in my last book, *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]: there's a chapter dedicated to that. I had proof of it, so I was never attacked for any of my books.

There are employees of McKinsey or other consulting firms who sit in ministries, in offices, sometimes in important positions, who write with letterhead "French Republic – Ministry of Health"—so, I think that if it is true in health, it must be true in other ministries—who have email addresses, "Monsieur X or Y @sante.gouv.fr," therefore, official addresses of the ministry. They are not ministry employees; they are private employees of consulting firms. **And personally, what struck me was we saw that all of this was coordinated at the global level because the same decisions were made in the same weeks in Canada, Belgium, Australia, Argentina, and everywhere.**

[00:45:00]

And indeed, it really shocked me, this kind of coordination—and in my opinion, this corruption because, obviously, it's also an epidemic of corruption. I'm not afraid to say it. So I agree with what you say.

Commissioner Massie
My next question is: Given now that there are a lot of studies and a lot of revelations—in particular with the "Twitter Files" and also, there have been revelations in England, exchanges between Boris Johnson and his minister—given that these revelations are coming out more and more for the public, not in the traditional media, but at least on social networks, do you think that these kinds of revelations will end up making the public aware that they must demand changes at the level of institutions or governments?

Dr. Christian Perronne
I hope so. I said it publicly, but it wasn't me who said it, it was Emmanuel Macron himself. My source is Emmanuel Macron, so I think it's reliable. He gave three envelopes to mainstream media, who were at his command. He gave them three billion Euros in a year-and-a-half, then recently, as they didn't have much money left, he again gave them a nice sum on top of that. With three billion Euros, we could build several hospitals, pay nurses for years, while he says he has no money. So you see, the pressure that there was on the media, it's unbelievable, the mainstream media. That's why many French people who watch television every day, who read the usual big newspapers, swallowed the official story without asking questions.

As such, what really worries the government and Europe today are social networks. Because, ultimately, the truth has always come out on social networks over time. And I thought I was hallucinating because in October, I had been invited to give a conference in front of the European Parliament in Strasbourg. And then in the afternoon, I was in the Parliament when finally, someone said to me: "Here, come, there is a meeting there on freedom of expression". So there were Members of the European Parliament. I was surprised because there were two Americans who were there by videoconference. I don't know what they were doing there to monitor what was happening in Europe. And then, the theme was: "It's very dangerous right now; there's a lot of false information circulating, we urgently need to strengthen censorship in all the media." So their argument made me laugh a lot. It was to protect our freedoms, to protect our democracies. So that made me smile.

But I see that the European Union has a bill to censor the media. A few days after this meeting in Strasbourg, Macron banned Rumble in France. Well, of course, it's a Russian-influenced channel that is starting to compete with YouTube. In France, there is a project to censor Twitter. So we see that these alternative media very much scare them. I recognize that there is a lot of false information on social networks. I've been tricked many times into believing things that were totally untrue. You need to be careful. There are still a lot of real things that come out. And unfortunately, it only comes out on these alternative networks. And it's a shame because, you know, in a democracy, the media and justice are normally the firewalls to guarantee freedom of expression, democracy and all that.

I see that the media does not work. Nor does justice work. I am vice-president of an association of activists in France. We have filed more than 60 complaints in court, administrative and criminal justice, but also the Constitutional Council, the Council of State. And all of them were dismissed out of hand, although each time we had all the evidence in the files. So I say to myself: "A society where neither the media nor justice play the game, in the end, we move away from the idea of democracy." That frightens me for my children, my grandchildren. That's why I'm still fighting.

Commissioner Massie
Thank you so much. I will ask the Commissioners if they have any questions for you. Questions? It's good.

Louis Olivier Fontaine
So Professor Perronne, in conclusion, we thank you very much for your generosity. It's been a pleasure talking to you today, and thank you very much. Good bye.

Dr. Christian Perronne
Thank you very much.

[00:50:00]

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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, and further translated from the original French.

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 6: Caroline Foucault
Full Day 1 Timestamp: 08:08:43–08:35:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Konstantinos Merakos
Hello again. We had a short break due to a technical problem and now we are back. Without further ado, we will continue with our next witness. So I have here with me in person Madame Caroline Foucault. Hello, Caroline. Say "hello."

Caroline Foucault
Hello.

Konstantinos Merakos
Okay. Madame Foucault, I'm going to swear you in. Do you swear or solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

Caroline Foucault
I swear.

Konstantinos Merakos
Thank you. Madame Foucault, we'll briefly start with finding out a little more about you, and who you are. Can you talk about your field of work, and if you live in Quebec or elsewhere?

Caroline Foucault
Yes. I work in the hospitality industry, and I live in the Greater Montreal metropolitan area.

Konstantinos Merakos
Okay. And we'll start with a general question. Why are you here today? What brings you to testify before us today?

Caroline Foucault
Um . . .

Konstantinos Merakos
We can start, for example, after the date of vaccination. If there were any side effects, we can start there. Did something shocking happen to you that led you to be here today?

Caroline Foucault
Well, I come from an older generation who trusted our governments and believed in our media. So when my government asked me to go get vaccinated, I trusted my government because they told me, "If you get vaccinated, you will regain your freedom, and you will protect others." So I listened and went to get vaccinated.

And on September 9th, 2021, I had my second dose of Pfizer and immediately my next menstrual cycle was completely thrown off balance. After all, I'm a woman of a certain age, so I was left with periods only a few days a month. And then, all of a sudden, it was like I was hemorrhaging; I was bleeding intensely for seven days with lots and lots and lots of pain. I connected it to the vaccines because that's the only thing that was different about me.

Konstantinos Merakos
And following what you've just described, did you talk to your doctor or a health professional to relate these facts and ask for an opinion as to whether or not they were related?

Caroline Foucault
Yes, I spoke with my family doctor. He was already preparing for his retirement. He left a few months later. When I told him about what had happened, I said, "Listen, I think the vaccine affected me negatively because I have very painful and heavy menstrual bleeding, it's not normal for me to have that." And he said to me, "Oh, don't worry about that, it's all good, you're going back to being like a young girl of 13."

Konstantinos Merakos
Okay. And I imagine your day-to-day life after that was difficult. Can you describe in a few sentences how your days went after that? Did you often have to go to the hospital? Did you have to stay home from work, for example?

Caroline Foucault
Yes, obviously, working in hospitality, I have been affected by closings, openings, closings, openings. Then I went to Ottawa. And that was a great disappointment to me because I went to Ottawa several times in person to see what was going on, and when I returned home, I watched the media and I saw that the media was not telling the truth. It was a huge

shock to us. My [common-law] partner also accompanied me to Ottawa, and when he returned, he watched the television. He was in shock for two weeks. It took two weeks to get over it because he saw that it was lies.

Konstantinos Merakos
In other words, there was a difference between what you witnessed and what you observed on the television, what they were talking about.

Caroline Foucault
Yes. So if they're capable of lying about that—

Konstantinos Merakos
Okay. For example, you spoke about trust in the government; and now you are speaking about the media. In what way has the present situation made you have a certain distrust towards our institutions?

Caroline Foucault
Well, like I told you at the beginning, I am a very normal citizen: I work, I have children, I have always trusted my governments and my media. I never asked myself any questions. I think most Canadians don't ask questions about their rights and freedoms.

With everything that's happened since COVID, I've learned that normally, before receiving treatment, they're supposed to explain what it consists of to us, and they didn't give me that option for the injection because I trusted my government.

So they injected me without explaining the risks and benefits of the injection. So when I understood that this had been done to me, it was another breach of trust that I felt toward the government.

Konstantinos Merakos
Okay. Has your family physician or any other physician ever pointed out to you the risks and benefits of the medical procedure of vaccination before?

Caroline Foucault
No, never.

Konstantinos Merakos
Okay. So clearly, we see a lack of trust; we see that you weren't really informed. So if, in the future, in the event that there is another similar situation, would that be something you would continue— Would you go get vaccinated or not?

Caroline Foucault
There's no denying it: no. I no longer have any inclination to do so. I no longer have any trust. I feel betrayed, abused, and. . . No.

Konstantinos Merakos
Okay. So I would like, even if they are not here with you today, to talk a little about your family. Your husband also suffered consequences [from the vaccination], as well as your son. Could we start by talking about your husband and his side effects?

Caroline Foucault
He's my partner. So my partner and I were confident about what was said on television, "go get vaccinated." He went to get vaccinated around the same time as me, in the fall of 2020–2021. And in April 2022, eight months later, he was unwell for a few weeks. Stomach discomfort, chest discomfort. It wasn't going very well.

And then, during the night, at the beginning of April 2022, he woke up and said to me, "I have really bad chest pain." So right away I said, "We're going to the hospital," and I took him to the hospital. And the doctor told him, "It's a good thing your wife brought you to the hospital because, otherwise, you wouldn't have made it through the night."

So he was diagnosed with severe myocarditis and pericarditis. He had troponin levels—I don't know if it's relevant—but at 4,000 instead of 50. We transferred him to Sacré-Coeur Hospital by emergency ambulance. He called me from the ambulance and we said our goodbyes because I didn't know if I was going to see him again. It was very difficult.

Then he was hospitalized for a week with myocarditis and pericarditis, but it took months to get back on his feet. By then, it was fairly well known that it was one of the side effects of the vaccines. At that point, it was starting to circulate. Obviously, it was not our governments that informed us of this, nor our media. So I started communicating with specialists.

[00:10:00]

I contacted a specialist in Sweden who had done some research. I can transfer it to you. The research is research that he has done. Evidently, there was myocarditis present in healthy young men. And that's it. We're both disillusioned because, again, we weren't told that there were risks. Myocarditis is severe. He almost died and could still die. Not soon, but there is a risk of myocarditis recurrence. So that's it for him.

Konstantinos Merakos
And if it's all right, if it's okay with you, to mention your age and your husband's age.

Caroline Foucault
Yes. My partner is 46 and I am 48.

Konstantinos Merakos
Thank you. Let's continue with your son. Has he gone through some of the same ordeals as you? Has he gone through other problems, be it remote learning?

Caroline Foucault
No, my son didn't want to be injected. He was starting CEGEP [Collège d'enseignement general et professionnel – General and Professional Teaching College]—his pre-university courses at CEGEP—in September 2020, online. So it was very difficult to start a new

program online, at home, all alone. And then, when the QR code came out, all his friends were getting vaccinated except him. He refused all along and he was isolated.

Over the course of months and months, he fell into depression. He no longer wanted to study. He no longer wanted to live. He said to me, "Maman, if it continues like this, I want to kill myself. I want to kill myself, what's the point of living?" So there, that's it. I no longer knew what to do. Obviously, the QR code was dropped. But—

Konstantinos Merakos
Did you do any suicide prevention intervention? Did it get to that point?

Caroline Foucault
Yes. I let his friends visit him. We were not allowed to visit each other because the regulations prevented us from seeing other people. But I let my son receive friends at home because that's what he needed to help him with his depression, and it worked.

Konstantinos Merakos
And I would like to know, for instance— You say that he is not here today but he refused the vaccines. I suppose that was a question between him and his doctor? I suppose, is it—

Caroline Foucault
A personal choice.

Konstantinos Merakos
A personal choice. Okay.

So I would also like to know, was your financial situation very difficult for you after all these personal experiences? I am thinking, for example, of taking care of each other, missing days of work: Did that cause financial problems for you?

Caroline Foucault
No, fortunately for us, no. It didn't impact us that much. We had access to the PCU [CERB – Canada Emergency Response Benefit], I don't really know, I don't remember what it's called—government aid, so no.

Konstantinos Merakos
Okay. So I'm going to return to the subject of your current personal health. Are you still living with health issues, even today?

Caroline Foucault
I have the same symptoms. They are a little less strong, but they are still more intense than before the vaccination. By the way, I was advised to go for a test. I don't know the name: adrio-something.

Konstantinos Merakos
While we were preparing, you talked about problems or fear of reprisals or repercussions. Can we talk a bit about that? Is it in relation to work? Is it in relation to—

Caroline Foucault
Of course, you are all aware of the strategies of intimidation and segregation that the media and our governments have used against the unvaccinated. I am vaccinated. On the other hand, I am now speaking against the vaccines and against the measures.

Konstantinos Merakos
Yes, that's right, against the measures.

Caroline Foucault
Also.

Konstantinos Merakos
Because you had been vaccinated, you believed—according to the information they gave you—that it was going to work. But according to your lived experience after the fact, now you say to yourself that maybe it was not the best solution for you.

[00:15:00]

And basically, it creates fear, and then essentially, that creates mistrust, a lack of confidence in institutions.

Caroline Foucault
Yes.

Konstantinos Merakos
Yes, go ahead, excuse me.

Caroline Foucault
But listen, right now, if you watch all the Commission's videos, if you take the time to listen to all the videos, you will realize that the proof is there. It's overwhelming. People my age and younger are not at risk for COVID if they're healthy. It's not me who says so, it's the evidence that says so. Therefore, I don't see why we were injected with products that were riskier than the virus. So just because of that, I no longer have confidence in my institutions, and, yes, we are considering leaving the country for this reason.

Konstantinos Merakos
Before asking you about the consequences of what you experienced here, we were talking about reprisals, repercussions—

Caroline Foucault
Yes, judgement.

Konstantinos Merakos
—not only in terms of the government's treatment of you, and the media, but I imagine that, despite the fact that you were vaccinated, among those around you also; there were people who made harsh or discriminatory remarks towards other people whether they were vaccinated or not. That is to say that there has been, one could say, a social, societal decay between people. Have you experienced anything like that in your social circles or people who have made mean or discriminatory remarks?

Caroline Foucault
No, I didn't experience any malice. What I got was mainly indifference.

Konstantinos Merakos
Okay.

Caroline Foucault
So when you tell people your partner almost died of a heart attack and you tell them that it was probably because of the vaccine: no reaction. Their faces are blank, no reaction, no empathy. As soon as you mention the vaccine, they look at you like you're an alien. Yes, so, I lost some friends but I made new ones.

Konstantinos Merakos
Okay. And so before getting into the consequences, as you wanted to leave [soon], can you give us, in your opinion—your opinion, as a human being—some suggestions, as to what we could have done better in society to prevent the situation we find ourselves in today, where families have been torn apart, et cetera? In your opinion, one or two suggestions to improve the situation.

Caroline Foucault
I would start by removing government funding to the media because I believe there is a conflict of interest there. Secondly, I don't know who in the government dropped the ball, but someone dropped the ball. There's someone who didn't do their job to properly inform the leaders making decisions and to protect the population. There is someone who has not protected the population because I believe that the vaccines and the measures have been more harmful than the virus itself. So I don't know who to ask for help.

This here is like the last chance I'm giving to Canada—this Inquiry. This, for me, is my last hope. I hope there is someone who will come and bring truth and justice to my country.

Konstantinos Merakos
Okay. And basically, I will end with the consequences. One of the consequences of what you have experienced is that you now want to leave Quebec. You were taxpayers in Quebec, you have contributed to society, and everything. And now we see ourselves possibly losing you.

Why do you want to leave Quebec? We just talked about it, but in one or two words, why do you want to leave? And what would allow you to stay, to change your mind about staying in Quebec?

Caroline Foucault
Okay. Well, I would leave Canada. I'm leaving Canada. Why would I leave? It's because I realize that there are now laws which have been passed to censor information, to censor the truth. That makes me very scared because I don't want to live in a country where we don't have access to the truth, like we didn't have access to the truth during the pandemic. Right now, there are people who are suffering. My spouse is still suffering from his injury, and no one is looking after it.

[00:20:00]

There's no one who knows; there was no one to call about his suffering. So no, I no longer recognize myself here. I'm afraid, I'm even afraid of reprisals after my testimony here. There are people who are having their bank accounts closed right now because they are speaking out against the government. You don't see it in the media but it's true.

Konstantinos Merakos
So in your opinion, there are direct or indirect consequences just for talking about it. To you, having this civilized dialogue between people is a risk.

Caroline Foucault
Yes, it has now become risky to speak against governments in Canada.

Konstantinos Merakos
Okay. And the second part of my question: Is there anything that would lead you to stay in Quebec—for example, if there were any changes, be it in terms of laws, transparency, communication, or better communication from the media or the government towards you? Give maybe one or two examples.

Caroline Foucault
As I said earlier, for me the NCI Inquiry is my last hope for Canada. If, after all the testimonies that you will see, all the evidence that has been submitted, there is no one in our institutions who is restoring order, justice, and truth to Canada— After all that, no, I'm not staying. If the truth does come out, let the media admit their mistakes, let our governments also admit their mistakes.

Konstantinos Merakos
So in other words—

Caroline Foucault
We start by admitting mistakes. That alone would be a big step.

Konstantinos Merakos
Okay. So according to you, a sort of reconciliation in society with what happened: the people, the government, the media.

Caroline Foucault
Yes.

Konstantinos Merakos
Okay. Thank you very much, Madame Foucault. Before closing, I would like to ask the commissioners if they have any questions.

Commissioner Massie
Hello, Madame Foucault. Thank you for your courageous testimony. I was wondering about your husband's vaccine injury: How long exactly was the time between the last injection and the development of his heart problems? I didn't quite get that.

Caroline Foucault
Yes, so we're talking about seven to eight months.

Commissioner Massie
Seven to eight months.

Caroline Foucault
Yes.

Commissioner Massie
And when you consulted, it was quite a particularly serious situation. Did you or your husband suggest that it could be due to the vaccination? And if so, what was the reception of people in the medical profession regarding this suggestion?

Caroline Foucault
So obviously, we slipped in a word to the cardiologist. When we told the cardiologist, "We think it's the vaccine," she said, "No, we take no note of anything that happens later than six weeks after having received the vaccine: nothing after six weeks." So she immediately said that it couldn't be that.

Commissioner Massie
Do you know what vaccine he had? Is it a messenger RNA vaccine or an adeno vaccine, AstraZeneca?

Caroline Foucault
He received the Pfizer vaccine both times.

Commissioner Massie
Pfizer. Okay. My other question is about your son. You mentioned that he had decided on his own that he would refuse this vaccination despite social pressure from his friends who had agreed to take part in the exercise. Was your son made aware of the problems you had following vaccination? Could that have influenced his thinking a little?

Caroline Foucault
No, because, well, I didn't necessarily talk about my periods with my son—we women don't necessarily do that with our sons—then my partner had his crisis eight months later. My son had already decided from the start, so no. And then, we are very free to choose at home. I'm vaccinated but I was the first to denounce the segregation of the non-vaccinated. I am against that; I am for free choice—free and informed consent—obviously.

Commissioner Massie
And getting back to your son, how is he now? How does he feel in this situation?

Caroline Foucault
Well, for now, life is back to normal. He continued his studies. He's going to university. He's doing very well.

[00:25:00]

Of course, on the other hand, we are always afraid—we had this conversation last week—that if the measures with the vaccines ever start again, we are leaving immediately. I'm not going to relive that here.

Commissioner Massie
And now the question: Was your son affected by your husband's vaccine injury? Was he made aware that that's potentially what it was?

Caroline Foucault
Well, it certainly was a pretty serious heart attack that required several months of convalescence. Yes, he saw all that, and you know, it's sad to say but he said to me, "I told you so." He knew the vaccine was no good after six months of development.

Commissioner Massie
Thank you immensely. I will ask my colleagues if they have any questions for you. Do you have questions? Thank you, I'm done.

Konstantinos Merakos
Thank you, Madame Foucault. I think you wanted to say one last thing on this forum?

Caroline Foucault
Oh yes, thank you. I would like to invite all the people who are currently listening and all the people who will be listening to the recording to please take the time to listen to at least

one day of hearings to learn about the truth and share it. It is important. If you love your children, if you love your grandchildren, it's important that you know the truth and that you demand justice. Thank you.

Konstantinos Merakos
So Madame Foucault, thank you. Thank you for your courage. I know it's very difficult to talk about different opinions these days on a platform like this on the internet. So thank you for being here. I thank you for your courage, and your words, and I wish you a lovely evening. Thank you very much.

Caroline Foucault
Merci.

Thank you.

[00:27:10]

Final Review and Approval: *Erin Thiessen, November 7, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 7: Christian Linard
Full Day 1 Timestamp: 08:36:57–09:27:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So hello, Monsieur Linard. Before starting, if you could describe your CV, so that the Commission can have the necessary information to make its recommendations.

Christian Linard
Yes. I did my biochemistry, so a baccalaureate, a master's degree. In fact, before, I had done a bachelor's degree in biomedical technology. I ended up with the equivalent of two baccalaureates, two master's degrees, a doctorate in biochemistry. Then, I went to MIT [Massachusetts Institute of Technology] in Boston to do molecular biology, specifically regarding plants. From there, I returned to Quebec and did another postdoc, this time in clinical biochemistry at Hôpital Saint-Luc. After that, I had a job offer at the University of Quebec at Trois-Rivières, and as such, I am a teaching professor, essentially in clinical biochemistry, at the University of Quebec at Trois-Rivières.

Jean Dury
So can I swear you in as a doctor?

Christian Linard
No. As a PhD, yes, but I'm not a medical doctor.

Jean Dury
Since you have a doctorate in biochemistry, we can say doctor.

Christian Linard
Thank you, I would rather say it's a PhD.

Jean Dury
Okay. But it sounds bad to say, "PhD Linard." In any case, we're going to swear you in. You swear to tell the truth, nothing but the truth. Do you so swear?

Christian Linard
Yes.

Jean Dury
Do you solemnly affirm?

Christian Linard
I solemnly affirm.

Jean Dury
Good. So can you speak to us as an expert on the quality of the messenger RNA in the vaccine?

Christian Linard
Yes. I became interested in this very early on. I am going to present to you three important pieces of information, three important paragraphs. First: I'm going to talk about messenger RNA. Why? Because as a biochemist, and I had done molecular biology, I already knew what was going on in biochemistry. So I'm going to explain that to you now, if I can get access to the slides.

The first thing I'd like to look at interested me because I did it in clinical biochemistry—a specialization—and that is to see what this messenger RNA is, its structure, if it is intact, et cetera. And then from that, to look at the messenger RNA product that is to be expressed by our cells. Okay? That's what I'm going to introduce to you first. I drew a quick diagram that shows you the structure of the SARS-CoV-2 virus. To vaccinate people, we somehow encoded the spike protein in messenger RNA. That is important to know. I point out here that there are also proteins that will surround the viral RNA, which is called the nucleocapsid. This is going to be important for what I am going to tell you later.

So the principle of vaccination with messenger RNA is to take the information coded by the virus, and to stabilize that messenger RNA of the virus. The messenger RNA is synthesized in a completely artificial way and encapsulated in a lipid nanoparticle as a vehicle, like a saucer in a way. And once injected, this nanoparticle that contains the "vaccine RNA" will be absorbed by our cells. And once absorbed, it will enter the cytoplasm of the cell, and then this vehicle will release the vaccine RNA.

[00:05:00]

The cellular machinery will be fully mobilized through what is called translation to produce proteins. So in this case, normally it will produce the spike protein. This protein can remain inside the cell; it can be found in the membrane therefore exposed to the surface of the cell or it can end up completely outside the cell. And so there is an important implication. Obviously, what we hope for is that the modified spike protein that is produced can be recognized by the immune system. It will then produce antibodies against the spike

protein, and not only the viral spike protein, but also the spike protein that has been synthesized by our cells. So right away there is a problem, which is that if the spike protein or pieces of spike protein remain on the surface of the cell, it can promote autoimmune diseases. That's one factor.

For the rest of what I am going to present to you, it is important to know a little bit about the structure of the spike protein. The spike protein, basically, looks like a mushroom, so you have the stem which is the S2 subunit of spike, then you have the cap at the top, which is the S1 subunit. Then you have parts of that cap that can be recognized, which are called the "recognition domain" of that protein.

So the first thing that interested me—since I like quality controls—was to see whether the vaccine RNA being administered is always 100 per cent the right size. There is a length to this vaccine RNA. Let's imagine it's 1,000 nucleotides, so 1,000 small pearls on a necklace, for example; and normally, when the RNA is manufactured for use in humans, it should always have 100 per cent of the length of 1000 nucleotides. Very quickly, I realized from looking at the scientific literature: that was not, in fact, the case. As a limit, up to five per cent of [non-]integral RNA could be tolerated. But even this is too much given that we know that small pieces of RNA can have important interactions with the transcription or the translation machinery of the cell. So this was already problematic. And then by digging a little more, I realized that the variation was not limited to five per cent, but in fact, in certain cases, only 55 per cent of the vaccine RNA was whole. So it was problematic right there.

After that, I looked very quickly— And according to the tenets of molecular biology, the cellular DNA in the nucleus will produce a messenger RNA; this process is called transcription. And then this messenger RNA leaves the nucleus, arrives in the cytoplasm, and will be translated into proteins. And so by searching the literature, I realized that, in fact, the vaccine RNA might be able not only to enter the cytoplasm of cells, but also could make its way into the nucleus. So that is problematic. Whereas if you looked at the NIH [National Institutes of Health] claims, they said: "No, that messenger RNA cannot enter the nucleus."

[00:10:00]

However, the NIH is an authority, I would say, a scientific authority. So that was the first thing that worried me.

After that, what I wanted to look at was the expression of the spike protein by the vaccine RNA. This slide shows four people. So at the top, we are going to look at the expression of the spike protein; at the bottom, we will look at the production of antibodies, in particular on the RBD [Receptor-Binding Domain] that I showed you earlier, as part of the mushroom.

This slide shows data for four patients; the vertical lines indicate the first dose, and here, the second dose. Here is the detection of background noise, and here the different days. Of the four patients, there is only one patient where we see an expression of the spike protein for a certain time and then, afterwards, a decrease: and that is completely normal. Then at the second injection, we see for some an expression of the spike protein, and there are some where it lasted—that is to say that this expression perpetuated—for more than 60 days, so two months. There are others where it has fallen sharply; and there are some, if we look in detail, we see that there was nothing. So they did not express protein. That's important. So we see, depending on the patient—and it must be the same depending on the cell—that the translation and production of spike protein in patients can vary. Either there

is none at all, or there is still a certain quantity, and we will see that there can be much larger quantities.

So what we can conclude here with this slide is that from one patient to another there are great variations in the quantity of the vaccine spike protein produced. So it is not controlled. Normally, when you are given a drug, we know the precise dose that is given to an individual—for example 50 milligrams, and it is always 50 milligrams, there is no variation. Here we see that the amount of spike protein produced will vary, not only from one patient to another, but we can suspect that it will also be from one cell to another as I'm going to show later. And that is problematic, since our body becomes an industrial machine to produce the spike protein; and we do this because we want the individual's immune system to produce antibodies. So this poses a problem in that the concentrations of spike protein vary greatly.

Building on that, we can see it was the same thing for the antibodies. At the bottom, we see that some patients produced antibodies and others did not produce any at all. So again, quantities of antibodies that have been produced by the cells of the individual who is injected with this vaccine range widely. Here, I'm showing pretty much the same thing: this is another study by Ogata that looks at the expression of the spike protein in plasma and also investigates the spike protein produced by our cells. This is called the antigen. Ogata looks at the production of antibodies. I'm going to show a few patients, the others are just for illustration. So here, the x-axis shows the number of days after vaccination. We have the first dose here, and then the second dose, where we have solid blue circles. If I look here, we see that patient number three, after the first injection, produces spike protein.

[00:15:00]

With the second injection, there is no production of spike protein; you can't see anything. We also look at the S1 subunit, which is the cap of the mushroom structure in a way, we can't see anything here either. If I now look at the antibodies that have been produced, we see, here in particular, in red, the S1 protein, therefore the anti-S1 antibody that is produced. So we see that there is a production of antibodies. We also see the proteins of the IgA and IgM antibodies in lower quantity.

If I look at another participant in the study, we discover an entirely different pattern. We see production of the S1 protein but also production of the spike protein. I think I made a small mistake earlier: it's only a part [subunit] that has been produced, not the whole spike protein, it's only the cap. Here, we see that it will produce the protein, therefore the cap, and it will also produce the spike protein. We will see that it will also produce IgG, IgA, IgM antibodies.

Here is a patient who hardly produces anything: neither the S1 subunit nor the spike protein. But nevertheless, he will produce IgG, IgA, IgM antibodies. This is problematic because if we don't detect any in his blood, in his plasma, that means that the protein has been produced and has remained either inside the cell or on the surface since there was production of antibodies.

It is also important to look at—depending on the different individuals—the production of antigens. Therefore, the spike protein or the S1 subunits or, ultimately, S2. But it was S1 that we were looking at and the production of antibodies, and we saw that it is extremely variable. If I look at the S1 subunit, we see that it is extremely variable depending on the individuals since we have the number of days. And then here we have the variation in the quantities found in the plasma of the individuals, which also varies greatly. And it's the

same thing for the spike protein, it varies greatly. So depending on the individual, there are people who will produce no spike protein at all; there are some who will produce a few antibodies; there are some who will produce an adequate quantity; and there are some who will produce quantities that are too large.

And when we produce too many, we see here: this is a case of a woman who produced too many—it was a hundred times more than what we saw in the previous study—and who had massive thrombocytopenia. If we look at the quantity of platelets, we see that there were no platelets at all. Therefore, she was given an anti-inflammatory, antibodies to try to shut it down, and to get the body to again produce adequate amounts of platelets. After treatment, we see that the platelet levels have returned to a normal value.

What I also wanted to emphasize is that we see that we can produce a little bit of the spike protein or subunits, none at all, or produce too much. And so when you have too much, it may be toxic; and again, you don't control the amount of protein that is produced, whereas normally, when you give a drug, you always give the same amount. We all know that.

When we give a drug, it's always the same and there is always precise quality control. And so I wanted to know: Is the spike protein that will be produced by our cells always going to be the same? And I realized, in fact, that this is not the case. I'm not going to present the technologies that have been used: it's the Southern blot, but that doesn't matter. Here we have beta-actin, it is a natural protein that we produce constantly, and we can see that there is only one protein which is produced constantly.

[00:20:00]

If we look at the spike protein, we realize that, because it has glycosylation sites, whether in the O or N position doesn't matter, we don't have a single protein; we have isoforms. That's what we produced. But we wanted to look at what happens to a human when injected. Here, we took mouse cells and brought them into contact with these vaccine nanoparticles. In the first hours, there is not much that is produced. This is what is called a molecular point scale; we don't need to look at that. After here we look at time. And so after six hours in these mouse culture cells, there is already a trace, a production of the spike protein. After 24 hours, what's a bit surprising is that we see different spike proteins. They are isoforms. And then, third day, it's the same thing. Fourth day, we see different ones. Five days later, you can still see some.

So what is interesting to see here is that we have taken a type of cell, and we see that this cell does not produce a well-defined spike protein. So we have different isoforms of the spike protein. If we look at human cells, we will see that it is the same thing. Here, we took cultured human cells and brought them into contact with the lipid nanoparticles containing the vaccine RNA, and it produces the same result. We can already see through the Southern blot that the production varies. Earlier, we saw that it was an expression that was very strong. And here we see that it is a much less strong expression, but we see that there are still protein isoform spike proteins that are produced. And here, it can go on for some time.

Next, I wanted to check the lifespan of this RNA, and I discovered that this lifespan could be very long, up to two months. And after further exploration, I realized that it could live up to six months. So this is problematic as it was generally thought that this RNA had to be naturally degraded quickly. However, I realized that is not the case.

After that, I wanted to look, as did many others, at the distribution of this vaccine RNA, where it was going in the body. In this regard, I very quickly realized that the vaccine RNA

was found everywhere: in the blood, the bone marrow, the heart, the liver, and even in the testicles. Later, we showed that it even goes into milk, which is problematic because it is then the breastfed child who is at risk for problems. So that worried me a lot.

After that, I became interested in the vehicle: the lipid nanoparticle. I realized that it was an extremely inflammatory vehicle. Earlier, I talked about inflammatory processes. And in this scientific article, the inflammatory interleukins IL1 and IL6 were measured and we observed that there was a very important inflammatory process.

I wanted to know: What happens with more doses? That's a preprint, so not yet fully peer-reviewed. We realized that the more we injected, the more the person was at high risk of being infected, whereas we did not see this in the case of the unvaccinated: they had the disease once.

After that, I wanted to know: Can this vaccine RNA prevent mortality, the risk of all-cause mortality? I realized it could not. I asked myself the question: Can this stop COVID mortality?

[00:25:00]

The answer is no, there is no marked sensitivity.

Can it then prevent mortality from cardiovascular disease? The answer is no. And there it seems that we are seeing an increase. Then I looked at the effect on mortality other than from COVID or accidents. It didn't protect here either.

For DNA vaccines, the picture is quite different. Here is the first part.

Jean Dury
Can I ask you a question: Is what you have expressed to us today why it is called an "experimental vaccine" in the first place?

Christian Linard
Yes. I don't know all the ways a drug is put on the market. I know the main phases, but to say that it's experimental means that we have studies that are in progress. And moreover, it has just been shown to you: what we see is that studies have continually been carried out, and the more studies we did, the more peculiar things we saw, and that is what I wanted to show you.

Jean Dury
We often saw conveyed in social networks, especially among laypeople who were talking about this, that it was not a vaccine. Do you have anything to say to that?

Christian Linard
Traditionally, a vaccine is either a protein that is injected into the individual with adjuvants to stimulate the immune system, or it is a virus or a bacterium that is dead, therefore an infectious agent that is dead, or alive but with reduced pathogenicity. And so that, to me, is the true definition of a vaccine.

This is different. That's why I don't like to use the term "vaccine" but rather an injection of messenger RNA. Why? Because it is our body that will be used as a factory to manufacture the spike protein so that this protein is made visible to our immune system to stimulate the production of antibodies. So we normally use an industrially produced vaccine that is injected. In this case, we used our cells to produce the molecule. So we used our body, we transformed it in a way, and some of our cells became a GMO, meaning a genetically modified organism.

In addition to that, what happens is that we can imagine that there are cells which have naturally agreed to produce the spike protein or subunits of the spike protein, but some others did not produce this protein. And so we still have normal cells that belong to us and cells that have become foreign, even to our own immune system. And so we become a chimera. So a chimera—I don't know if you've ever seen the sphinx? It's a lion's body with a human head—that's it: a chimera. So I found that peculiar.

Jean Dury
And finally, we have often heard, since the beginning of vaccination or what has been called vaccination, that vaccine messenger RNA could have an effect on DNA. We have heard that often. We also saw the responses from pharmaceutical companies or specialists who said that it has no effect on DNA. Do you have any thoughts on that? Can you talk a little bit about that, briefly?

[00:30:00]

Christian Linard
Yes. This has quite a history. First, it used to be a tenet of molecular biology that DNA is transcribed into RNA in the nucleus and then this RNA exits the nucleus and is translated into proteins. This was until the day when a researcher showed that this RNA could be retranscribed somehow to DNA. And this was particularly the case with viruses, in particular, retroviruses. A good example is HIV.

But afterwards, researchers also looked in the cell and realized that we have the capacity in our cells to produce DNA from RNA. So it follows that it must be possible for this DNA to be inserted into the genome. So theoretically, it is possible. Obviously, the chances of this happening will be very, very, very low, but as we have been doing billions of injections, we cannot say that it could not happen.

Jean Dury
I have no more questions, but I'm pretty sure our commissioners might have some questions for you.

Commissioner Massie
I had understood that you had another section that you wanted to present to us.

Christian Linard
Yes, I will introduce you to another section. I have two: a small one and then a more important one.

Commissioner Massie
I would prefer that we go to questions after you have finished your presentation.

Christian Linard
All right. So the other thing that has always surprised me is that an individual is only considered vaccinated 14 days later. Now, I'm not a mathematician, but I realized that by doing that, we could say anything, to the point that we are somehow corrupting the data. In my opinion, the instant someone is injected, that person is already vaccinated. Of course, it will take some time for the immune system to produce antibodies, but for me, at that point, he is already vaccinated. This is important. I realized that if you wait 14 days or even 21 days, well, then you corrupt all the data. And, if the data is corrupted, the conclusions are going to be quite wrong.

Following that, I was really worried by the statements made by the prime ministers of Canada and Quebec. Personally, I was shocked when I heard Prime Minister Trudeau on *La Semaine des 4 Julie* [a talk show]. Personally, I didn't worry about being called, for example, a misogynist or a racist, because that's not the case. But to hear it from someone who was non-scientific, that really disturbed me. But one thing that scared me was to hear him pose the question when he spoke about it on television: "Are these people to be tolerated?" So that is to say, those who were somewhat reluctant, or who wanted to think about this vaccination procedure—either who were backing out or who wanted to debate it, to know a little more—to see that these people, who wanted to have more information and even to oppose it, the question that he asked: "Do we tolerate these people?" I was shocked to hear that. Afterwards, I saw Premier Legault of Quebec, who asked the question: "If I'm in the hospital and I'm patient, I won't be approached by someone who is not vaccinated." That raised huge questions for me.

[00:35:00]

But above all else is the first question that Prime Minister Trudeau asked: "What are we going to do with these people?" It raised a lot of questions for me. Around me, I saw all this suffering. Furthermore, we also had, in particular, Pierre Chaillot who published his book and who showed that in fact all this suffering had no reason to exist since there wasn't really an epidemic. That was problematic. And by the way, several top scientists have said we've been lied to about absolutely everything: lockdowns, mass testing, social distancing, masks, et cetera.

One thing that surprised me even more, and I will end with this, is to see that we are in the process of installing mechanisms, laws almost everywhere in the industrialized countries. In particular, what I am watching, since I have part of my family in Europe, is that Europe has introduced a law which will be applicable in 2024: the *Digital Services Act*, the DSA. This act obviously has good intentions, but as you could say, the road to hell is paved with good intentions. It is intended to constrain hate speech and misinformation using algorithms. To understand what is happening in Europe, there is a website that provides a three-minute explanation of what this *Digital Services Act* consists of. And we see that, in fact, it is to control the information that is put into circulation by the platforms, for example, the Internet, et cetera. For example, they say: "It is to protect the citizens, because there are some who refuse vaccination because of supposed harmfulness." Personally, this worries me a lot. And they also say: "It is to safeguard the future of humanity." They say: "We don't want people to start questioning. Climate skeptics who say that climate change has always existed, there has always been climate change." So in a way, its purpose is to

shut down those who would question the methods for acting on climate change, for example.

Well, that was it.

And I find that really— Because the laws are already in place; they are ready to go. It's the same thing for the law in Canada: C-11, which will allow the CRTC [Canadian Radio-television and Telecommunications Commission] to control and regulate online companies, as well as providers of video and music broadcasting services, as well as social media platforms. And that worries me greatly, since the speech that I have now and the ability the internet provides to broadcast one's thoughts, well, all that is at risk. And for me, that provokes a lot of anxiety.

Jean Dury
Thank you.

Christian Linard
I have finished.

Commissioner Massie
So I have a question about what you presented in terms of the heterogeneity of vaccine production. If I correctly understood what you were outlining, it is that this heterogeneity that we find as much at the level of the quality of the spike protein and then, possibly, of the lipoparticles because we do not know to what extent these particles have the same quality from one batch to another: What is the consequence in terms of the injection of these products which do not have a homogeneous quality when they are injected on a large scale in a whole population?

[00:40:00]

Christian Linard
So there are several consequences. On the one hand, we do not control the dosage. Since the length of the RNA is not always the same, the drug is altered in some way. Already that's not normally what we should have. Quality control is very important. When you are given aspirin, it is always aspirin in a well-defined quantity. Here, we realize that, intrinsically, what we give you has no quality. What was most shocking was that the health authorities reduced this quality to 50 per cent. They said to themselves, "If it's at least 50 per cent, it's eligible. Below, it will not be eligible, but beyond 50 per cent, it will be eligible."

Building on that, we see that our bodies, our cells will produce more or less quantities of spike protein or subunits. And there again, we don't have all the studies: Will it stay inside the cell, on the surface, or go into the systemic circulation, therefore into the blood? And we realize we don't even produce quite the same protein, since there are some that will produce the whole protein and others that will only produce subunits, and we still haven't reviewed everything.

And there will be another impact with respect to the reaction of our immune system. So if the protein stays inside, the immune system doesn't see anything at all. If it stays on the

surface, it's problematic because the immune system will recognize our cells which express on their surface an antigen which is not human, which is not "self" and will attack, therefore creating autoimmune diseases. And if it's outside, there are things to consider: Are the quantities produced always the same? Are we going to have a protein? We saw that was not the case. If nothing is produced, the immune system is not stimulated. If there is a certain amount, the immune system is stimulated. If there is too much, then it becomes toxic. The article I presented showed that there was thrombocytopenia, so the platelets collapse.

Commissioner Massie
So this poor quality may be responsible for many of the side effects that occur when people have the vaccination?

Christian Linard
Yes, we can have completely different reactions from one person to another and even from one cell to another.

Commissioner Massie
My second question concerns the importance of being able to discuss these issues in an open manner as we normally do in scientific forums. You mentioned that there are laws underway almost everywhere to ensure that this free distribution in social media—because we know that the mainstream media is relatively controlled—but this censorship can prevent this kind of discourse. Do you already see signs of this? Have you, for example, had the opportunity to express your concerns with respect to vaccines or other elements of management responses in different forums?

Christian Linard
Yes, I have already spoken out and it has caused me a lot of problems, legal problems. Yes, I asked myself a lot of questions about it; and I realized that from the moment you are a professional and you think, you talk openly and you talk to others, well, as soon as you do that, you can be attacked. So we have seen here in Quebec, we can be attacked by our university, by our professional associations. There are a lot of people who have been attacked by their professional associations. And so yes, it worries me greatly to see that now there is a machine already in place, and I think that this machine has been perfected.

[00:45:00]

As I showed you earlier with the DSA, in the future, all this machinery has already been so well perfected that they will only have to press a button; and therefore, I will no longer be able to have even the interventions that I have currently. Now, I am attacked personally. But in the future, it will be even less possible to have a discourse such as the one I have just shown you now. That is to say that I will not be able to do this kind of analysis. When you're a teacher the most important thing is to teach critical thinking to one's students, and to disseminate information since, in fact, the teacher's task is to clarify and to know: to try to reach the truth and to transmit this truth. And I realize that everything is being done to extinguish this truth. There are those who do not want this truth to be revealed. And furthermore, I realize that everything is now in place so that we have to think like those who want us to think in a certain way, and that scares me.

Commissioner Massie
Do you have any questions?

Jean Dury
Just one in closing.

Doctor Linard, can you tell us if artificial intelligence will play a role in listening to everything that happens on the Net—whether it's YouTube, Facebook, whatever—that it will no longer be humans? And, according to what you presented regarding the laws in France, the DSA, and Bill C-11 in Canada, will it instead be artificial intelligence that will analyze everything? And as soon as the artificial intelligence finds something that is not in conformity with the official speech, the laws will be in place to repress it?

Christian Linard
The tools we develop are like a knife. You can use a knife to feed yourself, but you can also use this knife to kill another. What I have seen looking at the newspapers is that, for example, there was a case where a person was sick and he had been to see his doctors and his doctors had not diagnosed him correctly, so he remained ill. So he then asked ChatGPT questions and he saw that ChatGPT could give him a diagnosis which he then went to confirm with his doctors and it was correct. So he was saved by ChatGPT. There was another case with a pet where the owner went to ChatGPT providing all the signs and symptoms of his cat, and, apparently, the newspapers reported that the cat was somehow cured thanks to that.

But what worries me is that artificial intelligence can be useful, but it can also be harmful if we are not in control. So it's kind of like a knife: when it's used well, I think it's progress. I am not a specialist in artificial intelligence, but there are more and more specialists who are worried about these artificial intelligences.

I tested ChatGPT in biochemistry to see what it said when I asked fundamental questions, for example. I realized that it gives generalities whereas the science is much more complex. I realized that I couldn't use ChatGPT to get correct information because, for example, if I asked ChatGPT about everything that I have just demonstrated to you today, ChatGPT would not deliver the same information.

[00:50:00]

Jean Dury
Finally, I would like to express a personal opinion. I believe that the laws that are going to be put in place soon or in the very near future, for artificial intelligence to analyze everything that is written on the net—it's vast, billions of posts per day—because it is beyond human capability. And this instrument will be at the service of these new laws to prevent us from speaking.

Christian Linard
That is going to really worry me.

Jean Dury
It is worrying.

Christian Linard
The day it passes will worry me because it means that there will be a machine that will decide for us.

Jean Dury
Effectively.

Christian Linard
A machine that does not live, but which will decide the fate of the living.

Jean Dury
Absolutely.

Christian Linard
It worries me.

Jean Dury
Well, that's a personal opinion, but I strongly believe that's what's coming. So thank you, Doctor Linard, unless there are other questions.

Commissioner Massie
Any questions from here? Fine? Okay, thank you.

[00:50:58]

Final Review and Approval: *Erin Thiessen, October 30, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 8: Josée Belleville
Full Day 1 Timestamp: 09:28:26–09:58:11
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So hello, Madame Belleville, we're going to swear you in.

Josée Belleville
Hello.

Jean Dury
So do you swear to tell the truth? Do you solemnly affirm that you will tell the whole truth and only the truth? Say, "I swear."

Josée Belleville
I swear.

Jean Dury
In your case, we are dealing with a very particular situation. I had the benefit of watching a little of what happened in your life. So could you tell the Commission about your history in the Canadian Armed Forces, to begin?

Josée Belleville
I served my country for 13 years in the Canadian Armed Forces. My job was ACOP, which is: aerospace operator. Excuse me, I'm an English speaker, so I have a slight accent. Yes, I refused the vaccine, so I was kicked out by the Forces. When COVID started, I was living in Nova Scotia. Then by the time I got kicked out, I was living in Ontario. It's like living in two different realms because the reality that I experienced in Nova Scotia, when COVID started and everything, was totally different when we moved to Ontario. And yet, we are in Canada. The rules should remain the rules, but it was totally different.

If I start with 2020, I was working at the base operations center in CFB Shearwater. Essentially, my job with COVID was debriefing. I don't know how to put it, the commander came, then the rest of us. We had all the COVID figures from all the bases: how many soldiers had caught COVID. I told myself that there was nothing alarming for me. I saw that the number of people who had caught COVID compared to the number of people who were recovering and returning to work was appropriate. While I was in Nova Scotia, it wasn't mandated yet; it was our free choice. Like with all vaccines, it wasn't something that was mandatory. So life went on in Nova Scotia. We were really in our bubble, the Maritime Bubble. We lived in that. The stores were still open and the children had been taken out of school. I have two small children at home. Everything was fine.

At one point, the base closed, but I continued to work at the Operations Center. One situation that I found odd was that at one point we had a vaccination parade where everyone had to go get vaccinated, but we still had a choice. We were like— Me and another co-worker of mine—we didn't want to get the vaccine. We had to go; it was a parade. We had to go to the mess where the military usually eat—excuse me, there are military words sometimes. It was at the mess; we had to pass in front of everyone and I felt manipulated. When you are a group of people, you will follow the group of people who get vaccinated. I didn't like the feeling of everyone being together with our colleagues, the whole base, all going to get vaccinated. Personally, I found it weird. But I refused, I continued to work. Everything is beautiful. That's it.

In the summer, June 2021, the whole family gets transferred to Ontario. I was then working for NORAD in Ontario. We were transferred to Ontario, to North Bay. Day and night, everything was closed, no more access to Walmart. It was weird. I was in Nova Scotia, everything was open and we had access to Walmart, and in Ontario: no more access. Then, I started to have a little anxiety and to think to myself, it's a lot different compared to Nova Scotia.

[00:05:00]

I started asking my chain of command, "Is it going to be mandatory? What's happening?" And then my chain of command would tell me, "Don't worry, Josée, it's going to be okay. It won't get to that point." I thought, "Okay, I'll continue to work my job."

Subsequently, in October with the Prime Minister who was starting— You heard the federal employees on what was about to happen. It's very formal in the army. We have to follow the rules and so on. So in October, I started to be afraid. So I wrote a memorandum to my chain of command explaining that I would like to have information on the vaccine; I would like to have confirmation. In the past, being in the military, we know that there have already been consequences from [mefloquine], anthrax. I know my history, so it was something that stressed me out. I didn't want to have to take something in a situation when nobody is being held responsible, as is often the case today, like we've been living. So I started writing a memo.

The first memorandum that I wrote, there were three pages with all my questions: What is in the vaccine? My chain of command refused my memo. They said, "Make it shorter." I redid my memo. I wrote two pages. I gave it back. It wasn't accepted either. He said it has to be one page. I seized on the most important questions. I tried to make it nice. I gave it to the wing commander.

Finally, he said, "I'm not a doctor, I can't help you." But in the army, if you have questions, you ask them higher up, and then the higher ups are supposed to find the answer for you. It

has always been this way. So I was a master corporal. It didn't work. He didn't want to respond to my memo.

Subsequently, the Prime Minister passed the law saying that all federal employees had to be vaccinated before November 15. It was really hard. It was not an easy decision because I really liked my job. I'm a person who was dedicated, who loved the army. It was my career. I was considering 25 years in the army. My father was a soldier. It was a life that I have always known. But when someone says to me: "Why didn't you take the vaccine? If you're vaccinated, you've already taken vaccines!" When you enter basic training, you line up and you take them! But this one, I don't know. There was something stronger than me telling me: "Josée, don't take it, don't take it." That's it. Right then I decided not to take it. I met with my chain of command. They said, "Okay, here's the procedure." It's very administrative. Every month, I went to meet my chief and my commander. Yes, then a lot of paperwork.

I will always remember my last day. The last day I was supposed to work in uniform was November 11, 2021. I was ready to go to work, then I bawled my eyes out. That day I called in and I said I was sick. I couldn't believe the last day of my career was November 11, Remembrance Day. Therefore, I didn't return. From November 15, we were no longer allowed to enter our building. My husband, my two children, are not vaccinated either. We stayed on the military base all alone. No support, no one called us. I became the base reject. Everyone knew it. There were several incidents. I also remember one time on the schedule, when we had a schedule, when we were working, our boss had written my name in red for being unvaccinated. There were things that would never have been allowed in the past.

[00:10:00]

These are medical matters that are supposed to be confidential. It's all the rules that we had learned in the 13 years of service, they were, like, pushed aside. It was madness by then.

I decided not to take it. I started the procedures in November. I started seeing a psychologist. I was like, "Maybe I'm making the worst mistake of my life." I didn't know what I was doing. The psychologist started telling me—the social worker, sorry, he said, "Write a little personal diary," you know, like, "to vent your emotions and all." I said, "Yeah, but I'm not very good at writing. That's not my thing." He said, "What do you like?" I said, "I like TikTok." He said to me: "Do TikTok." I was like, "Okay, perfect." I started doing TikTok as a way to have a bit of a personal diary for myself. There I documented what was happening, what I was doing, how I was living.

The social worker said, "It's going to be like a bereavement. It's going to be like you're going to go through the same stages of bereavement, from frustration to grief, to everything." Yeah, TikTok was my vehicle to express myself, to speak. Subsequently, wonderful TikTok, there were a lot of people who started following my channel. Because—I don't know why—they were following me. It seems they found me interesting. They were following me. Anyway, I gained great popularity on TikTok with 40,000 followers and so on. Yeah.

The process took from November 15 through to June; that was my last day. I had to stay at home. I couldn't go back, except for the times I went to see my commander and my chief. In June, I had my last day. It's like the military. I can tell you that monetarily, it had a big impact, because when I called in November to find out about my pension fund, it was X, then I returned in June— Every month, I was calling to find out, "Okay, when are you going to kick me out?" Then I saw my pension fund go down, down, down, down, down. It had a big impact. The fact is that we don't have unemployment either. I didn't have the right to

unemployment, since I had refused, so I didn't have the right to unemployment. At that time, I was the breadwinner. Since we had just moved, my husband was unemployed because he hadn't found a job. It was huge. It was not an easy decision that I made lightly, but yeah.

Then also, like the lady who testified earlier, in the month of January, I went to the Convoy. I took part in the Freedom Convoy. They came through North Bay and I just followed. I was there, I had the chance to experience this euphoria, which was super wonderful. Then, like the lady said, when I watched the news, what I had been through, and what was being said on CBC, it didn't make sense.

I had my mother too. When I was at the Convoy, I managed to go see my mother. My mother was not doing well following the vaccine. Then in March, she passed away. She had a clot in her heart, kind of like that, randomly. Then she died. That's when we found out my eldest was pregnant. Then I said to myself, in all this sadness, in all that was happening in my life, I said to myself, there's something beautiful coming. Excuse me. That's when I said to myself: my mother died, my daughter is pregnant. You know, one spirit leaves, a new one arrives.

Then we moved to Chicoutimi. We had a house in Chicoutimi, so I waited for my two children to finish school.

[00:15:00]

At the end of June, we moved to Saguenay—in July, right after school. And then everything was wonderful. There, I continued to work on my little TikTok channel as if nothing had happened. And then I said to myself, "Ah, I'm going to be grandma." I couldn't wait—excuse me. In December, my daughter gave birth to her daughter. My granddaughter was born. Then the DYP [Department of Youth Protection] came; they issued a "baby alert" and then they stole her baby. They entrusted the baby to me. They said, "Okay, Madame Belleville, we will leave the baby with you." But that never happened. The reason they won't let me have the little baby is because of my TikTok activity, because of my views, my values and everything. They say I'm anti-government, I'm anti-organization, and that I'm anti-vax.

So they are using that against me. Because of all this, it's been five months since I've seen my granddaughter. Because I expressed myself. I never said anything mean, but I've always presented my life. Here, they are taking all these facts, they are using them against me, my husband, my daughter, my two children, so that we don't have a right to my granddaughter.

Jean Dury
For the benefit of the Commission, can you explain why your daughter's daughter was taken away because you expressed your opinions, but why was your daughter taken away?

Josée Belleville
Long story short, in the past—here we're getting into another matter—my daughter, my eldest, was placed in the Youth Center, where horrible things happened in the Youth Center, the most horrible things you can imagine. We're talking about nearly five years ago because my daughter is 20 years old, so it happened when she was like 14 or 15 years old. In the past I sued the Youth Centre and we were in the middle of disputing it in court. So I think they did it a bit out of revenge because they're mad at me. Then they took exception

to the fact that I expressed myself on social media, that I didn't hide. They took it out on me by keeping the little one, although I have two other children at home and I have a husband.

I wanted someone to help me. I asked Jordan Peterson. I asked all the politicians everywhere to help me investigate. The safety of my children is the most important thing for me. I couldn't believe that this organization didn't know what they had done to my daughter. So I don't want this to happen to my granddaughter. Now they take that from me, they're going to be angry because I denounce them, but it's because at some point, Quebeckers, mothers— If they are capable of doing that to someone who has served her country, someone who is kind, someone who has always defended the rights of her daughter, what have we come to? We're really going down a super, super dangerous track.

Jean Dury
Have you had any, we call that a compromise—a security and development of the compromised child? This is how we can . . .

Josée Belleville
In the beginning, the social worker in question had said that it was a conflict between the couple. So I said: "But, she's not in a relationship." Then they said, "Yes, but maybe she could hurt her child." Well, that's when I said: "Well, do your investigation, leave the little one with me." The fact that they prevent me from taking care of my granddaughter is the problem.

Jean Dury
But in any case, what I'm telling you is that, definitively, they have to go through the Court and have it declared that—we call that a compromise—namely that the developmental security of the child is compromised. So custody is removed. It's necessary. It's impossible not to have done that.

Josée Belleville
I ask you to verify, to investigate. I'm asking everyone, please do whatever because, what's happening to my daughter is one thing, but I'm a grandma, okay.

[00:20:00]

Personally, I can take care of my granddaughter, okay. I can take good care of her. The fact that they take me for a criminal, as a person who is anti-government, like against me, what has Quebec become? This is serious. I protected my country, I protected my children, I protected my daughter. At some point, I'm asking the people: please help me get my granddaughter out of the DYP ordeal. It really doesn't look good. We all know it's another organization that's based on lies. As the lady said earlier, this is her last chance. Me too, this is my last chance. I need someone to get my granddaughter out of there.

Jean Dury
In any case, no doubt your testimony makes one think. I can't give you legal advice in a Commission, but definitely. . . .

Josée Belleville
Plus at some point, it's like, they know I don't have any money. I don't work anymore. I don't have unemployment. It seems like they're picking on me. At some point, a lawyer costs money. Personally, I just wanted to live my life as a granny, to have peace. I also would like to be able to see my mother in my granddaughter. I can guarantee you that they will be in a rage against me and they are going to come after me for everything I say; they'll do anything, but I just want my granddaughter. I am able to take care of my granddaughter, and I ask everyone in the world to help me, that's all.

Jean Dury
We understand. And your message will get through. I can tell you that if you have concerns that the DYP . . . .

Josée Belleville
There have been three foster families. That's three placements already in five months. This little girl is five months old, and that's three different placements. If they had just put her in my house, it would have been over.

Jean Dury
So as I told you, I can tell you straight away that, regarding what you are saying here today, I would be very surprised if you had repercussions in Saguenay through the DYP. I would be very surprised. Anyway, thank you for your testimony, which will be heard.

Josée Belleville
Thank you for giving me the opportunity to say it because I no longer knew where, how, what. I no longer knew what to do. Thank you for this opportunity. But even if we don't talk about COVID, it still has a whole anti-government impact, the judgment of others, misogyny and racism, like, I'm not able to raise my granddaughter. It's all part of the global dialogue.

Jean Dury
I would point out to you that we say anti-government, but in my opinion, it is not anti-government at all. It is simply an opposition to official government thinking. It's not anti-government, after all. That's why . . . .

Josée Belleville
I know, but they've gone so far. They even filed a complaint with the DYP in Charlevoix—the DYP in Saguenay filed a complaint in Charlevoix. That's why I say anti-government, anti-social, anti-organization. The complaint—they wanted to take my two other children from home. Then she removed it. She said, "No, your house is beautiful, your children are okay." We have gotten to this point in society. We have to watch out for our children.

Jean Dury
Do you have anything else to say? Say it, go with your feelings.

[00:25:00]

Josée Belleville
It's related. Let's come back to COVID. I really have no regrets for not having taken the COVID vaccine; I see the people who have had a lot of secondary effects. I just want to tell the world to beware, and always listen to your little inner voice. If something is wrong, listen to it, because it's something. . . . Listen to yourself. Please just pray, pray, pray hard for my granddaughter, for her to be safe, to come home. That's the only thing I have to say.

Jean Dury
You are an extreme situation because we have been trying to be aware of what's been going on in Quebec since the beginning, since March 2020. I had heard that in certain circumstances, the DYP could knock on the door of a family who refused the vaccine. I've heard of that, but I've never heard anyone tell me that a child was taken because they were against a vaccine. You are the first; maybe there are others, but I personally try to be aware—

Josée Belleville
But unfortunately, we have so many parents who are struggling with the DYP—they are so afraid. It's again fear. You don't want to speak out. My daughter, she doesn't want to talk because she's afraid. I was there, too, five years ago when it happened. This is yet another form of manipulation. Then the number of mothers or grandmothers who wrote to me to tell me that it had happened to them too—it breaks my heart.

Finally, I am here as a voice, as a grandmother, saying that it has to stop. Because it's not just me, I'm not the only one in this; there are many like little Alice. You know, there are a lot of them and it's something that Quebeckers— I think they were saying that one in four families in Quebec was visited by the DYP. It's just that, somewhere, people still think so wrongly. That's another thing people think about: "Ah, your child went to the DYP, you must have been a bad mother." Again, the manipulation: "You weren't vaccinated, you're going to kill everyone."

Jean Dury
In any case, I can assure you that a search is easy to do at the DYP in Saguenay, to find out if there's a judgment from a judge of the Court of Quebec in Youth Matters who made a decision that said: "We removed a child to put him in a foster family because the parents did not want to be vaccinated." That can be verified because if that's what is written, if such a judgment is rendered—

Josée Belleville
They don't even want to see us. We asked to speak with them and they don't want to. I made complaints. I followed all the protocols. I lodged a complaint with the Users' Commission, I lodged a complaint with Citizen Protection, I lodged a complaint with the Youth Protection Rights Office, I went through all the procedures. I tried to call the mayor, I called the MP, I called the MPP, I contacted Jordan Peterson, I contacted the PPC, I told everyone on TikTok, I tried to ask for help, but it seems that because it's the DYP, oops. . . .

Jean Dury
Not easy. So thank you for your testimony, Ms. Belleville, which will not go unheeded, I can assure you.

[00:29:45]

Final Review and Approval: *Erin Thiessen, October 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 9: Dr. Denis Rancourt
Full Day 1 Timestamp: 09:59:00–11:10:37
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Chantale Collard
Good morning, Professor Denis Rancourt. For those of you who have just joined us, I'm Chantale Collard, a lawyer who is now a prosecutor for the Citizens Commission of Inquiry. Monsieur Rancourt, first of all, please identify yourself by first and last name.

Dr. Denis Rancourt
My name is Denis Rancourt.

Chantale Collard
All right, then. And I'll swear you in. Do you declare that you are telling the truth, the whole truth, and nothing but the truth? Say, "I do."

Dr. Denis Rancourt
Absolutely. I do.

Chantale Collard
Perfect. So Professor Denis Rancourt, I'll provide a brief description [Exhibit QU-1a]. If, however, you have anything to add, please feel free to do so. So Professor Denis Rancourt, you have a BSc, an MSc, a Diploma in Physics and a PhD in Physics from the University of Toronto. You were an international postdoctoral fellow at the Natural Sciences and Engineering Research Council of Canada (NSERC), working in scientific laboratories in France and the Netherlands. You went on to become an NSERC University Research Fellow in Canada and a full professor of physics at the University of Ottawa, where you were principal investigator and professor for 23 years. You were also an interdisciplinary research scientist, publishing over one hundred papers in peer-reviewed scientific journals in many different scientific fields. Since the very beginning of 2020, you have published over 30 reports on COVID-related issues, and much earlier even, on masks.

Today, we're going to focus on the results of your research. I believe you also have a PowerPoint presentation to make it easier for the audience to follow.

So first of all, can you tell us about the results of your research in relation to excess mortality during the COVID period, and subsequently, following COVID-19 injections?

Dr. Denis Rancourt
Yes, of course. I'm not going to show my slides just yet. I'm going to say a few words first. I'm going to tell you that if we'd done nothing—that is, if the government hadn't reacted at all; if there had been no talk of a pandemic; if there had been absolutely no reaction, either in institutions or hospitals or in terms of government action—there wouldn't have been any excess mortality anywhere. If we had done what we normally do, there would have been seasonal mortality as we're used to seeing for over a hundred years of taking detailed measures. Nothing would have happened. That's the conclusion I draw after three years of detailed study of mortality statistics, all causes combined.

Chantale Collard
Basically, you're going to talk about excess mortality in connection with the measures. So there have been excess deaths.

Dr. Denis Rancourt
Yes, of course.

Chantale Collard
But it was not due to COVID, but instead due to the measures, as I understand it.

Dr. Denis Rancourt
So what I'm doing is studying all-cause mortality statistics. This means that we count the dead, we count the presence of a person who dies, we know their age, we know the place where they died and we know the date on which they died. And we compile these statistics on the scale of a nation or a province or a region or a city, and so on. And it's this type of data that I analyze across several countries and around the world. We collect all the data we can, wherever we can, and analyze it. And on the basis of this analysis, which I've been doing in detail for a long time—and I can't explain it all to you because there are too many of them, and they're scientific reports of a hundred pages with lots of graphs, and so on—I've come to the following conclusion: The data prove that it couldn't have been mortality due to a transmissible respiratory disease.

[00:05:00]

It's inconsistent with a viral respiratory disease because a viral respiratory disease—and this includes what's known as COVID—when tested clinically, kills people with a risk that increases exponentially with age, with a doubling time of ten years. This is well known, as detailed studies show.

I'm not saying it's not true. I'm saying that if we accept that the virus kills in this way, well, the excess mortality that we measure in detail and quantify, for example in the United States, is not correlated with age at all. So if I show you—and I'm going to show you later—

the excess mortality in the United States, for example, by state; and I plot this mortality as a function of the number of people over 80 or the number of people over 65 or the median age of the state's population, there is no correlation. Which is strictly impossible if this excess mortality were due to a respiratory viral disease, period—and above all, COVID, where clinical studies have shown that the risk of death is exponential with age. So we can demonstrate that mortality is not due to the transmission of a viral respiratory disease. No doubt about it. And I'm going to show you other types of data which establish this, which are really striking: maps on a European scale, and so on. That's the first point.

Second point: The excess mortality we see, which occurs suddenly in mortality peaks following certain events, is directly associated and synchronous with measures taken by the government. So for example, at the very start of the pandemic, as soon as the pandemic was declared, there was a demonstrable spike in mortality as a result of treatment protocols in hospitals in the early months of the pandemic.

Chantale Collard
You are talking about March–April 2020. To situate us in time.

Dr. Denis Rancourt
Yes. So the pandemic was declared on March 11, 2020, and immediately from then on—I'll show you some graphs—there was a very large excess mortality in certain hotspots. And this is further proof that it wasn't a virus. It only happens in certain hotspots and is synchronous across the world wherever it occurs, which is strictly impossible for a virus that is spreading. It's strictly impossible. I also do modeling research. Epidemiological theory shows that the time between the "seed," as we call it, the first cases, and the rise in mortality, is a time that depends very much on the circumstances in the country, the cultural and institutional structure, and so on. It can't be synchronous everywhere in the world; it's strictly impossible if we accept what we know about the epidemiology of respiratory viral diseases. So there's plenty of evidence that excess mortality is associated with things we can see directly. I'm going to show you some very striking examples.

And finally, my other important conclusion is that vaccine deployment directly caused immediate excess mortality. As soon as you deploy a dose of vaccine, there's an excess mortality that can be measured and quantified. So we are, I think, the first research group to quantify this on the basis of all-cause mortality. And I'm going to tell you the result of this quantification; I'm going to show you the mortality risk per injection. And this risk increases exponentially with age. We're the first to demonstrate this, and I'll show you that we've proved it for several countries. And this means that we absolutely should not have given priority to vaccinating the oldest people. It's the opposite of what should be done. The basic presupposition of those who want to inject us is that the risk of side effects doesn't depend on age, it's simply a risk, whereas we've shown that the risk of mortality increases exponentially with age.

[00:10:00]

It's very, very significant, and rises to very high values per injection when it comes to the elderly.

So now that I've told you my conclusions after three years of research, I'm going to show you some graphs that illustrate these points. I've prepared some slides that we can put on the screen now. So there you have it. This is to show that my detailed scientific expertise is

in several fields that are relevant to the COVID study. For example, I'm an expert in environmental nanoparticles, nanoparticle synthesis, nanoparticle properties and nanoparticle characterization. This is very relevant because we say that viruses are nanoparticles, and these nanoparticles are the basis of vaccines. I'm an expert in molecular science, molecular reactions, theoretical and experimental molecular dynamics. I'm an expert in statistical analysis, error propagation, advanced Bayes-type statistical analysis. These are fields in which I have published scientific papers.

I'm an expert in theoretical modelling. I've modelled environmental phenomena and I'm now modelling epidemiology to show how classical epidemiology, as it's promoted, can't explain the phenomena we observe. So I'm an expert in modelling and I'm an expert in scientific measurement methods. So I've written articles to develop and advance techniques such as diffraction, different kinds of spectroscopy, magnetic measurements, measurements of all kinds, calorimetric, et cetera, and microscopy methods. And in my laboratory, I had an electron microscope, I had a nuclear spectrometer, I had these instruments; and I was the head of a laboratory that used these instruments to do detailed research on environmental substances, et cetera.

So all that to say that I have a lot of expertise that is directly relevant to these issues. I have a group; I work in collaboration with people I really like, including Christian Linard who joined us recently, and then there's Marine Baudin, Joseph Hickey, Jeremy Mercier, John Johnson, who is a professor at Harvard University with whom we recently wrote an article comparing the effect of lockdowns in the United States. So those are my collaborators. The articles I base my work on are on my website, denisrancourt.ca. There are more than 30 articles in this field; they're big reports and you can find them all. The vast majority of these articles have been translated into French. The translation is on the article page of my website, where you can find a link. I've prepared a book of evidence that's almost 900 pages long, containing 20 of the articles most relevant to the conclusions I'm drawing today, which I'm making available to you as evidence [Exhibit QU-1].

Chantale Collard
Also available on the web.

Dr. Denis Rancourt
I've also made this book of evidence available on the web, yes, but I want it to be tabled before this Commission too. So those are the conclusions I've already described. I'm sorry, the slides are in English. The fact that there was no pandemic, et cetera, I've already explained.

Here, I'll show you what all-cause mortality data can look like. Here we see mortality by month in the United States from the year 2000 until recently, and we can follow the seasonal variations of this mortality. We can see that there's a dip in February, and that's simply because there are 28 days in February. There are fewer days, so there's less mortality. You can spot the Februarys here. This is to show you what it looks like when we do mortality by month for an entire nation like the United States. And you can see that the last group, in this sort of mauve, is mortality during the COVID period.

[00:15:00]

So from the moment a pandemic was declared, mortality was much higher in the United States. And the mortality has a structure—has peaks—that is completely unusual.

Normally, you can't have peaks of mortality in the summer in a country in the northern hemisphere, but there were in the United States during the COVID period. We've explained and shown that this is only true in poor states, where there are lots of poor people, where people were killed in the summer, and we try to explain this in our articles. But that's to show how mortality appears. And the black dots are the sum of all mortality over a period such as the COVID period versus the period just before that, but of the same duration, versus the period just before that of the same duration. So we can see the black spots: it's the total mortality for a period that would be equivalent to the COVID period. We can see that there's a big jump in mortality in the United States when we enter the COVID period. This is a very precise quantification of total mortality over the COVID period.

Chantale Collard
Professor Rancourt, I know you're going to give us a very elaborate answer, but in general, the arguments one might say we hear are: "The population is aging, maybe that's why it happened." I hope you'll respond to that.

Dr. Denis Rancourt
There isn't a sudden spike in the number of elderly people who will die during the COVID period. There isn't a bulge in the elderly population that, as time progresses, reaches the age at which they're going to die, and then die suddenly. So the effect of age, for example, the aging of the population, will cause a gradual increase in this integral, this total mortality. But when there are sudden jumps, it can't be, for example, the baby boomers or things like that. It has to be a sudden event that happens in the population when you do this kind of study.

Now, this is just to give you a sense of what all-cause mortality looks like. This is the same mortality for the United States, but seen by week and where the same integral is used. Here, the black dots have the same meaning, but here, we see in greater detail the mortality per week and we see the peaks I was talking about, which are very abnormal, and which I'll describe in a few moments. And you should also know that this relatively gigantic mortality in the United States corresponds to 1.3 million deaths that would not have occurred had we not done everything we did during the COVID period: in the United States, 1.3 million more deaths!

Well, in Canada, there was almost none. The excess mortality during the COVID period in Canada is so small that it's almost impossible to measure. We've quantified it and I'll show you in a moment: it's very small, and much smaller in proportion to the population. It's not because there are fewer people. And so we would have to conclude that the virus refused to cross the border between the United States and Canada, which is completely absurd if we want to believe that it's due to a virus.

This is further proof that it's not a respiratory disease: because the border is several thousand kilometers long, with constant economic exchanges. It's strictly impossible for there to have been a virus in the United States that killed 1.3 million people and virtually nothing in Canada. It's strictly impossible in the context of respiratory viral disease theories.

So for the United States, there was this excess mortality, and it can be calculated on the scale of the 50 states of the United States. This is a graph of excess mortality in *y* for the entire COVID period as a function of the percentage of the U.S. population living in poverty. And here, we see that there's a correlation: in science, we say that it's a very strong

correlation. There's a coefficient called "the Pearson correlation coefficient," which has a value of +0.86. A strong correlation like that is unheard of.

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And it's not just a correlation, it's a proportionality. That is, those who are used to looking at graphs like this will notice that it passes through the origin, meaning that in a state where nobody lived in poverty, nobody would have died due to the measures that were involved. And so this is another demonstration that it can't be a respiratory viral disease. Respiratory viruses don't attack poor people. They attack people who are old, vulnerable and have comorbidities, and that's how they cause death. They don't choose to kill people who are poor.

Chantale Collard
By the way, I'm sure you'll be talking about the African continent, if we are considering poor people.

Dr. Denis Rancourt
That would be another topic, but not right now. So poverty has a very strong correlation in the United States with this excess death, as well as the number of people who are "disabled," who are not functional due to severe mental illness. In the United States, there are 13 million people suffering from severe mental illness to the point where they can't function in society on their own, and who have to be cared for by various institutions, and who are heavily medicated. So we have a correlation graph with the number of people per state in this condition, and there's a very strong correlation there too. So the correlations we find between excess mortality and societal factors are: poverty, the number of people in this type of extreme misery—mental illness, et cetera—and average family income. If you make more than a $130,000 a year per family in the United States, you don't die from COVID, period, according to the statistics we've studied.

So I'm not showing all these graphs but I just wanted to show this one, which speaks directly about poverty. So in the United States, there are a lot of people living in poverty and misery, I would say, caused by a medical system that gives psychiatric drugs to a lot of people on a large scale. There are many, many people who are in this misery, who are in very poor health, and that's why there's a very high mortality rate in the United States and almost none in Canada. This is the excess mortality for the ten most populous states in the U.S. by age group. So you see, age groups 0- to 24-years, 25- to 44-years, and so on.

And here we show the excess mortality expressed as a percentage of what the mortality would normally be. This is the period before we started vaccinating, so, this is the COVID period but before the vaccine was deployed. We can see that, even in that period, excess deaths by age group were of the order of 20, 30, 40 per cent in excess of normal mortality in those ten states, to give an example. And then, in the period when we started vaccinating, the same graph looks like this: we see that for the youngest, it goes up to 60 per cent for the 25- to 44-age group. So we see a change in the structure by age group when we start vaccinating people in the United States. It's very measurable.

Chantale Collard
So this is the first dose.

Dr. Denis Rancourt
Here, we're including mortality over the entire period from vaccine deployment to the final days of this study. So we were still vaccinating. This is the result.

But what's surprising is that we've just explained the United States, but now we're going to look at Canada. And what we see in Canada is the light blue curve. The light blue curve shows all-cause mortality per week in Canada from around 2010 to the present, essentially. You can see that there's virtually no change.

[00:25:00]

We're entering the COVID period and there's not really a big change. And what I've highlighted in red, and this will surprise you, is what the Canadian government is telling us, what Theresa Tam wrote in a scientific article: she said that if the government hadn't done everything they did—the vaccines, the masks, the distancing, the lockdowns—then there would have been about a million more deaths in Canada. This graph shows the absurdity told to us by Theresa Tam and her co-authors. They claim that if nothing had been done, the mortality rate would have been this high. And the mortality you see on the screen, because the scale starts at zero in *y*, is an absurd mortality. There hasn't been a world war, there hasn't been an earthquake on a time scale that could be normalized, there hasn't been any known phenomenon in history since these data were first measured that could produce such a high mortality.

Chantale Collard
Purely hypothetical.

Dr. Denis Rancourt
And Theresa Tam claims that, because of these measures, this great mortality we would have had is down to the level that is exactly what it would have been had we done nothing. In other words, they didn't bring it down to half, they didn't bring it down by 90 per cent to get to ten per cent. No, they lowered it to a level as if there hadn't been a particularly virulent pathogen. We're in this absurd situation. It's what they're telling us, what they want us to believe. And for a scientist like me, it is the realm of the absurd.

Here I'm taking the data for Canada and putting it on a scale where we look at it in a little more detail. And now, I'm doing this integral for a year-cycle; so I'm going from one summer to another to capture the mortality that tends to be higher in winter, to show the extent of the small increase that is nevertheless seen in integrated mortality for Canada when we get into the COVID period, and in the cycle after that too. So there is a small increase that we can quantify. On a larger scale, we can still see this small increase. And in Canada, we can also compare all-cause mortality with vaccine deployment. So in Canada, we can see that there's a peak at a time in the seasonal mortality cycle when there shouldn't be a peak, which coincides with the start of deployment of the first doses. And then, when the third dose takes place, that is, when there's an acceleration in the cumulative number of administered doses, we see a peak in the winter of 2022 that's much greater than all the other peaks on this graph. So we're really seeing correlations in Canada of vaccination affecting mortality. We've analyzed this in more detail, but it's just to give you an idea of what we're doing.

This is an enlargement of what we've just seen: the correlation between mortality and vaccine deployment. The peak I've marked as *C* is a very strong peak in Ontario, especially

for people aged between 50 and 65, and it's exactly when vaccines were deployed in this age group. The peak referred to as *D* is a very thin peak due to a heat wave that took place in British Columbia at exactly that time. It's well known that heat waves cause very thin peaks that last little more than a week. So we can analyze each of these mortality peaks. But the peak I'd like to illustrate in greater detail now, and you'll be really struck by the result, is the peak I call Peak *A*: because the arrow pointing upwards, that's the date on which the pandemic was announced, and immediately afterwards, there was this huge rise in mortality. So I want to analyze it and show you what this peak looks like. And I'm going to show you that there was such a peak, which was very, very strong in certain states of the United States, especially in New York.

[00:30:00]

So here we see this very, very strong peak. Here I have all-cause mortality per week for the states of Connecticut, Maryland, Massachusetts, New Jersey, and New York all combined. And you can see that seasonal mortality, when normalized by population, is always about the same, but this peak is very different from state to state. There were 30 states in the United States that didn't have this peak. So it's a virus that was attacking just some states, and very strongly.

The same peak occurred at the same time on the other side of the world, in Europe. And so here we see the same peak taking place in Lombardy in Italy, similar places in Spain, and so on. There's also one in France. There are hotspots like this, where very thin peaks in mortality occur immediately after the pandemic is announced. And so when I wrote my first article about this peak, in June 2020, I said: "This is not a viral respiratory disease pandemic. It's not possible for something like this to be caused by a virus. It must be caused by what you're doing in the big hospitals in those jurisdictions." And so, we're going to look at what's happening on maps, what's happened in Europe with this peak, and you're going to be amazed.

So I've got a map here, just to remind you where the European countries are. I've also marked in blue certain borders that I want you to look at—because these are borders that the virus has absolutely refused to cross. So from Portugal to Spain, it was impossible for the virus to cross; from Spain to the south of France, it was impossible; Germany was protected in its entirety and the virus didn't penetrate Germany at all; the north of Italy was hit hard but it didn't spread further north, and so on. Just like that, there were hot spots. In Sweden, there was a hot spot in Stockholm that never spread. So they killed a lot of people during the first two months of the declared pandemic, which didn't spread. So that's to show you where to look on the maps I'm going to show you.

So here it is. This is the first map: excess mortality in Europe for January 2020. And you see, **the map is white because there's virtually no excess mortality, everything's normal. Everything is normal this January 2020 compared to all other Januarys in the past. If we extrapolate the historical trend, it's the same mortality we've always seen. And now I'm going to February: same thing, no excess mortality for February 2020 in Europe. And here's the mortality for March, the month in which the pandemic was announced. As you can see, the boundaries I pointed out have been respected. The mortality supposedly due to the virus has not crossed into Germany. Germany is a jurisdiction with a very low mortality rate, and you can see that the borders have not been crossed. And if I go another month, to April, we're still in that early mortality peak and it's still pretty much the same places; and the borders are respected, the virus isn't crossing. And then, in May, it's over. It's a very thin peak that ends in May and in June, there's none.**

So this famous peak in the first few months of the pandemic did occur in Quebec, the province with the strongest early peak, and it occurred in hot spots. We were able to go to the regional level in France and identified counties where there were large hospitals where people died. So this mortality cannot be due to a virus. We think it's due to what was done in the hospitals. Mechanical respirators in hospitals were very important because in Lombardy, Italy, they invented a way of putting two patients on one respirator machine. They were very proud of this: "We're going to save everyone; we're putting them all on respirators." This partly explains the very high mortality rate in Italy at the time.

[00:35:00]

I'm going to shock some people in the audience a little. But hydroxychloroquine, HCQ, is a very interesting molecule with beneficial effects but with a therapeutic window that is very well defined and relatively narrow. And when you go beyond a certain dose, it becomes lethal. And at the start of the pandemic—because a lot of researchers like Didier Raoult said, "Look, it's useful"—well, people who didn't know how to use it in hospitals in the territories used it a lot, but in a less supervised way, I think, than what happened in Marseille. There is a correlation between a peak in the use of hydroxychloroquine and this high mortality. And this peak can be seen in European countries where there are these mortality hotspots.

Chantale Collard
The places related to hydroxychloroquine are where the protocol had not been followed.

Dr. Denis Rancourt
Exactly, it happened where a protocol had been invented which was way too high by dosage and it certainly poisoned a lot of people. So there's this correlation. A German researcher, Dr. Claus Köhnlein, was one of the first to suggest that: "Look, in Germany, we didn't do that and there were no deaths. Wherever two grams or more has been used, there have been many deaths." He had suggested this, and so we went into the statistics to see if there were any peaks in the prescription of these molecules. In fact, we're in the process of identifying many molecules used in aggressive treatments at the start—because everyone was in a panic and so on—which are correlated with this high mortality.

And the final theme of my presentation is the high toxicity of vaccines in terms of actual mortality. So I'm going to talk about that. I'll start by saying that there can be no doubt that vaccines are killers. Vaccines can kill people, can cause death. There are many lines of evidence. There are very detailed autopsy studies that demonstrate this and I quote from those studies. There are adverse event monitoring systems that show spikes in adverse events, including death, at the very beginning immediately after vaccination, and then up to two months later. The statistics show this very clearly and we've written an article on the subject. There is a study that was done in the United States by Mark Skidmore which showed that, on the basis of scientific survey questions in the United States, he had calculated 300,000 deaths due to the vaccine in the United States. We quantified the figure using our own methods and came up with the same figure. So that would mean that in the United States, there were 1.3 million excess deaths; and in that figure, there are more than 300,000 people whose deaths were caused by vaccines.

So that is one line of evidence. There are plenty of articles on pathologies that are induced by vaccines and there are more than 1,250 articles in scientific journals that speak about the damage that can be caused by vaccines. So I think, when you look at all of this, you have

to conclude that it's possible that the vaccine could kill people. Our task is to quantify that. How often does it kill people? And so that's the autopsy studies. Now, we're going to see if we can use mortality to quantify the risk of dying from the vaccine.

So the first article we wrote was on India because in India, it's very difficult to get good data on all-cause mortality. Some researchers had published data but hadn't noticed that there was a peak—but a huge one!—of mortality in India which, coincidentally, was exactly when they deployed the vaccine in India. All right? So in India, we were able to quantify that the vaccine definitely killed 3.7 million people. There was no excess mortality in India until they deployed the vaccine. There was no COVID in India; the data are clear, there was no excess mortality. And in India, they had what they called a "vaccine festival".

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The Prime Minister said, "Go vaccinate the most vulnerable people." They made a list of 12 comorbidities and said, "Go get these people and vaccinate them." Essentially, they encouraged people to vaccinate the oldest, most vulnerable people; and in a very short space of time, they killed 3.7 million people in India with their vaccine. We wrote a whole article about it.

Here, the graph shows Australia. We chose to study Australia because it's another country where nothing happened in terms of excess mortality until the vaccine was deployed. They don't say that in the media. There is no excess mortality in Australia except when the vaccine is deployed. And so, we enlarge this for Australia and you see the seasonal mortality and you see the deployment of the vaccine: you see that we're entering a higher degree of mortality. You can see that there's a peak. You'll notice that in Australia, because they're in the southern hemisphere, seasonal peaks in mortality occur during our summer, which is their winter. So it's reversed. And then, during their summer, which is our winter, there's a peak in mortality right in the middle, which you see here, which is very large, coinciding with the third dose of the vaccine, deployed very rapidly at that time. Without any doubt. Here, I have a graph showing the deployment of the vaccine, the number of doses administered per week, in black, compared with the peak in mortality at a place which holds the historical record for mortality in Australia, but where there has never been an excess of mortality or a peak in mortality—never in history.

And in Australia, people don't die from a heat wave; it's not due to a heat wave. I've traced all the heat waves in Australia and I've found that the most intense one caused a very small peak because in Australia, they're used to being hot. So this spike is definitely due to the vaccine and it's happening in every state in Australia. We can go through the states here: Victoria, New South Wales, Queensland, et cetera. So we have very clear data where we have mortality. There was no excess mortality until we deployed. When we deploy, we have a new scale of high mortality; and when we bring in yet another dose, we have a spike on top of that. So we can use this data to quantify how many people died per dose of vaccine administered. That's what we're going to do.

And so this is to show that it's not just in Australia. This is Mississippi in the United States. You'll notice that in Mississippi, there's a huge peak in mortality—again in the middle of summer, that is, our summer, when there shouldn't be any mortality in the seasonal cycle. Well, there is a huge peak, and it coincides with an acceleration in vaccination. But it's not just any acceleration: it's what was called in the United States "the vaccine equity campaign." So "vaccine equity" was a vaccination campaign paid for by very influential financiers who spent tens and tens of thousands to hire lots of people to go and vaccinate vulnerable people who hadn't yet been vaccinated. They caused this spike in mortality, but

only in the poor states of the USA. People died in this vaccine equity campaign in states where there was a lot of fragility and a lot of poverty. So we spotted this peak, which coincided with an acceleration in vaccination due to the vaccine equity campaign in all the poor states of the United States. And that's a phenomenon that has to be attributed to the vaccine.

And here again, we can quantify what this represents in terms of mortality. The mortality that took place in the poor states of the United States at that time has an equivalent risk to the mortality that took place in India, which killed 3.7 million people. This is the same risk of mortality in the poor states of the USA as in India. Here we see Michigan, a state in the north of the United States. In Michigan, there is an excess peak that occurs at the beginning, when the first doses of vaccine are deployed—a completely abnormal peak that is very similar to the same peak that occurred in Ontario.

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So this is to show another example where the deployment caused sudden large mortality in an unexpected place.

So to sum up the question of vaccines, we—and we were the first to do so—wanted to quantify the risk of mortality due to the vaccine by age of the person receiving the vaccine. But to do this, we need to find data in the jurisdiction in question where they give us mortality by age group as a function of time, and also, vaccination for that same age group as a function of time. And when we find jurisdictions where we can find these data, we can make the calculation shown here.

So Israel and Australia have very good data, and that enabled us to make this graph. So this graph represents the risk of mortality per injection. It's what we call the "vaccine dose fatality rate" as a percentage, as a function of a person's age. We can see that there's an exponential rise for older people, and we can see that the mortality risk reaches almost one per cent on this graph. This means that one dose in a hundred will kill a person of that age when injected—one dose in a hundred! That's enormous. So we were able to prove this for the first time. We're the first to have done this quantification.

Here, I'm showing on an enlarged scale what's happening to young people. We can see that young people have also been killed by vaccines, the younger age groups, and that this mortality risk is higher than the exponential curve deduced for other ages. So young people have a mortality rate that is independent of age and higher than the exponential trend found for other ages. For those who are more used to looking at this type of graph, I've put the same data in semi-log and you can really see the exponential trend, the straight line. We can see, for young people, that we're deviating significantly and that we're remaining constant in the mortality risk. So there they are, the young people affected by the vaccine: that's where we see them.

Finally, this is just to show what the data in Israel typically looks like. In black is the deployment of any given vaccine dose and in purple is all-cause mortality. We can see that when the vaccine is initiated, there is a mortality peak that is larger than the vaccination peak. When another vaccine is introduced, there's another mortality peak and so on. But as the doses progress, mortality per injection is higher. And so there are a lot of curves like this for different age groups in Israel. That is the 80-year-olds and over, 70- to 79-year-olds. It's just to show the shape of the type of data we're analyzing. In the end, this enabled us to produce a summary graph showing the risk of death by injection as a function of age, but for the different doses received. So we can see that the first doses are not as lethal as the

next ones and those after. Doses three and four are particularly lethal; and we can see that for the elderly, the higher the dose, the greater the risk.

Chantale Collard
And here, you have effectively stopped at four doses but there are others who have gone up to six or seven.

Dr. Denis Rancourt
At the time we wrote this article, that's the data we had.

Chantale Collard
It can be inferred that—

Dr. Denis Rancourt
Ah yes, our studies continue in all directions. Many countries are now being studied. I will conclude with this last slide. To date, India, Australia, Canada, Chile, Germany, Israel, New Zealand, and the United States have been studied in detail. Many of these results have not yet been published but we are just about to publish them. The average risk of death following vaccination in Western countries, all ages combined, ranges from 0.05 per cent to—in the case of advanced doses—as much as three per cent for the most elderly.

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That's the kind of mortality risk you find. And when you use average values for all ages, you can calculate how many people would have died from the vaccine. So on a global scale, it's 13 million people. In India, as we've demonstrated in detail, it's 3.7 million people. In the United States, we've calculated—and we're quite confident of this calculation—that 330,000 people would have died as a result of the vaccine. In Canada, we're currently estimating and we're in the process of refining our error calculation, et cetera. It's more difficult in Canada because there's less mortality, but we think that around 30,000 people have died from the vaccine. These are mostly very old people. We have the excuse of not thinking about the vaccine because we expect them to be frail and elderly. So it's easy, perhaps, not to talk about it. These are deaths that are less visible, but which are nonetheless due to the fact that these people were vaccinated. And so vaccine-induced mortality is much higher than governments are prepared to admit.

Well, that concludes my presentation.

Chantale Collard
Professor Rancourt, I may have one last question. In fact, you have autopsy results. But on the other hand, we can see that the capacity to have autopsies conducted was rather hindered; people weren't able to go that far. So what can we infer from the autopsy results?

Dr. Denis Rancourt
I'm not a pathologist; I'm not the person who does autopsies. I'm in contact with the researchers who do the autopsies. I talk to them and I look at their results and I ask for their help in interpreting what they see under the microscope and the tests they do, et

cetera. But I know that, yes, we didn't do as many autopsies as we should have; we should have done a lot more. But there are dozens and dozens of papers reporting very detailed autopsies which conclude that death was due to the vaccine—and more and more are coming out. So it's typically family members looking for someone to do the autopsy. There's a great German doctor who's done several for family members and these data are starting to come in. Every month, there are new articles reporting autopsies.

Chantale Collard
They'll keep coming out. And at the very beginning you answered the question we're asking here for the benefit of the National Citizens Inquiry: So what could have been done differently? You answered, "We shouldn't have done anything."

Dr. Denis Rancourt
Exactly. What we had to do differently was to do nothing. If we hadn't invented this pandemic— I mean, sure, there are always pathogens present; sure, there's a whole ecology of pathogens; sure, people get sick and get better all the time, that's not the question. The question is: Has there been excess mortality due to a particularly virulent pathogen? And my answer is: absolutely not.

And one thing I haven't said is that in the United States, where there have been so many deaths, the CDC admits that, of the deaths they attribute to COVID, more than half of these people also had bacterial pneumonia, which is noted on the death certificate, in a country where they stopped prescribing antibiotics, okay? You need to know that in Western countries, antibiotic prescriptions dropped by 50 per cent during the COVID period and it's stayed that way. I would argue that this is certainly not an accident. There have been suggestions from agencies to stop prescribing antibiotics; and so the poor people who have died in the United States are also the same populations who are normally prescribed a lot of antibiotics because they have a high susceptibility to suffering from bacterial lung infections. And so this same population that— Normally, when you look at a map of the antibiotic prescriptions in the United States, it's red in the poor southern states. Well, we stopped prescribing antibiotics to these same people. They had bacterial pneumonia, and it's largely this population in the United States that has died.

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So in terms of mechanisms, we've been able to identify this in our articles.

Chantale Collard
Professor Rancourt, I will let the commissioners ask you questions, if they have any.

Commissioner Massie
Thank you very much, Professor Rancourt, for your brilliant presentation, which is rather frighteningly dense. Fortunately, I had read a little of it beforehand, which helps, but I still have several questions. I'll start with the last one so as not to forget it. When you extrapolate the deaths due to vaccination in Canada, you're estimating, on the basis of averages that have yet to be refined, around 30,000. I note that in the United States, you estimated around 330,000?

Dr. Denis Rancourt
Yes, our estimate for the United States is more refined and better. So from one country to another, the error in this estimate may be greater or lesser. For India, we're absolutely certain of 3.7 million. In Australia and Israel, we know in such detail that we can talk as a function of age and of dose. So there's a great deal of certainty there. But what's astonishing is that, when you go from one country to another—and now we've done a lot of countries, I'd say over 50—you always find the same risk per injection, more or less; we're always in the same range. And when you take particular peaks, if you don't just take the vaccination period, but if you take peaks and associate that with doses given at the time, you still get the same mortality risk. Do you see what I mean?

Commissioner Massie
Yes.

Dr. Denis Rancourt
So we're very confident that's a robust number.

Commissioner Massie
My question was that you had presented earlier that the excess mortality, all causes combined before vaccination— Well, when we looked at the measures that had been deployed before vaccination, what we observed in the United States compared to Canada was that the difference was not proportional to the population. And here, you put forward the idea that, in fact, the population or the proportion of poor and vulnerable people in the United States being much greater, it's probably these target populations that have suffered more. And I thought I understood from your presentation that the more vulnerable people are also going to be the same people who are going to suffer more from vaccine injuries in any case—are likely to die from vaccination. And here, the ratio seems in any case to be within the margin of about one in ten, which corresponds to the proportion.

Dr. Denis Rancourt
Yes. I'd say, at this stage, looking at the data and all that: I gave 30,000 to give an idea for Canada. But in our final analysis, there's going to be a margin of error, and it's going to fall, I'd say, between 10,000 and 35,000. It's going to be in that range. So there's a lot of uncertainty about the estimate for Canada because we're still in the early stages of analyzing the data, but it was to give an idea for the Canadian audience.

But, you see, when we went looking for the vulnerable in the United States with the vaccine equity campaign, the injection mortality rate was as high as in India. So we were in the one per cent range in those age groups, which aren't even the oldest. But when we look at Australia and Israel for all ages, we find exactly the same figure—0.05 per cent—and our first estimate for Canada is still in the same ballpark. So I tend to use that figure to make this calculation, and that's the figure I used for the United States, so I used the same proportion.

Commissioner Massie
My other question is that an all-cause analysis requires fairly precise figures on fairly large populations if we want to arrive at estimates. For example, in the case of vaccine-related deaths, there was at one point an episode in Quebec when the government wanted to

launch vaccination campaigns in senior citizens' residences in a rather, I'd say, sustained manner. And there were even articles about it in *La Presse*.

[01:00:00]

I saw a scientific article published almost a year later that recounted this episode and mentioned that they had slowed the pace a little because they found it was particularly aggressive. Can we do any studies on this, given the population and the event or incidence that happened?

Dr. Denis Rancourt
With the methods I use, all-cause mortality, I can't quantify these things, but these are cases of specific institutions and we can get precise figures. And there are European countries that have noticed the same thing and have issued warnings not to vaccinate the elderly without a thorough clinical analysis. So they went too far at first in several countries, but we can see from what they said publicly that they then made adjustments. Some countries have noticed that the risk increases exponentially with age. They've noticed it; they've seen the consequences of vaccination in the elderly, there's no doubt about it; we can see it in these governments' communications.

Commissioner Massie
Finally, my other question concerns certain environmental factors. I'm sure that your studies have tried to make other correlations apart from those you've shown—and in particular, when we look at the period in which we deploy, for example, the second or third or fourth dose. Given that we know from studies carried out by people involved in vaccination that it is contraindicated to administer a vaccine to a person who is infected or who has just been infected, so as not to cause overstimulation, when we see the increases in toxicity as a function of dose, isn't there a part of this that could be explained by the fact that we know that the Omicron wave was particularly abundant, according to the studies we've seen? Wouldn't vaccinating a third or fourth dose at that point increase the problem?

Dr. Denis Rancourt
Here, we cross into the realm of immunology theory. So I've made a conscious effort to avoid venturing into that territory. I've always adhered to all-cause mortality data, to the mathematical correlations I can establish, and to a calculation of error in making this statistical analysis. And I've refused to go into that territory, to talk about the mechanisms, what could cause it. But, for example, when I find that more advanced doses are more lethal, we have to be careful because often, it's in jurisdictions where advanced doses have been more directed at the elderly. So when we don't distinguish by age group, we can, in the all-ages data, be wrong in a certain sense. It may appear that the dose is more lethal, but in fact, this is because more vulnerable people have been vaccinated.

And so when the data allow it, I can discern things. When I can't, I have to admit that it's a possibility. But I understand your question and to answer it, I'd need to have data on the level of infection of people who are injected, and I'd have to believe that these data are reliable. And so, as I'm not ready to have data by age groups at the level of the jurisdictions I'm interested in, and as I have absolutely no confidence in the assessments as to whether the person is infected or not, because we're in the dark—are we talking about symptoms, which symptom, et cetera? Are we talking about PCR tests? That doesn't mean anything. So my approach was: "I don't want to know anything about all that."

I mean, when they announced the pandemic, you'd see people lying dead in China, then you'd see people falling down, and they'd say the same thing: "The hospitals are full." But personally, the first thing I did was to go outside, then I looked to see if there were any dead people in the street and I didn't see any. Okay? And in other words, what I did was I immediately went and looked for all-cause mortality data to see if there was any increased mortality. And there wasn't!

[01:05:00]

There were just hot spots with peaks, like in Quebec, New York, London, Paris, and northern Italy. That's what there was, but there was nothing elsewhere. In a study we did with John Johnson of Harvard, we compared states in the U.S. that were next to each other, that shared a border, that were very similar. One state did a lockdown and the other didn't, and we found 12 pairs of states that we could compare directly like that. And we systematically found that the state that imposed a lockdown had a much higher all-cause mortality than the other.

And so all this to say that there was no excess mortality where we didn't attack people and we didn't kill people in hospital at the beginning and we didn't do the lockdowns later. There weren't any. That was the response I got to the suggestion that people were going to die everywhere, et cetera.

All-cause mortality is very powerful. I can look at mortality in Chile and tell you what day there was an earthquake. I can tell you what day there was a heat wave in northern latitude countries. I can tell you about the aging of the population, I can tell you about the wars that have happened. Do you know, I studied all-cause mortality in detail, and I looked for the pandemics that were announced by the CDC to see if I could find the number of deaths they said had occurred: Will I see them in all-cause mortality? I couldn't find them.

None of the modern pandemics since World War II has produced a signal that can be detected in all-cause mortality. I'm not talking about COVID; I'm talking about the pandemics that have been announced since the Second World War. There haven't been any. As far as I'm concerned, there's no excess mortality. So what are we talking about? Why are we making such a fuss and showing people how to blow their noses and telling them to wear masks and do tests, when on the scale of a country like the United States and in all the countries we can study, these pandemics have not caused excess mortality. What are we talking about? While on the other hand there are real phenomena that cause mortality: war in particular. You can see the Dust Bowl in the United States in the 1930s, economic crashes: you immediately see the mortality. There are major social phenomena and structural changes that cause mortality. And I say that what happened during COVID was exactly this kind of attack on the population, as if there had been a meltdown in the economy. The population was affected in the same way; and in the United States, that's what caused the deaths.

Commissioner Massie

I'd like to ask you, given the power of this approach: How many people are there who have the capacity to carry out analyses like you do and like Pierre Chaillot does, who recognize that it should be a practice that should be widespread in all governments so that we can precisely understand the phenomena we face? Is there a desire to move towards this kind of analysis or do we prefer, for the time being, not to practise it?

Dr. Denis Rancourt
Statistics Canada does analyses of mortality, birth rates and all that sort of thing. There are many experts who do this. There is no lack of technical knowledge to do so. What's lacking is the motivation to really be honest and report what we see, what the data want to tell us. Mortality is very simple to understand. Once you get used to it and you can spot the kind of things that can cause mortality, you get used to it very quickly.

But you know, since I started working in all-cause mortality, my biggest job and my biggest frustration has been trying to get my scientific colleagues to understand that we have to look at all-cause mortality and stop talking in circles about all kinds of things and start by seeing if people are dying. Who's dying, where are they dying, and why are they dying? And let's leave aside all the theories and all that.

Personally, I get frustrated with my colleagues because I'm in several discussion groups with researchers and I've had all the trouble in the world getting them to understand. It took me three years, and now they're starting to understand. They say, "Okay, so we're going to analyze all-cause mortality; Denis, could you do it?"

[01:10:00]

Well, that's where we're at. But, you know, the education system is very faulty. We train very specialized people and we don't place any importance on clear, robust, direct thinking.

So the scientific researcher wants to apply his theories and his way of seeing things to his field but doesn't ask himself the question: What would be the best way to tackle this problem? Which expert should be called in? What do I need to learn to understand this phenomenon? They don't ask themselves that question. Instead, they ask themselves: How am I going to apply the theory I've learned to say something about this phenomenon? And that's a big problem in our society. There's a shortage of thinkers.

Commissioner Massie
I will ask my colleagues: Ken, you have any questions you want to ask? Anyone else? Okay. I have more, but we will move on.

Chantale Collard
Professor Denis Rancourt, thank you. Your testimony is truly invaluable. You're talking about major issues; you're talking about all-cause mortality as much as post-vaccination mortality. And let's hope that your research will be widely disseminated. Thank you.

Dr. Denis Rancourt
Thank you.

[01:11:37]

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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

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 10: Christian Leray
Full Day 1 Timestamp: 11:11:33–12:00:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So good evening, Monsieur Leray.

Christian Leray
Good evening.

Jean Dury
We'll start, if you don't mind, by swearing you in. Do you solemnly swear to tell the truth, the whole truth, and nothing but the truth. Say, "I swear."

Christian Leray
I swear.

Jean Dury
Thank you. So without further ado, for the benefit of this commission, could you tell us a little about your curriculum vitae?

Christian Leray
Yes, I'm a graduate of a business school in France. The accent gives me away, I'm of French origin. I arrived in Canada and Quebec in 2000. I was an exchange student finishing with a Master's degree in Communications at UQAM [Université du Québec à Montréal]. So there you have it: I'm a double graduate, in fact, in management and communications.

To sum up quickly, I could say that I wrote a book on content analysis—so media analysis so to speak, in 2008, which was published by PUQ, the Presses de l'Université du Québec. Because I was also working at the Laboratoire d'analyse de presse de l'UQAM [l'Université

du Québec a Montréal] at the same time, which I directed for a few years. This makes me a media analysis specialist in a way.

And I also contributed to the book, *Crise Sanitaire et régime sanitariste,* which was published in 2022, I believe, and was a bit of an assessment of COVID in Quebec; what had happened. I wrote a chapter on the vaccine passport. And since 2009, I've been self-employed, which allows me to be independent. I'd like to make it clear right away that I have no conflicts of interest and that I can speak freely.

Jean Dury
So without further ado, let's address the three parts that are going to be interesting this evening. We'll start with the authorities' lack of transparency. What do you have to say on this subject?

Christian Leray
So if you like, I've even got a PowerPoint I could share. Otherwise, I can get straight to it. First of all, there's definitely a huge transparency problem in Quebec. I'm really interested in Quebec.

By the way, I forgot to mention that I'm a member of Réinfo Covid Québec, which has now become Réinfo Québec. It's a collective that was created in July 2021; and for this collective, I did a lot of work on data in Quebec. In fact, I was behind the dashboard we published every week, which included data published by health authorities.

As a first assessment, we can mention that there is an incredible lack of transparency on the part of the authorities. We can take several examples: the first, for example, is data as a function of comorbidities. So what are comorbidities? They are the serious illnesses that people can have, for example: cancers, heart problems, diabetes, and so on.

So the INSPQ [Institut national de santé publique du Québec] put together a very interesting table up to May 2022, I believe, showing deaths according to comorbidity and also age. What this table showed was that people with at least two comorbidities accounted for 92 per cent of COVID deaths. It also showed that if we added people with just one comorbidity, the figure rose to over 97 per cent. So in fact, we could see that COVID was not a dangerous disease for the vast majority of the population. Only those at risk—that is, those with comorbidities—were really at risk of death.

There was another factor we knew about and that was age. We could really see that the people at risk were those over 70, not to mention 80 and 90. So in fact, this was a very specific category of the population, one that could have been protected. This completely contradicted the idea that the virus was a new plague and that, in the end, everyone had to be confined.

[00:05:00]

So this data was really disturbing. And the INSPQ stopped publishing it as of May 2022 because it was becoming untenable.

Other data were also gradually withdrawn: I'm thinking, for example, of data on cases and hospitalizations according to vaccination status. So in fact, from July 2021, Santé Québec [Quebec Health] wanted to show that vaccination was working. To do this, they started

publishing data on people who had a positive PCR test and were hospitalized for COVID according to vaccination status. So on the one hand, we had the people who were vaccinated—and we could see the number of people who had a positive PCR test or who were hospitalized—versus the unvaccinated, about whom we saw the same information. As I'll show in the next section, this data became disturbing and was simply withdrawn as of July 2022.

Even more important than cases and hospitalizations, of course, are deaths by vaccination status. And this is even worse because it has simply never been shared. This data has never been made public by the authorities. Why? We have to ask ourselves why—because if the vaccine is effective, why not put up a comparison showing people's deaths according to whether they've had one dose, two doses, or no dose at all? So there's no way of knowing; it's hidden from the public.

And finally, the last and perhaps most important point is the data on all-cause mortality according to vaccination status. These data should obviously be made available, as we discussed earlier. Monsieur Rancourt and Monsieur Chaillot talked about it. I made an Access to Information request to obtain these data and Santé Québec replied that it didn't exist. I'll quote you pretty much what they told me, in fact. It's quite extraordinary. They told us that, "The Ministry of Health and Social Services cannot provide you with data on deaths from all causes, because to do so would require the production of a document as well as work such as data extraction, compilation, and comparison." So if the Ministry has to carry out extraction, compilation, and so on to answer this question, that means they're saying they don't have the data. It seems absolutely unimaginable, in fact; because right now, even the Institut de la statistique du Québec acknowledges that there is an unexplained 10 per cent rise in mortality. And this data should be watched as carefully as milk on a stove, it's obvious.

So it seems pretty obvious to me that it does exist. It exists in other countries, as Monsieur Chaillot said, notably in England, it exists in Scotland, and so it certainly exists here. So I've come to the conclusion that the truth is being hidden from us and that there's a very clear desire on the part of the authorities to hide the data. We have to ask why. How come they're hiding all this from us? The explanation—we'll get to that later—I imagine is that it has to be hidden because the vaccines aren't producing the expected results.

Jean Dury
So let's move on to the second part: you talk about data manipulation.

Christian Leray
Exactly. So first of all, we've seen that the authorities are hiding as much as possible. That is already an admission that there's a very big problem. But what's more, for everything that's actually been made public, we realize that there have been manipulations to the data. So we can make a list of many examples.

[00:10:00]

We can start with PCR tests, for example. As we learned from Monsieur Chaillot, who spoke at length about this subject, PCR tests can, after all, almost create a pandemic if they're adjusted too tightly. So how does a PCR test work? It's based on a number of cycles, and I'll make it very short: the higher the number of cycles, the more acute the test. The problem is that if you do too many cycles, you'll end up with a test that's so intense that it may declare

people as being positive when they aren't necessarily so. In fact, this was the title of an article in *The New York Times* as early as, I think, August 2020, which said, "Your PCR test is positive; maybe you're not." And the reason would be that the number of cycles is too high. And this number of cycles should be known, in fact. Yet it's not known; it seems to be hidden.

I made an Access to Information request to obtain this information. I finally got it after two or three tries because when you make an Access to Information request, you have to be very specific. They do everything they can to skirt around the issue, to avoid answering the question; and then every time you make a request, it's going to take you at least 20 days before you get an answer. So you make the request, 20–30 days go by, and then they tell you it's not a good question, it's not clear enough. It can take up to three months to get an answer. So I sense a clear willingness to conceal information.

Finally, I learned that in Quebec, these PCR tests are set at between 40 and 45 cycles. So you need to know that, generally speaking, we estimate that a normal rate of cycles for the PCR test is roughly between 28 and 32 cycles. If we exceed 32 cycles, we run the risk of having a test that's too acute, which will declare people with bits of dead virus as being positive. In any case, this can create a feeling of panic because more people will be declared positive than is actually the case. And this may also partly explain why so many people are asymptomatic: quite simply because our tests are far too sensitive. So already we can see here that there's a huge problem of transparency and obvious manipulation because: Why test between 40 and 45 cycles when the scientific literature talks about 28 to 32? It's quite problematic.

There's also everything to do with COVID hospitalizations. So we heard a lot, especially during the first wave, about hospitals being overwhelmed. But here too, I think there was some manipulation. Why? In France, the ATIH [Technical Agency for Information on Hospital Care], a public institute, published a figure that made a big impact: namely, that the hospital occupancy rate for people suffering from COVID was two per cent. So it caused quite a stir. We thought, "What's going on, how can this be?" And I wanted to verify what was going on in Quebec.

So I searched for the data. It wasn't easy but I finally found the hospitalization data. On the INSPQ site, you can find data on people hospitalized with COVID. So on the Santé Québec site, we have the overall hospitalization rates; and by doing the ratio, I came up with a total of 2.1 per cent, meaning that in 2020, the percentage of people hospitalized for COVID was 2.1 per cent of total hospitalizations. This means that 97.9 per cent of hospitalizations were for other causes. So in fact, people hospitalized for COVID never really jeopardized the healthcare system, especially when we consider that hospitals were transformed at the same time: special units were set up for COVID and many operations were postponed. In fact, hospital activity plummeted in 2020.

If I could share my screen, I could show you all the data. It speaks for itself.

[00:15:00]

And we can see that, in the end, maybe there were a few hospitals that were indeed overwhelmed at certain times. But you have to realize that the heaviest traffic, let's call it, in hospitals because of COVID was I think on April 16, 2020, and we reached five per cent. So in fact, there hasn't really been a hospital crisis. The data show that there weren't really any overcrowded emergencies or departments and, by 2021, it was 2.3 per cent. So here again, we see that there was some fabrication; there was a narrative to make us panic, to

tell us that this was a catastrophe and to encourage us to isolate ourselves and then to accept the health measures we were ordered to follow. There were other manipulations too and one that particularly strikes me as extremely serious.

Commissioner Massie
Christian, can you share your presentation? It would be easier to follow your numbers. Is that possible?

Christian Leray
Yes. No problem. Can you see that?

Commissioner Massie
Yes, that's good.

Christian Leray
If I can show you here, it was the INSPQ table on comorbidities. So we found that 92 per cent of people who died from COVID had, in fact, at least two comorbidities; the INSPQ talks about pre-existing conditions. And if we add the people who had one pre-existing condition, we arrive at 97.3 per cent. So this table showed that the general population had virtually nothing to fear from COVID, despite what we were led to believe.

If I go a little further, here, this was my Access to Information request, which showed that in Quebec, PCR test cycles were between 40 and 45. Here is the famous graph showing the drop in hospital activity in 2020, when hospitals were supposedly overwhelmed. This is due to the fact that hospitals actually delayed operations and transformed the units into COVID units, which were probably not as full as we were led to believe. These are the raw figures. Here we see the total number of operations in 2020 and 2021. In fact, we see that the COVID proportion is very low and cannot have had seriously jeopardized hospital activity. But that's what we were led to believe.

This brings me to my next point, which seems to me to be a very important one, which is that there is some doubt as to how vaccinated people were classified for the 14 days following their vaccination. Because during the 14 days following vaccination—especially the first dose, because for subsequent doses, it was 7 days—during the 14 days following the first dose, they were considered not yet protected. So in fact, they were considered unvaccinated. However, what the data show, and this is a table taken from Ontario Public Health, is that people who receive a dose of vaccine—here it's the first dose, I believe—tend to manifest the symptoms of COVID during the 14 days that follow, essentially. We can see that here, up to 12 days, we still have a lot of cases and then it drops off quickly. So vaccines tend to create COVID cases.

Incidentally, in one of her recent lectures, Naomi Wolf said that this was the third-most common side effect of vaccination. This is absolutely incredible. She based this statement on data from the Pfizer files. So what it looks like, in fact, is that people develop COVID within 14 days of being vaccinated. The question is knowing how they're classified because if they're classified as unvaccinated because they're still considered unprotected, then the weight of those numbers falls into the unvaccinated category. And we've made requests for Access to Information and haven't had a clear answer.

[00:20:00]

So there's a major uncertainty hanging over whether people who have been vaccinated for less than 14 days, and who tend to develop COVID, have been classified with the unvaccinated, which could explain the famous epidemic of unvaccinated people. As you'll recall, the epidemic of the unvaccinated in 2021 may in fact have been an epidemic of the vaccinated. In fact, Patrick Provost and I talked about this, and we wrote an article about it that was published in *Libre Média*. So if this turns out to be true, it would be an absolutely gigantic manipulation because it would really mean that the unvaccinated were blamed for the contaminations and the hospital occupancy, whereas it was, in fact, the vaccination that caused it— So a way of hiding the data that is absolutely—I do not think this can even be put into words.

There were also other methods of manipulation. I've written articles about this on the Réinfo Québec website. So a fairly classic method was to present the raw data of the day. For instance, every day on Santé Québec's dashboard, they presented the data: the numbers of cases and people hospitalized. But it's important to know that this data was polished over the following days, even weeks or months. When you look at the data, Santé Québec very quickly modifies it all.

And what's important to know is that, generally speaking, this is to the advantage of the vaccinated. Let's take an example: at the beginning the dashboard showed 100 vaccinated in hospital versus 120 unvaccinated in hospital. But if we revisit the site a week later, we'll perhaps see 90 unvaccinated versus 110 vaccinated, and the more time passes, the more it increases, in fact.

Sometimes it's the other way around. Sometimes, it's the [un]vaccinated who are increasing, but overall, and in a fairly major way as we refine the data, I'd say it's more the vaccinated. It depends on your point of view, of course, but let's just say that they look much better on the day it's posted—on the day itself—rather than in reality, in the actual facts. Yet we only see the actual facts a week or a month later and that's too late because we've moved on to another day and it's been forgotten; it's been erased.

And so this too is an absolutely unacceptable way of presenting things, and that's why, in our dashboard—we'll come to that later—we did what the English did: we presented an overview that didn't take into account that day's data. We let ten days go by, and once the ten days had passed, we went back over the previous four weeks. So that gave us a more dependable idea of things because if you look at the current day's data, it's raw and it favours the vaccinated, and so it gives the impression that we actually have an epidemic of unvaccinated people.

Then there were other manipulations. I'll be brief about these. For example, we had an absolutely incredible testimonial from the field: a person told us that his 95-year-old father had died. He was in a CHSLD, a retirement home, and the doctor classified him as a "COVID death" and unvaccinated. So why COVID? Primarily, because he had had a positive PCR test two days before. So we pretty much know the value of the PCR tests today but that was reason enough to classify him as COVID. And he was 95 years old; he was at the end of his life and his son who testified told us that it was probably his time, unfortunately; he was at the end of his life. And if he had COVID, he actually didn't die of COVID: he died with COVID. But he was classified as a COVID death.

Beyond all that, he had been vaccinated. In fact, he'd received two doses. Yet the doctor classified him as unvaccinated. Why? According to our witness, it was because he had received his two doses more than six months earlier. Now that's extraordinary.

[00:25:00]

This means that six months after having multiple doses, the authorities may— Is it the whole of Santé Québec, or just individual doctors? We don't know. But in any case, after six months—and we know that in France, it's like that. In France, there actually was a directive that said that after six months, you were considered unvaccinated. Your vaccination health pass no longer worked. So that's what this doctor applied. He considered that after six months, you were no longer vaccinated, and so the effect fell into the unvaccinated category. And how many cases were there like that? I believe there have been many and a thorough investigation could reveal this.

Then there was survivor bias. I think it's also been touched on by other speakers before me, so I don't want to go over it again, but it's a way of calculating statistics that ultimately overexposes the unvaccinated, giving the impression that they're more affected than the vaccinated, when that's not the case. Fenton spoke of survivor bias using a placebo as an example. Both groups had received a placebo, in fact. The victim or survivor group was over-represented, even though it was a placebo, so you're at 50/50.

I also wanted to come back to transmission, which was quite interesting. So this employed a slightly different manipulation: it's about the establishment of the vaccine passport, which was based on the idea that it would protect us from the transmission of viruses, given the understanding that the vaccinated were no longer transmitting the virus while the unvaccinated were. This justified the vaccine passport, so that the unvaccinated could no longer go spread the virus in restaurants, bars, and so on.

Except that what Madame Small from Pfizer informed us—in fact, we already knew about this earlier, but she made it official, so to speak—was that Pfizer's initial trial never demonstrated that the vaccines prevented transmission. All it could show was that they prevented infection. But then again, as Pierre Chaillot has shown, it involved 170 people: 162 unvaccinated people infected, 8 vaccinated people infected, out of a total of 40,000 people. And based on these 170 people, they were able to say that they had 95 per cent efficacy against infection. This is absolutely incredible, but in any case, the trial could not demonstrate that it prevented transmission. That's what Madame Small belatedly said at the end of 2022.

So the question is, what did the authorities know about transmission before the introduction of the vaccine passport? Well in fact, as it turns out, they knew virtually nothing because there were two, quote-unquote, "studies" that came out. I did some research on this. There's a study that was done in Israel. As you know, Israel was the "Pfizer nation." That's where there was an agreement between Israel and Pfizer for Israel to get more vaccines more quickly. In exchange, they would transmit all their data to the company. So they were able to do an initial study on transmission, but it was Pfizer's study, so there was already a conflict of interest from the beginning. Then there were other problems that I've listed in other articles as well. So it wasn't very solid, let's say.

And the second study—on which Monsieur Macron particularly relied—claiming that vaccines reduce the risk of transmission by a factor of 12, is in fact a model from the Pasteur Institute. The two studies, Pasteur and Israeli, came out in June, and they are modelling studies. There are many limitations to this, because everything depends on what

you input into the model. For example, if the model uses a 90 per cent vaccine effectiveness, well, you're bound to get a model that tells you that it will reduce transmission, that's certain. And in fact, that's pretty much all the authorities had.

But what do we realize, in fact, as early as July? It's that there are outbreaks in places where there were only vaccinated people.

[00:30:00]

The British aircraft carrier, *Queen Elizabeth*, for example: all were vaccinated and there was an outbreak. There were other cases in hospitals where virtually all the patients were vaccinated, and then studies started coming out. At the end of July, I think it was *The Washington Post* that published a study quoting the CDC to the effect that vaccines no longer prevent transmission—well, we've never really known that they did. On July 31 or 30, 2021, *Le Monde* published an article citing an Israeli study already showing that vaccines were only 39 per cent effective. At that point, the mandates hadn't yet been put in place; and all the studies that would follow would only reinforce this, showing that vaccine efficacy declines over time and so on.

And despite all this, they would succeed in imposing a mandate as discriminatory and undemocratic as the vaccine passport. It succeeded despite the obvious evidence; the manipulations are gigantic. That's what I wanted to show you: we realize that the authorities manipulate the data to their advantage and that we can't trust the data, but it was enough to make us panic and to succeed in applying the lockdown measures, the masking, the vaccine passport, et cetera.

Jean Dury
And finally, you talk about the negative effects of the mandates.

Christian Leray
That's right. So after presenting my many situations—in other words, showing that the authorities hide what bothers them, and of the little that they do reveal, they manipulate the data—what's quite extraordinary is that, in spite of all this, their own data shows a negative efficacy.

I've been very interested in vaccination, of course. Now, we already know that lockdowns are probably negatively effective. There was the "Mr. Vaccine" from Israel, Monsieur Cohen, who admitted this on the French TV channel CNEWS. We now know that masks are ineffective, and even that they have negative effects when we consider the psychological damage to children as well as the chemicals in the masks. But I'm really going to come back to the vaccines.

So the first thing that's interesting to see is that in Quebec in 2022, despite an 85 per cent vaccination uptake, we had more deaths than in 2021. This is absolutely incredible. I'll show you right now. This is data taken from the INSPQ website: you can really see that hospitalizations are higher in 2022; they're exploding.

And for deaths, at the bottom, it's the same thing; and in fact, it is certainly higher than in 2020. That's because in 2020, as Monsieur Chaillot said and as previous speakers have said, there was particularly—excuse me, but the way they counted in 2020 was absolutely absurd— In particular, there was the Arruda directive in Quebec, which stated that people

who had COVID in a building—so it could be, for example, someone without a test who had a runny nose or a sore throat or whatever—and if there was one person in a building who had such a symptom, it was said to be COVID. Then, all the people in that building who died were classified as COVID.

So as a result, the number of COVID deaths exploded. And Monsieur Arruda, who was Director of Public Health at the time, admitted on several occasions that many people who were classified as COVID had never actually been tested. They were classified, no doubt hastily, as COVID. Not to mention the problems that arose with the abandonment of the elderly. There were doctors who testified that many elderly people had died of thirst or starvation.

[00:35:00]

Anyhow, in short, all this is to say: that when it comes to COVID deaths in 2020, there's most certainly been a lot of exaggeration; and that we're seeing an astonishing rise in 2022 compared to 2021, even though we have a population that's 85 per cent vaccinated. So it's quite astonishing, let's put it that way.

So the next important point to note is that we used Santé Québec data. As I said earlier, to prove that vaccination was effective, Santé Québec shared data on cases and hospitalizations, and we used these data. So what was it actually? It was an Excel table showing, for each day, how many hospitalized people were unvaccinated, vaccinated "one dose," vaccinated "two doses," "three doses." So for example, on May 3, 2022, we could have five unvaccinated, three "one-dose," four "two-dose," and so on.

And ultimately, with some very simple Excel calculations, we arrived at the following table which, in fact, showed that people who had received three doses were largely over-represented in hospitals, since at the time they actually represented around 50 per cent of the population—51.2 per cent—but accounted for 70 per cent of COVID hospitalizations. So there was a negative differential of minus 18.8 per cent, which is absolutely absurd. If vaccines work, we absolutely shouldn't have that. When you see that, you're just speechless.

I'd like to remind you that this is Santé Québec data; nothing was made up. It was published every week on our site because we did what we called a counter-dashboard. And the fact checkers, the media, were perfectly aware of it, and I can tell you that they followed us closely. We had a few instances where they, quote-unquote, "came down hard on us." We were "debunked" by Radio-Canada. At one point, they did a 20-minute report on "The Multiple Faces of Réinfo Covid." Thus, they claimed to be tracking us closely, and I can tell you that if we had been wrong, we'd have known about it straight away. I don't think it would have taken long, a few hours at most, before we'd have had articles saying that we were talking nonsense. So I think these data are very reliable and, in fact, show the ineffectiveness, at least of the third dose, which has very deleterious effects.

So that was for the mandates. It was so bad here in July 2022 that the authorities had no choice but to withdraw them. At first, it was very good for them because I think, since there was this way of actually classifying the vaccinated during the first 14 days as -unvaccinated, it created an epidemic of the unvaccinated, so it was fantastic. They could show the data. It was magnificent. It was wonderful for them. But as time went on, there were in fact fewer and fewer people receiving a first dose. Therefore, fewer and fewer unvaccinated people developed COVID symptoms, and so, little by little, the reservoir dried up and the reality

became more and more obvious. And that's what led to this result. And there was no other choice: they had to be withdrawn.

So we've seen hospitalizations, but now we know that there was also a piece of data that was never shared: deaths. Why aren't we sharing data on deaths? We tell ourselves that the explanation is no doubt because we shouldn't show them because the results aren't very favorable. And that's effectively what we got, since we applied for Access to Information. It was complicated; we had to do three of them because each time, they gave incomplete data, so we had to specify exactly what we wanted.

[00:40:00]

And we obtained a document showing the number of people who had died from COVID according to vaccination status. And what did it show? It showed that 95 per cent of people who die of COVID are, in fact, vaccinated.

It's absolutely outrageous. We mustn't forget that nearly 85 per cent of the population is vaccinated, so this is gigantic. In fact, it is a ten-point difference. This is rather extraordinary for a vaccine that is supposed to protect against disease. This is based on Santé Québec's own data, which is known to be manipulated. The data is not very good. It's understandable why they hide it. It's even quite catastrophic. So that's the current situation in Quebec. And then what do we notice? We notice that there is an unexplained increase in the number of deaths. The ISQ, the Institut de la statistique du Québec, recognized that there has been an unexplained 18 per cent rise in mortality among young people.

You can see it here, in fact: so, this is taken from the ISQ website. We can see that from mid-2022, there's actually an upward trend towards midsummer. And this trend of increasing mortality continues on, which is not normal if we look at the summers of 2021 and 2020, when there was no excess mortality. Here, we can see that there is excess mortality; it's well explained. But when we see this table here, we get a rough idea; and in fact, at least we have a hypothesis, so to speak. And the way to verify this hypothesis would be to have deaths from all causes according to vaccination status but, as I told you, Santé Québec tells us it doesn't have this data, so we can't verify it.

That's more or less the situation in Quebec today. So we can see that based on public health's own data, vaccines seem to have negative effectiveness. There is an unexplained rise in mortality. Could the vaccines be part of the explanation for this unexplained rise? In any case, the authorities are making no connection whatsoever. They're certain that the vaccines are safe and effective, and that's where we're at today.

Jean Dury
Thank you very much, Monsieur Leray. Do we have any questions for you?

Commissioner Massie
I understand it's getting late now. We've all had a very long day. I'll limit myself to just one question for Monsieur Leray. You've done a colossal job compiling all these data and I would be interested to have you comment on the evolution of your mindset regarding data collection and the questions you had when seeing those discrepancies from your observations that seemed to materialize every time you did a study. Has this led you personally to take a firmer stance regarding what seems to be a fabricated narrative that, in any case, does not seem to want to be dismantled by government authorities? So what is

the evolution of your approach and where are you now after all the analysis you've been doing for at least the past two years?

Christian Leray
Clearly, this can only reinforce the idea that there's a problem with vaccines. Moreover, that was the idea behind one of my articles for *Libre Média,* where I said the vaccines are not the solution.

[00:45:00]

All this happened step by step: first we had the INSPQ table on comorbidities, then we had the data on hospitalizations, then we had the data on deaths according to vaccination status. It's clear that at each stage, the idea that vaccination has a negative effect is only reinforced. What's shocking is that this is something we're even questioning. As I say, everything we do is public, it's detailed on our website. In our articles, I do explain the methodology; and we know perfectly well that all the media and fact-checkers are watching us and they have nothing to say. So it's an admission that what we're saying is true, that we're not too far off the mark, and that they're extremely embarrassed. We find ourselves asking, if the public knew all this, what would they think and how would they react? It's unbelievable.

So in fact, in the end, the authorities and the media—I call them subsidized media because they receive subsidies, which obviously doesn't make them free; they're not independent—but they're stuck in their discourse of safe and effective vaccines and they can't go back. I mean, it would be extraordinary; they're capable of anything, but it would nevertheless be quite extraordinary to suddenly be able to tell us, "Oh, you told us that vaccines were ineffective and that we shouldn't be vaccinated." So they're forced to continue with this discourse that vaccines are safe and effective. And that's worrisome for the future because the future is more or less what other speakers before me have been talking about. What has happened, in fact, is social engineering. We succeeded in scaring people, making them conform, locking them up, and injecting them with a product that was still being tested. It was a great success, and this success has been analyzed by the people who organized it all, and it's still going on.

So now we're going to have the sequel, perhaps with global warming. They're talking about "15-minute cities," where we'll have to accept cameras in the streets for these "15-minute cities," where we'll be filmed all the time because we won't be able to take our cars anymore because they pollute and because they heat up the planet. We're approaching a world of Chinese-style control; that's what I fear. And the media, who have committed themselves, are somehow trapped in the chain of events. Occasionally, they'll publish a few articles by a few researchers warning, "Hey, you know what, we've gone too far with artificial intelligence, and we need to reflect." But maybe that should have been done earlier. Now, we're well on the way, and it's high time to reach out to the public and make them aware of what has happened, what is happening, and where we are going. It's very, very important.

Commissioner Massie
Thank you. I'll ask my colleagues. Do you have any questions to ask Monsieur Leray? Okay then, thank you very much. I'll let you and the host finish here.

Jean Dury
So we'd like to thank you very much, Monsieur Leray, for steering us on in this matter.

Christian Leray
Thank you very much.

Jean Dury
Thank you. Good evening.

Christian Leray
Good evening.

[00:49:22]

Final Review and Approval: *Erin Thiessen, November 1, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Closing Statement: Philippe Meloni
Full Day 1 Timestamp: 12:00:55–12:01:24
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Philippe Meloni
Thank you, everyone, for surviving all this information and emotion for so long. It's been a long day, and tomorrow is likely to be just as long. Rest up, and we'll be back in the morning.

Thank you all very much and have a good evening.

[00:01:29]

Final Review and Approval: *Erin Thiessen, November 7, 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni
Full Day 2 Timestamp: 00:00:00–00:04:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Philippe Meloni
Good morning, everyone. We're back for the second day of the National Citizens Inquiry. For those of you who were here yesterday, you know it's going to be a long day. I hope you had your cereal this morning because it's going to be intense. For those of you who weren't attending yesterday, you will see and hear some science, figures, and data, but you will also experience some very, very strong emotions. Many of you ended up with wet handkerchiefs yesterday and I'm guessing it'll be the same today.

I'm not going to talk for too long this morning. The first thing I'd like to say is that we are here at something that was undertaken by citizens—and so, it has been accomplished through the efforts of citizens at every level, from funding it to the actual work of putting it together.

So we have a first request: We need bilingual people. And I don't just mean the people in the room: I mean the people who are listening to us live and the people who are listening to the recorded version. We need people who are good at social media and who are bilingual. If that's you and you'd like to be part of this great adventure, please go to the Inquiry's website—nationalcitizensinquiry.ca—and sign up as a volunteer, specifying your skills: media and bilingual.

There is also the financial aspect. Those who are here can see the amount of equipment we have here and the quality of the place we're in. It's not free, and not a cent of it comes from the government or from taxes: it is all from citizens who help out, each in their own way. To put it into perspective, we estimate that these three days will cost around $35,000. You might say, "Compared to the same thing done by the government, that's almost [like the amount given for] a tip," but it's still a lot of money.

So if you have the means, there are various ways to donate. On the website, when you register on Eventbrite, you'll also be given the opportunity to donate some money according to your own means. For all three days, we've also had paintings donated for a silent auction. And we have clothing you can purchase in the next room. So at the end of the

three days, we will take those who have donated the most. Anyway, we also take cash and cheques. Unfortunately, money is the lifeblood of the battle and we need it to carry on. So if you are able, please give a little.

I won't talk much longer. I'll hand it over to Samuel Bachand, who will begin Carole Avoine's testimony. This first testimony will show you that not everyone has emerged unscathed from this pandemic. And as I said yesterday, I've heard a lot of people say, "It's over. Get over it. Move on." I don't think those who have paid a high price in this pandemic will ever be able to think like that. Those who were here yesterday heard from people who will pay for the rest of their lives. We could give them all the money in the world. We have a young woman who can no longer hold her child in her arms, who can no longer touch her husband because she's in so much pain. I can't imagine any amount of money that could compensate for that. When we talk in law about irreparable damage, I think there's a lot of that. Today we're going to talk about it again. So I'll let you hear what people have really experienced.

Good day to you all.

[00:04:45]

Final Review and Approval: *Erin Thiessen, November 14, 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 1: Carole Avoine
Full Day 2 Timestamp: 00:04:52–00:22:00
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html?mref=1sktjm&mc=2l88w

[00:00:00]

Samuel Bachand
Hello, Samuel Bachand. I am acting as counsel for the Commission. Madame Avoine, if you could just say your name and spell it for us first, please.

Carole Avoine
My name is Carole Avoine, C-A-R-O-L-E A-V-O-I-N-E.

Samuel Bachand
I will swear you in. Do you take an oath to tell this Commission only the truth?

Carole Avoine
Yes.

Samuel Bachand
So you're here to tell us about your experience with the AstraZeneca vaccination.

Carole Avoine
Yes.

Samuel Bachand
And its consequences with respect to your diagnosis of Bell's palsy. So I would ask you to relate all of this to us in chronological order, quite calmly; and then, if necessary, I will stop you to ask for clarification.

Carole Avoine
Perfect. On April 22, 2021, I received a dose of AstraZeneca. On the twentieth day after my vaccine, I started feeling a pull in my ear. I felt it start to tug in my mouth. In any case, I went to bed since it was late at night. I went to bed thinking it was stress because I had just started a new job. I wasn't sure: "I'm going to go to sleep, maybe it will pass." The next morning when I woke up, half of my face was paralyzed. I went to the hospital. I saw an emergency doctor who confirmed that I had Bell's palsy. She pointed out to me that I had the same paralysis as Jean Chrétien and that, basically, I could cope. I could nevertheless have a good life because he had had a good career despite his condition. When I asked her for a note for my work because I had just started a new job, she told me she couldn't do anything for me because it was a possibility that I would stay like this my whole life. And then, that was that. And she told me that she was referring me to an ENT [ear, nose, and throat physician] and that I was to wait for news from the ENT.

Samuel Bachand
When was the intensity of the paralysis described or diagnosed, under what circumstances?

Carole Avoine
At that time, my paralysis was not yet at its "top" level. It was when I went to see the ENT a few days later, she was the one who told me that I had a grade six.

Samuel Bachand
What does that mean?

Carole Avoine
Well, with Bell's palsy, you've got seven grades, I was a grade six. Grade seven is when your face sags. Fortunately, I didn't have a sagging face. That's the only criteria I didn't get for Bell's palsy. To confirm my grade six paralysis, I had to have an electromyogram, for which the doctor puts little needles in your face and administers electric shocks to see if a current runs through your face, through your nerves. And I had nothing going on. Nothing was moving. It was then that they told me my recovery would be long and that I would be left with sequelae.

Samuel Bachand
I want to come back to your first consultation with the emergency doctor. Can you just elaborate a bit on what she told you about the permanence or impermanence of the problem?

Carole Avoine
She basically didn't tell me anything about it. I asked her if there was a link to the vaccine that I had received. I took out my paper to show her that I had received a dose of vaccine.

Samuel Bachand
Which vaccine?

Carole Avoine
AstraZeneca.

Samuel Bachand
Against?

Carole Avoine
COVID. All she did was wave her hand, "No, that's not it, there's no connection to that." And she never took my paper, she never wrote in my medical file. And she sent me home.

Samuel Bachand
Did you ask her, or did she otherwise tell you why she felt there was no connection between your paralysis and the vaccine you received? We're looking at you receiving it approximately two weeks prior?

Carole Avoine
Twenty days. No, no. No reason. When I met the ENT again, I again asked if there was a link, a possible link. She replied that all flu shots can cause Bell's palsy but that wasn't the case for me, for no other reason than that.

[00:05:00]

Samuel Bachand
Did you check with the ENT to find out why she felt there was no link between your AstraZeneca COVID vaccine and your paralysis?

Carole Avoine
Yes, I asked her but I never got an answer, other than her saying that in my case, it wasn't that. So basically, the only answer she gave me was that I was better off with this than with COVID.

Samuel Bachand
Can you describe any other symptoms that you have endured or experienced as a result of your COVID vaccination?

Carole Avoine
I lost hearing in my left ear. It took seven months before I managed to close my left eye. Of course everything else, with my mouth and all that. When you have paralysis, you have no more strength in the corner of your mouth. That was definitely part of my symptoms.

Samuel Bachand
From the preliminary documents that I received from you, it seems there were also apparent impacts, or in any case, somewhat unexpected endocrinal or hormonal phenomena, if you could tell us about them?

Carole Avoine
Yes. I had my dose in April—on April 22. Then in June, I had my period for two weeks despite the fact that I had been postmenopausal for seven years. I had no periods for seven years, then I had two weeks with heavy bleeding.

Samuel Bachand
Where there any medication changes, related to your hormonal status at that time?

Carole Avoine
The only medicine I took was hormones for the hot flashes, so that's the only medicine I took. I didn't take any other medicine.

Samuel Bachand
Okay, so how long have you been taking it?

Carole Avoine
Since 2015.

Samuel Bachand
Okay, in April, May, June, what modification did you make to your intake of this medication?

Carole Avoine
I had no changes. The only change I had in my medication intake was the AstraZeneca vaccine.

Samuel Bachand
Have you expressed the desire—and if so, how—to file a claim with the compensation plan for vaccinated persons in Quebec, the public plan?

Carole Avoine
I tried to file a claim myself.

Samuel Bachand
How?

Carole Avoine
By the internet. But it was impossible to do so because it took a signature from a doctor who linked the vaccine to my paralysis.

Samuel Bachand
When you saw that, did you go back to see a doctor to ask for such a document or such a declaration?

Carole Avoine
I met another ENT. He also told me that he wouldn't fill in the forms, that he didn't make declarations, that, basically, there was no connection.

Samuel Bachand
Did he give you a reason other than that for not filing a return?

Carole Avoine
No.

Samuel Bachand
Okay.

Carole Avoine
After my first appointment with the ENT, when I saw that no one wanted to report my side effect, I went online and filled in a statement myself, submitting directly to AstraZeneca. They sent a form to my ENT but I don't know if she filled out the form and then returned it because it needs my vaccine batch. But I had nothing in my file that said I had had a vaccine, which meant that she didn't have the information for it.

Samuel Bachand
Give us a bit more background on this voluntary statement you made to AstraZeneca. How was it done in practice?

Carole Avoine
Well, I went online and said I had Bell's palsy after I got a shot. And then they sent the form directly on the internet.

Samuel Bachand
On the internet, where was it on the internet? The internet is vast.

Carole Avoine
Well, it was on the AstraZeneca site.

Samuel Bachand
So what did it look like, in terms of the form, other than what you told us?

Carole Avoine
I couldn't tell you; I haven't seen the form. The only thing I know is that my doctor received the form.

Samuel Bachand
How do you know?

Carole Avoine
She was the one who told me about it because she had an obligation to fill it out since it came from AstraZeneca. Then she told me that she had received the form because it needed my vaccine batch. Since it wasn't in my file, she didn't know anything about my vaccine. So she wanted to have my sheet which described my vaccine.

Samuel Bachand
Are we talking about the first ENT in the timeline?

Carole Avoine
Yes. Basically, I saw just one. I saw the other ENT only once because I needed a follow-up for a neurologist, since today with my sequelae, I have lots of spasms that cause speech problems. So basically, the only treatment I can receive is Botox injections that I may have to receive until the end of my days.

[00:10:00]

Samuel Bachand
What kind of access to your medical records have you requested from the various specialists mentioned?

Carole Avoine
Currently, I have not yet requested my medical records. This is my next step because I want to have my side effects acknowledged.

Samuel Bachand
If the commissioners have any other questions, I invite them to ask.

Commissioner Massie
Good morning, Madame Avoine.

Carole Avoine
Hello.

Commissioner Massie
I have a question concerning the difficulties you encountered in having your adverse effects recognized. What do you think the possibility is of meeting enough doctors until you find one who might be more receptive? Is it difficult to get these appointments?

Carole Avoine
It's super difficult. To date, I have one doctor who offered me his help, and this just happened very recently. I've been looking for a doctor who is willing to help me for two years.

Commissioner Massie
And for the escalation of your adverse effects, you absolutely need to have a doctor's signature. And here, you have indeed succeeded in taking this step.

Carole Avoine
Yes.

Commissioner Massie
What follow-up are you expecting? Are you waiting for recognition by the health authorities or is it not necessarily automatic?

Carole Avoine
I would appreciate recognition because I am one of those who have succeeded, according to Mr. Dubé. When it happened, the lottery of the 400-some thousand who were entitled to a dose of AstraZeneca, which was available in April—there were 400-some thousand doses. According to the government, I won the lottery because I managed to get an appointment for that dose.

Commissioner Massie
Following this unfortunate incident, did you immediately make the decision that there's no question of you taking other doses?

Carole Avoine
Well, at the time, I was asking myself that question. I asked my ENT if it was safe to take the second dose. What she told me was that basically the second dose would be safer because I wouldn't be getting the same vaccine. I would get Pfizer which, according to her, would be safer. Following my first appointment with the emergency doctor, I filed a complaint with the CIUSSS [Centre intégré universitaire de santé et de services sociaux/integrated university health and social services centre] of the hospital that I went to, because I didn't exactly understand the service that I had gotten. And then I received a Letter of Finding about my complaint from the CIUSSS, and the person who wrote to me referred me to public health for my second dose.

So from there, I was like, "As for my second dose, Public Health doesn't have any of my medical records." As I had no answers to my questions, I made the decision that I wanted

no more doses. I was done. I didn't wait for the doctor's approval. I told myself, no, I was not taking the next dose.

Commissioner Massie
Do you know of other people around you who have had the same type of side effects as yours?

Carole Avoine
No. Yes, I know one, excuse me. I know one at my work who had it, but she recovered. She wasn't left with sequelae.

Commissioner Massie
And so, what is the current prognosis for your recovery from your sequelae?

[00:15:00]

Carole Avoine
Today, I received confirmation that I would have to live with a grade three, that I had no possibility of it improving. It's been two years today that I've been paralyzed. Yeah, it's been confirmed that I would have to live with a grade three. A grade three means that I have to tape my eye shut to sleep every night—because when I close my eye, I get so many cramps that it becomes difficult the next day. The only way I'm able to drink is from a bottle. A glass is also very difficult. Often, I will have to drink with a straw. When I go outside, if it is sunny, my eye waters all the time. Every time I eat, my eye waters all the time. It's all part of my sequellae, which I have to learn to live with. Eating at a restaurant is over. I can no longer go to a restaurant because, when I eat—since I have no more strength on that side—I either drool or my food can come out of my mouth. So that's it.

Commissioner Massie
I'm also curious to know, did the dysregulation of your cycle finally recover?

Carole Avoine
Yes.

Commissioner Massie
So it was a relatively short episode?

Carole Avoine
Two weeks, yes.

Commissioner Massie
Very well. You have any questions?

Commissioner Massie
Thank you very much.

Carole Avoine
Thank you.

[00:21:48]

Final Review and Approval: *Erin Thiessen, November 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 2: Hélène Banoun
Full Day 2 Timestamp: 00:32:27–01:25:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So hello again. We've solved the little technical problem with the PowerPoint and now we'll continue with our next witness, Madame Hélène Banoun. Madame Hélène Banoun, can you hear us?

Hélène Banoun
Yes.

Konstantinos Merakos
Perfect. We have the PowerPoint here on the screen for people to see. I'm going to be the one manually changing the pages, so just let me know when; we're going to be working as a team on your PowerPoint.

I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say "yes" or "I do."

Hélène Banoun
Yes, I swear, with the comment that when it comes to science, there's no such thing as truth. I can give the state of science that seems correct to me today. All this can change.

Konstantinos Merakos
Fine, but the answer is yes?

Hélène Banoun
Yes, of course.

Konstantinos Merakos
Excellent. So I'm going to ask you for your full name and to spell your last name, please.

Hélène Banoun
My family name is Banoun, B-A-N-O-U-N.

Konstantinos Merakos
And your complete name is. . .

Hélène Banoun
My first name is Hélène, H-É-L-È-N-E.

Konstantinos Merakos
Perfect. And where are you currently located?

Hélène Banoun
I'm in Marseille, in the south of France.

Konstantinos Merakos
Perfect, and are you alone in the room or with someone else?

Hélène Banoun
No, I'm alone in the room.

Konstantinos Merakos
Excellent. So Madame Banoun, I have your CV in front of me. I'd like to start by talking a little about your expertise. We'll start with this. Tell us a little about yourself.

Hélène Banoun
I'm a pharmacist-biologist. I was a researcher at Inserm, the French National Institute for Health and Medical Research, a very long time ago. I worked in anti-cancer molecular pharmacology and I started working intensively in virology a few years ago, and particularly since the pandemic. I've published bibliographical reviews in international journals, in particular a review on the evolution of the virus, and various scientific articles in international peer-reviewed journals. So I think I have some expertise as an independent scientist. That's what I can say.

Konstantinos Merakos
Excellent.

Hélène Banoun
I should add that I have been a member of the French Independent Scientific Council since its creation in April 2021.

Konstantinos Merakos
Excellent. So where do you currently work?

Hélène Banoun
I work from home since I'm retired. I'm an independent researcher, a volunteer.

Konstantinos Merakos
And in your CV, could we talk about at least one or two themes, namely the work in progress, an independent analysis in English?

Hélène Banoun
I work with Dr. Maria Gutschi, who presented her work to the National Citizens Inquiry in English a few days ago. There's also Dr. David Wiseman, David Asher. So we're working on the analysis of the European Medicines Agency's report on vaccines and on pre-clinical trials of RNA vaccines, among other things. I work in collaboration with these people. By the way, I'd like to thank Dr Maria Gutschi and David Wiseman for some of the things I'm going to say in my presentation.

Konstantinos Merakos
Excellent.

Hélène Banoun
I've also worked with Professor Patrick Provost at Laval University, and together we published an article on the necessary observation period for adverse effects of RNA vaccines.

Konstantinos Merakos
Perfect. Thank you very much. So without further ado, let's start with your PowerPoint. Is that okay with you?

Hélène Banoun
I'm not going to repeat what I've said about myself, so we'll move on to the second slide. I'm going to talk about the problem of regulating these RNA vaccines. Are they gene therapies or are they vaccines—or both, if possible? I'm just going to give a quick introduction to help you understand the problem, that is, the way these vaccines work. So on the first slide, I'll quickly remind you what a virus is. So it's a complete parasite made up of nucleic acid. You can see in the center of the diagram: everything in orange is nucleic acid. In this case, for coronaviruses, it's RNA. Then, in green, you have an envelope to which surface proteins are attached, including the famous spike protein, which is an antigen of the virus and which is very abundant, and which will therefore be recognized by the attacked organism, by the person who is ill, as an antigen.

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This person will produce antibodies against these antigens and some of these antibodies are capable of neutralizing the virus. That's why vaccine manufacturers have chosen the spike as the antigen for the vaccine.

On the next slide, I'm going to say a few words about the immune system. The immune system is divided into several branches. There is innate immunity, which is non-specific and has no memory of pathogens, and adaptive immunity, which is pathogen-specific and retains a memory via cells. This adaptive immunity is divided into two branches: cellular immunity, whose effectors are cells, in particular T-lymphocytes; and humoral immunity, whose effectors are antibody molecules produced by B-lymphocytes.

So I've got a little diagram here, where, on the bottom right, you can see the virus with these little spikes on the surface in red and the antibodies in pink-white that bind to them. But what needs to be explained is that all these systems cooperate with each other and cannot act alone. For example, the macrophages you see at the top right, the kind of purple cell, play a role in innate immunity, but also in adaptive immunity through cooperation with lymphocytes. In fact, we'll see that with conventional vaccines, and especially with RNA vaccines, we focus solely on antibodies and one virus antigen. That's a pretty limited mode of action.

On the next slide, we can see the different types of classic and new vaccines that we're accustomed to using. So historically, we've gone from live attenuated vaccines to RNA vaccines. In other words, the first vaccines were made with live attenuated viruses—in other words, empirically, as was the case for smallpox. They were attenuated using very empirical, very crude methods. Then we developed more refined methods. These were the first viruses.

We've also tried to make chemically inactivated viruses. We've tried to make particles that look like viruses. We've used virus vectors, such as DNA vaccines from AstraZeneca and Janssen. Historically, we have also used antigens. We chose an antigen, a part of the virus, and we made recombinant proteins, meaning that we synthesized, either chemically or by biological recombination, proteins that serve as antigens.

And then more recently of course we have DNA vaccines, in which the vaccinated individual synthesizes the antigen, and then, finally, the famous mRNA vaccines, in which the vaccinated individual is injected with part of the virus's genetic code and is expected to produce the antigen himself. And so we focus on a specific antigen and antibodies.

Regarding the next slide, I'd just like to make a brief comment about this WHO [World Health Organization] diagram, which tells us that only antibodies are represented: since the beginning of the history of vaccinology and immunology, only antibodies have been taken into account in the immune response. We see on this diagram that viruses are depicted and then these small kind of Y-shaped molecules are the antibodies that are supposed to bind to the virus and neutralize it. And particularly for coronaviruses, which are respiratory viruses with a nasal entry point, innate immunity is essential: the innate immunity found in the nose has little to do with antibodies, in fact. And so with this idea of focusing on the antibody response, we forget about the T-cell response, cellular immunity, and innate immunity. And that's a problem for vaccines.

So on the next slide, let me remind you of the same thing. In actuality, we've forgotten that the organism reacts to a living, whole pathogen, introduced via a natural pathway: in this

case, the upper respiratory tract in the case of a coronavirus. And here, with mRNA vaccines, we're going to inject only a genetic code into the muscle. So it has very little to do with the attack of a real, natural, living pathogen.

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For the next slide, I'd like to say a few words about the phenomenon of the facilitation of viral infections by antibodies, known in English as "antibody-dependent enhancement." This phenomenon contradicts the protective role of antibodies asserted by classical immunology, since immunology tells us that antibodies are there to protect us. But in fact, this phenomenon of facilitating viral infections has again recently been discussed in relation to the clinical aspect of COVID-19. Actually, in some cases, antibodies are harmful and, in fact, antibody levels are correlated with disease severity. So it's not necessarily a causal relationship, but it can't be easily ruled out.

Incidentally, I published a theoretical article on this subject in relation to the theory of evolution. You'll find the reference at the top of the slide. So antibody-dependent reinforcement of infection is the accepted mechanism to explain severe reinfections due to dengue virus—among others, because it happens with other viruses—and also the higher occurrence of severe dengue in vaccinated people. Vaccine antibodies are capable of aggravating an infection that subsequently occurs with a dengue virus similar to the one with which we vaccinated. And so this antibody effect seems to contradict the immunological theory. This is another criticism that can be levelled at these vaccines, which focus on the production of antibodies: more and more antibodies to fight the disease, when in fact they can sometimes work against a patient.

On the next slide, I'm going to quickly remind you of the principle behind the design and synthesis of these messenger RNA vaccines. So they comprise synthetic messenger RNA molecules which direct the production of the antigen that will provoke an immune response. You're injected with part of the genetic code of an antigen that you'll manufacture, and against which you'll produce an immune response in the form of antibodies. Now, I'm not going to go into detail about how this is done because it's very complicated. RNA is transcribed in vitro from a DNA matrix. This may explain the recent discovery that there is contaminating DNA in vaccine vials that shouldn't be there. There are also a number of stages in the manufacture of these messenger RNAs that are poorly handled because they are completely new; and above all, there have been many subcontractors in the manufacturing process to produce billions of doses, so we can expect problems with this manufacturing process. All this was detailed by Maria Gutschi in a previous presentation to the National Citizens Inquiry.

For the next slide, I've put together a diagram showing the theoretical mode of action of messenger RNA vaccines. Now, I'm not going to go into detail because it's very complicated, but I will remind you that the designers of these vaccines are only interested in the fate of these products in specialized immune cells, which are known as antigen-presenting cells, APC cells. But we now know that RNA circulates throughout the body and can be translated into this famous spike protein by numerous cell types. And we also know that this spike is toxic, not to mention the toxicity of nanoparticles, because messenger RNA is wrapped in nanoparticles that serve to protect it and act as vectors to deliver it to the site of action. So there you have it. The official site of action is immune cells but in reality, this RNA goes everywhere and is possibly translated into spike by different cell types in virtually every organ.

So on the next slide I've just taken a screenshot from Professor Frajese, who spoke at the International COVID Summit in Brussels last week, where he reminds us that these vaccines are, in fact, prodrugs; in other words, they are pharmacologically inactive in themselves. This is important to understand from a legal and scientific point of view, and even for politicians. They are pharmacologically inactive and must undergo metabolic transformation by the body to achieve their supposed activity. And so if you like, it's difficult to subject them to the regulation of conventional vaccines or conventional drugs; it's something completely new.

On the next slide, the same Professor Frajese reminded us that we don't know how this product works. We don't know where it is biodistributed or how it is excreted. And he also reminded us that we don't know on what scientific research the authorization of these RNA vaccines for pregnant women is based.

[00:15:00]

So how are they supposed to work officially? On the next slide, I've taken a diagram from the Finnish Health Institute because I thought it was very educational, where they show the official mode of action of RNA vaccines, according to the official narrative. So the messenger RNA contains the genetic instruction to make the spike; it penetrates the muscle; the muscle cell produces this spike, which is recognized as foreign by the body, which protects itself against it by making antibodies. That's the official mode of action, but it's not so simple because on the next slide you'll see that, in fact, this messenger RNA contains the modified code of the virus' spike protein, which is itself modified.

So all this is not natural RNA and it's not the spike of the virus which circulated around the world. And let me remind you that almost all the pathogenic effects of the COVID-19 virus, SARS-CoV-2, are due to this toxicity of the spike, the surface protein. And moreover, the vaccine spike is apparently more toxic than the viral spike, precisely because it has been modified to be more stable.

On the next slide, we see that lipid nanoparticles, or LNPs, which act as vectors and protection for messenger RNA, penetrate the whole body and many cell types. And these nanoparticles are also toxic. This seems to be becoming clearer now. So we now know that the modified RNA of the vaccine and the modified spike of the vaccine produced by the vaccinated individual can persist for months in the body. I've also published—you'll find the reference on the bottom left—a summary of the bibliography on what was known before and since the anti-COVID RNA vaccines were marketed regarding the biodistribution and, possibly, excretion. But that's another matter, and we won't go into it here.

On the next slide, we see that transfected cells—meaning those in which the RNA has penetrated and been translated into spike proteins—well, these cells will express the protein on their surface. They will induce the synthesis of anti-spike protein antibodies. But they can also be destroyed because they will be recognized as foreign by the immune system, since they carry a foreign protein on their surface. This can explain the undesirable side effects as cells necessary to the proper functioning of the human body are destroyed.

And so on the next slide, we come to the heart of the matter. According to this principle of action, RNA vaccines are gene therapy products. In fact, according to the FDA [Food and Drug Administration]: "Gene therapy products are any products whose effects are mediated by," here I summarize, "the translation of genetic material," which happens—a

transfer—"and which are administered in the form of nucleic acids," which happens. So this corresponds exactly to the mode of action of gene therapy products.

The next slide shows the European Medicines Agency's definition of gene therapy products. A gene therapy product "contains an active substance consisting of a nucleic acid, with a view," in particular here, "to adding a genetic sequence," which is exactly the case. "Its effect, whether therapeutic or prophylactic," which is the case here, "is directly linked to the sequence of this nucleic acid" that is injected. This is exactly the case here. But what you need to know is that the European Medicines Agency was already telling us in 2009 that gene therapy medicinal products do not include vaccines against infectious diseases. So through a simple regulation, we decided that these products, which were objectively gene therapy products, would be excluded from the regulation of vaccines against infectious diseases. We'll look at the chronology of this exclusion in a moment.

I'll perhaps move on quickly over the next slides on vaccine clinical trials, because I don't want to take up too much time, so as to allow questions to be asked. It was just to remind you, chronologically speaking, that the sequence of the first official SARS-CoV-2 virus was officially published in January 2020 and that the complete genome was officially published on January 11, 2020. Despite this, it's worth noting that the first vaccine candidate entered human clinical trials with unprecedented speed on March 16.

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On the next slide, we'll look specifically at the Pfizer clinical trial. Development began on January 10, 2020, the day before the virus genome was fully published. And from what I've been able to understand by researching official documents, phase I on humans began before the phase on animals. Since the rat studies were approved on December 17, 2020, they would have started in June 2020, and they would have started after phase I on humans. So all these stories coincided, which explains why these products couldn't undergo the usual testing. In particular—again, from what I understand because maybe I'm wrong; it's not very clear in the documents—it seems that phases I, II and III were conducted simultaneously. And I will remind you that phase I is used to decide the optimal dose. In phase I, there were three dose levels, but if phase I is carried out at the same time as phase II and phase III, they won't be able to choose the optimal dose for phase III, which is the pre-commercialization phase. And this seems to have been what happened.

The next slide on the continuation of the Pfizer trial, is just to point out that a whistle-blower, Brook Jackson, had published an article in *The British Medical Journal* which reported integrity problems in the clinical trial data. So we need to look at this clinical trial with circumspection. There may have been problems. I wouldn't say fraud, but integrity problems.

Concerning the Moderna trial and again the chronology of this trial: Moderna officially began work on the vaccine on January 13, 2020. I remind you that the genome was published on January 11. But in fact, we later learned from a journal—you have the reference below—that Moderna had started trials as early as 2019, so before the official start of the pandemic. And in fact, these data were so encouraging that the CEO had announced in 2019 that the company would double its vaccine development program in 2020.

The next slide shows the continuation of the Moderna trial. Likewise, here we can say that the preclinical studies on non-human primates were conducted in collaboration with the American Institute of Health, and they published about monkeys in July 2020, while the

phase III on humans began on July 27, 2020. In other words, phases I and II—if they took place because I haven't found a reference to phase II—well, they began at the same time as, or perhaps even before, the animal studies. So there really is a problem with the clinical trials.

So for the next slide, I'm going to talk about the history of gene therapy regulation in relation to vaccine regulation. In 2005, the WHO granted nucleic acid-based vaccines—which, I remind you, is the case for RNA vaccines—the status of vaccines. They are vaccines. In 2007, the European Medicines Agency defined nucleic acids for prophylactic use—and vaccines fall within this framework—as GTPs, in other words, gene therapy products. Similarly, in 2007, the FDA defined DNA plasmid-based vaccines as gene therapy products. So at that time, there was no talk of RNA vaccines because they weren't yet a reality. We hadn't even imagined making them yet. And in 2008, the European Medicines Agency confirmed that DNA vaccines were subject to the regulations governing gene therapy products.

On the next slide: What happens in September 2009? Well, the European Medicines Agency decides that vaccines against infectious diseases cannot be classified as gene therapy products. Suddenly, they're no longer subject to regulations, and the same thing was decided by the FDA in 2013. The regulation of gene therapy products does not apply to infectious disease vaccines.

And we'll see on the next slide: what happened between 2008 and 2009? Since up until 2008, nucleic acid-based vaccines, including RNA vaccines, had to comply with these regulations? Well, in 2009-2010, we had the H1N1 flu pandemic and Dr. Anthony Fauci was looking for solutions for a universal flu vaccine.

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And in November 2010, talk began of a DNA vaccine, but not yet of an RNA vaccine. And in 2011, two European companies, CureVac and Sanofi, began collaborating with DARPA, the U.S. Army Research Agency, to develop RNA vaccines. And in 2013, DARPA awarded Moderna a grant of up to $25 million to develop a messenger RNA vaccine-based therapy against infectious diseases. So there seems to be a temporal concordance between this regulatory change and the decision by U.S. medical authorities to focus everything on RNA vaccine research against infectious diseases, but most specifically against influenza.

So just to let you know that all the references for everything I'm telling you here are in a preprint that I've uploaded to Qeios [since published and available as Exhibit QU-11 in the French and QU-11a in English]. It's really a preprint because I've modified it a lot. I'm going to modify it again in order to resubmit it to other journals because it's been rejected due to **it being a very sensitive subject. I've been told that the regulation of RNAs is an important subject. All the people who criticized me told me it's very delicate. So in this preprint, I remind you of something very important: that RNA vaccines should follow the regulations for gene therapy products because objectively, they are gene therapy products. But what's important to note is that an RNA molecule, virtually the same molecule that targets tumors—that is, one used to combat cancer—is considered a gene therapy product. But as a vaccine against an infectious disease, it is no longer considered a gene therapy. And this exclusion is scientifically unjustified.**

So on the next slide, I confirm the bizarre nature of this exclusion by the fact that Moderna and Pfizer expected their product to be subject to the regulation of gene therapy products. This came out in a press release from 2020, you have the references here for Moderna, and

from 2014 for Pfizer. So according to the CEO of BioNTech, who worked with Pfizer, they really expected messenger RNAs against infectious diseases to be considered gene therapy products. So even the manufacturers expected it. That's why they've produced trials that correspond in part to those for gene therapy products.

On the next slide, we see that whether RNA vaccines are considered vaccines or gene therapy products, they must in either case comply with the rules applicable to human medicinal products according to the European Medicines Agency. And so, as I said, if it's a cancer therapy or a vaccine, they won't undergo the same controls.

Now, it's worth noting that the European Medicines Agency requires additional studies for vaccines that use new formulations—and we'll see that not all these studies have been carried out. Vaccines in general have long been exempted from pharmacokinetic controls without any real scientific justification. Why exempt products that are administered to the entire human population, as opposed to drugs that are only administered to a few patients? But it should be noted that, as RNA vaccines represent a new class of drugs, they should rightly be subject to more controls than conventional vaccines because they are based on new technologies.

In fact, the European Medicines Agency wrote, before the arrival of RNA vaccines of course: "Vaccines are in most cases administered to a large number of healthy individuals. A robust non-clinical safety evaluation is required." So there you have it. It's a real problem, as the European Medicines Agency itself acknowledges.

On the next slide, we can see which regulations apply to these RNA vaccines. They are obviously subject to the control of new vaccines by regulatory agencies. So like all vaccines, like all human products, we have to demonstrate the purity and quality of the raw material. For this, I must refer you to the presentation by Maria Gutschi, who is currently analyzing the European Medicines Agency's report on product purity and quality. In the case of a new formulation, which is the case here, with both a new excipient and a new product, pharmacokinetic studies—meaning biodistribution in the body—are normally required for new vaccines.

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We can see that they've only been partially done. Toxicological study of the new additive must also be carried out. These studies have been very incomplete. And so above all, I'm going to emphasize pharmacokinetics. In other words, this concerns vaccine absorption, distribution and biotransformation in the body, and possible excretion. And this must be studied for new vaccines.

On the next slide regarding product quality, please refer to Maria Gutschi's presentation. In fact, as I told you, when RNA vaccines came onto the market, there were no specific regulations for RNA vaccines because it was a new product. So in fact, what we can gather from the pre-clinical trial reports is that the regulatory agencies, particularly those of the European Union, adapted the regulations. They asked for specific controls—which were inspired, in fact, by the controls for gene therapy products—to be applied to these RNA products.

And so one control for gene therapy products requires genetic identity: that is, the exact nucleotide sequence of the product. This has not been provided. There is a requirement to study the interaction of the nucleic acid with the vector. This was not provided. In fact, stability studies were underway when the vaccine was approved. There is a very technical

condition that must be demonstrated: the presence or absence of CpG dinucleotides. This has not been provided. This is always the requirement for gene therapy products, I remind you—to which RNA vaccines are not officially subject, even though they are, in fact, gene therapy products. For these gene therapy products, research and quantification of product-related impurities is required. So it's very technical: sequences that have been deleted, rearranged, hybridized, oxidized, or depolymerized. This was not provided in the preclinical trials. The presence of antibiotic resistance genes found on the RNA vaccines must also be justified. This hasn't been done either.

For the next slide, I'd like to talk about another point that has come to our attention very recently. Independent researchers, several independent teams, have found the promoter of the SV40 oncogenic virus in the DNA matrix used to synthesize RNA. And this promoter is known to amplify translation into proteins and to facilitate integration into the genome. This is a worrying problem, since DNA contaminants have also been found in vaccine vials. So these vials contain this promoter, which could facilitate the integration of DNA and/or RNA into the genome.

On the next slide, I'd like to remind you of the controls that were thus avoided for these RNA vaccines, as they were not subject to the same controls as gene therapy products. So for example, the route of administration. We have to study the route of administration, study the worst-case scenario. For example, we know that for these vaccines, there was no requirement to aspirate once the needle was inserted into the muscle. Aspiration before injection ensures that the needle is not in a capillary, a blood vessel. If you don't do this, it's possible that you're injecting into a blood vessel. And for gene therapy products, study is required to verify what happens when the most unfavourable route is used, and this has not been done.

What hasn't been done either is biodistribution [study]. We'll talk about that on the next slide. Biodistribution in the human body is very important, as you'll see. The characterization of the presumed mode of action has not been given. In fact, the European Medicines Agency has pointed this out: The mode of action has not been described. As I said earlier, it was difficult to determine the optimal dose, since phase I was conducted at the same time as phase II and III. In terms of potential toxicity targets, it was not specifically determined as to where it could be toxic in the body. Research was not conducted regarding integration in the genome. The European Medicines Agency requires that this be looked into for gene therapy products, even when such integration is unlikely, which is the case for RNA vaccines, but it must still be investigated. Transmission in the germ line has not been researched either, even though there are signals in the gonads, both the ovaries and the testes. It is known that the vaccine goes there, but it has not been investigated.

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There is also a need to carry out sperm fractionation studies and integration analyses. This has not been done. There is also a need to investigate the toxicity of structurally modified proteins; that is, it is possible that the vaccine may cause a vaccinated individual to synthesize proteins other than those investigated. This has not been researched. For gene therapy products, it is also required to study toxicity on embryo-fetal reproduction and therefore go as far as human trials. There should also be study into repeated toxicity, since vaccine manufacturers initially thought there would only be two doses, but in the end, they went as far as five/six successive doses for certain populations, and the toxicity of five or six doses has not been studied.

On the next slide, I focus on the biodistribution and excretion of messenger RNA and the RNA product, in other words, the spike. As I showed you earlier, I have published a review of the literature. We now know that RNA and the spike are found throughout the body, in all organs, and persist for at least several weeks. For gene therapy products, regulatory agencies require study of this biodistribution, especially if the synthesized protein, the spike, is excreted into the bloodstream, which is indeed the case here. I've provided two references here, but there are others that show that spike is indeed found in the blood.

Regulatory agencies also demand that the duration and expression of the spike be determined by PCR. This has not been done. They also require identification of the target organ and confirmation that the product actually reaches the target organ or tissue. This hasn't been done either. They also ask for the study of excretion into the environment in animal models, and also, eventually, for excretion studies for humans. This has not been done. For gene therapy products, they also ask for excretion via semen. This has not been studied.

The next slide presents the continuation of biodistribution problems: the FDA specifically requests that aberrant localization in non-target tissues and cells be studied for gene therapy products. They ask for a determination of exactly how many copies of the vector are present in the cells. This has not been done. They ask for study into the potential horizontal transmission from the patient to family members. This request is made exclusively for viral vectors, but as we are dealing with RNA—which is not a viral vector—and spikes which are known to be distributed throughout the body, these excretion studies should also have been carried out. The FDA also asks for a study of transplacental passage and in breast milk, as well as toxicological study based on the duration of persistence of the product in the animal model. This has not been done.

So just a word— I think I'll speed things up a little because, on the next slide, I'm going to take too much time. Recently, there was an article published on the problem of nanoparticle regulations as well. They are asking for toxicity and biodistribution studies on the complete particle injected: in other words, the lipid nanoparticle with the vaccine RNA inside. This has not been done. It's been done with related products or separate ingredients but it hasn't been done on animals. The actual biodistribution of the vaccine as injected into humans has not been studied.

Next slide: so if messenger RNAs had been classified as gene therapy products, they would have had to undergo all these controls, and then the ambiguity would have been removed. The biodistribution study should have been carried out on the actual particle injected, and not on products of that particle or similar products.

On the next slide, I'd like to emphasize two points. Since we now know from preclinical studies carried out before these RNA vaccines that when lipid nanoparticles equivalent to those in RNA vaccines reach the liver—which is the case and has been verified for COVID RNA vaccines—well, they are able to pass the placental barrier and be delivered to the fetus, and express the gene encoded by the RNA.

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If a woman is vaccinated while she is pregnant, it is possible that the vaccine passes the transplacental barrier. This should have been studied if the vaccine had been classified as a gene therapy product. Moreover, in a declassified FDA document on adverse reactions, it talks about exposure of babies through breastfeeding and of fetuses through the transplacental route. The FDA does not deny this but confirms that it is possible.

In the next slide, we're going to talk specifically about the passage of RNA vaccine into breast milk, which should have been studied if these vaccines had been classified as gene therapy products, which was not done. There are now four independent studies showing that it is possible that the vaccine RNA in a woman injected while breast-feeding her baby can pass into breast milk for at least the first week following injection. This has been proven.

And in fact, on the next slide, in the adverse reactions reported in the first two months after the vaccines were marketed, adverse reactions were noted in breast-fed babies within seven days of vaccination, which corresponds exactly to what was found in the passage of the vaccine into the milk. Moreover, in a response to a citizen's petition, the FDA does not question the detection of RNA in milk. It acknowledges the absence of functional studies demonstrating whether the vaccine RNA detected is translationally active, which should have been studied. And so it would have been very prudent to require RNA excretion studies in milk before commercial release and, above all, before approval was given to inject it into breast-feeding women.

On the next slide, I'd like to remind you that genotoxicity and immune suppression studies are necessary for gene therapy products. But either they haven't been carried out for immune suppression, immunotolerance, or they have been only partially carried out for genotoxicity since they were only done in vitro—that is, on cultured cells. And, in fact, they were carried out with messenger RNAs coding for proteins other than the spike, meaning not actually with the vaccine products. There are no studies of carcinogenicity, mutational insertion, or tumorigenicity in vivo, which are required for gene therapy products. And there are no studies on immunotolerance and immunosuppression, which have now been proven, as I've put here, by two publications that appeared after commercial release.

And on the next slide, I show you that the FDA requires long-term follow-up for gene therapy products, long-term follow-up of adverse effects over five to fifteen years, and this long-term follow-up does not apply to vaccines. So RNA vaccines escape this long-term monitoring because they are not considered gene therapy products. For gene therapy products in particular, they require long-term monitoring of cancers, new neurological diseases, autoimmune diseases, new hematological diseases, and infections. It should be noted that all these diseases are reported after RNA vaccines in peer-reviewed scientific publications. So this should have been studied before commercial release.

And finally, the next slide: RNA vaccines have escaped all these checks on gene therapy products, which are, however, essential for a new formulation and a new principle of action. So why did the European Medicines Agency give emergency approval when specific obligations in the requirements were not met? Why didn't the FDA actually evaluate these vaccines, unlike the European Medicines Agency? We know that in 2021, senior FDA officials resigned because they felt excluded from key vaccine decisions. All the references for this are in the preprint I pointed out. And according to documents leaked from the European Medicines Agency, it was learned that in late 2020, U.S. and E.U. government officials pressured European authorities to quickly approve the vaccine, despite safety concerns.

And so in conclusion, on the next slide, I'd like to ask that in future, we consider whether or not all messenger RNA products should be subject to the same regulations and controls, whether or not they are considered vaccines against infectious diseases.

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There is no justification for subjecting therapeutic RNAs to strict controls when they are intended for patients who ultimately represent a small proportion of the world's population—because people with genetic defects or cancers are numerous, obviously too numerous, but they represent a small proportion of the population—whereas RNA vaccines are intended for the vast majority of the world's population, and a healthy one at that. Why exclude them from such regulation? That's the question I'm asking; and I think everyone should understand that it's very important, even though it's a rather onerous subject.

That's it, I'm done. Thank you for your attention. I hope I haven't taken too long.

Konstantinos Merakos
Yes, excellent. Thank you, Madame Banoun; thank you very much. We'll now go to our commissioners for questions. Please, go ahead.

Commissioner Massie
Hello, Madame Banoun, and thank you very much for this very exhaustive overview of the historical development of these products, which were made available to the public very quickly. My first question concerns your analysis, which to me looks like a literature review or a review of available government documents. And you have the expertise as a researcher that enables you to do this kind of reading and ask the related questions, and then try to find the documents that will make it possible to document the whole narrative you've presented to us.

My question for you is this: You know the research community—you have other colleagues in France and abroad. How many researchers would have this kind of expertise and could have done an analysis somewhat similar to the one you've presented to us? Does what you've done require such unique expertise that only a few people in the field can do it?

Hélène Banoun
No, I don't think so because I haven't been an expert in vaccines or regulations for very long. I looked into the problem because I thought it was important. In fact, I've already submitted my preprint twice to international journals. It was probably rejected because there were some inaccuracies as I'm not an expert. So what I'm giving you here is the result of the corrections I made following the comments of the experts who judged me. They're anonymous experts, but I'm guessing they must be part of official regulatory bodies. So I've been working on it; it just takes a lot of time and precision, but it's not that complicated. You need to attend to it, but I think this problem can't elude scientists, especially those who are regulatory experts. Besides, all those who criticized my preprint said that I was right to pose this problem, that it was a real problem: this problem of contradictory regulation between vaccines and gene therapy products. So I think it's within the grasp of a lot of people.

Commissioner Massie
My next question concerns the quality of these products. We've had other experts come and testify before the Commission, and they've raised a whole series of problems similar to those you mentioned in terms of product quality. Maria Gutschi was here and other experts also made presentations. And when we analyze all the questions raised about product

quality—and above all, the fact that when we go into clinical trials, certainly in phase II, we should have products of absolutely impeccable quality, so that the conclusions we draw about product efficacy, and eventually safety, cannot be called into question given the heterogeneity of product quality. This poses a problem for the conclusions of clinical trials.

And here's the question: Given that we've rushed through a lot of stages—in both evaluation and production, in manufacturing—based on the analyses you've carried out, do you think that we currently have technologies that are sufficiently robust to ensure the large-scale commercial production of these products to the right manufacturing standards? To ensure that the product, once marketed, will really have all the attributes we're looking for from the regulatory bodies?

[00:50:00]

Hélène Banoun
So there are two ways of answering. There's the way Maria Gutschi answered your question, by analyzing the reports of the European Medicines Agency, which itself specifies that there is product heterogeneity. And then there's the clinical result we've been observing, since a study recently appeared—I believe from Denmark—which points out something we've been noticing for a long time but which hadn't been officially published in a peer-reviewed journal: that is, there's great heterogeneity in batch toxicity. Since some batches are highly toxic, they have led to many reports of adverse events; and for some other batches, there are very few. So in fact, what was noted in the analysis of product quality, namely product heterogeneity, is found in the clinical effects. In other words, we find heterogeneity in batch toxicity. Therefore, it seems that the manufacturing process is poorly controlled.

Commissioner Massie
And from your experience examining other biological products—for example, therapeutic antibodies that are widely used in cancer therapy—do the technologies that lead to the production of these commercial products have the same kind of problems—in terms of the heterogeneity or quality—as the products that are available on the market?

Hélène Banoun
Well, I can't answer that because I haven't studied these products. I don't know if Maria Gutschi has. Well, I'm sorry, but I can't give you an answer.

Commissioner Massie
Okay, thank you. Do my colleagues have any questions for Madame Banoun? Do you have any questions? No?

Konstantinos Merakos
Madame Banoun, the National Citizens Inquiry would like to thank you most sincerely for your valuable information, and for your very educational PowerPoint. So we thank you very much and wish you, since you're in France, a good afternoon or good evening.

Hélène Banoun
Well, thank you for inviting me. And I'd just like to add a few words. I think it's very important to tackle this problem of regulation and to try to make it understood to lawyers and politicians because it's the politicians who ultimately decide on official regulations. I think it's very important to make everyone—scientists, lawyers, and politicians—understand that messenger RNAs are gene therapy products and must undergo all the controls required for gene therapy products. This is important for the future because there is now talk of generalizing this technology to other vaccines. This is already underway, with plans to build factories.

So where are we going with this technology? This is very important and we must quickly address the problem. The time to do it is now. Thank you very much.

Konstantinos Merakos
Excellent. Thank you once again.

[00:53:18]

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

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 3: Christine Cotton
Full Day 2 Timestamp: 01:26:04–02:12:40
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Yes, so hello. I'm going to lower the microphone a little. So, Chantale Collard. I'm acting as a lawyer for the National Citizens Inquiry today. I'm going to look at the camera. So good morning, Madame Cotton. Can you hear me?

Christine Cotton
Hello Chantal.

Chantale Collard
Yes, hello. So first of all, on behalf of the Inquiry, I'd like to thank you for agreeing to testify today. It is very important to us.

Christine Cotton
Thank you.

Chantale Collard
So let's proceed with the identification, if you don't mind. Simply give us your first and last name.

Christine Cotton
Christine Cotton.

Chantale Collard
Perfect. I'll also swear you in for formality's sake. Do you solemnly declare to tell the truth, just the truth? Say "I do."

Christine Cotton
I do.

Chantale Collard
That's perfect. So, Christine Cotton, I'm going to introduce you very briefly—but of course you'll then be able to add to it everything you've done as well as your work. So you're a biostatistician with 23 years' experience in the pharmaceutical industry. You were CEO of your own company for 22 years in a clinical research organization [CRO]: a subcontractor in charge of monitoring, data management, statistics. Your customers have included AstraZeneca, Pfizer, Sanofi, App Science, Bayer, Aventis, and many others, as well as various hospitals, to name but a few.

And you have experience with all types of trials in a variety of therapeutic fields: oncology, central nervous system, gastrointestinal system, autoimmune diseases, osteoarticular system, odontology, pneumology, ophthalmology, nutrition. You have a really wide range of skills. Notably you've also done phase I, II, III, and IV clinical trials and observational studies. Is that a good summary? But I can see that you really have a very specialized field.

Christine Cotton
Yes, I've worked in a huge number of pathologies, including viral diseases, hepatitis C. I worked in tuberculosis, in renal transplantation—well, when you're a subcontractor, you have a lot of clients—so in diabetes. So I've effectively participated in nearly 500 clinical trials.

And what you need to know is that it's not at all a doctor's job to carry out a statistical analysis of a clinical trial; it's a biostatistician's job. And I've been doing it for a very long time.

Chantale Collard
So Christine Cotton, we're very curious to hear the results of your research and clinical trials, particularly the poor efficacy assessment. I don't know if you have a PowerPoint with you.

Christine Cotton
Maybe I can share my screen.

Chantale Collard
Yes, please do.

Christine Cotton
So here we are. I don't know if you can see it clearly?

Chantale Collard
Yes.

Christine Cotton
So I examined all the documents from the Pfizer clinical trial. A clinical trial involves dozens, if not hundreds of people. I've drawn up a small document. In summary, there are those who recruit the participants. Then of course there's the sponsor: the one who launches the study. We have the data management team, which creates the system for recording the data. There's the statistics team. We have the monitoring team, which views the sites that recruit patients in order to verify their documents. There's the pharmacovigilance team of course. We may have laboratory services to analyze a whole range of parameters. We have the quality assurance team, which makes sure that all these people are working correctly.

So the statistician comes in at the beginning, since he writes the methodology for a clinical trial.

[00:05:00]

He guarantees the validity of a clinical trial. And he intervenes at the end when we have all the data, and sometimes during intermediate analyses, since he's the one who plans and validates the trial—there is often a group of us, depending on the importance of the trial—and ensures that accurate results are delivered. Because in this business we can't afford to make mistakes.

So he delivers the results and a medical writer writes up the clinical reports. So obviously, as a biostatistician, I know how to read all the clinical reports, since I was the one who wrote them—or at least half of each report—in collaboration with the doctor who wrote them.

So what we know about COVID clinical trials—that's COVID clinical trials in general: we know that it usually takes around 15 years from molecule discovery and so on to obtaining marketing authorization. These trials benefited from what is known as accelerated development, meaning that each phase began before the previous one was completed. So obviously we didn't have all the results each time. A phase would begin without having the results [from the previous phase].

So the Pfizer clinical trial—since that's the one I've been looking at in great detail—basically should have lasted about two years. A certain number of visits were planned at which the participants—those who had been recruited, who had volunteered, and who signed an informed consent form—would go to the site that recruited them to undergo a series of tests. Obviously, if they had COVID before visiting the site, they would come forward to say they have such-and-such symptoms. In that case, they would be given an appointment for a PCR test.

What we've known since December 2020 is that pregnant or breast-feeding women are never included in clinical trials, as they are part of the protected population. We also know that immunocompromised patients were not included; patients with comorbidities—diabetes, pulmonary pathologies, et cetera—were not included; and patients with autoimmune diseases or inflammatory problems were not included. In other words, the most fragile patients.

We also know that interaction with other vaccines has not been studied. Neither has transmission been studied. While there's been a lot of fuss about this uninvestigated transmission, it is quite usual. The main problem with the Pfizer clinical trial is not at all

that transmission wasn't studied— that was playing to the crowd. Symptomatic cases were not studied.

So what did they do? Since the study lasted two years, they proceeded with interim analyses in order to provide results before the end of the trial. So at each interim analysis, each time they provided results on a population—whether adults over 16, teenagers 12-15, the 5–11-year-olds, babies, and so on—we systematically had a maximum of three months' follow-up for the participants. So in other words, we count COVID cases over these three months; and therefore we also examine tolerance over these three months. So it's a short period of time and obviously we can't draw any conclusions about medium- or long-term tolerance when our hindsight each time is of three months max, or even less than two months 50 per cent [of the time].

Chantale Collard
That's very quick.

Christine Cotton
Yes. On this basis, we can't say that it's safe. I mean, when we say "It's safe," yes, it's safe according to the results over the examined period. So, as you can see, it changes quite a few things.

So what is very, very important? This famous efficacy criterion. We've been told, "We have 95 per cent efficacy. That's fantastic," and so on. So in fact, when we look at this efficacy criterion, the famous 95 per cent is an efficacy calculated on mild or moderate COVID cases confirmed by PCR. And how you eventually know if you're a COVID case is whether you have a certain number of symptoms: fever, aches and pains, diarrhea, vomiting, and so on. Yet the vaccine induces these symptoms. So there are a certain number of symptoms that the patient will eventually have; and instead of going for a COVID test because it may potentially be COVID, we record it as a reaction to the vaccine.

[00:10:00]

So what we know from the documents made public by court decisions. Thanks to Aaron Siri in the United States, we can retrieve the database—that is, the tables, what's called SAS, that is, the software on which the statistical analyses are carried out and which was used to analyze this trial— We know, in fact, that there were fewer PCR tests done for the vaccine [group] than for the placebo. So we realize that if we don't do PCR tests, there's no risk of being a PCR-confirmed COVID case, since we didn't do the test. And we also know— If you don't understand, if you have any questions, please interrupt me because I'm running on!

Chantale Collard
In fact, you are comparing what is typically done in clinical trials with what has happened since 2020. We can really see that there's a difference with the protocol.

Christine Cotton
Exactly. In other words, clinical trials involve methods, regulations, and a heap of rules to be followed, which have been in place for years and are known as good clinical practice. And if my trial doesn't respect good clinical practice in the choice of its efficacy criteria, in the analyses carried out—it's worthless.

Chantale Collard
There we have it.

Christine Cotton
There you are. So that's why you have to understand what clinical trials usually look like in order to know whether this one is valid or not. You have to know all these good practices, for which there are hundreds of documents governing all the tasks of all the people that I mentioned earlier. And if the tasks are poorly performed, then I have deviations from good clinical practice. So I have some that are very serious and others that are less serious.

What we also know from this trial is that participants were allowed to take antipyretics. That's for fever. It's going to suppress certain symptoms. And we see that many more participants took these antipyretics in the vaccine group. So if I suppress symptoms, I'm not likely to do PCR tests, so that's called a methodological bias: a statistical bias that prevents me from correctly assessing my efficacy.

So in fact, what we know for sure is that this choice of efficacy criterion only measures part of the disease. To really measure the disease in its entirety, there they should have used a criterion which they did in fact measure, that is, the antinucleocapsid serology. This tells us who and how many had COVID during the trial. And when we calculate efficacy on this basis, we no longer have 95 per cent; we have around 55 per cent.

Chantale Collard
There was no measure of antibodies if I understand correctly, Madame Cotton?

Christine Cotton
Well, that's another matter. We'll get around to antibodies. This is really about who's had COVID and who hasn't. And we're no longer talking about mild to moderate COVID confirmed by PCR test. Now it's: Who has had COVID?

So the goal is really to prevent you from catching COVID! It's not to prevent catching mild or moderate COVID confirmed by a PCR test. So the choice of efficacy criterion is clearly wrong. Do you understand the problem? So this 95 per cent efficacy measures an efficacy that doesn't exist in reality, and which never existed!

Chantale Collard
Based on erroneous results and based on an erroneous method.

Christine Cotton
Precisely.

Chantale Collard
But later, it was said that 95 per cent had dropped to 85, then 70, and then more frequent downgrades.

Christine Cotton
Yes. Because we've seen that in real life, people catch COVID. In real life, it's not just mild or moderate. What was also very important at each interim analysis was that they never demonstrated an effect on severe cases. There was never any statistically demonstrated efficacy on severe cases in any of the reports that led to authorization: none. In adults, there is no efficacy on severe cases. For example, you see this table. We're told, "Oh well, there had been one severe case for the vaccine and three for the placebo, so efficacy is 66 per cent." But statistics is more than that. Statistics means looking at the validity of my results. And as it turns out, I've found no difference between the vaccine and the placebo groups in terms of efficacy on severe cases. Therefore, there was no proven efficacy, neither in 12-15-year-olds—since there were zero severe cases—nor in 5-11-year-olds, nor in babies aged 6 months to 4 years.

[00:15:00]

There has never been any proven efficacy in severe cases.

Chantale Collard
Incredible.

Christine Cotton
Then we have an imbalance in recruitment among centres. We have five centres that have recruited almost 10,000 patients among them. So when we have that, what do we normally do? We do a centre-by-centre analysis. So why wasn't this done? Anti-nucleocapsid serology with its 55 per cent efficacy rate was never included in the report. Why? It was never submitted. In other words, it's a criterion for which we've never had the results.

So when they did the analysis at six months, we had a little more hindsight on the tolerance. And now we had a table. So this is a publication they released, not after three months' follow-up, but after six months. And after six months, we had the deaths from COVID, for example. And there was one COVID death for the vaccine and two in the placebo. So we have no proven efficacy on COVID mortality.

Chantale Collard
None.

Christine Cotton
In addition, more people died in the vaccine group than with the placebo. So where is my actual effectiveness for mortality? It hasn't been proven in the studies.

Chantale Collard
There's a negative efficacy, you could say.

Christine Cotton
Not really.

Chantale Collard
There are more deaths following the vaccines.

Christine Cotton
Yes, that's it. There is no proven efficacy for mortality.

Now the real scam, so to speak, of the Pfizer clinical trial are levels of this famous neutralizing antibody. Here, on the left, are the results on monkeys. And here, at the bottom, you can see the time showing the antibodies being measured on day 21, day 28—so after the doses [were administered]—and day 56, that is, at two months. And here, you can see that the antibodies start to drop.

Now, this graph on the right is the result in the 18-55 age group. And there, we see that on day 28—so one month after the second dose—it's a little higher than at two months after the second dose. And yet, it's pretty convenient that we don't have a measurement of the levels. And why don't we have this measurement? Because we did an intermediate analysis at three months. Can you see the trick? And who authorized an interim analysis at three months? The FDA [Food and Drug Administration], in writing specific guidelines for COVID vaccines, authorized an analysis at three months. That's why there was no six-month measurement. And when they released the report regarding boosters, here are the six-month level measurements! Can you see them? It's the red arrow.

Chantale Collard
Absolutely. There's a big difference.

Christine Cotton
So if we'd had this first analysis at six months, would a health agency have given an authorization based on this drop in antibodies? I don't think so.

Chantale Collard
And why did they?

Christine Cotton
They gave it because at the time, this red arrow showing the neutralizing antibodies, which are supposed to represent immunity against the disease: well, we didn't have this result because we did an analysis after three months, not six! And the laboratory didn't schedule any visits between two months after the second dose and six months after the second dose. Why didn't they schedule any visits? In other words, you don't measure what you don't want to show.

Chantale Collard
There you are.

Christine Cotton
So how did they know it was going to drop? They knew it from the publication on the monkeys because we could already see it there. And they knew it because in the documents

submitted by the agencies in France—the ANSM [National Agency for the Safety of Medicines and Health Products], et cetera, or the HAS, Haute Autorité de Santé [National Authority for Health]—they already told us in December 2020 that a booster was being investigated. Ah, how convenient!

Therefore, not measuring the antibodies is how they hid the fact that they were decreasing. That way they received an authorization with a completely bogus efficacy since it doesn't measure the disease in its entirety. So they didn't measure the antibodies but they knew very well that they were going to decrease, so they prepared a booster. Then six months later—on December 22, 2021—they said, "Aw, that's too bad, we just noticed that the antibodies are decreasing. It's annoying, but we're going to need a booster."

Chantale Collard
Another booster.

Christine Cotton
So we needed a booster. After that, we needed a fourth dose, then a fifth— But this is inevitable since it only lasts three months. But we've known from the beginning that it lasts three months.

[00:20:00]

So let me summarize. Efficacy being 95 per cent: false. No proven efficacy in severe cases with each authorization. Antibody levels: they didn't measure them because they knew they were decreasing and that's why they were studying a booster. So protection and efficacy are zero! In terms of methodology: zero. So it's worthless.

If I move on to tolerance— When I read the reports, I don't have any major problems regarding tolerance. However, in the adult clinical trials, I know about the well-known Augusto German Roux, who contacted me from Argentina. He took part in the clinical trial and almost died. So he sent me all the letters he'd sent to all the health agencies to point out that he'd almost died and that it wasn't in the clinical report; that it wasn't reported as a serious life-threatening adverse event. It's not there. So that means that the tolerance is incorrect. As for teenagers: I'm thinking of the well-known Maddie de Garay case in the United States where the mother moved heaven and earth to have her daughter treated, but to no avail. So if these serious effects had been reported, it would have been much less safe than it was made out to be. So obviously, the tolerance is incorrect.

And then there are the risks. So what are the risks? Well obviously, it's having adverse **reactions, but it's also all the unknowns. So as we saw at the start— Use in pregnant women since December 2020: unknown; it was not measured in clinical trials. Immunocompromised patients: unknown. For fragile patients with diabetes, chronic illnesses or cardiovascular problems: unknown. Use in people with autoimmune diseases with inflammatory problems: unknown. Interactions with other vaccines: unknown. How could we offer a flu vaccine on the same day if we didn't have any studies at the time of authorization? And we say, "Oh sure, we can do that." We don't have any studies that say it's safe! So obviously, long-term tolerance is indeed: unknown.**

Chantale Collard
But pregnant women, Madame Cotton, I don't understand. I'm sure you'll tell me. Usually, they can't take any medication at all. It's always pregnant women who are prevented from taking even a simple aspirin or Tylenol, sometimes even food. How did we get pregnant women to take this injection when we know the risks?

Christine Cotton
Pregnant women have been classified as an at-risk population.

Chantale Collard
At risk of contracting the virus, and not at risk of vaccine side effects.

Christine Cotton
Exactly. So they classified them as at-risk and proceeded to vaccinate them without any clinical trial results. There was one clinical trial on pregnant women but it was stopped. Three hundred or so women were recruited out of the four thousand planned, and we never saw the results.

What's more, the laboratory isn't hiding anything from us—or nothing much—since in the results for the 12- to 15-year-olds, there's even a chapter written in plain English with links and everything you need. I retrieved everything. It's available; anyone could retrieve them. Every time there's an authorization, it's put online. It's not hidden. And in this report, there's a chapter called "Unknown Benefits and Risks." And in it they tell us point-blank that the unknowns for teenagers are the same as for people over 16: duration of protection, unknown; efficacy in certain populations at high risk of COVID, unknown; efficacy in those who have already had COVID, unknown—since in the clinical trial, these are people who have never had the disease; effect of illness on future vaccine efficacy, unknown; efficacy on asymptomatic infections, unknown; efficacy on the long-term effects of COVID, unknown; efficacy on mortality, unknown; efficacy on transmission, unknown.

They're not hiding anything; it's all there in black and white! So when health agencies see this, they should normally be alerted to exercise a little caution. So no, obviously it doesn't bother anyone that there are all these unknowns at the moment when authorizations are given. Then of course, because there are so many unknowns, they say, "Oh well, we'll study the occurrence of myocarditis and pericarditis. We'll study pregnant women. We'll do real-world studies or more clinical trials."

[00:25:00]

There you go. But in the meantime, authorizations are granted. So there was indeed a trial on immunocompromised patients and one on pregnant women. There you go.

And what has been known since October 2020— Since we had a presentation by Steve Anderson, who's not just anyone, as he's one of the people in charge of biostatistics [at the FDA] and also in charge of adverse reactions in this situation—what was known? Well, that possible events following vaccination had to be monitored. These could include Guillain-Barré, disseminated encephalomyelitis, transverse myelitis, convulsions, cardiac arrest, anaphylaxis, myocarditis and pericarditis, autoimmune diseases, death, pregnancy and birth problems, thrombocytopenia, et cetera. And something very important that we've known all along: what they call "vaccine enhanced disease." So instead of preventing us

from catching the disease, the antibodies we create aggravate it or cause us to catch it. This has been known since October 2020. It's online! If you click, there it is: it's not hidden.

In fact, the real problem is that with a file like this, the health agencies should theoretically have countered with: "You must add three months of follow-up; the data is insufficient," and then not rushed to give authorization. So why did the health agencies rush to give this authorization?

And then the last point concerns the quality of the data, following these notably good clinical practices. And we know from Brook Jackson in the United States that there have been problems at certain sites, that patients were not properly monitored. We know this with Augusto Roux in Argentina because that was tragic. So we have doubts about the data's quality. When you have doubts about the quality of the data, how can you not have doubts about the quality of the results? So clearly, this clinical trial is the worst I've seen in my career. Therefore, the efficacy is false.

Immunogenicity and antibodies [measurements] are incomplete. The tolerance is false, so the benefit-risk ratio is obviously false. And the FDA tells us that they audited the centres, but due to complications during the pandemic, they say they didn't in fact check the integrity of the data. So this clinical trial is a sham in every aspect.

Chantale Collard
A monumental fraud.

Christine Cotton
You bet! Frankly, at this stage, it's unprecedented. And it was done with the agencies' blessing.

Chantale Collard
There you are.

Christine Cotton
So the question is: Why? I can't answer that question.

Chantale Collard
I think people will draw their own conclusions from your presentation—which is crystal clear—and from your support[ing information]. It leaves me speechless to see that it was all false. We suspected it, but now you've proven it.

Christine Cotton
That is, it's all there in writing. But in order to reveal it, you need to know something about clinical trial methodology.

Chantale Collard
And you know what you're talking about, so there may be questions from the commissioners to complete your testimony.

Christine Cotton
Of course.

Commissioner Massie
Thank you, Madame Cotton, for that very enlightening presentation. You mentioned that in order to recognize the shortcomings that may have been present in this case, we need to have knowledge—among other things—of good clinical practices to understand whether we are really in a position to generate data on which we can draw reliable conclusions. Unless I'm mistaken, I assume that people who work in regulatory agencies—whether it's the EMA [European Medicines Agency], the FDA or Health Canada—in principle should have this kind of knowledge of good clinical practice.

Christine Cotton
Absolutely. So I've been involved in several FDA filings for laboratory projects of varying sizes and in those cases, we have [to answer] questions.

[00:30:00]

They ask us to explain why, and how we were able to prove this. So obviously, they [ask] about good clinical practice. I'm all the more familiar with it as I used to be my company's quality assurance manager. So we have standard operating procedures that we have to follow; we have standardized methods. So obviously all these people are perfectly familiar with them.

So have these files been reviewed by biostatisticians? Because when I talk to you about statistical bias, you have to know a little bit about statistics. But even so, I think an experienced examiner has to see that there are biases. If I don't dose and I do fewer [PCR tests] for the vaccinated [group] than for the placebo [group], obviously that's a bias because if people weren't tested, I can't know whether on not they have COVID. So I mean, you don't even have to be a biostatistician to figure that out. So it's incomprehensible. I mean, when I read all that, it's incomprehensible that the health agencies have accepted this file as it stands.

Commissioner Massie
My next question is a little technical: it's about PCR tests—because this was one of the key elements in the so-called claim for vaccine efficacy. Do we have any details in these files on the number of cycles used for the PCR tests?

Christine Cotton
I didn't find anything. So personally, it doesn't bother me too much because there's no reason in biostatistics for it to create a bias since there's no reason for me to have, for example, more false positives for the placebo [group] than for the vaccine [group]. So that's why I don't really bother mentioning the PCR test result in this analysis in terms of methodological bias since there's no reason to. If, for example, I have 10 per cent false positives or false negatives depending on the test or the number of cycles used, there's no reason for the methods to be different, or for there to be a difference between my groups. So it's not a bias for me. Do you understand?

Commissioner Massie
Yes, I understand. My next question concerns the evaluation of the populations: where we measured the number of weak symptoms in the placebo group and in the vaccine group. When I do the rough calculations, I think the challenge we're facing is: Will we have a chance of having enough events to be statistically significant? Roughly speaking, out of 40,000, with the number we have here, that's about one case of infection in four hundred. The first question is: Is one case of infection in four hundred —in a population in the midst of a pandemic—a good indication that we're in an important phase in terms of infecting people?

Christine Cotton
I was thinking about this when I looked at the calculation of the number of subjects. They had predicted that 1.3 per cent of people on placebo would contract COVID, which—in the middle of a global pandemic with lockdowns everywhere—is very few. I said to myself, "Well, for something so infectious, in the midst of a pandemic, if we calculate the number of subjects and see that only 1.3 percent of those receiving placebos—that is, salt water injections—will [contract COVID], in the end, this COVID isn't so infectious after all." Well then.

Commissioner Massie
And so the next question is: With the numbers we had available to assess this relative effectiveness, is it actually statistically convincing, let's say?

Christine Cotton
Yes—because it's a calculation. In any clinical trial, there is an assumption of efficacy, or in this case, percentages of sick people in each group. That's how we calculated that 44,000 subjects were needed for the trial. So that's not the problem. But this is calculated on mild or moderate, PCR-confirmed COVID cases. However, if we had said, "We want to use severe cases as an efficacy criterion," we would have needed many more patients in the trial, since they are rare. As you can see, I have zero teenagers [in the placebo group] and zero [in the vaccine group]. So I'm not likely to show a difference between the placebo [group] and the vaccine [group] because I don't have any cases.

[00:35:00]

So this is an unproven efficacy due to a lack of cases. I believe the choice was discussed well beforehand at meetings—WHO [World Health Organization], agencies, et cetera. And so they said that for severe cases, which would have been much more relevant—since it's the **severe cases that lead to hospitalizations and deaths, and that's what we wanted to avoid—well, we would have needed far too many patients. So that's why they chose this one, which is totally unrepresentative of reality. They could have chosen to use antinucleocapsid serology, but that wouldn't have suited them because 55 per cent efficacy—as opposed to 95 per cent efficacy—is harder to sell.**

Commissioner Massie
My next question concerns the deployment of the vaccine. In the early months that followed, there was a certain amount of data to which we didn't have immediate access, but to which we ended up gaining access a little later through requests for Access to Information. And initially and for a very long time, the idea was hammered home that

vaccination was actually significantly reducing the number of cases. It was even better than what was observed in clinical trials. So everyone had to be vaccinated if we were to emerge from this pandemic. Then suddenly, the Delta variant arrived and the vaccine no longer seemed to have the capacity to reduce infection and transmission.

Is there anything fundamentally different between the Delta variant and the other variants on which the vaccine had been tested? Or is it simply because the greater number of cases made it more difficult to demonstrate this in the figures we were accumulating as we went along?

Christine Cotton
So I don't agree that we didn't have access to the documents. I retrieved the documents as early as December 2020. In April 2021, I gave my first broadcast on the results of the four vaccines that had been released up to that point: Janssen, AstraZeneca, Moderna, and Pfizer. We had access to the clinical reports. I retrieved them all.

Commissioner Massie
What I mean is the documents that followed the rollout of the vaccines that Pfizer and the FDA didn't want to be made public for 75 years.

Christine Cotton
Yes, that is, they didn't want to make internal documents public. But the clinical reports were available. All the deliberations were available on the FDA's YouTube channel. You could have eight hours of deliberations with all the presentations from the CDC and Pfizer staff in particular. So we had everything. It's just that people don't know it exists and obviously, very few know how to read clinical trial reports. But I had already collected everything, so I already knew that there was no known efficacy for severe cases and that there were lots of populations that hadn't been analyzed. As early as April 2021, I did a broadcast to warn people that if they were immunocompromised, there were no results proving that it was effective.

So the second point is about the results we were getting, which kept being released: the efficacy of this and of that, and so many percentages, Well, these are real-world studies based on retrospective databases. In other words, we take databases and analyze cases on the basis of that. In my 23 years in the pharmaceutical industry, I've never carried out analyses on retrospective databases. Because in terms of the validity of the conclusions and the proof of the conclusions, it's at the lowest level. In other words, the conclusions drawn from them should be taken with great caution because, in terms of method, they're not worth much. So they could always bring up whatever they wanted because it was worthless, really.

Commissioner Massie
But when the health authorities tell us, for example, that this vaccine can no longer prevent transmission, it is implicitly suggesting that it did at the beginning.

Christine Cotton
They had drawn conclusions from a real-world study which tended to prove that it slowed down transmission. But then, we don't give marketing authorizations on the basis of real-world studies. We give authorizations on the basis of clinical trials.

[00:40:00]

That shows the point. In other words, that in terms of methodology, I can't give authorization based on a real-world study method. Why? Because it's not valid, or it's much less valid. And my conclusions are to be taken with much more caution than a clinical trial, which is randomized, where we've selected people who meet inclusion criteria, et cetera, who are followed in a certain way, all in the same manner. So otherwise, if real-world studies were all that it took to bring a product to market, we'd have stopped doing clinical trials a long time ago. See what I mean? I'll prove whatever you want with a real-world study. You choose your database well; you choose the methods that suit you; and then you prove whatever you want. Some people have managed to prove that Nutella reduces hypertension or the like. So from here on—

Commissioner Massie
Isn't one of the problems with the clinical trial that the inspections we should normally have had from the regulatory bodies were insufficient to ensure good clinical practices? Is this unusual? Or is this how it's usually done, or did we do less than usual?

Christine Cotton
So if you look at the number of audits carried out by the FDA, it has actually dropped. But it was a rather special period. So the real problem is, when they tell us they're going to audit: What does auditing mean? It means checking all the patients' source files. So I take out the medical file and I check what had been reported in the database— via a system called eCRF, "e" for "electronic", CRF, "case report form." I check that the data that is in there is indeed what is in my source file. It's the integrity, the validity of the data. Has it been entered correctly? Does it match? That is, I have to take data at random; I have to validate all the circuits and PCR tests and how soon they are sent out. All this is recorded in a centre that recruits patients. It's all part of good clinical practice. Did the people who called in saying, "I'm ill, I have such-and-such a symptom" get a call back from the centre staff? There are logs, tracking systems. Everything is recorded.

So that's why, when I wrote a report on this trial in January 2022, I asked for a full audit of all the centres' documents. So now we know who wasn't called back when they should have been tested on account of being ill. From this we know everything. And the FDA tells us, "Oh yes, but the integrity of the data has not been verified." If the integrity of the data hasn't been verified, then I don't know if my data is reliable and therefore, all the more so, my results.

Commissioner Massie
We had another witness who mentioned that during the clinical trial, a certain number of people had been excluded from the compilation and that this number of people was much higher in the vaccine side than in the placebo side. Have you seen any data to that effect, and how would you explain it?

Christine Cotton
So I think it's a question of defining the populations. That is, when we define the analysis populations, when we write the protocol—which was my job—we define the analysis populations and we exclude a certain number of people that we've defined as unable to fit into these populations. But that's a complicated subject to talk about because the reasons for exclusion are defined beforehand. And when we exclude patients, we're supposed to do so blindly; this is known as blind review. So to say there are more exclusions in the vaccine group, okay. But I don't have this blind review document, so I don't know how it was done. So I didn't talk about it because I don't think it's the main issue. There are so many other problems. So when we say, "We're excluding so-and-so, so-and-so, so-and-so," we're not supposed to know who got the vaccine or who got the placebo. And we do that before we do the analysis.

[00:45:00]

It's a document that's drawn up beforehand and then, when we do the analysis, we know what the product is because it's blinded. And we mustn't forget that in the Pfizer clinical trial, the only one who knows what the patient has received is the one who prepares the product and injects it. He's the only one who knows; the others don't. So, *a priori*, when we hold this data review meeting where we say, "So-and-so, so-and-so, so-and-so, and such-and-such number have deviations, and so we will exclude them from the analysis population," we're not supposed to know whether they had taken the vaccine or the placebo.

Commissioner Massie
Okay, thank you. You have any questions? Are you okay?

Chantale Collard
Madame Christine Cotton, listen: thank you for your truly enlightening testimony, in terms of both methodology and analysis of clinical trials. In any case, I've personally learned a great deal, even if I already knew a bit about it. So listen, thank you and I invite you to spread your message far and wide.

Christine Cotton
Oh well, I made quite a bit of noise with it, didn't I? I did go to the Parliamentary Office.

Chantale Collard
Keep making noise.

Christine Cotton
I'm not finished.

Chantale Collard
Thank you very much.

Christine Cotton
Thank you.

[00:46:36]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further *translated from the original French.*

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 4: Lynette Tremblay
Full Day 2 Timestamp: 02:13:05–02:34:34
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Good day. Samuel Bachand. I will be acting as the attorney for the Commission for the purpose of your testimony. Madame Lynette Tremblay, could you please spell your name in full?

Lynette Tremblay
My first name, L-Y-N-E-T-T-E, Tremblay, T-R-E-M-B-L-A-Y.

Samuel Bachand
I'll swear you in. Madame Tremblay, do you swear to tell the Commission nothing but the truth?

Lynette Tremblay
I vow to tell only the truth. Moreover, I can add right from the start that I've already been part of two documentaries in Quebec, *COVIDENCES* and *CHSLD: je me souviens*, in which I talk about the same subject: the death of my father, then my reaction toward the way governments treat seniors, which I find absolutely, unbelievably awful.

Samuel Bachand
So the skeptics will be able to compare testimonials.

Lynette Tremblay
They'll even be able to see photos because I could have brought photos, but they're already available in the two documentaries.

Samuel Bachand
Very well. So I don't need to tell you to speak slowly to help the translation.

Lynette Tremblay
Yes.

Samuel Bachand
You're here to tell us about the circumstances surrounding your father's last days in CHSLD [a nursing home or long-term care home]. So what I suggest you do, as we did on the phone in preparation, is tell us all about it: date by date or period by period, chronologically, very calmly. And then where I need further clarification, I'll interrupt you.

Lynette Tremblay
Excellent. So listen, it was at the beginning of the pandemic in 2020 and my father was in a CHSLD. In this CHSLD in Montreal, there were no cases of COVID. It had even been mentioned in the media. And then overnight, I think it was in March, the COVID alert was triggered. And then I was informed by the director of the centre—

Samuel Bachand
Who triggered the COVID alert?

Lynette Tremblay
The government.

Samuel Bachand
What COVID alert?

Lynette Tremblay
They were saying, "We can't see our elderly anymore, it's dangerous." I didn't see my father for two months.

Samuel Bachand
Just a moment. When you say, "The government says 'you can't see them,'" how were you given this message? What form did it take? Did you receive a written document? Did you watch a press briefing, et cetera?

Lynette Tremblay
For me, it was because I used to visit my father regularly and then I was denied access. There was an employee I paid to accompany my father, to take him out. He was no longer allowed entrance. And then, from one day to the next, I was told that "from now on, starting Monday, Public Health is going to be in charge. They're going to go into the CHSLDs," and they were going to test people.

Samuel Bachand
To the best of your recollection, approximately what date is this?

Lynette Tremblay
March 2020.

Samuel Bachand
Okay. When you say: "I was denied access," who was denying you access? On what terms? In what way?

Lynette Tremblay
Well, on the phone, because I called often. I remember coming back from vacation and wanting to go see my father, but it was on the exact day I got back that the measures were implemented and access was denied. They were doing Zoom, WhatsApp, so we could see our parents and talk to them, and then we were forbidden access.

Samuel Bachand
Who were you talking to on the phone when you got the message that you were barred from the CHSLD?

Lynette Tremblay
Well as I said, it was in March, maybe the end of March. The director of the centre herself said to me, "Listen, Public Health will be coming tomorrow." But I said, "There are no cases; why are they going there?" Then she said, "Well, that's it; they're coming to check." And then she said, "Tonight, I'm doing rounds." I thought it was weird that she was working on a Sunday night. She said to me, "I think your father has a fever." I said, "Oh really!" Then she said, "I'm going to test him for COVID." But I said, "No one had anything last week." It was a centre that had apparently been completely free of infection.

[00:05:00]

So she said to me, "Well, I'm going to test him; he has a fever." I didn't say much, but the next day, she told me, "Ah, your father's been tested, and he's got COVID but he's asymptomatic." I thought, "That's impossible!" Look, this is a virus that's supposed to kill, that suffocates you, that knocks you off your feet, that makes you contagious. How can you be asymptomatic?

Samuel Bachand
Okay. Was it the director who told you, in the first conversation you mentioned, not the second, that you couldn't access the facility, or was it someone else?

Lynette Tremblay
Well it was the centre's rules. I can't say exactly.

Samuel Bachand
Who told you? I'm trying to find out who told you that you couldn't go. You told me approximately when.

Lynette Tremblay
There was a ban that applied to all CHSLDs in Quebec starting on a set date.

Samuel Bachand
Who at your father's CHSLD told you about the ban? Who told you, "You can't come to visit"?

Lynette Tremblay
It could have been the administration or the person who answered the phone. It could have been reception because everyone had the same message.

Samuel Bachand
So it wasn't the director in the first conversation. It was another employee you can't identify.

Lynette Tremblay
I can't say exactly. Except that, when we got there, there was a policeman. And I'm telling you, even if we had tried to get through, it would have been impossible.

Samuel Bachand
I understand.

Lynette Tremblay
So that was my experience. She told me, "We've done COVID tests, and your father is positive but asymptomatic." And then I called every day, and I realized that every day, there was a different doctor on my father's floor and on every floor. Every day, they changed doctors with the result that none of them knew the patients.

Samuel Bachand
How exactly do you know that?

Lynette Tremblay
Because I phoned every day and asked, "It's a new doctor! Why isn't the regular doctor answering?"

Samuel Bachand
When you called every day to find out who the doctor was, did you talk to a nurse? To an attendant? Who were you talking to?

Lynette Tremblay
No, I talked to the doctor! Because I demanded to speak to the doctor.

Samuel Bachand
All right.

Lynette Tremblay
And then, I didn't believe it. I even asked the doctor, "Are you going to give me the proof of the positive test; I want to see it." He never gave it to me but he said, "Ask the nurse, ask someone else," and then that person over there— It was like something out of *Asterix*.

Samuel Bachand
The house that drives you mad in *Asterix*.

Lynette Tremblay
Yes, *The Twelve Tasks [of Asterix]*. So everyone passed the buck. I never got the test. And then they told me that patients who are COVID positive are going to be put in the cafeteria. I found that absolutely absurd.

Samuel Bachand
Was it still a doctor who was telling you that?

Lynette Tremblay
Yes, was the doctor. He said to me, "Public Health is in charge of all that." Then I was told, "The patients will go to the cafeteria for two weeks and then we'll check on their condition." I called every day. I'd say, "Is my dad okay?" He'd say, "Yes, he's fine, he's eating well, he's asymptomatic." And I'd say to myself, "So he's not . . ." Then what I realized was that because it was new—there was no vaccine yet and the tests were new—they were practising on the seniors. Because he told me that he kept testing them until the test was positive.

Samuel Bachand
A doctor told you he was testing patients.

Lynette Tremblay
Yes, he said, "We tested several times." Also I was friends with people there, we knew each other, and the daughter of another patient told me, "My father had some kind of pneumonia and then they tested him three times until the test came back positive."

Samuel Bachand
Over what period did they test it three times?

Lynette Tremblay
Oh, they were testing either the same day or within a few days—very, very quickly.

Samuel Bachand
Okay. Have you heard from other people, for example medical staff, that it's common practice to test as often as necessary over a short period of time until a positive test is obtained?

Lynette Tremblay
I know that some people have been tested three times before testing positive. I've been told that. But listen, it's been a while.

Samuel Bachand
I know, I'm trying to . . .

Lynette Tremblay
I can't say who or when.

Samuel Bachand
You're sure.

Lynette Tremblay
That's what was needed. When a patient tested COVID positive, all treatments were halted. In my father's case, he had a large bed sore and needed to sleep on an elderly care air mattress. The sore had been caused by neglect because they left him lying down too long.

[00:10:00]

So when treatments were halted, they said they didn't have that bed. The patients weren't even given vitamins C or D. When I demanded they at least give my dad vitamins C and D, the doctor said, "Oh, that doesn't work, it's not necessary." I said, "Well, I want you to give him some and I'm going to come and check. If you don't, I'm going to take it to him. Then I want you to give it to him." And that's what I did. I brought in a little box of vitamins which they never gave him. They put the box aside and gave it back to me after my father died. The box was intact.

In the end, the patients apparently didn't stay down there for two weeks. I think it was because the system did not work. I was told, "We're moving them back up to the bedrooms; your father is okay." And then, I wanted to see him, I wanted to see him. He said to me, "He's fine, he's fine."

I'll just take a look at my notes, in case I've missed anything.

And then, at some point, a new doctor phoned me. He said, "Ah, your father's a bit weak, maybe you could come and see him." So I rushed off to see my father and went to his room. There was a woman lying in his room and it was all converted and identified by the lady's name. We paid for this room; it was ours; it was like his home. And I arrived and saw a

woman lying in the bed. Then I said, "It's not an air bed, it's all decorated, it has photos." It was clear that this woman had been there for a while. Then she said, "No, your father's not here; he's in that room." Then I went to see him but I said, "What kind of room is this? It's a hard bed, it's empty, there's no name with his picture! Where are his clothes, his TV, his personal belongings? Where are his things?"

They didn't answer me. When I went in, I can't even tell you the protocols I had to go through! We had to enter through new access corridors and dress up in face shields and a mask. I thought, "Is this theater, vaudeville, or what?" It was incredible to me. I thought, "They can't be serious, they're trying to scare everyone!" I was outraged by the circus. What's more, they'd brought the military into the centres. I said, "What on earth are you doing, bringing in the military? People are already scared! They're going to see the military come in. What you're doing is appalling!"

Samuel Bachand
Who summoned the military—or the possible presence of the military?

Lynette Tremblay
Ah, it wasn't just possible, it was credible: the military was there. The military was there apparently because the employees were so scared of COVID. They [the employees] were paid—I think they got the CSP [Canadian Emergency Benefit] which paid more than their salary—and they all left.

Samuel Bachand
Okay. Did you see the military with your own eyes?

Lynette Tremblay
Yes, I saw them. Fortunately, they weren't dressed in military garb. Then I realized they were there to help.

Samuel Bachand
How did you determine that they were military personnel?

Lynette Tremblay
I asked them.

Samuel Bachand
Okay, then what kind of response did you get to the best of your recollection?

Lynette Tremblay
They were all nice.

Samuel Bachand
What words did they use? Did they say, "I'm Sergeant what's-his-name"?

Lynette Tremblay
No, I didn't go into detail about that. All I cared about was seeing my father. I didn't ask any questions.

Samuel Bachand
But you're certain that these people told you they were members of the Canadian Armed Forces.

Lynette Tremblay
Yes.

Samuel Bachand
On what date did your father die?

Lynette Tremblay
May 5, 2020.

Samuel Bachand
What was the cause of death?

Lynette Tremblay
Well, that's just it! Because, when I went in on May 4, 2020—the day I realized they had changed his room—I realized he was being given some kind of solution; apparently, they were giving additional medications to patients who tested positive for COVID. And so I took some photos, then I said to my dad, "Dad," and it seemed that he heard me. I thought, "He's completely drugged." I still didn't know what was wrong with him.

So that's how it all happened from my perspective: the room; how he was treated; how he looked; his hair was all dirty! It was as if they'd abandoned him. When I saw the director I said, "How can people be treated this way? My father's hair is all greasy and dirty! I don't even know whether you are changing his—" It's unbelievable!

[00:15:00]

When I returned the next day, they told me, "You can't stay longer than five minutes." I replied, "Listen, I haven't seen my father in two months; I'm going to spend as much time as I want with him." Then one of the nurses freaked out at the doctor when she saw I was taking photos. She shouted, "She's taking photos! She's taking photos!" And I'm thinking, "What on earth is this charade?" So what? I was taking photos. Next he said, "You have to leave right now." So I left.

The next morning, I came back and the director took me into her office with some employees I didn't know. She said to me, "You know, you had no right to go in there yesterday. Your father's not in mortal danger." I said, "Why did you move my father to another room? Why did you do this, and what's wrong with his arm? What did you do to him?" No answer. She said, "Oh, he's not dying, he's not in danger of dying. You have to leave." And then in the evening, at four o'clock, he died.

Samuel Bachand
During the period you've described, about how many doctors in total had you spoken to regarding your father's case?

Lynette Tremblay
For two weeks, let's say, there was a doctor every day.

Samuel Bachand
Okay. Before this COVID situation, what was the physician turnover like?

Lynette Tremblay
It was the same doctor every week. And he would visit patients who needed to see him and treat those who needed it.

Samuel Bachand
Before COVID, how frequently would you call and talk to the doctor? Once a week?

Lynette Tremblay
My father had no issues. He didn't suffer from anything. I used to go in person because it wasn't far from my house. I preferred meeting face-to-face.

Samuel Bachand
I understand. At this point, I'll leave it to the commissioners to complete this interview, if needed.

Commissioner Massie
Thank you very much for your testimony. I have a question about your father's health. How long had your father been in the CHSLD?

Lynette Tremblay
I think it had been two or three years.

Commissioner Massie
And you mentioned earlier in your testimony that he had bed sores, perhaps because he had difficulty getting around.

Lynette Tremblay
A person who's been lying in bed for a long time will develop bed sores. And they hadn't healed properly. When he went to the hospital because of this, she said, "Ah, he's going to die from that bed sore." I said, "What do you mean, a bed sore? You don't die from that!" She said, "Yes, you can die." But I said, "Bed sores are caused by mistreatment." At the hospital they agreed with me. It is necessary to use special dressings. After that was done, all went well. They put in drains but my father wasn't supposed to have any pressure on

the sore, so they prescribed an air bed. It's like water; it doesn't put pressure on the wound. And it healed very, very, very well.

Commissioner Massie
Was your father mobile? Could he get up, move around, or was he always bedridden?

Lynette Tremblay
At first he could. When he went in there, he was moving just fine. And then—you know, I don't wish to make an issue of it—they had given him a tranquilizer that I had cancelled. I ordered them to stop giving it to him because he didn't need it. But it caused him to lose mobility: his legs had gone limp. It was a very powerful drug that put him in hospital. The doctor thought he was going to die from it.

Commissioner Massie
Concerning your first visit in two months [of being denied entry], when you noticed that your father wasn't in his old room: Did you ever get any satisfactory explanation?

Lynette Tremblay
None at all. When I asked, "What is he doing there? Why did they change it?" None! It seems to me that my father was chosen, selected. In any case, I'll let you draw your own conclusions. Apparently, they put him there because they thought they'd only call me when he died. In my opinion, I wasn't supposed to see him like that, in another room and all that.

[00:20:00]

Commissioner Massie
And I'm curious: When you mentioned the day you went to the CHSLD to see your father and the director told you that your father was doing quite well, that it wasn't necessary for him to stay in that room for very long—what was it in her judgment, based on the doctors' examinations, that would allow her to tell you that?

Lynette Tremblay
When I went there, it was because the doctor for that day had said to me: "Ah, I think you should come see your father," except that I don't think the management had been informed.

Commissioner Massie
Okay.

Lynette Tremblay
And the next day, when I wanted to go back, it was the management who took me to their office to tell me, "You shouldn't have gone there; you shouldn't have seen your father; your father is in good health." Then the next day, when I saw him dead, well, I saw that they had rushed to wash his hair; it was clean. I know they declared him a COVID death. I'm sure my father didn't have COVID. We did not have the right to request an autopsy because when

someone died of COVID, autopsies weren't allowed. And that's that. It's unfortunate but he died in an atrocious way.

Commissioner Massie
Thank you.

Samuel Bachand
Thank you for your testimony.

Lynette Tremblay
Thank you.

Samuel Bachand
You are free to go.

[00:21:29]

Final Review and Approval: *Erin Thiessen, November 7, 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 5: Marylaine Bélair
Full Day 2 Timestamp: 02:35:19–02:54:19
Source URL: https://rumble.com/v2v90b6-quebecIII-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So hello again everyone. It's my turn to share another difficult testimony. Up until now, I know that the lawyers have had some very, very difficult testimonies on their plates during preparation period. When we talk about preparation, we mean calming the witnesses down, reassuring them, and helping them to organize their ideas a little. But what you will see here is all of their own free will; it's their own emotions. And sometimes we too have our own emotions and we need to remain strong during this process. So I'd like to thank our team here and all the witnesses of yesterday, today and tomorrow.

So without further ado, we'll continue with another difficult testimony—with Madame Marylaine Bélair. Hello Madame Marylaine.

Marylaine Bélair
Hello.

Konstantinos Merakos
So I'll start with your oath. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say: "Yes, I solemnly affirm" or "I swear."

Marylaine Bélair
Yes, I swear.

Konstantinos Merakos
Excellent. Can you say your full name and spell your surname?

Marylaine Bélair
Marylaine Bélair, B-É-L-A-I-R.

Konstantinos Merakos
Excellent, thank you. So for our viewers, Madame Bélair is here with us in person in front of me. So Madame Bélair, take your time with your testimony. We're going to start from the date when the chaos started for you: March 2020. Does it make sense to start with that date?

Marylaine Bélair
Yes.

Konstantinos Merakos
Excellent. Go ahead.

Marylaine Bélair
Actually, I want to testify on the impact of government measures on my life. In March 2020, more and more measures were being introduced every day. On March 13, schools were closed. At the time, my husband had been studying with the APCHQ [Association provinciale des constructeurs d'habitation du Québec] to get his RBQ [Régie du bâtiment du Québec - for construction management] licences. So his studies were stopped. He had the choice of taking the CERB [Canada Emergency Response Benefit] because at that time, the government was offering students the choice of being paid or of finding a job and going to work.

My husband thought, "We're in a crisis in Quebec; I can't just stay home and get paid for doing nothing." So there was a call from the government for security guards to enforce the measures in public places. My husband got a job on March 29, 2020, as a security guard at Walmart. At that time, one of the measures in place at Walmart was to let in only one person per family; you couldn't bring in more than one person. It was his job to enforce those measures.

Konstantinos Merakos
Perfect. So because of lockdown, measures, and mandates, your husband was forced to find this type of work.

Marylaine Bélair
Yes.

Konstantinos Merakos
So the next date that's important to your story is April 4, 2020: What happened on April 4, 2020?

Marylaine Bélair
Well, my husband was on duty as a security guard at the Walmart in Fleurimont. While my husband was making the rounds inside the Walmart, a customer arrived with his girlfriend and wanted to get in and, well, he was prevented from doing so by the other security guard on site—it was a woman—so he got into an altercation with her. Finally, he withdrew with his girlfriend to the parking lot. My husband rejoined his colleague outside the store and she explained the situation to him. Then the customer returned in his car to the front of the Walmart. My husband was there and, being a man, he didn't want the woman to be annoyed by this customer again. So he got into an altercation with the customer. They ended it a little further down the Walmart parking lot. And the customer got into his car—he was still in his car, in fact—and drove straight into my husband. My husband got onto the car to protect himself. After that, the customer maneuvered to get him off, so my husband fell directly on his head. He was taken away in an ambulance with a skull fracture and internal bleeding.

I was called and I went to the hospital. As soon as I entered the hospital, they looked at me and said, "Madame, you need to leave. You have no business here." I said, "My husband just arrived by ambulance." She said, "Yes, but that doesn't matter. You must leave." A nurse who heard me, and knew what had just happened, took me to the sixth floor. And I didn't understand because my husband worked in a parking lot.

[00:05:00]

I was like, "Okay, it can't be that bad an accident. He must have been in his car." Then the nurse started explaining to me what really happened, and that my husband was in emergency surgery at that point. And then she looked at me and said, "But you can't stay in the hospital." I said, "What do I do?" She says, "You can wait in the parking lot; we'll call you with an update on the surgery." So I spent six hours in the parking lot with my parents-in-law waiting for a call that came around eleven o'clock in the evening.

Konstantinos Merakos
In the hospital parking lot, excuse me.

Marylaine Bélair
In the hospital parking lot, yes, waiting for a call. The surgeon told me that the operation had gone well. He was still in critical condition but I wouldn't be able to see him unless he died.

Konstantinos Merakos
Before we talk about the hospital, I just want to make it clear to the viewers and to the audience that the situation that happened at Walmart was because of—what? Explain a little about what was going on at Walmart that evoked such emotional reactions from customers towards your husband, who was there as a security guard.

Marylaine Bélair
Well, it was dissatisfaction and misunderstanding of the measures that the government had put in place. In the early days of COVID, no one understood what was going on and the measures made no sense. Everyone was in a state of panic. So it wasn't easy to keep people calm and enforce the rules.

Konstantinos Merakos
Perfect. So we can say that the person went haywire in this situation because of the measures, because of his anger. He potentially unleashed it on your spouse.

Marylaine Bélair
On my spouse, yes.

Konstantinos Merakos
So coming back to the hospital, were you allowed to be next to his bed or not?

Marylaine Bélair
The next morning, I called to ask for an update and I then spoke to someone else who gave me permission to go and see him that day. He apologized for the call I'd had the day before, and told me: "You can come and see him, but only with your spouse's father." So my mother-in-law wasn't allowed to see her son for a month and a half.

My husband was in a coma for four-and-a-half months. I was often in and out: at times I could go to the hospital at times I wasn't allowed to go there for two weeks. I had to take it day by day. My own children and my spouse's siblings—there are six of them—were only able to see their brother and father once in the hospital. It was very restricted. I wasn't even able to see my parents who lived in another district for the first two months because they were afraid to cross a district, because fines were being imposed.

Also, there was a regime of fear everywhere—even in the hospital. They were still understanding but it quickly became other patients saying, "Why does he have the right to have his family?" It quickly turned into chaos. It wasn't easy.

Konstantinos Merakos
And can you just mention, because you talked about your children, how many children you have, without necessarily mentioning their ages? We'll keep this a little confidential for you. Are they teenagers or are they in elementary school?

Marylaine Bélair
I have five children, and at the time of the accident they were all elementary school age.

Konstantinos Merakos
Excellent. Okay, and these five children weren't allowed to see their father during treatment.

Marylaine Bélair
They were only allowed once.

Konstantinos Merakos
Once. Okay. After the operation, after the treatment, there was palliative care.

Marylaine Bélair
Yes. After four-and-a-half months in a coma it became clear that my husband was dying, so he was transferred to palliative care. Again, once in palliative care, I was told that there was a maximum of two visitors a day. We're talking about someone who's at the end of his life. Two visitors a day, I said, "That's all? I have five children. He's got six brothers and sisters, there's his parents, there's my parents." As I said, the hospital was a little understanding, but it didn't take long for things to get out of hand on the floor. In the end, we had to manage who was allowed to come and see Philippe and who wasn't.

Konstantinos Merakos
Your situation has been publicized. Anyone can do a Google search to see what happened. Did the media have a positive or negative impact on your situation? Tell us a little about the effect of the media, about the pressure in your private life.

Marylaine Bélair
There was a positive effect in the sense that—among other things—that's why the hospital gave us a little more leeway. Because having heard the story, knowing that there were five children behind it who were perhaps about to lose their father, it had a positive effect all the same. I had a lot of help; there was a donation platform.

[00:10:00]

As far as I'm concerned, it's not easy having your story on TV! We agree that it's not something you want in your life, but still something positive came out of it.

Konstantinos Merakos
Like it or not, in spite of the pressure—the fear, as you said earlier—the media in this case created the pressure to act. Do you think that if the media hadn't been there, the situation would have been different?

Marylaine Bélair
Probably, yes.

Konstantinos Merakos
For the worse? Can you say?

Marylaine Bélair
Yes.

Konstantinos Merakos
Okay. So what happened after palliative care?

Marylaine Bélair
After my husband passed away it was time for the funeral. I never thought I'd have to choose who could attend a funeral. Again, you had to make a list of who could and couldn't

attend. Within the funeral complex, we again weren't allowed to hug, weren't allowed to shake hands; we had to wear masks.

Then even during the ceremony, there was the two-meter distance between family bubbles. I was all alone, sitting at the end of the row, really far from the other people around me. At one point, my best friend took my chair and said, "This doesn't make any sense; you come sit next to the rest of us." But it was very cold; it was dehumanizing to live like that! That's the word that comes to mind. It just didn't make sense.

Konstantinos Merakos
Did you, the parents, and the children have a last hug, a last goodbye to their father? Were they able to touch him to say a final goodbye?

Marylaine Bélair
I made arrangements with the hospital. Given the measures and all that, I said, "I'll just take fifteen minutes, I'll bring my five kids all at once."

Konstantinos Merakos
Take your time, no problem.

Marylaine Bélair
So they allowed it. Yes, they were able to say goodbye to their father.

Konstantinos Merakos
Take a minute, there's no problem. Take a Kleenex. We're here for you.

So following this unfortunate death, I imagine it was also financially difficult because now you find yourself a single mother with five children. And I salute the courage of the rest of the family, which I imagine helped you through this difficult situation. Have you received any suggestions—whether from doctors, the government, or whoever—related to bereavement support? What resources are available to you following such a tragedy?

Marylaine Bélair
Well, I really didn't get any help. There wasn't anyone to help me. I had to do the research myself because you're not born with the resources to say, "I'm going to mourn the death of my spouse and the father of my children at 35." So I did a bit of research. Then ironically, I came across the Quebec government's website, which gives a few guidelines for when you're going through a bereavement. And one of the first things is to avoid isolation. Okay, that was pretty ironic.

Konstantinos Merakos
So just a quick note, what were their suggestions—according to the government—in order to recover from a bereavement?

Marylaine Bélair
Firstly, to avoid isolation.

Konstantinos Merakos
Okay.

Marylaine Bélair
Secondly, to meet people who have been through the same thing as you. But you realize that you're in a lockdown and nothing was happening at the time: sports activities, meeting new people. That was the sort of thing I was reading. I was like, "Okay, I'm not entitled to any of that right now." Another was to find professional help—but then realizing that psychologists and other counsellors were already overloaded with all that was going on. So I found my own ways to help myself.

Konstantinos Merakos
Okay. So you tried to get resources and not only were they unavailable, they were contradictory based on the environment you found yourself in.

Marylaine Bélair
Yes.

Konstantinos Merakos
Perfect. I don't want to take more of your time. I know it's a difficult situation to replay because I imagine there's been a lot of media coverage, plus a criminal court case.

Marylaine Bélair
Yes.

Konstantinos Merakos
So I'd like to bring this to a close. In your opinion, as a human being, what could have been done better? What are your recommendations for humanizing what happened? Please give us your suggestions.

Marylaine Bélair
In my opinion, a prime minister's role—whether federal or even provincial—is to serve the people. He's not there to enslave people.

[00:15:00]

As for the vaccine— I didn't take it, but I didn't mind them making it available. But you can't impose a vaccination. Then if you make it available, at the very least you should say: it's experimental. Then when there are side effects, you should mention them, so that people can make the best decision for themselves because it comes down to your personal decision whether you choose to risk taking the vaccine versus risking the virus. That's the first recommendation.

The second concerns the other measures. I think isolating people who were at risk was a good thing to do, but again, with free choice. Some grandparents would rather see their grandchildren and die of the virus than be locked up in a nursing home. So they should recommend these things but let others live their lives. I mean, I could go out; I was ready to live with catching it. If someone was afraid, then it was up to them to isolate themselves. Don't bully others on behalf of someone who's scared or in danger.

Then, my last recommendation is this: I'm a mother of five, I'm a company director. A person experiences crisis situations on many levels. When faced with a crisis situation, you have to weigh the pros and cons in order to see the positive effects of the decision you're about to make, of course, but also to consider the negative effects—and there are always negative effects whether you like it or not. Then when you know what they are, you work with the people who are going to have to live with them.

The government has completely ignored us as a people. And the way I see it, the National Citizens Inquiry is doing is what our authorities should have done. They should have asked themselves more questions, then seen the impact it was having. Even François Legault, when it happened to my husband, said at the press conference, "Oh, it's unfortunate, it shouldn't happen." No alarms were set off—not a single one—about what he was doing to our society.

Konstantinos Merakos
Okay, excellent. And I also want to remind you that—you already disclosed it, but—vaccination status or any other medical procedure is personal, it's confidential. So just a reminder—and to other people too—that you mentioned it here, but you didn't have to.

Marylaine Bélair
No, but I don't mind.

Konstantinos Merakos
Yes, it's your choice. Excellent. So thank you very much. I'll now open the floor to questions from the commissioners.

Commissioner Massie
Thank you, Madame Bélair, for your touching testimony. We appreciate you sharing it with us so that we can understand the reality of this pain. My question is this: Looking back, where are you now? Despite the obstacles, have you managed to find a way to grieve? And if so, was it really that much harder to get through those stages given the circumstances you were in?

Marylaine Bélair
It was extremely complicated. That's when I learned how important mental health management is. Then—as I was saying earlier—I had to find my own ways to keep my mental health as strong as possible, while also supporting my five children. Today, I'm still able to see the positive despite everything. I mean, that's when you discover the strength that's inside you.

Commissioner Massie
Thank you.

Konstantinos Merakos
Will there be any other questions? No? Madame Bélair thank you very much. You're very brave. We thank you. You're a role model for your children. We congratulate you. Thank you for being here today and for your testimony. Thank you very much.

Marylaine Bélair
Thank you.

[00:19:00]

Final Review and Approval: *Erin Thiessen, November 15, 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, and further translated from the original French.

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 7: Amélie Paul
Full Day 2 Timestamp: 03:57:00–04:38:35
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
I welcome you all. My name is Louis Olivier Fontaine. I'm a lawyer and I'm acting today as prosecutor for the National Citizens Inquiry. And we are resuming after the lunch break with the testimony of Madame Amélie Paul.

Good day, Madame Amélie Paul.

Amélie Paul
Good day.

Louis Olivier Fontaine
We'll start with your formal identification. So I'll just ask you to state your first and last name, please.

Amélie Paul
Amélie Paul.

Louis Olivier Fontaine
Now I'm going to ask you to take an oath. So I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I swear."

Amélie Paul
I swear.

Louis Olivier Fontaine
Madame Paul, let me introduce you in a few words. You can tell me if my presentation is adequate. So Madame Paul, you are a singer, actress, producer, content creator—an example of which are the comedy news bulletins, *La vérité brutale*—and you are also co-host of the podcast, *En toute franchise*.

Amélie Paul
That's right.

Louis Olivier Fontaine
Is that right? Thank you. So today, Madame Paul, you've been invited by the Commission to testify about the consequences you personally suffered during the COVID crisis. From reading your file we understand that there are questions that will be addressed in terms of the consequences you've had, and the censorship to which you've been subjected. So that will be the subject of your testimony this afternoon.

I suggest we simply go in chronological order. So I'd like to know: What were you doing before the start of the declared pandemic?

Amélie Paul
I had started a booking company to book cover bands for festivals and corporate events and such. I had spent most of the winter working on that, notably to book my own two bands. So I had a good summer ahead of me just before the lockdown was announced—on March 13, I think. So that's what I was doing.

Louis Olivier Fontaine
Okay. So when this pandemic was declared, what happened to you personally and professionally? In your own words, how did it go?

Amélie Paul
Well at the time I was scared—not about what was declared, not about the virus—but about all my shows. I was afraid. And indeed, everything was cancelled. So of course, it was very insecure as an artist. You find yourself without a contract before you.

But it didn't last long compared to what I saw unfolding before me. I thought the press conferences and all that were like theatre.

In my opinion, I've never bought into it. And that's why—very quickly—I wanted to highlight the absurdity of it all through video clips. It simply came to me. I like editing a lot; I studied communications so it is of course my area of expertise.

Louis Olivier Fontaine
Okay. Yes, let's talk about those video clips. Why did you do that? What did you do?

Amélie Paul
I found what they were telling us in the press conferences interesting: what we had to do to avoid catching COVID. And I had just finished my studies in naturopathy. So I thought it was really odd that it was practically the opposite of stimulating an immune system. So for me, that's when I came up with the idea of doing a video called *Les onze façons d'affaiblir son système immunitaire* [Eleven Ways to Weaken your Immune System], to approach it in a humorous and sarcastic way, pointing out that practically everything they told us to do actually weakened an immune system.

It turned out that I'd done it quite naively—for my own amusement, in fact—but then it went viral and was very successful. So after that, I decided to continue with that view of pointing out the inconsistencies and absurdities that I saw.

[00:05:00]

Louis Olivier Fontaine
Can you give a few more specific examples of what these videos are about?

Amélie Paul
For example, I could talk about masks: how it was good for our health to constantly breathe in the waste we expel, like our CO_2 and so on. I had made a video that asked 80 questions, I think. They were just questions, but it was to get people thinking and to show what was going on. Not just in relation to COVID, but I felt that there were a lot of things going on in society that didn't make sense any more. So I wanted to make people think, but in a humorous way because if you talk about it seriously, people often don't agree.

In Quebec, I think humour really reaches people: it's part of our culture. I'm not a comedian at all but I didn't need to be a great comedian to point out society's inconsistencies. It was just funny!

Louis Olivier Fontaine
All right, thank you. And what happened after that? Did you keep doing that for a while? What happened next?

Amélie Paul
I continued with the comedic videos. At one point I interviewed a biologist and she said, "You're good at this. You should keep doing it." So I continued to interview people who inspired me and those who I found had an important message to bring because I wasn't a specialist in anything in particular. So I wanted to get interesting people to share their message. That's it. So I continued to do comedy, conducting interviews, discovering such little gems on social networks: people I found inspiring and that I wanted to put forward.

Louis Olivier Fontaine
Perfect. So if I'm hearing you correctly, things had been going relatively well for you up to this point. What's the time frame here if you remember?

Amélie Paul
It went well. Right from the start, with the first video I made. Of course I was getting attacks on social networks but it was things like "conspiracy theorist" or "you're a public menace" or things like that, but it didn't get to me any more than that. So as with everyone else who was called a conspiracy theorist, it went on like that for about a year. Of course, I had comedic videos that were regularly censored. I thought it was strange when it got to the point where you couldn't even do comedy anymore. But nothing terrible happened to me, I think, until a CBC article was published on June 2.

Louis Olivier Fontaine
If you don't mind Madame Paul, before moving on to this other subject, I'd like you to elaborate a little. You say, if I've understood correctly, just online attacks by "trolls." Could you go into a little more detail on that part?

You also mentioned the censorship aspect: that is, videos that have been censored if I've understood correctly. I'd like you to go into a little more detail on these two aspects. So firstly, the attacks you mentioned and, secondly, the video takedowns or censorship you mentioned.

Amélie Paul
The videos where I made fun of masks were definitely censored. Some of the interviews I've done—I did one with Guylaine Lanctôt so of course that was very controversial—it was censored too. Usually anything that talked about naturopathy or attacked health measures would be an area that shouldn't be touched. Otherwise, the attacks I received were on social networks. The media hadn't started talking about me. As long as it stayed on social networks, it didn't bother me much.

But it was stuff like— I remember I made a video as a joke telling people, "Wear a mask and make a hole in it, then paint your face on it, so it doesn't show." A doctor actually attacked me, saying I was a danger for suggesting people do that. But people aren't so stupid as to do that. Sometimes I couldn't believe the attacks I was getting. At the same time, I had a naive side in all of this because it was total absurdity to me. It seems that I didn't realize that for some people it was very serious and they were afraid.

[00:10:00]

In a way, I was ridiculing their fear. I don't think I was aware of that.

Louis Olivier Fontaine
When you say, "I was attacked by a doctor," you have to be very specific: How does that actually happen?

Amélie Paul
I think it was on Facebook. It's been a long time because it's been three years, but I used to get a lot of comments, especially on Facebook. You don't see that as much now. But at the time, it was new and people were still afraid; and it wasn't popular to criticize the measures so I got a lot of criticism. At one point, a woman on Facebook said, "I'm a doctor at such-and-such a place. You're a public menace telling people to put holes in their masks." And attacks like that.

Louis Olivier Fontaine
Okay, I understand. And again, when you say, "The videos were censored," I understand what you're saying, but in practical terms, who does that?

Amélie Paul
It was mostly YouTube shutting down a video and then saying, "You're not respecting the community guidelines." And that's it. They often don't really explain. At that point, they'd say, "You're criticizing the health measures." It was a little more specific but you were able to assume the reason. But I say "were able" because the more it went on, the more obscure the reasons became for censoring the videos.

Louis Olivier Fontaine
Okay. And when that happened? Did you do anything to appeal that decision?

Amélie Paul
Yes. There's always a way to appeal but it rarely worked. It worked sometimes. I did appeal and videos came back. You just have to say, "Yes, I'm being funny and I would never criticize health measures!" Then you faked sympathy, and sometimes it worked.

Louis Olivier Fontaine
Okay. Thank you very much, Madame Paul, for those clarifications. So if you don't mind, we'll move on. You mentioned an article if I understood correctly. Perhaps I could ask you to elaborate and continue on this subject.

Amélie Paul
Yes. In fact, my first official experience with the media was in January 2021. A journalist from Québecor contacted me that time. I spoke to him, quite naively, and we talked for a long time, like in a kind of pre-interview or whatever. Then finally, he said, "Listen, I'm not putting you in the article I want to publish tomorrow. I'll get back to you in three days."

He actually published an article in the *Journal de Montréal*. The next day, I saw: "Des complotistes qui menacent nos"—I don't remember the title: *"Les complotistes menacent nos structures"* ["Conspiracy theorists menacing our structures"] or something. And three days later he got in touch with me and then he rather implied that if I pushed the health measures on my platforms— Saying, "If you say: 'We had a good laugh but we still have to respect the health measures, avoid clogging up the hospitals, it's important.' If you include this, you'll have your moment of glory and I will promote your career." And I went, "Well, that's because you don't understand how it works. Firstly, I can't do that, and secondly, even if I did, nobody would believe me. It's ridiculous! And even if I did, they wouldn't listen to Amélie Paul. They don't care, I'm not a guru. You know, people use their brains."

In short, I refused and then I got scared. I said, "When's this article going to be published?" It was either I accept [his demand] or he was going to write the unflattering article he wanted to publish in the first place. He told me it was going to come out on Monday. But in the end, nothing came out.

So there I was, at peace, and then I said to myself, "My God, I'm never going to deal with the media again. I don't want anything to do with journalists." Until, it had to be May 2021, Brigitte Noël, after the death of my friend Bernard Lachance—

Louis Olivier Fontaine
Sorry to interrupt you again, Madame Paul. Could you please tell us which media outlet contacted you?

Amélie Paul
At first it was a guy from Québecor.

Louis Olivier Fontaine
Okay, from Québecor. And it's your decision, but would you like to mention this person's name?

Amélie Paul
I'd rather not mention it. I don't know; I'm a little afraid of the potential consequences it might cause.

[00:15:00]

Louis Olivier Fontaine
Yes, you're ahead of me. So why do you want to avoid it?

Amélie Paul
Yes, that's right, it's due to fear. That's why—although I did talk a little about it—I never took any further action. The media scare me. I'm traumatized, you might say. It's just my opinion but I know they can go to great lengths to write things that can harm someone.

So there you go.

Louis Olivier Fontaine
Could you give us some examples of things that have been written about you? I know we've been going chronologically here. We can either continue chronologically or if there are examples that you'd like to mention now.

Amélie Paul
Well, my friend Bernard Lachance passed away on May 11, 2021. That was exactly two years ago yesterday. Of course, the media made a big deal out of it—because he's a conspiracy theorist who died of AIDS—to show that he was in the wrong. So it was wonderful for them.

And then a few weeks later, Brigitte Noël from CBC contacted me for an interview and I didn't even reply. I didn't even reply to decline because I also know that she has a

reputation of destroying people. Her work isn't very constructive. So out of fear, I just ignored it, very naively thinking, "Maybe she won't talk about it if I don't respond."

And finally, she wrote to me again a few days later and said, "You know, Madame Paul, I'm going to do my story no matter what, even if you don't write me back. But I'll give you another chance. So here are the points I'm going to cover." Then she made a list. And she mentioned private conversations I'd had with my friend in the bullet points. I thought to myself, "It can't be legal to do that, to publish conversations between two friends. She'll never publish that!"

Well, no! Finally, on June 2 an article was published on the CBC website. Then on the CBC news at six o'clock, there was also a little report talking about me in particular. It implied that I was his naturopath. Because I had studied naturopathy, they sort of made the association that I was his naturopath, which wasn't true. He was my friend and he never paid me for consultations or anything. I've hardly done any consulting since I got my diploma. I wasn't really interested in one-on-one consultations. It was more for myself, to cure a health problem I had.

So there you have it. I was in no way Bernard's naturopath. They also implied that I was selling him natural products to cure his AIDS. But Bernard—whether you agree with him or not—was campaigning to say that HIV didn't give you AIDS. And as far as he was concerned, he didn't have HIV. So it makes no sense to say that he was taking natural products to cure HIV.

And he took natural products like me. We took the same thing for daily maintenance because he was a bit like me. We liked to talk about health, naturopathy, and all that. And we had a mutual friend who sold us these products.

Louis Olivier Fontaine
Okay. Once again, let me interrupt you. So you're talking about an article that was written by Madame Noël in June but on a completely different subject. So why do you think they suddenly decided to write about Amélie Paul and one of her friends? Do you have a hypothesis? Why do you think this article was written?

Amélie Paul
Well, as with all the other so-called "conspiracy theorists," to demolish their public reputation. So that we don't have any credibility. So that people don't come and listen to us in our videos, on our platforms, I imagine. I can only assume that's the case.

Louis Olivier Fontaine
And how did it make you feel? How did the publication of this article and this report affect you?

Amélie Paul
I was definitely devastated. Not only was I ashamed because I said to myself, "I'm a disgrace to my whole family, to those around me. I'm hurting my mother," who was fighting cancer and it was very difficult for her at the time.

[00:20:00]

People boycotted my boyfriend's restaurant. So it caused a lot of problems in my circle of friends. But on a personal level, I had become bad company. I felt like I had leprosy. No one could associate with me. It was like a social death sentence if you like. I was blamed for Bernard Lachance's death and even today—two years later—I still get attacks from people who say, "You've got blood on your hands, you're responsible for his death, you belong in prison." It's never really stopped.

Beyond that, from a professional point of view, a few days after this article appeared, my two YouTube channels were shut down. They were my bread-and-butter. Then my music shows— because in the summer of 2021 shows were starting up again. I had a few shows booked. It was starting up again, I was happy; and then in the end, they were cancelled.

From a naturopathic point of view as well, I was really too scared. I was already hardly doing any consulting. At that point, I didn't want to do any more at all. It wasn't worth doing consultations for the small amount money I was making, and then potentially saying the wrong thing and getting sued by the College of Physicians. Because after Bernard's death—this is just me guessing, maybe they were real people, but I found it very suspicious—I received maybe three requests from people who said to me, "I'm HIV-positive. Could you recommend some natural products to stop my tritherapy?" In any case, I thought it wasn't very subtle. I said to myself, "Well, I quit." And I know that many naturopaths and holistic health practitioners have stopped practising because of this witch-hunt.

Louis Olivier Fontaine
So if we're talking about your professional income: For example, we're talking about YouTube channels that were closed that were a source of income for you. We've talked about the shows. We've talked about the naturopathic practice which has been greatly reduced.

Amélie Paul
Stopped outright.

Louis Olivier Fontaine
Stopped, all right. Did your band continue? How did it go?

Amélie Paul
At some point, I'm not sure—two months after this saga, maybe a little before—I was starting to feel better— Because I had disappeared for maybe a month or two. And then I had a show coming up with my band in Repentigny. I was happy. I said, "Here, I'll post this on my social networks. It will be a nice change of scenery and I can't be attacked for having a show."

Louis Olivier Fontaine
Sorry. When was this, if you remember?

Amélie Paul
I think it was maybe the end of July if I remember correctly. Because the other thing had happened on June 2 and then I left it for a while. It was, I'd say, at the end of July that I announced on social networks that I had this show.

And then there are the little soldiers of the celebrity pages, the haters who are on our backs all the time. I don't know if you want examples: Xavier Camus, *Les Illuminés du Québec*, that whole gang. They called the sponsors of the event where I was going to play to scare them, to tell them, "You're hiring a conspiracy theorist." So they had to issue a statement saying, "Calm down. We don't endorse Amélie Paul's comments. She won't be coming here."

So that show was cancelled, and immediately afterwards there was an article about it in *Le Soleil*. And then I guess these people did some research because I hadn't announced it anywhere, but I had a show in Gaspésie opening for Éric Lapointe, which is all the more ironic. Éric Lapointe is no choirboy! But anyway.

[00:25:00]

So there, same thing: the event organizer received calls to say, well, probably the same thing. I can't say exactly what they said. But at least he called me to say, "Amélie, I'm obliged to cancel you. My board of directors is on my back; they're getting calls." So they cancelled that show. And from then on my musicians said, "Listen, we won't play with you anymore because we're risking our careers." So they booted me out of my own band that I had launched: my own company. And after that, well obviously, the other shows planned for that summer were cancelled.

Louis Olivier Fontaine
And—feel free to answer or not to answer—but I understand that many sources of income had disappeared. How are you doing today?

Amélie Paul
Well, people give me donations. I get a bit of advertising revenue from YouTube because I've opened another channel, but it's not the same as before because now there's a lot of shadow banning. I don't have any proof but that's what I think.

Louis Olivier Fontaine
Can you explain to the Commission what this is?

Amélie Paul
Yes. The shadow ban—on Facebook especially, and on YouTube—is when they allow you to exist, if you will, but they're going to promote you to a lesser degree in people's news feeds. You'll have a little less visibility. So I have a bit of income from YouTube and Facebook, but it's mainly public donations that keep me alive. So when I make videos, I ask for donations and people encourage me. So this shows that you have to stay honest and true when your income depends on the people who listen to you.

Louis Olivier Fontaine
So in the chronology, we talked about Madame Noël's article. We've talked about a number of subjects. Are there any other topics further down the chronology that you'd like to mention to the Commission? And in a few minutes, we'll have to give the floor to the commissioners, who may also have some questions for you.

Amélie Paul
Well, I think that about covers it. There's also the music. I don't have concrete proof of this but at the time, when my manager was trying to track my music on the radio—that is, to contact radio stations to try to get them to play my songs. Let's say, of the two big radio stations in Montreal, one said, "We don't play Amélie Paul." For the other, the musical director had agreed to play my song but then he said, "My hands are tied, I'm not allowed to play it." So you could argue: "But it wasn't a good song." But it had reached number one on iTunes Canada, so it must have been not bad.

So basically, it was thanks to people on social networks because I didn't get any support, obviously, from the radio or the mainstream. Of course, nobody wants to play me and nobody's going to talk about me.

Louis Olivier Fontaine
A question we often ask at the end of interviews is: How could things have been done differently to make things go better for you? I know it was difficult for you, but is there a thought or reflection that comes to mind? How could things have been done better?

Amélie Paul
After the Radio-Canada [CBC] article, I tried to contact journalists. And my manager at that time had also tried to reach someone with his contacts who would allow me to give my version because Bernard and I spoke every day. So I knew the truth. I would have told it and there would have been no problem. But nobody ever wanted to interview me or get my side of the story, whereas Bernard's sisters were in the media with Paul Arcand, with Denis Lévesque, but Bernard hadn't spoken to them for six years, I think. So that's where it was suspicious. I mean, they should have given me the right to speak in my own defence, but I was never able to defend myself in that story.

Louis Olivier Fontaine
If you could have had the right to reply, the right to speak, things would have gone better.

Amélie Paul
Well, I think for all the subjects that we deal with, what is missing is the debate in the media. I think that's the key. Both sides should be represented in the media but they are not. Even if someone comes across as a conspiracy nut and has outlandish theories, let him express himself. He'll discredit himself. Lies discredit themselves.

[00:30:00]

Louis Olivier Fontaine
I think that's a very good conclusion to your testimony, Madame Paul. I'll turn the floor over to the commissioners if they have any questions for you.

Commissioner Massie
Thank you very much, Madame Paul, for your testimony. It's touching and disturbing. In a society, we would expect our artists to explore new avenues, be creative, and lead us away from political correctness, let's say. At least, when I was young, that's what was most popular. Well, I admit I haven't kept up with it all that much lately—I've been a bit out of touch—but I did notice that, whether in music or theater or other forms of artistic expression, it seemed pretty restricted.

In your artistic milieu, are there many other artists like you who have taken this risk or had this naiveté — I don't know, you mentioned naiveté — to express themselves because they found this situation absurd?

Amélie Paul
There are very few. At the very beginning of the pandemic, Lucie Laurier spoke out against it. She talked about it but it wasn't far-fetched—what she was saying was very logical—and then she was cancelled immediately. But she was already established and well known so she had a lot to lose. Perhaps she served as an example because after that, very few people spoke out.

Guillaume Lemay Thivierge just said, "No, I'm not vaccinated yet; I'm waiting for a Quebec vaccine." I think it was Medicago at the time. Just because he wanted to wait, he was also mistreated by the media. He lost a big sponsorship.

So I think that all these people served as an example to say, "Don't say anything if you don't want to lose your career and your gains." And artists who were known for speaking out against the government, for being rebels and non-conformists, suddenly became the ultimate conformists. It was pretty special.

Commissioner Massie
Does this suggest, finally, that the artistic community is somewhat limited in its ability to express itself, given the forms of remuneration to which it has access, which perhaps go through government channels or firms that may somewhat control the messages?

Amélie Paul
Well, given that Quebec is a small market, whether in film or music—I'm not certain of what I'm saying—but I think it also works largely through subsidies, even for artists. So yes, it's difficult. I imagine they'd rather keep quiet and not risk losing everything. Or even if it wasn't subsidies, if you no longer have the support of radio stations and the media, it's the end of your career or, at any rate it's more difficult. It's not the end, but it's a lot harder.

Commissioner Massie
To pick up on Mr. Meloni's opening comment this morning, a lot of people are now saying, "Well, it's over, we're moving on." Do you now feel the freedom to express yourself quite well within different art forms? Is it all over?

Amélie Paul
Absolutely not. In any case, from an artistic point of view, there may be an opening. So the organizers, maybe they have an opening and they don't mind, but it's a risk taken at the corporate level. Event sponsors run the risk of being attacked. Nobody wants to take the risk. So I have the impression that it's the code of silence. Everyone knows that everyone else knows, but we just pretend. That's just my impression.

Commissioner Massie
And how long do you think it will last? Will we get out of it soon?

Amélie Paul
I have no idea. Naively, I hope so. I hope the truth will come out, and we'll get through this, and justice will be done, but I have no idea.

Commissioner Massie
And what do you think it would take for the voice of this artistic community to be liberated? What would have to happen in our society?

[00:35:00]

Amélie Paul
Well, since you can't do anything about the media—which is obviously controlled by the government—all the artists would have to get together. But it's like in any milieu—I'm talking about artists here—but in any milieu, if everyone had stuck together, all these stories would have fallen. But there was a division into two camps. So as long as we're not all together, I think that's the problem.

Commissioner Massie
Now the question is: You mentioned that at the beginning, when you observed what was happening with the launch of measures to counter the pandemic, that from your point of view, it didn't seem credible. And you commented that, perhaps, you were a little naive at the time. After three years, have you come out of the age of innocence?

Amélie Paul
I've had some wonderful evolving gifts in three years. Yes. I'm just as naive but deep down, my naivety at the time was that I didn't think what I was doing was serious. I wasn't aware that it wouldn't go down well with society.

Commissioner Massie
Thank you very much.

[Addressing the other commissioners in English] You have any questions? Okay.

Commissioner Drysdale
[In English] Good afternoon. Given the treatment that you got from the social media and the media, have you got any kind of an opinion as to what the recent amendments to the Broadcasting Act through Bill C-11 might have on your future?

Amélie Paul
My opinion on Bill C [11], the consequences it may have for my future as an artist, right? As a content creator on social networks—I think that's it, if I've understood correctly?

I think it's a law that is a bit disguised, and will eventually have even more control over the content of social networks, and then control "disinformation." So when what you say is not in line with the government—that is, not in line with the accepted narrative—I assume it's disinformation. So is this going to open the door to more censorship? That's what I think, but I could be wrong. I don't think it's necessarily for the good of Canadian content creators. Only my naive side would believe that.

Commissioner Drysdale
[In English] The second part to that question might be with regard to new music in Canada. Most of the new music coming out by emerging artists is funded by the government through grants and assistance, and most of the festivals have government funding in them. Can you comment on what kind of an effect that has on artists like yourself, and making a decision whether or not they're going to have protest music? You know, they used to have protest music when I was about your age, and there isn't any of that anymore.

Amélie Paul
So the question was: Given that most artists are funded by government subsidies, what impact will this have on protesting artists? Is that it, if I understood correctly?

Personally, I have no hope of getting a grant anyway, and I wouldn't want one so it doesn't affect me. There are those who make their way on social networks, and you can still denounce things through music. I think that the best way is in fact to denounce through song lyrics. I think it gets across a lot better.

I was going to say, the mistake I made—it's not a mistake—but to denounce through comedic videos or by speaking directly, saying "It's a fraud," doesn't make it through. But on a canvas or through a song, I think it can still make it through. But the idea is to use new media, social networks, and travel your path by yourself. I also think that is the future. We can't go on forever. I don't think subsidies are going to continue. People are awakening and detaching themselves from this falsehood.

[00:40:00]

Artists who didn't do anything during all that time, who didn't even raise maybe a few questions, who didn't denounce anything? I don't know. I can't say. But personally, I don't want subsidies. I'm not in this. I don't want government help. I'd just like, maybe, to have permission to play on the radio or to do shows. At least to be able to play in places where sponsors are not called and harassed. So that's that. That's my situation. As for the others, they just have to be docile and they'll be fine.

Commissioner Drysdale
Thank you.

Louis Olivier Fontaine
So in closing, Madame Paul, it only remains for me to thank you on behalf of the National Citizens Inquiry for your testimony.

Amélie Paul
Thank you.

Louis Olivier Fontaine
I'm aware that coming to talk about your personal experience can generate a lot of stress and anxiety. So I congratulate you on your courage and integrity.

Amélie Paul
Thank you so much for giving me this opportunity.

[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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 8: Stéphane Hamel
Full Day 2 Timestamp: 04:39:16–05:21:27
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
So good morning. For those just joining us, my name is Chantale Collard. I'm a lawyer and I'm acting as prosecutor for the National Citizens Inquiry here in Quebec City.

So Monsieur Hamel.

Stéphane Hamel
Hello.

Chantale Collard
Hello. First of all, thank you very much for agreeing to testify here at the Inquiry.

Stéphane Hamel
Thank you for participating in this exercise: it is overdue.

Chantale Collard
First, we'll proceed with your identification. So simply state your full name.

Stéphane Hamel
My name is Stéphane Hamel.

Chantale Collard
And I'll swear you in. So do you solemnly declare to tell the truth, only the truth? Say: "I do" or "I swear."

Stéphane Hamel
Yes, I swear.

Chantale Collard
Perfect. So Monsieur Stéphane Hamel, I'll let you introduce yourself. But first, I should mention that you've had major political involvement, including being a founding member of the CAQ [Coalition Avenir Québec].

Stéphane Hamel
Yes.

Chantale Collard
So you've had a close relationship with Monsieur Legault and you can tell us all about that. And so the question today is, first of all, your motivation for coming here to testify before the Commission, your primary motivation. And to begin, I'll let you talk briefly about your occupation because you're not just in politics. You also have another career path: you're in business, you've also studied computer science, and so on. So you can tell us about your professional career.

Stéphane Hamel
Yes, but not anymore because it's extremely difficult for me to find work. Usually, I work in very large companies. And since I had my episode with the CAQ—which became very public—I no longer have any possibility of getting contracts because I'm a contract worker and large companies and the government seem to have flagged me. So it's been very, very difficult for me over the last three years.

As for my career path, at heart, I'm mostly a computer scientist. I got my first computer when I was twelve and I was making my own games at the time. I enjoyed making them, not playing with them. So I also trained in computer science and accounting at UQAM [Université du Québec à Montréal].

At the start of my career, I was Operations Manager for a small company in Montreal, and that's where I practised my accounting. I also had my first attempt in business management and all the processes they can have for companies.

Then I designed a computer system for the major oil companies in Canada. So with my father, I started a company called Les logiciels Infosys. And I was the architect and coder, more or less, of this system which is used for the global management of major companies such as Ultramar, Petro Canada, Shell, and many others with whom I worked in the United States, Canada, and many other countries.

I had a few partners when I bought the company and I was defrauded by my co-shareholders. So I spent about seven years fighting with the justice system and I know the justice system from that experience; in my opinion, it is a disaster for ordinary citizens.

Chantale Collard
Monsieur Hamel, thank you for giving us a brief overview of your background; we will yet see a link. Maybe we can't see the link between IT, politics, the pandemic—what we call a

pandemic. So one of the first questions is, of course, your political involvement. So we're talking within the party, so as not to confuse the two: the government and the party are two different entities.

[00:05:00]

Stéphane Hamel
Yes. I was an activist with the CAQ from the very beginning; there weren't many of us.

Chantale Collard
What year?

Stéphane Hamel
It was the end of 2011–2012.

Chantale Collard
More than 10 years.

Stéphane Hamel
So really at the very beginning of the CAQ. I'm a founding member of the CAQ. I took part in the first campaign in Terrebonne with Monsieur Gaétan Barrette, who was my MNA [Member of the (Quebec) National Assembly] at the time, my candidate in the riding of Terrebonne. It was a campaign full of developments. Monsieur Barrette is very talkative.

From then on, I took part in all the CAQ conventions. I've really cut my teeth in politics; and I'm particularly interested in the philosophy of politics, sociology, and all that.

So I did my homework; and my goal was to enter parliament in Quebec one day because in computer systems or government ways of doing things, they spend billions and billions of dollars on systems and nothing ever works. And even today, there's nothing that works, especially in the healthcare system. And we saw the disasters with the Société de l'assurance automobile du Québec [Quebec Automobile Insurance Company]. They don't seem to be able to come up with a system that works, whereas in all my years in the private sector, I've never seen such disasters. Of course, we're no angels: sometimes there may be things that don't work, but I've never seen projects cancelled and restarted *ad vitam æternam* [to life everlasting].

Chantale Collard
All right. So Monsieur Hamel, we're going to start in 2020. There's a link between the pandemic and politics. I'd like you to tell us about that link and how it affected you.

Stéphane Hamel
Starting in 2018, I participated in two campaigns: in Vimont and in Laval-des-Rapides. And at that time, I became president of the Laval-des-Rapides riding [association] for the CAQ. When the pandemic started, we had a lot of Zoom meetings. And what kept bugging me was

that no one was talking about the elephant in the room. In all the meetings, I tried to bring the subject to the table, and it was as if I had eyes looking at me with—!

Chantale Collard
How did you bring up the subject?

Stéphane Hamel
I brought up the subject as: What's the point of all this? What did the CAQ, as a party, do to try and smooth things over? Because what I was seeing at the time was that the government was doing everything it could to stir up fear. I expect politics to bring people together, not try to scare them in ways that I've never seen. So that's what it was all about at the beginning because at the beginning we hadn't even had any discussions yet.

Chantale Collard
Of what point in time are we speaking?

Stéphane Hamel
Really early in the pandemic.

Chantale Collard
So April 2020, around then?

Stéphane Hamel
Late March, early April 2020 when everyone was like deer on the highway facing the high beams. Everyone was wondering what was going on. My first observation was that nobody was talking about it.

Chantale Collard
Very true. By the way, when you broached the subject, what was their reaction? How did they respond? Were the words clear? Or was it something hinted at when you talked to the party?

[00:10:00]

Stéphane Hamel
People on the party executive, in particular, were saying, "We mustn't ask questions because it's absolutely essential that the whole population be on the same wavelength—because it could be dangerous to have people leading others elsewhere." And I could understand at some level saying, "We've got a pandemic, an extremely dangerous virus, so don't disseminate information that could lead people to disregard health measures."

Chantale Collard
Which, at the time, had just been imposed.

Stéphane Hamel
Which had just been imposed. We remember, at the very beginning it was, "Stay at home." Then there was a crescendo in the measures. That was at the beginning. As time went on—over the next few months—it became increasingly clear that it was people who were already at the end of their lives who were succumbing to COVID. So I asked these questions at meetings. And we were just speaking among ourselves; we were not in the public eye.

Chantale Collard
Yes, that's right.

Stéphane Hamel
We were speaking among ourselves, the executives and all that. "Aren't you being a little too alarmist?" And it wasn't—

Chantale Collard
That was the wrong question.

Stéphane Hamel
These were not questions to ask, even between us. We were not to talk about such things, absolutely not. It was an *omertà* [a code of silence], already at the start.

Chantale Collard
Already at the start? Within the party itself?

Stéphane Hamel
Within the party itself. So for me—someone interested in politics for a long time—I said: "But that's not democracy. We should debate this." On the other hand, I can understand that in the beginning, we wanted to be reassuring. But we weren't reassuring people, we were leading them into fear—increasingly so!

Chantale Collard
At the time, you were wondering about the narrative that the people were led to believe. So it was very well orchestrated. That's what I understand.

Stéphane Hamel
It was made clear that we were not to discuss government decisions.

Chantale Collard
So it was very clear.

Stéphane Hamel
That's right. At the time, I was president of Laval-des-Rapides, and Monsieur Legault came up with an initiative which he called: "Je contribue" ["I contribute"].

Chantale Collard
So "Je contribue" was an initiative to get people to donate their time in CHSLDs, RPAs and so on [long-term care and seniors' residences].

Stéphane Hamel
Yes. And I wanted to give a bit of my professional background at the outset—precisely to put into context the fact that I'm someone who asks a lot of questions due to my work. It's part of my job to ask questions in order to find solutions and computerize processes. So you need to ask a lot of questions to understand.

At the time, I was also very naive, as Amélie [Paul] would say: I was naive too. I decided to go and work in a CHSLD to lend a hand.

Chantale Collard
What was your main occupation in the CHSLDs?

Stéphane Hamel
I was a service assistant, so a bit of a jack-of-all-trades. We fed the residents, helped them get dressed, emptied the garbage cans: it was really a little bit of everything.

Chantale Collard
But you were in direct contact with the residents?

Stéphane Hamel
I was in direct contact with the residents, yes.

Chantale Collard
So you were able to observe things?

Stéphane Hamel
Yes.

Chantale Collard
Can you tell us about it?

Stéphane Hamel
Yes, absolutely.

[00:15:00]

At the very start, I was greeted with suspicion by the establishment's management because I was president of the CAQ, the party in power. But that had nothing to do with it. I could see what was going on; we heard, "the lack of staff." I was naive enough to say, "I'll go and help."

Chantale Collard
You wanted to do a good deed?

Stéphane Hamel
Well, not just a good deed.

Chantale Collard
But for the community?

Stéphane Hamel
It was really: "I can't stand seeing people left to fend for themselves like that!"

Chantale Collard
Absolutely.

Stéphane Hamel
I think there are a lot of people who were there, like me, who worked for "Je contribue" for the same reason. They can't stand to see people die like that.

Chantale Collard
Absolutely.

Stéphane Hamel
All alone in their excrement, not being fed. And I was hired at CHSLD St. Jude in Laval.

Chantale Collard
What exactly did you observe at this CHSLD?

Stéphane Hamel
I have a few anecdotes. There's a big corridor on the first floor. There was a lady who was constantly going out because the lady smoked. So the door was right next to her room. Then there was a gentleman in a room just across from her, and the door was right next to him. He wanted to go outside. The gentleman was no longer capable but he was a gentleman with all his faculties. He was a very fine gentleman. I even had conversations with him. He said, "Can you help me? Let's go for a stroll." On top of this, it was a beautiful spring day in May; the first really beautiful, sunny day of 23-24 degrees. The gentleman said to me, "I can't take it anymore, I want to go outside."

Chantale Collard
Ah yes.

Stéphane Hamel
So I went out of my way. I went to see the management. I said, "The gentleman wants to go out, so I'll go with him." This was just as I'd done with the lady going out for a smoke. "I can take them both out at the same time. It's outside: there's no danger. I'll keep them away from each other." I got an answer like, "Yes, maybe" from a nurse. Then he passed it on to management and suddenly they said, "No, we can't do that." I said, "But the lady can already go out!"

Chantale Collard
So you were denied.

Stéphane Hamel
And it stayed that way. When I arrived at the CHSLD the next morning, they'd put bars on the gentleman's door!

Chantale Collard
No.

Stéphane Hamel
To make sure he didn't go outside. His bedroom door! And I found that absolutely terrible.

Another anecdote which took place a few weeks later: there was a gentleman I had become very attached to. He was Monsieur Labbé. We'd had several conversations and he was in his right mind. Then at a certain point, I heard some confusion: a problem had come up, but I was so busy taking care of a number of residents that I didn't see it. It happened around 7:30 in the morning.

Then I let it go. At half past one or one in the afternoon, I went to see the gentleman. I didn't know what had happened. Since the very beginning of the day, the gentleman had needed his diaper changed. And supposedly he had been aggressive in his request, but I know the gentleman and he's not an aggressive man. And at one o'clock, he exploded. And they'd been putting off changing him since early in the morning because they said he was aggressive.

So I talked about it with some of my colleagues who were there as helpers like me. Because I didn't have the skills or the strength to do that job—to change a diaper—one of the others took it upon himself to do it.

[00:20:00]

So all the employees were supposedly forbidden to do so. At that point, I escalated the situation up to management and told them that the gentleman wanted to lodge a complaint. I was immediately, forcibly thrown out.

Chantale Collard
Okay. So basically, you were there as a helper. You wanted to help this person.

Stéphane Hamel
Yes.

Chantale Collard
The complaint process is something to which we are entitled.

Stéphane Hamel
Yes.

Chantale Collard
Was there a link—and you'll get to this—between your ouster from the CAQ and what happened?

Stéphane Hamel
That was my first strike. I've had three strikes with the CAQ.

Chantale Collard
Okay.

Stéphane Hamel
When it happened, I asked for the phone number or e-mail address of the director of the CISSS [Integrated health and social services centres] in Laval and I wrote a complaint for Monsieur Labbé. I sent the complaint directly to him. And then the director of the CISSS called a minister—I don't remember which—and complained that I had made a complaint for the gentleman.

Chantale Collard
So he complained that you had made a complaint.

Stéphane Hamel
So the minister called the CAQ leadership and I then received calls telling me that I had no right to file a complaint on behalf of this gentleman.

Chantale Collard
Did they elaborate on the reasons? Did they send you a letter? What happened next?

Stéphane Hamel
No. Once again, there was no debate.

Chantale Collard
Okay.

Stéphane Hamel
And I was told that I was going too far and that I wasn't in solidarity with the CAQ and the CAQ executive. And I was told very, very clearly that I had to keep quiet.

Chantale Collard
It was clear.

Stéphane Hamel
It was clear.

Chantale Collard
But it wasn't in writing, if I understand correctly?

Stéphane Hamel
No, it was all verbal. I got a lot of phone calls, and the word went around: "What are you doing?" Well, I was naive. I complained, which is the man's right. The gentleman didn't have the capacity to do that. So there you have it.

Chantale Collard
You say this was your first strike. There have been two. Now we'll come to the second strike.

Stéphane Hamel
The second strike was the CAQ blitz in every riding to call its citizens because everyone was still in shock. So they said, "We'll call citizens to see how they're doing," which seemed fine until the directive was to call them, but also to offer them a free membership card for a year. So I said, "No, I won't do that." But it looks like everyone cooperated and did it. And there were even lists of who performed the best and sold the most membership cards.

Chantale Collard
Sold, given.

Stéphane Hamel
So if it would have been a matter of calling citizens to encourage them, "Are you doing well?" and all that. But to be judged by the number of membership cards we sell! Because that's automatically renewable.

Chantale Collard
Absolutely.

Stéphane Hamel
I thought it was utterly unscrupulous. And I said so.

Chantale Collard
You've made it known.

Stéphane Hamel
That was my second strike. They made it clear that they weren't happy with me.

Chantale Collard
Still verbally?

Stéphane Hamel
Verbally, yes.

Chantale Collard
And your third strike?

Stéphane Hamel
The third strike was, I think, at the beginning of July 2021. A lot of water had passed under the bridge by then.

[00:25:00]

So I stayed pretty quiet and observed. I still attended all the meetings and they never ever had any discussions about the pandemic.

Chantale Collard
A taboo subject.

Stéphane Hamel
An absolutely taboo subject until the government began to set its sights on a health passport.

Chantale Collard
We are now in 2021?

Stéphane Hamel
I think these discussions started in April 2021 and intensified until it became almost official in July 2021.

Chantale Collard
Yes, just before the passport.

Stéphane Hamel
And then I made a post on my Facebook, which is private. On which I have, of course, friends who are in the CAQ—I have MNAs; people on the executive committee; all sorts of people—but above all, it's private.

Chantale Collard
It's not accessible to the general public.

Stéphane Hamel
It's not accessible to the general public. So I wrote a note. I can't remember the wording. I think I gave it to you yesterday.

Chantale Collard
You had the letter. I have the letter.

Stéphane Hamel
No, the Facebook post?

Chantale Collard
No, I don't have it. Tell us about it.

Stéphane Hamel
I'll try to paraphrase. I said, "I don't agree with a health passport, and if the government decides to go ahead with it, I'm going to oppose it." It was as simple as that. So it wasn't public; I didn't make a public statement.

Chantale Collard
But you did say it was clear that you were going to oppose it?

Stéphane Hamel
Yes.

Chantale Collard
It was always private, but it became known.

Stéphane Hamel
Yes, because I had a lot of CAQ people on my Facebook, so they all saw it. So that was the third strike and that was the final one. And then I received a letter from the party executive telling me that I didn't support the constitution of the CAQ party and that I wasn't in solidarity with the party. And that for that reason—I'm paraphrasing because I don't have the letter with me—

Chantale Collard
Yes, I have it right in front of me.

Stéphane Hamel
They immediately removed me from my position as president. And the executive voted for that unanimously.

Chantale Collard
By the way, I can [read] this part for everyone's benefit: "However, we have become aware of the publications and comments you have shared on numerous platforms or social networks—" You mentioned Facebook.

Stéphane Hamel
Only on one.

Chantale Collard
"—and we are of the unanimous opinion that you are openly opposed to the principle of the constitution and are in breach of the requirements described above." So as a result, your mandate came to an end, et cetera, et cetera.

Stéphane Hamel
Well, there's a problem with this letter, which is: I opposed the government—I opposed a government decision—

Chantale Collard
Not a party decision.

Stéphane Hamel
—which is not the party. The party and the government are two separate entities. So I wasn't opposing the constitution of the party. I was opposing a directive or decree from the government, which was then formed mainly by CAQ MNAs. But as soon as the government is formed, the notion of party no longer exists: the MNAs are there to represent the public. So they're no longer members of political parties. In all the training we've had as party members, we've always been told to be extremely careful to distinguish between government functions and partisan party functions.

[00:30:00]

And they ignored that, simply because I was criticizing a government directive.

Chantale Collard
Monsieur Hamel, we're running out of time, but first I'd like to know if you'd like us to submit this letter signed by Céline Tessier?

Stéphane Hamel
Yes. It is already very public.

Chantale Collard
Okay, but to the Inquiry?

Stéphane Hamel
Yes, absolutely [no exhibit number available].

Chantale Collard
So listen, I know we could have talked about—you mentioned it briefly—computers and all that, but time's running out.

What I'd really like to ask you is this: Basically, what conclusions can we draw from this, and what could have been done differently in relation to your own situation?

Stéphane Hamel
Well, what could have been done differently is to have what is supposed to happen in any democracy: debate. But obviously, there was no debate; and debate was shunned like the plague. So the obvious conclusion to draw is that we are no longer in a democracy. There is no more democracy. The basis of democracy is freedom of expression and the exchange of ideas. As a group we will find solutions.

What I saw was that it had now become a single party. Even the opposition was no longer opposed. So what else could we do? Calling people conspiracy theorists— If there are people who don't see a conspiracy, I think they're asleep. At first, I thought, "Okay, they want us all to speak with one voice so that people will respect the health measures." But as we eventually realized that it wasn't such a dangerous virus, that the vaccine didn't work—Because even Dr. Fauci in the United States said—just before I opposed it, and this is one of the reasons why I opposed the health passport—that the viral load of an unvaccinated person and a vaccinated person is the same, which makes a health passport obsolete.

So what could we have done differently? I say: nothing, because it was a conspiracy, a plan. But the word conspiracy has been distorted. It's clear now that there was an agenda. What was the agenda? Speculating, well that's where you may become a conspiracy theorist. But those who don't see a conspiracy or an agenda, well—

Chantale Collard
Based on verifiable data.

Stéphane Hamel
Wow! I also see that there's no media here.

Chantale Collard
Mainstream media, you might say.

Stéphane Hamel
Mainstream. And I haven't heard any media coverage of this Inquiry. And we're in Quebec City, where Radio X is supposedly trash radio. Even they didn't talk about it, even in Quebec City!

Chantale Collard
That's right.

Stéphane Hamel
They didn't mention the Inquiry. So what's going on? Why is everyone so quiet? You asked Amélie [Paul] earlier, "Is it going to stop?" No. It's still going on, as you can see. There's no openness on the part of the media or the government to have a debate. We've had three years of extraordinary drama and all of a sudden, nobody's talking about it anymore. The drama is over, the pandemic is over.

Chantale Collard
As if it was nothing; as if nothing had happened.

Stéphane Hamel
And what they want: "Don't talk about it anymore; move on."

Chantale Collard
No. We're going to keep talking about it.

Stéphane Hamel
That's it. What else can we do? In fact, it is what you are doing.

[00:35:00]

Then perhaps, continue to hammer home the message that, "Hang on, we've got things to say!"

Chantale Collard
To pass on the message. Thank you. I'll leave you with the commissioners, who probably have a few questions.

Commissioner Massie
Thank you, Monsieur Hamel, for your testimony. So if I may summarize the core of your testimony, it's that: In your experience with the CAQ, at the beginning you were relatively motivated to participate, to debate, to propose new ways of doing things so that we could improve. You were mainly motivated to improve, for example, the government's IT processes, which is no small task. But to make any kind of change or reform, there has to be discussion. And here, I think you were disappointed—that's what I understood from your message—that there wasn't that kind of openness.

What is surprising, however, is that a party takes power and then falls into a certain unanimity that is perhaps partly dictated by our British parliamentary system where—Well, it's very tight around the Premier and ministers, and even the MNAs don't seem to have much say, if anything. What's surprising though, is that during the pandemic, there wasn't much of an outcry from the opposition, who seemed to be in the same unanimous frame of mind.

What do you think is at the root of this state of affairs among the political and ruling classes? During this pandemic, I'd say there's been a kind of crystallization of a position that we can't seem to get out of. We're still caught up in it. And so from your political experience, how do you try to understand what's going on right now in the political institutions we have in Quebec?

Stéphane Hamel
It's certainly the same thing that happened among MNAs in caucus that I experienced with the executive. I think the watchword was, "We all have to get the same message across." And I think they did the same thing within the other parties. So the government had to be unified and that's what we saw. They were a single party. There no longer was any difference between the parties. They were all saying the same thing. And the Parti Québécois, the Québec solidaire party, and especially the Liberal Party: their opposition consisted of asking for more than the government was doing. So they weren't criticizing the government's decisions but were notably asking for even more restrictions.

So the MNAs and all the party executives saw what happened to me when I opposed. So I was the naive one of the bunch and I served as an example. Just as they did with Amélie [Paul], it was the same thing. So when the artists saw Amélie being treated like that: zip, they shut up. And the same goes for the political class: when they saw my treatment: zip. So they don't need to make many examples. Just a few, and everyone shuts up.

Commissioner Massie
No, but my question, to try and open up a few other avenues: Do you think there's any possibility of a renewal in this mentality that is closed to debate, at least at the level of the political class?

Stéphane Hamel
What's astonishing today—now that the pandemic is over—is that there's no such openness to debate. So yes, we're going to have to make a complete change in the political culture because it has been like this now for quite a few years.

[00:40:00]

And how can we do that when we don't have a voice in the media because the media censors us? Every time we try to talk about those three years, the media won't let us. So how do we get our message across? Because people are also getting a single message from the media: "Everything's fine now; let's stop talking about it and move on."

So that's a good question. I think we need to have a collective debate on the following: Our democracy no longer exists, how can we reinvigorate it? And that's what Amélie Paul and I have been doing for the past eight months. The aim of the podcast we've started—we stream it every week—is to launch this debate. And all the invitations we've sent out to

people have been turned down outright. Nobody wants to come and talk to us—apart from people who are already well known, and who have already spoken out publicly against all this, and tried to find solutions. But we're still under that *omertà* [culture of silence]. So I'd like us to find some solutions but it seems that the agenda isn't finished yet.

Commissioner Massie
Thank you, sir.

Chantale Collard
Stéphane Hamel, thank you so much for your honesty and authenticity. We often don't know what goes on behind the scenes. As the Premier himself said, "It's not health, it's politics," and I think your testimony bears this out.

So thank you very much, and I hope that all this will be widely disseminated.

Stéphane Hamel
Thank you.

Chantale Collard
Thank you.

[00:42:11]

Final Review and Approval: *Erin Thiessen, November 8, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)*

Witness 8: Dr. Barry Breger
Full Day 2 Timestamp: 05:21:54–06:24:56
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So good afternoon. This is Konstantinos Merakos, with the law firm of Bergman and Associates, and I will proceed with the next testimony. Today we have Monsieur Barry Breger on Zoom. Monsieur Breger, can you hear us?

Dr. Barry Breger
Yes, I can hear you.

Konstantinos Merakos
Excellent. So Monsieur Breger, or Breger [pronounced with a French accent], do you have a preference?

Dr. Barry Breger
My name is Breger, but in French we often say Breger [pronounced with a French accent]. But I answer to anything.

Konstantinos Merakos
Perfect, excellent. Then whether you prefer French or English, it's up to you. We are comfortable with either. We have fabulous translators backing us up, so don't hesitate.

Dr. Barry Breger
Very good.

* This witness spoke predominantly in English; the NCI lawyer spoke in French. French passages were translated to produce a document that reads seamlessly in the English – editor.

Konstantinos Merakos
I will begin by swearing you in. So Monsieur Breger, do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say yes, I solemnly affirm it or I swear it.

Dr. Barry Breger
I swear it.

Konstantinos Merakos
Excellent. Can you please state your full name?

Dr. Barry Breger
Barry Breger.

Konstantinos Merakos
And where are you located right now?

Dr. Barry Breger
I am currently in Morin Heights, in the Laurentians, north of Montreal.

Konstantinos Merakos
Perfect. And are you alone in the room?

Dr. Barry Breger
I am alone in the room.

Konstantinos Merakos
Perfect. So we're going to spend the next 15 minutes together. I would like to start, Monsieur Breger, by talking a little about you. So based on your CV, can you please briefly tell us about your expertise and who you are?

Dr. Barry Breger
Yes. I am a doctor by training and I have worked as a general practitioner for 42 years. I was born in Montreal, raised in English, but appreciating the French-speaking reality in Quebec. I studied at McGill for science and at the l'Université médicale de Grenoble [Université Grenoble Alpes] for medicine. So I live in both languages: in the office and with individual patients, we speak English and French; and at home too we move from one language to another freely. So I prefer to do most of my testimony in English because it is my mother tongue. I feel more comfortable in English, and when I speak to four commissioners, all four understand English well, whereas I don't think that is the case for French.

So I was born in Montreal, as I said, and studied medicine in France, at the Université médicale de Grenoble, after doing an undergraduate degree at McGill University. My

experience: I spent six years in France, came back to do my family practice in Newfoundland and became a certificant to the College of Family [Physicians of Canada]; I did three years of internship and residency in Newfoundland. Subsequently, I worked doing emergency room shifts in locums, replacing other doctors in remote areas in Newfoundland. In the middle of all that, I worked in the Far North, both in northern Manitoba and in northern Ontario, working in nursing stations as a GP obstetrician. In one of the nursing stations, I was the only doctor; there were three-four hours flights from any help, so I was quite isolated.

[00:05:00]

In between, I did a long trip trekking in Nepal and across Asia for six months, and it was a big part of my learning experience, especially for high-altitude medicine. The trekking to Everest Base Camp, which interested me as well—high-altitude medicine. I've been doing complementary medicine since the beginning. I've been interested in nutritional medicine since I was a teenager actually, and continued in that line as I became a doctor.

I did integrative medicine; it's now called nutritional medicine, integrative medicine, functional medicine, or, according to Linus Pauling, two-time Nobel Prize winner, for chemistry and peace: orthomolecular medicine. "Orthomolecular" means, "ortho" is the right molecule, so it is trying to use the right molecule to address whatever the underlying metabolic problem is that leads to the symptoms of a disease. So if you are dehydrated, the right molecule is water, H_2O. It's not beer, it's not wine, and it's not a fizzy drink: it's water. That's a simple example. So orthomolecular medicine treats all diseases that way: we try to use the right molecule to deal with the problem. Of course, you know, if you need to treat the symptoms or you need an antibiotic for a severe infection, you use modern medicine, but otherwise you try to use natural molecules.

My particular interest over the years had become chronic diseases. Modern medicine is actually quite excellent at treating acute diseases, sometimes miraculously so. For chronic diseases, it's not so good. Modern medicine tends to treat chronic diseases symptomatically, with medication. My goal is to treat the underlying problem, using medication only when absolutely necessary. So I became interested because people who came into my office had these problems; they couldn't find another doctor quite often to take care of it, so I did: chronic fatigue syndrome, fibromyalgia, environmental hypersensitivity, both chemical and electromagnetic. Both of those are not, by the way, recognized in my province of Quebec: electromagnetic hypersensitivity and chemical hypersensitivity.

Hypersensitivity is when people develop various debilitating reactions when they are exposed to whatever they are hypersensitive to. So somebody who is chemically hypersensitive will get really sick when they are exposed to perfume, or aftershave, or the smell of soaps, or renovation products, or all sorts of common things that we smell all the time; the smell of a new car, that will make them very sick. And the ones who are really hypersensitive are isolated and lead lives that are very difficult: oftentimes, they can't go outside easily; they have to be careful; people can't come over wearing anything that can have the smell of soap on them. So it's a fragile population, which is the relevance to what we're talking about. My population that I saw was fragile.

Konstantinos Merakos
Right, thank you.

So I will continue the questions in French to help the translators a little. So you have spent 42 years as a doctor. You have experience in emergency, intensive care, hospital care, in several regions in Quebec.

I'll proceed with my second question, Monsieur Breger. As a doctor in the field, what would you say were your experiences and observations as a doctor both at the beginning and during the pandemic?

[00:10:00]

Dr. Barry Breger
Well, at the beginning, I was in a multidisciplinary office working as part of a team. But at the start of the pandemic, I was in a private office, meaning people had to pay to see me. In Quebec, we have the right to do this. In other provinces, to my knowledge, it is not allowed. So people were motivated. I had patients who were—as we called ourselves—awake. They knew what was happening; they saw exactly what was happening.

What struck me the most were things that the two previous witnesses—and I'm sure there have been others—talked about. It was the fear factor—

Ah, I am switching from French to English, I am not even realizing.

Konstantinos Merakos
No problem. Don't worry. It's not a problem.

Dr. Barry Breger
The fear factor. It seemed that everything that was done at the beginning was to increase the fear of the population.

Konstantinos Merakos
To create an overarching fear. I'm just translating. In other words, to frighten the world.

Dr. Barry Breger
Yes, yes. To create fear; the fear factor.

Konstantinos Merakos
Yes. Please continue.

Dr. Barry Breger
And it seemed to be a goal, and it was done by everybody. I had read a book called *La pandémie du mensonge et de la peur* [The Pandemic of Lies and Fear], by Dr. Jean Stevens. And he actually quoted—I think it was the assistant director of the WHO—that their protocol for pandemics is to "keep calm and keep the population calm" because oftentimes fear could cause more collateral damage than the infection, as we're seeing now actually.

So how did it start? Well, the first thing we were told was that it was a novel virus: it wasn't known; this was the first time; and that we didn't have immune function that was adequate to fight this novel virus. First of all, it wasn't a novel virus. It was a coronavirus that we all know and love, and our immune function— Well, I don't think in any of our lifetimes, anything invented by man will get better than our immune function. Our immune function is superb, but we have to support it. So that was the first— Without being insulting, but to me, they were lies.

And then we learned that in 2009, the definition of a pandemic was subtly changed, without any fanfare. Instead of being many, many deaths and disease, we started to define a pandemic according to cases. So cases were put into the definition. Now disease is pretty easy to define: people are sick, they have symptoms. Death is really easy to define: we can recognize death immediately. Cases are more complicated. So then we have to define what a case is. They decided with this so-called novel virus, which it seems more and more likely was a man-made gain of function virus— Well, I'm pretty sure that's what it was. The virus was produced, according to Luc Montagnier, who observed that there were more than a thousand peptides in the proper order that come from the HIV virus; Luc Montagnier won the Nobel Prize for discovering HIV, so he's a pretty credible witness. When interviewed, he said: "Look, I have nothing to lose. I'm an old man." He was well into his 80s. "I have my Nobel Prize. I have no reason to not speak about what I find." And in his laboratory, he discovered that this novel virus had many peptides: a thousand—those were his words—in the same order they were in HIV and also malaria. So in other words, man had altered the structure.

So we had this new virus, and the pandemic definition was changed. And how do you define cases? Well, you define it with the PCR test. The PCR test was invented by Kary Mullis, who won the Nobel Prize for it. And he repeatedly said before his death, during the pandemic—as Luc Montagnier died during the pandemic—that this was not a diagnostic test. It was not developed to be a diagnostic test and it was not a good diagnostic test. But we started to use it as a diagnostic test to such an extent that even one of my patients coming back from outside the country with a positive antibody test—which is a blood test, which is much more reliable—was told that no, she had to get a PCR test. So she had to get the inferior test in order to prove that she was actually resistant to the virus.

[00:15:00]

In any case, so we were using the PCR test, which should not be a diagnostic test. The PCR test multiplies the amount of viral particles so that they become visible. I use the word visible to cover lab tests detection: probably a better word. During the pandemic, I learned that 25 cycles— Because you have to do cycles to get enough of the expansion of the viral particles in order for us to detect it. Usually it's 25 cycles, approximately. Once you get over 35 to 40 cycles, you get a lot of false positives. And in one estimate that I read, there was as much as 90 plus per cent of false positives. So if you did 35 to 40 cycles, you would get many more cases; and there would be more of an argument to declare a pandemic because cases are now part of the declaration of a pandemic.

To what end? One might ask: To what end is this happening? Also, we were using a modelling from out of Oxford University in England to show how serious this pandemic was. They use models now to predict what will happen. And this was from a serially false modeller; the modelling that this person, this university, had used, had been wrong on multiple occasions. But for some reason, the World Health Organization and all the public health bodies signed on for this model. To what end? So here we had a virus that we could not defend ourselves from; we had modelling that was inaccurate; we had a PCR test that

was not accurate also; and we were able to declare a pandemic by this simplified version of a pandemic. So suddenly, it was a big pandemic and tens of millions, if not hundreds of millions, of people would die according to the models.

Along comes the next step. Now, this caused a lot of fear in everybody. And that fear was on the news, on the mainstream media, in social media, repeatedly: how we should be afraid. At the beginning, when we didn't know what was going on, fair enough: we had to be safe. But then we started seeing and people started reporting and the fear factor continued.

Subsequently, or at about the same time, there was a lot of censorship going on and suppression of information. I'm part of a whole network of people, an informal army of people that share information. I'm now part of more formal organizations that share information, but at the time, it was informal. So somebody would come across a video or a blog from Professor Didier Raoult in France—who was the foremost infectious disease person at the time—or other epidemiologists or immunologists or virologists. And we started seeing what was going on and we shared information. Well, we knew that within 24 to 72 hours, it would be removed from the internet, with oftentimes a warning—that Amélie Paul talked about—that said we were going against community standards, whatever that means. I don't know who decided what the community standards were and who enforced. It was called misinformation or disinformation.

Eventually, the people that were spreading the word—renowned doctors and scientists and professors and all sorts of people who I knew before who were credible—were called the Dirty [sic] [Disinformation] Dozen. So that was a nice little catchy phrase: "Don't believe anything the Dirty Dozen says." For me, the Dirty Dozen were the people to listen to. So we were all waiting for the vaccine because we were told that our own immunity would not be adequate, and we needed the vaccine that would protect us. It was going to be safe; it was going to be effective; and it was going to end the pandemic like that. And it was being developed at "warp speed" according to President Trump. A little Trekkie Star Trek term, another Dirty Dozen Star Trek catchy phrase, so we know that it's coming along fast.

[00:20:00]

And then the vaccine came along: the so-called vaccine. Of course it's not a vaccine, it's gene therapy. It's an experimental technology that had never been used for what it was being used. It had failed all the animal tests; the tests that the companies did were being kept secret. We didn't know what was in the product. At least one of the companies declared that they would keep it secret for 55 years. Now if it was so wonderful and it was so miraculous, why keep it secret? Anybody who starts keeping secrets, I get very suspicious.

Eventually, they had to release the data—and I'm sure there were other people who testified who are much more confident at interpreting the data than I am—that showed that it was not miraculous. We learned that the vaccine was neither safe nor effective; it did not prevent carriage; it did not prevent transmission. It was so safe and effective that after the first two doses, we had to have a third, then we had to have a fourth, then we had to have a fifth, and I think they're up to the sixth dose now. So effective that we need six doses. And we still don't know what's inside of it. On top of it all, in order to release the vaccine in the limited time with the inadequate testing, it had to be given emergency use authorization by the FDA, and everybody followed suit. To get emergency use authorization, one of the criteria is that there's no safe and effective treatment.

Which brings me to the most important point of this particular part of my testimony. There are many safe and effective treatments. There are many protocols that work—and worked

for COVID—that we found out early on. Paul Marik, Pierre Kory, and the [Front Line COVID-19] Critical Care Alliance were publishing them. These are renowned American doctors, published doctors. Paul Marik is probably the top intensive care doctor in the world, and his team. Kory went in front of the Senate Committee and begged them. He said, "The evidence is overwhelming that ivermectin works. Please recognize it as a treatment." He literally was begging. And it was publicized; I saw it on the internet. Ignored. Not only was it ignored, but anybody who put forth an alternative treatment suffered the same fate as the two previous witnesses. That is, they were shamed, they lost whatever they could lose. So they lose their licence, they lose their hospital privileges, they lose their professorship, they lost their *gagne-pain* [livelihood], their way of making money. And this went on and on and on.

Eventually, it was also greatly encouraged—I wrote down "pushed"—for pregnant women and children; and there were no adequate studies at all for pregnant women. You've got to realize that for pregnant women the fetuses are particularly sensitive, especially during the first trimester. There was one study that I tried to find—and I could find it if the inquest requires—that was done on pregnant women and found a 17 per cent miscarriage rate in those who were vaccinated. And that's bad enough. However, what was not said in the conclusion, when you look at the data, was that of the women who were in the first trimester—the first three months when the fetus is developing into a human being and all the organs are developing—those women had an 80 per cent miscarriage rate. In other words, of the 17 per cent that all the women had of miscarriages, the first trimester represented the great majority. And you'd think that in a proper society—a free and democratic society—they would tell women this; this is their babies. But no, they left it out of even the publication: you had to go searching for it. And then subsequently, we found out that— We now know that it's dangerous. Children: they were in no danger from the virus; no child died from the virus. And if they did, they were dying from cancer or some other terrible disease; they weren't dying from the virus. They had very, very mild symptoms.

[00:25:00]

We learned that in Quebec, 70 per cent to 75 per cent of those who died from the virus in the first wave were in CHSLD, which are the long-term care centres for the elderly and infirm in Quebec. The average age of those who died was over 80 years old, somewhere around 85 years old, and they had at least two comorbidities. Comorbidities are two other diseases: diabetes, hypertension, cancer, renal failure, whatever. So these were not healthy people that were dying. We also learned that of those who were dying, in one study, they checked their vitamin D status and the vitamin D levels were really low: alarmingly low. Yet we weren't told; the word wasn't given out that everybody should be on a supplement of vitamin D. There were those who treated with vitamin C—IV and orally— successfully, adding zinc, quercetin, and a whole bunch of other things. There were many, many protocols but all those protocols were suppressed. Towards what end? Is it a coincidence that emergency use authorization could not be declared if there was a viable treatment?

That's it for this section.

Konstantinos Merakos
So thank you Dr. Breger. The translators have informed me that they have to play with several buttons to do the translation. So for the next question— I understand that your mother tongue is English, but would you be comfortable trying to do it in French for the sake of the translators?

Dr. Barry Breger
Do I speak to the translators or do I speak to the commissioners and the population?

Konstantinos Merakos
To everyone, myself as well. But I want you to be comfortable. I understand that the information is important to you but I want you to tell me what makes you comfortable. If you want to stay in English because there are medical terms, I will communicate with the translators and they will do a "one-way" translation.

Dr. Barry Breger
Yes, but when it is broadcast across Canada, to the United States, will there be subtitles? Will there be? You see, what I want is for people—as many people as possible and especially the commissioners—to understand exactly what I mean. I know exactly what I mean. I can easily say it in French but I'm not here to please the translators; I'm here to disseminate information to the general population.

Konstantinos Merakos
Yes, it's whatever you want; I want you to be comfortable.

Dr. Barry Breger
English.

Konstantinos Merakos
Okay, no problem. It's just a request that they made to me because I know that they are doing a very, very strong and very, very good job. So I want you to be comfortable because we appreciate your efforts and your information.

Dr. Barry Breger,
Oh, I appreciate them; I'm not mocking them. No, no, I'm very respectful.

Konstantinos Merakos
Perfect, absolutely. So I will continue with my question. The third section relates to your experience in your office. So here I would like you—while respecting your professional secrecy, client confidentiality—to tell us about stories that you have personally dealt with or experienced in the medical field as a doctor, especially during the pandemic. Can you tell us a little about this?

Dr. Barry Breger
Okay, I'm going to speak in generalities. Of course, I'm going to respect people's confidentiality—that goes without saying of course—but thank you for reminding everybody that that's what I am doing.

This brings me— What I didn't discuss was the masks and the mandates. Because people were forced to wear masks when they went out in public. This was apparently for public

health reasons but there were no studies that showed that masks would help prevent transmission of respiratory infections among a healthy population. None. It was quite the opposite. And as time went on, there were other studies that came out; and there were meta-analyses done recently by the Cochrane collaborative, a very well-respected group. Their conclusion was that there is little or no benefit. But we knew that before.

[00:30:00]

Actually, they had even done studies in masking surgeons and unmasking surgeons. And there was no increase in infection in the patients that were operated on by unmasked surgeons. And plus, the masks were not adequate: the holes in the masks were 100 times greater than the size of a virus for the regular paper masks that we were using. People touched their masks; people adjusted their masks. The masks, in my view and my reading, were virtually useless. But people had to wear masks. Now I dealt with a vulnerable population, so I was having patients coming to me saying: "I can't breathe when I have the mask on" and "I started to get pimples all over and then my eyes water." "My daughter put on her mask and two minutes later her eyes started to water." There are chemicals in the masks, there are microplastics in the paper masks; and plus, they don't work. So I would have to issue mask exemptions, which were generally respected actually.

However, you had to be very brave to use a mask exemption to go out without a mask. I personally put on my mask whenever I went anywhere when I was being observed because I didn't want to get into a confrontation. You know, there is some person loading the shelves, working in a store, telling me that I had to wear my mask. Am I going to get into a discussion with them and start to say, "I'm a doctor and I read the studies"? No. I just wanted to be able to buy my stuff and get out of there. But some people couldn't wear their mask: it was really difficult for them. So I issued mask exemptions. Theoretically we did not have to show, in Quebec, the mask exemption; all we had to do was say that we had a mask exemption. But people were talking about how difficult it was to go shopping, to circulate in public without a mask just because of the social separation, of the disapprobation that they had. People frowning, metaphorically, at them or criticizing them or aggressing them.

The other thing was the vaccines of course: the so-called vaccines. Of course we knew the vaccines were experimental and that they had nothing to do with a regular vaccine; the mechanism of action is completely different. We were told that the material would stay in the arm like a regular vaccine and, in fact, when it was examined in the animal model, it was in every tissue that they examined. The messenger RNA got into every tissue in the body that was examined. So it hijacked our own cells to produce the spike protein, which was the toxin—which actually is a toxin. So our own cells were hijacked to produce the toxin. The logic being that our immune system would recognize this toxin, produce antibodies to attack the toxins that our own cells were producing. And where would that end? What was going to happen? Were our own cells going to stop producing it? I never quite understood the logic behind it but we were told by the experts that this was perfect despite the fact that the animal models failed terribly.

In one study all the animals died after getting a messenger RNA vaccine and in other studies they just failed. And of course in the human trials that were eventually released because of freedom of information, it didn't do very well either. So people were forced to take the vaccine. I say forced, well, they weren't forced: they could stay home. Of course they'd lose their job; they'd lose their business; they'd lose their status. So they were forced; they were coerced, which went against the Nuremberg Code. The Nuremberg Code, I think it's the first paragraph—I haven't read the Nuremberg Code but I know this about it—it said that we could not force anybody to undergo an experimental therapy without

free and informed consent. Of course this was a reaction to the Nazis and Dr. Mengele, and every country in the world signed onto the Nuremberg Code. And yet we were now forcing people—coercing people, without free and informed consent—to take an experimental vaccine. Because it was "safe and effective," we were told.

Konstantinos Merakos
Yes. So I know that, for example in Canada and Quebec, we have Charters of Rights and Freedoms. Because you have just broached the subject of human rights, can you—in your experience, whether in the hospital or in your office—talk a little, give examples of these violations that you have observed in terms of human rights here in Quebec?

Dr. Barry Breger
Yes. In Quebec and everywhere, doctors are supposed to get free and informed consent for any treatment. "Free" means that the person is giving their consent without any force, without any coercion. So they do it freely, not because we're going to shoot their family members if they don't follow along or put them in prison; or lose their jobs. It has to be free. "Informed" means they get all the information, otherwise it's not informed. And I'm sure the inquest has heard countless testimonies of where we were not being informed. There was censorship going on: whenever any information came out that was not following the mainstream narrative, it was censored. So there was no informed consent.

It went against our Constitution, it went against the Quebec Constitution, it went against the American Constitution, and people went along with it. It was absolutely mind-boggling! And the reason they went along with it was because it was "for their own good." So children were vaccinated by parents because it was a safe and effective vaccine: as young as 12 months. And they were going to protect their grandparents because those kids: if they got sick, they would be asymptomatic because they didn't get sick very much from COVID; and then they would pass it on to their grandparents, who were fragile; and the kid would be responsible for the death of his grandma or grandpa.

That doesn't sound informed to me. That was also the myth of asymptomatic transmission, which I haven't mentioned as well. It was the other thing to put fear. Even if you didn't have symptoms, you were going to potentially pass on the virus to somebody else. Well, that means we're all walking time bombs; we're all a danger to everybody else. I suppose it could happen, you know it does happen, but it's relatively rare, very rare, just like it is all the time. So yes, I think that *en français, on dit que les droits constitutionnels ont été bafoués* [in French, we say that the constitutional rights were violated].

And on top of it all, our own Collège des Médecins [College of Physicians] told us doctors that it was an ethical obligation to take the jab—to be injected with this experimental vaccine—in order to protect our patients. So we were being unethical if we didn't take the jab. As a matter of fact, healthcare practitioners would not be able to work if they weren't jabbed. The deadline was October 15th: we had to all be injected. I was not going to do it; there was no way that I was going to put my life in danger because the Collège des médecins said it was my ethical obligation. They sort of made it up. I mean, there's no ethical obligation to be treated with an experimental vaccine. I mean, it goes against the Nuremberg Code! So there's certainly no ethical obligation. And if that's what's in the Code of Ethics then they better change the Code of Ethics.

[00:40:00]

In any case, I decided I was going to just stop working for the time that it took for all this to blow over. So what I had to do was cancel three months of appointments. These are people who are waiting to see me: people I'm following; people who are waiting for follow-ups; people who are having their yearly exam, et cetera, et cetera. So I just had to cancel everything. A lot of work for the staff to cancel three months of appointments, to renew all the medications—because who knew how long it was going to take? And for somebody who was making an appointment to get a medication that they needed and their appointment was in two months and I might be off work for a year or two years: I had to write a prescription. So we had to go through all the charts and renew all the medications.

Come along to October 15th, I can't remember whether it was 2021 or 2022—I'm not very good with dates—we were then told: "We're getting a two-week extension; we have another two weeks to vaccinate ourselves." So we get back to the patients, tell them, "Listen, I'm working for two weeks. We can fill up the schedule. I could work extra days, but I'm going to be stopping on November 1st." I remember it was October 15th and November 1st, probably 2021. And then—we'd already cancelled everything. I think 24 hours before November 1st, we were told that, no, that was cancelled. We could continue working even if we were not jabbed. However, there were restrictions: we had to put a plastic barrier between us and the patients; we had to stay six feet apart; and we had to wear masks. All of which were useless in a viral infection. You know there are billions of viruses in the room; they're all over the place. And there was no information given about how to do—except for doctors like me, who gave our patients information.

Now we couldn't get ivermectin. As a matter of fact, I was told that the Order of Pharmacists in Quebec forbade pharmacists from serving ivermectin to patients who had a proper prescription unless that patient said it was for parasites. And it was dissed, everybody was criticized: "It's a horse parasite medication!" No, it's an anti-COVID medication as well. But we couldn't get it. It was impossible to get: stocks were low, they wouldn't release it. So the safe and effective treatment, which did exist, was not released. Hydroxychloroquine: there must have been over a billion doses given over time. It's sold over the counter in all of Africa, India, Indonesia. But it's no good. And even though Dr. Didier Raoult in France showed in the statistics in his hospital that his patients were doing a lot better than the rest of France and than the rest of the Western world, we were told not to give hydroxychloroquine as well. And of course, in Quebec, it's not allowed to give IV vitamin C. Because that is not done in Quebec—that's the reason that we're not allowed to give IV vitamin C. It's given in Ontario, for example, in Alberta, in BC, and in most states in the United States—certainly, many states in the United States. For the last 30, 40 years. It's very safe and very effective for all infectious diseases. But in Quebec, it's not done.

Konstantinos Merakos
So Dr. Breger, I apologize for interrupting you but time is running out. I would like to ask you two questions and after that, we will move on to the conclusion. The first: In your experience, and with your patients, have you understood that—or have people testified to you that—they were forced either indirectly or directly to proceed with this medical procedure?

Dr. Barry Breger
Absolutely, people were forced. There were many ways to force people. First, people were socially isolated because there was so much fear, everyone was afraid that people—

I had a patient who lived in the countryside with her husband, who was vaccinated. There was no way she was going to take the injection. There was a neighbour who called this woman's house after a snowstorm to ask her husband to come help her free her car from the snow. So she said, "Okay I'll tell him and I'll come and help too." She said, "No, no, no, no. You're not coming. You are not vaccinated." So she couldn't even meet other people outside. It was not a question of masking; it was that she wasn't vaccinated. She shouldn't be around anyone. That was the level of fear.

People were losing their jobs even if they worked remotely. I had a patient who worked for the federal government, on Zoom, with her colleagues and with the public, and she was going to lose her job if she didn't get vaccinated.

[00:45:00]

Konstantinos Merakos
Yes. Excellent.

Dr. Barry Breger
Wait. There's just one more thing if I'm not losing track.

Konstantinos Merakos
Yes, go ahead. No problem.

Dr. Barry Breger
No, it will come back to me; I've lost track.

Konstantinos Merakos
Okay, but my second question is related to that because you're talking about employees. So essentially, it's clear that for work there are requirements: for people in the construction field, you need a helmet, you need a coat, et cetera. For your part, can you confirm that this medical product—that is vaccination—was a permanent medical procedure that could not be reversed one it had been carried out? In other words, once it's done, it's not like a coat that, once the job is completed, you can take off and come back home without having gone through this medical procedure.

Dr. Barry Breger
Okay, so you're asking if it's irreversible.

Konstantinos Merakos
Exactly.

Dr. Barry Breger
It is irreversible or it's not irreversible: Who knows? It's experimental. It's experimental. We are guinea pigs, we are rats; they're experimenting on us. We don't know, it's never been studied. So is it irreversible? I certainly hope not. So far it is. People are still getting

sick; there's an excess of deaths around the world. That's measurable. And people can't get it out of their body. But that's probably formally true. But I believe that the default of the body is to heal. So I think that virtually anything is reversible, in my mind, with my type of approach. However, we really don't know.

Konstantinos Merakos
Okay. You confirm that because of the permanence of the medical procedure, in your opinion, there should have been a little more transparency regarding all the questions and all the subjects that you spoke to today?

Dr. Barry Breger
Oh absolutely. People need information and we were hiding the information. It wasn't as if the information wasn't there: we were hiding it. The company wanted to keep its secrets for 55 years; the mainstream media were not talking about it. I've lost complete faith in mainstream media so for the last three years I've not watched television news, I've not bought newspapers. Over the last three weeks, with the National Citizens Inquiry, I've started buying newspapers—the *Journal de Montréal*, a local Quebec "journal" that is read all across the province, the most sold newspaper in the province; and also the *National Post* which I can get in my village—and no mention of the National Citizens Inquiry. It's omertà, just like the previous witness mentioned.

Konstantinos Merakos
So Dr. Breger, thank you. Can you conclude everything for us in one sentence and after that I will pass you on to the commissioners for their questions? In one sentence please, or in two.

Dr. Barry Breger
Okay, I'll do my best.

Konstantinos Merakos
Please go ahead.

Dr. Barry Breger
For me, COVID was the great reveal. So in fact, COVID has brought front and centre the fact that we are not living in a free democracy. Our information is being censored; the information is being suppressed. The people who try to get out there and have a discussion and talk, and put forward another narrative, are being punished. And we are seeing the corruption that exists. We have to start asking ourselves why different levels—whether it be public health, international, national and provincial public health, politicians, the mainstream media—why they are doing what they're doing. There is a reason. It is organized.

Konstantinos Merakos
Excellent. Thank you very much. So now we'll go to the commissioners for their questions. Go ahead.

[00:50:00]

Commissioner Drysdale
Good afternoon doctor. Thank you for your testimony. You know, when we've been going across the country, I keep hearing time and time again about a principle in medicine that's supposed to be sacrosanct, and that is informed consent. How could the public give informed consent for a vaccine which they don't know is experimental, which they've been told it's safe and effective? And they haven't been told that it wasn't tested on pregnant women; it wasn't tested on children; it wasn't all kinds of things. How can you achieve informed consent as a medical practitioner if you're not providing information?

Dr. Barry Breger
Well, it's an interesting question. The answer simply is: you can't, it's impossible. The mystery is how doctors bought into this. Now there is a series of videos on the Children's Health Defense [website], five one-hour videos directed by Vera Sharav, who is a Holocaust survivor. She makes the argument that it's the Nazi playbook from the '30s. Now, this might sound extreme; watch the videos, you'll see it's the same thing. It's being done for our own good. So people do things, they obey because it's for the good, the greater good. And the people who are telling us that are supposedly respected and credible people. But no, there was no way that there could be informed consent. There was no information so it couldn't be informed consent.

And we went against the Hippocratic Oath— which I hadn't mentioned as well. The Hippocratic Oath, which could be summarized, for me, in two major— It's a bit more complicated but these are the two biggest things. Above all, first, do no harm. And number two, the patient comes first. So public health doesn't come first. Our medical boards, which have way too much power, they're now telling doctors how to— It felt to me as if, metaphorically, these institutions have come and sat down between me and my patient and are now directing me. Me—with my 40 years of experience, my curiosity, always reading stuff—they're now telling me; these nebulous figures are now telling me what's the best thing to do. When in fact, that is a sacred place between doctor and patient. It's so sacred that it has to be kept secret. So no, they couldn't get informed consent, impossible.

Commissioner Drysdale
Well, I want to stick to informed consent just a little while. We had a witness—he or she was a doctor, I think a professor and policy analyst—and they said that even if the medical practitioner informs the patient of what the risks are, if the medical practitioner is aware of a third party influencing that decision then they're obligated not to provide the procedure. In other words, if they know there's coercion or they know there's some kind of blackmail that's forcing the patient to do this then that's not informed consent either. Is that concept also familiar to you, sir?

Dr. Barry Breger
In other words, if that person has been threatened by whomever that if they don't do this treatment— No, that's not free. It's free and informed consent; that's not free. It's the "free" part that they're going against there.

Commissioner Drysdale
The other thing that you said in your testimony, you talked about fear. And you said that in the beginning, it seemed that they were creating fear in the population. And we also had testimony from a lady—I believe it was in Red Deer or in Saskatoon. And I thought this was incredible and that maybe you want to comment on this: this lady told the story about how her mother, I think she did it in secret, went to the corner drug store to get the vaccine. And she stood in a long line to get her vaccine, and she sat down and she got the vaccine, and she dropped dead on the spot. And not a single soul in the line moved; they just stood there. Is that something you've seen before? Is that something that might be out of fear? Is there any comment you can make on that?

[00:55:00]

Dr. Barry Breger
Mattias Desmet, a psychologist, talked about this notion of mass hypnosis. We've been [under] some sort of mass hypnosis. You probably have not seen it but there are videos that show the number of sports figures, on the field, who have dropped dead; people giving lectures who have dropped dead; there's "sudden death" pilots who have dropped dead. There is one Canadian doctor, I don't know if he testified, but he has documented 150, or whatever, Canadian doctors who died post-vaccine.

Now the argument is that we don't know it's from the vaccine. So this is a very important point; it's interesting that you bring this up.

We have been as doctors discouraged from reporting—generally speaking, with any vaccine—what we think is a vaccine side effect, whether it be death or disease, but especially in this case, death. So what we should be doing—and what it was initially designed for, the reporting systems—is that we should be reporting any suspicion and we should be encouraged to report any suspicion.

So if this woman dropped dead within ten minutes of receiving the vaccine, it should be reported. Now if she's the only woman out of 1,000,000 that dropped dead immediately after the vaccine, well statistically, probably not due to the vaccine or she had a particular reaction to the vaccine and other people don't have to fear it. But if there are 20 others, and maybe there's 500 who dropped dead within a week, and another 2,000 who dropped dead within two months, then you statistically look at it and say, "Well, the statistics are such that you can calculate there's a 90 per cent chance it's because of the vaccine." But if you discourage from the get-go people from reporting side effects, people from reporting death, then we'll never find out. And then we say, "Well, there's no reports." And that's been what's going on for decades and decades and decades.

And of course the great reveal: COVID. It so happens they overplayed their hand. And sooner or later—what's the expression?—they'll come home to roost because now we're seeing people dropping dead. So no, I've not heard of anybody dropping dead immediately. I've had reports. They're second-hand reports because of course very few of my patients were vaccinated: second-hand reports that they know of somebody. This woman that I was telling you about, one of her neighbours just dropped dead post-vaccine within weeks of the vaccine; and she was perfectly healthy. And of course, the sports figures that dropped dead: well, they were perfectly healthy, people on the soccer field dropping dead.

Commissioner Drysdale
Thank you, sir.

Commissioner Kaikkonen
Thank you, Dr. Breger, for your testimony. I'd like to just go back to censorship for a minute. Disinformation has been described as one of the most pressing and harmful forms of malicious behaviors online. And by their silence, the legacy media has condoned the government narrative. And sadly, this one-mind perspective is not just confined to Canada but it has encroached in all the other countries around the world.

So what recommendations would you make going forward that would encourage free discourse and dissenting voices within the public space? Or more pointedly, what can hardworking Canadians do in their circle of friends to reverse this trend?

Dr. Barry Breger
Woah. That second part of the question is really hard because people are— The hardest person to convince is an ignorant person who thinks they know. So once you're convinced you know, once you're convinced that you know the truth, very hard to change minds. You know, I've not succeeded in my family yet. Not my immediate family: my immediate family understood.

But what we could do? I think the first thing we could do is allow information to flow. We're all thinking human beings. Who has the right to say: "This is misinformation or disinformation—"? Nobody has that right. There are hate laws so if you say: "The Holocaust doesn't exist," that's taken care of by criminal law. If you say: "You should go around and kill everybody who's under five foot eight," there are rules [against] inciting criminality. But in terms of misinformation and disinformation, that was just, you know— That's a Donald Trump presidency: it was sort of made up.

[01:00:00]

So now everybody's taking advantage of it. Then anything you say that doesn't follow the narrative— This is *1984* you know, the book *1984*. This is group speak: you can't think differently; you can't speak differently; you can't have another opinion. Well, read Mattias Desmet, how that happens; it happens when people— I mean, it's way beyond what I have to say but this is something that has been planned for a long time. Doctor David Fleming, I think that's his name [sic] [Dr. David Martin]: he's an expert on patent law. He goes through the patent history that led up to this. The trial runs with H1N1 with declaring a pandemic. I mean, this has been planned for a long time. Judy Mikovits has written two books; one is called *The Plandemic*.

So this is long, long— Somebody was playing the long game. So what we have to do is we have to have our constitutional rights respected. And anybody who was complicit, any politician who was complicit in not allowing freedom of information— Robert F. Kennedy said that the first and most important part of all our freedoms is freedom of information; it's the First Amendment in the States. So if we don't have freedom of information, there's no way anybody is going to change their minds. So I guess the first job to do is go after mainstream media and find out why the heck the journalists are not being journalists. We know why of course: they're being bought. They're being bought. In the States they depend on ads. I saw one video where we saw CNN news, MSNBC news, CBS news, all sponsored by

Pfizer. So you know, that's where you have to follow the money. Age-old truth: follow the money.

Commissioner Kaikonnen
Thank you very much.

Dr. Barry Breger
I don't know if that helps.

Konstantinos Merakos
So Dr. Breger, the National Citizens Inquiry thanks you wholeheartedly for your testimony. We thank you sincerely for your testimony.

Dr. Barry Breger
You're very welcome. And I thank you all, the commissioners, and all of you who have volunteered to help with this Commission. All your hard work—and I'm very pleased to be part of it. I thank you for listening to me.

Konstantinos Merakos
Thank you.

Dr. Barry Breger
Goodbye.

[01:02:53]

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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 9: Évelyne Therrien
Full Day 2 Timestamp: 06:40:54–07:07:30
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Hello. Chantale Collard, lawyer and prosecutor at the National Citizens Inquiry. I see you on the screen, but I'm going to look towards the camera. So we have Madame Évelyne Therrien. Hello, Madame Therrien.

Évelyne Therrien
Hello, Madame Collard.

Chantale Collard
Can you hear me well?

Évelyne Therrien
Yes, I hear you well. Do you hear me?

Chantale Collard
Yes, very well, Évelyne Therrien.

Évelyne Therrien
Do you see me well or am I cut off anywhere?

Chantale Collard
No, I see you very well and I think the audience can see you very well too.

Évelyne Therrien
Okay, good.

Chantale Collard
So first of all, we will proceed with your identification. Can you state your first and last names?

Évelyne Therrien
Évelyne Therrien.

Chantale Collard
We're going to take the oath, the solemn declaration. Do you solemnly declare that you are going to tell the truth, the whole truth, nothing but the truth? Say, "I affirm it."

Évelyne Therrien
I affirm it.

Chantale Collard
So Évelyne Therrien, first of all, thank you on behalf of the Commission for coming to testify. I know these are not things that are easy to say but by sharing them, other people will surely recognize themselves in your testimony and will feel less alone. So thank you, Évelyne Therrien.

First of all, can you tell us about your occupation? What are you doing right now?

Évelyne Therrien
As of now, I've been on long-term disability for six years. In March 2020, I was on disability and living in my dad's house. My mother was in intermediate residence because of her Alzheimer's. So that's both my current situation and my situation as it was in 2020.

Chantale Collard
So if I understand correctly, Madame Therrien, you were already on disability. And at that time, did you have a job? And for whom did you work at the time of your disability?

Évelyne Therrien
Before my disability?

Chantale Collard
Yes, we could say around 2020, I imagine that you were on disability from an employer? You worked before? Who was your employer?

Évelyne Therrien
It is TD Bank. And the TD Bank insurer that pays me the disability pension is Manulife.

Chantale Collard
All right. Can you tell us your primary motivation for coming to testify here, at the Citizens Inquiry?

Évelyne Therrien
I would like people who are searching to have access to information about what has really happened since 2020 and the real consequences of what governments have done, so that when people search for it the information is available.

Chantale Collard
Regarding this information, we will talk about your experience. We'll go in chronological order. You are vaccinated. How many doses of COVID vaccine do you have?

Évelyne Therrien
Two doses.

Chantale Collard
You have two doses. Can you tell us about your first injection? What state were you in? And were you open to that first dose? Tell us about the context of the first injection.

Évelyne Therrien
All right. I would like to say one thing first because it is important to me.

Chantale Collard
Yes, go ahead.

[00:05:00]

Évelyne Therrien
I found that in 2019, I was more spiritually and religiously empty. I felt that there was something wrong, that I was vulnerable to falling into fear, panic, manipulation in 2020. So I took the first dose voluntarily on May 4, 2021.

Chantale Collard
Okay.

Évelyne Therrien
For a very long time, I also had a very fragile immune system. So that played into my initial decision too. I had experienced a lot of infections, bronchitis, pneumonia.

Chantale Collard
What we call comorbidities, if you will. You had other previous problems.

Évelyne Therrien
Yes, that's it. The stroke was caused by celiac disease; and if it's not treated for a long time, if it's undiagnosed, well, it causes a great deal of damage to the immune system.

Chantale Collard
All right. There is a question. Before your first injection, at the time when you had said, "Okay, I'm going to do it," were you afraid of the virus?

Évelyne Therrien
I would say that at the beginning of 2020, I was scared. But by 2021, I wasn't as scared anymore. It was more blindness, overconfidence in the government. Because in 2021, little by little, I had started to do my own research. I hadn't done any research in 2020 but I started doing my own research in 2021.

Chantale Collard
When you say you did your own research, did you do your research before or after your first injection?

Évelyne Therrien
A little before my first injection.

Chantale Collard
A little before. You still went to get injected.

Évelyne Therrien
Yes. I hadn't done much research. It was little by little.

Chantale Collard
All right. But not enough to—

Évelyne Therrien
I was less fit and less healthy at that time. I didn't have much time to research either.

Chantale Collard
Did you have any side effects after your first injection?

Évelyne Therrien
No, I did not have any side effects.

Chantale Collard
Okay. And after that, you went on with your daily life. And you had your second injection. Can you tell us about your second injection? How did it go, what state were you in?

Évelyne Therrien
Well, I continued my research between the first and the second injection and I changed my mind. I didn't want to take the second injection anymore. I took it anyway out of desperation because I knew what my dad's reaction was going to be and how he was going to treat me if I didn't take it. Well, I suspected that it was going to be terrible and that probably I was going to be forced to move [out of my house].

Chantale Collard
At that time, were you living with your father, Madame Therrien?

Évelyne Therrien
Yes.

Chantale Collard
All right. So you didn't want to take it because you had learned some information, but you went to take it anyway. What was your main reason?

Évelyne Therrien
There are no good reasons. I think I could have fought it. I think it would have been very, very painful. It would have taken me a long time to move out of the house because I'm slow; I was slower then, I was in worse shape.

Chantale Collard
Can we say that you took it out of social pressure and not because, well, "I am immunosuppressed," or—

Évelyne Therrien
At that point, no. By the second injection, I was no longer worried about the virus or my health— Well, up to a point, but I understood that the injection was not a solution, but the opposite.

Chantale Collard
Okay, but you went anyway. On what date did you receive the second injection?

Évelyne Therrien
July 1, 2021.

Chantale Collard
So as of July 2021, you had received two doses. Following this second dose, did you have any side effects?

Évelyne Therrien
Yes. For three weeks following the first day of the injection, it was: diarrhea, a lot of muscle pain, headaches, very great fatigue, and a lot of sweating, chills, hot/cold.

[00:10:00]

I couldn't sleep much and I couldn't do all my daily activities and my father had to take over the cooking more during that period. I couldn't do my daily chores.

Chantale Collard
How long after the injection did these effects begin?

Évelyne Therrien
It started on the first day.

Chantale Collard
The first day.

Évelyne Therrien
Yes. Then it seemed to calm down; it was better. Then, perhaps one or two weeks later, I experienced an esophagitis—in any case, the doctor calls it esophagitis. It is pain in the throat and the top of the digestive system, which makes it difficult to eat and swallow. So after a few days of that, I went to consult my doctor.

Chantale Collard
Your family doctor?

Évelyne Therrien
It wasn't my family doctor but it was my family doctor's clinic. They gave me antacids for two months and I can't remember if they gave me an antibiotic or not. Anyway, I took the antacids for two months and after that I was able to stop them and never took them again.

Chantale Collard
What I am hearing is that you started having side effects the day after [the injection]; they continued; you went to the medical clinic. Did you ask the attending physician to report these side effects?

Évelyne Therrien
I only did six months later, in the winter of 2022. Because initially, in the summer of 2021, I was convinced that no doctor was going to give credence to it. I knew the context; and also, I have had a long and difficult medical journey. I know doctors. In my twenties and early thirties, it was very, very difficult. So I didn't expect any doctor to take me seriously. And I saw the context of the television news too: even at places like Radio-Canada [the CBC], it was announced that the second dose had more side or unpleasant effects. So I pretty much

thought that nobody cared about me or nobody would care about me. Six months later, I decided it was my duty to try. My family doctor reacted exactly as I expected.

Chantale Collard
What was her reaction?

Évelyne Therrien
That was in the winter of 2022; it was January 2022, I believe. She told me that it was not the doctor but the patient who had to fill out the form. So I looked for the form on the internet. I don't believe it was the correct form because it was just a form for general drug side effects. So I posted this to the Government of Canada, the CAEFISS [Canadian Adverse Event Following Immunization Surveillance System], I think it's called.

She also told me—because I had asked her for an exemption for the third dose—to go and take the third dose and that she had had no unpleasant effects aside from the first day. Then she also told me that there were several other patients of hers who had come to her asking for exemptions—because things had happened to family members due to the injections—but that, no, she wouldn't give an exemption and she couldn't give an exemption.

Chantale Collard
Basically, you wanted an exemption for the third dose.

Évelyne Therrien
Yes.

Chantale Collard
Now, what will also be important to know is— You spoke of your father.

[00:15:00]

At that time, you were at your father's house: between the second [dose] and your request for a waiver of the third dose. What happened? Explain that to us.

Évelyne Therrien
In December 2021, they started pushing the third dose really hard in TV media. I refused to take it. It caused huge conflicts. My father was extremely angry; he called me every name in the book. And he was really extremely angry on a daily basis, and extremely insulting and unpleasant. In December 2021, I considered moving out. But I changed my mind in the end because I saw that it was submitting to the government's strategy of divide and conquer, in order to cause the most possible destruction. But then, in January and February—

Chantale Collard
That was in January 2022.

Évelyne Therrien
Yes, that's it: January–February 2022. I started taking all sorts of actions and made a credit card donation to the Freedom Convoy because I wasn't able to get to the demonstrations. I can't drive such long distances since the stroke.

Chantale Collard
When you donated to the Freedom Convoy, you were still at your father's house?

Évelyne Therrien
Yes. When he found out, he was very angry and he told me to leave his house.

Chantale Collard
He kicked you out.

Évelyne Therrien
Yes, that's it, he kicked me out. So as I am slow because of the stroke, it took me four months in total to move. So I moved in July 2022. It was four months between when he told me to leave and when I was able to move. During that period, there were times when he was rather explosive, when he was quite hateful. I was relieved to finally move.

Chantale Collard
Has your relationship with your father ended since you moved, or have you reconnected?

Évelyne Therrien
It is at the bare minimum. I go to see my mother once a week in a CHSLD and, since he goes to see her every day, of course I see him when I go to see my mother. Apart from that, it is very rare to see him and I've decided that I will never invite him to my house again. In any case, at the very beginning, I had invited him once or twice and I really thought he was too— I don't know what adjective to use. But his personality didn't change with the onset of COVID, he was already like that and it got worse over the years. It causes a lot of problems in general, even outside of the COVID situation, and it continues to this day. I still had conflicts by telephone with him: twice in the winter of 2023. So I will distance myself even more, I will withdraw as mandatary and as executor because I will not be able to work with him—or with my brother. My brother is really similar to my father. Less aggressive but it doesn't work at all, so I'm going to distance myself more.

[00:20:00]

Chantale Collard
Madame Therrien, I see that time is running out. But there is an important message: If your father is listening—currently, your testimony is being broadcast across Canada, around the world—what would you say to him?

Évelyne Therrien
I don't think I would have anything to say to him because I've tried everything and I know he doesn't believe in doing research on the internet.

Chantale Collard
If you spoke to him directly? Talk to him directly.

Évelyne Therrien
[Long silence.]

Chantale Collard
It's not easy.

Évelyne Therrien
What I would say would be really nasty and they would sound like insults even though they are true. I would tell him that I find him cowardly for not even being able to care enough about the side effects of my second dose to realize that there is something wrong; that the reality does not match what the government says; that what happened to me is not what the government says and what the government does. So I find him cowardly, and I find him insensitive, and I find him cruel.

Chantale Collard
Madame Therrien, you talk about yourself, you feel hurt.

Évelyne Therrien
Yes, certainly.

Chantale Collard
You feel rejected.

Évelyne Therrien
However, he didn't behave that way only with me. I found that, during COVID in general, his behaviour has been abominable.

Chantale Collard
It has affected you immensely, that's what I can see from your testimony. It takes a lot of courage to speak here at the Commission today. And as a final word, do you feel that there is a lesson to be learned and whether things could have been done differently?

Évelyne Therrien
One must not sacrifice one's freedom and integrity for an illusion of security.

Chantale Collard
Very good final words: "You should not sacrifice your freedom for an illusion of security." We will remember these words, Évelyne Therrien. Thank you.

There may be questions from the commissioners, so stay online.

Commissioner Massie
Hello, Madame Therrien. Thank you for your testimony.

Évelyne Therrien
Hello. Thank you.

Commissioner Massie
My question is— I understand that it is a very tense situation, which is caused by your incapacity; you are something of a prisoner of your disability, which makes you less able to go out of your immediate family circle. Do you have people around you who can support you in this difficult tense situation, finding yourself perhaps without the support that you could have had from your father?

Évelyne Therrien
Since my move, I have been involved in support groups and in volunteering. So it allowed me to create some new links and new contacts. I'm in the Solaris groups. I volunteered for Réinfo COVID Québec. And then, what else was there? The Universal Exchange Garden. It allowed me to make a few new connections. I also have an unvaccinated sister who lives in Coaticook. She is very far away but it is at least moral support to know that she is aware. She also has a lot of difficulties.

[00:25:00]

She also has health issues. She has a job but is struggling. She's not someone I can see on a daily basis, but she supported me a lot in the process with my father before my move— cheered me up, encouraged me. I also have a friend who is one of the few friends I have kept over the years. She too was very understanding. She did not want to be vaccinated and she got vaccinated under the threat of losing her job from her employer. She helped me through it all too, and I still see her. My abilities continue to improve over time. This allows me to see more people a little more frequently than before. That helps me too. I managed to see a lot more people in the winter of 2023 than in the fall of 2022. In that respect, it continues to improve. It's not as bad as it could have been or could be.

Commissioner Massie
Thank you very much.

Chantale Collard
Thank you very much, Évelyne Therrien. I know that this testimony was not easy. You have a lot of courage. That's also freedom: it's having courage. Rest assured that your testimony will have echoes, hopefully, throughout the world. Thank you so much.

Évelyne Therrien
It was a pleasure. Thank you very much for the work you do. Thank you.

[00:26:36]

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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, and further *translated from the original French.*

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 10: Dr. Sabine Hazan
Full Day 2 Timestamp: 07:08:08–07:50:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
Hello everyone. My name is Louis Olivier Fontaine. I'm a lawyer, and today I'm acting as prosecutor for the National Citizens Inquiry Commission, which is currently being held in Quebec City. So this afternoon, we're honoured to have with us Dr. Sabine Hazan, who joins us from California. So Madame Hazan, can you hear me?

Dr. Sabine Hazan
Yes. Yes, can you hear me?

Louis Olivier Fontaine
Yes, very well. Thank you.

Dr. Sabine Hazan
Okay, great.

Louis Olivier Fontaine
So to begin, just as a formality, I'm going to ask you, Dr. Hazan, to state your first and last name please.

Dr. Sabine Hazan
Sabine Hazan.

Louis Olivier Fontaine
Very well. Now I'm going to ask you to take an oath, so another small formality. So if you don't mind, I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I do."

Dr. Sabine Hazan
I do.

Louis Olivier Fontaine
Good. Now Dr. Hazan, I'm going to make a brief presentation of your professional profile. So you'll let me know if everything is in order—and I apologize in advance if I leave out any details of your very comprehensive CV. So Dr. Hazan, you're a medical doctor specializing in gastroenterology. You're also an expert on the intestinal microbiome. You are president and founder of ProgenaBiome, a genetic sequencing research laboratory.

Dr. Sabine Hazan
Yes.

Louis Olivier Fontaine
You've been conducting clinical trials for pharmaceutical companies for around three decades. And you've also authored several scientific publications, notably in connection with COVID. Is all this true, Dr. Hazan?

Dr. Sabine Hazan
Yes, that's right. That is correct.

Louis Olivier Fontaine
Are there any other qualifications you'd like to add to your CV?

Dr. Sabine Hazan
I have numerous qualifications, but that's fine. It's enough I think.

Louis Olivier Fontaine
All right. So during the short briefing we had today in preparation for your testimony, you mentioned a subject that was important to you. And if I understood correctly, it was about the publication mechanism of scientific research and the difficulties you encounter in publishing these studies.

So if it's all right with you, we could start with that subject. And after that, if you have any other important subjects you'd like to cover— Obviously, you understand that in fact the subject is, let's say, the consequences and management of the COVID-19 crisis in Canada, but also world-wide. So that's it.

If you have any other topics you'd like to raise afterwards, we have about 45 minutes, including any questions our commissioners may have for you. So about 30 minutes to allow time for questions from the commissioners.

Dr. Sabine Hazan
I have to finish in 30 minutes because, unfortunately, I have a very important meeting afterwards. So you only have me for 30 minutes.

Louis Olivier Fontaine
Very well. Then we'll reserve a few minutes for questions from the commissioners, so maybe 20 to 25 minutes for you. Thank you. I'll leave you to elaborate.

Dr. Sabine Hazan
As I've done clinical trials for pharmaceutical companies, I'm in the field so I know how to do things: how to register patients for trials; how to write a protocol; how to submit a protocol to the FDA [Food and Drug Administration]. So when COVID started, I had already developed a laboratory that was starting to look at the microbiome.

In clinical terms, the microbiome means— What do Parkinson's patients have in their microbiome? And the microbiome is the bacteria and viruses in the intestines. So if someone has Parkinson's [disease], which microbes do they have in their intestines that could perhaps predict Parkinson's, and would it be possible to treat Parkinson's by changing the bacteria through knowledge of this bacteria? The same goes for Alzheimer's disease, autism, and so on. So I had written protocols to actually look at the microbiome in the clinical field.

[00:05:00]

When COVID came along, I was obviously involved in clinical trials. I've helped many pharmaceutical companies over the years bring products to market, and I've helped in the research of these pharmaceutical products. That's been my role as a doctor, especially in the last 15 to 16 years. I've done a lot of research for pharmaceutical companies.

There was a bacterium called *Clostridium difficile*, and I brought a lot of patients into this research because in the end, when the patient wasn't doing well, when the medication wasn't working, I did stool transplants. And it was really the stool transplants that somewhat awakened me, that led me to discover the world of the microbiome. And not only me, but a lot of doctors that were doing stool transplants.

When you see a patient with no hair, with the disease alopecia areata, as the cases of Dr. Colleen Kelly at Brown University where suddenly they grew hair, the hair grew— I apologize for my French, it's been a long time since I spoke French; I speak mostly in English— So when you see that the hair has grown, there's something going on when all you've done is manipulate the stool, wouldn't you agree?

And when you see a person with Alzheimer's—in fact I had a case of someone with Alzheimer's. I gave him his wife's stool. He had *C. diff*, and suddenly, he remembered his wife's name. Well.

As a doctor, as a scientist, as a researcher, this raises questions: What's going on in the microbiome? So when COVID arrived, the first thing I did was start looking at and reviewing all the documents, and I came across Dr. Raoult's document. Before COVID arrived in the U.S., I looked at his research—and I speak French—so I looked and said, "Well, this is research that's done quite well." Hydroxychloroquine makes sense; it changes the pH of the cell, so maybe when the virus gets into the cell, it gets killed by the change in pH. Azithromycin, the same thing: maybe the virus gets killed by the azithromycin. And zinc blocked the virus. So the idea started to grow in my head that maybe this was a pathway.

What really impressed me about Dr. Raoult was the fact that he treated all his patients and he survived. He never had COVID, he never went to hospital, yet he was exposed to all his patients. You could see the rows of patients who had COVID!

And you have to remember that in March 2020, we didn't yet have COVID. COVID had just started, so we were getting ready. I started writing the protocols to submit to the FDA in America. So we hadn't really received any patients. It's when the first patients arrived that the doctors became quite frightened. What really gave us the courage as doctors to treat was the efforts of the doctors before us. In Italy, as well as the doctors in France who started to treat, and they themselves survived.

So when I saw Dr. Raoult—who is quite an elderly gentleman—I said, "Well, if he survived, I'll be okay. I'm a little bit younger than him. So fine, I can go and start treating patients." Because when COVID arrived in America, there were no masks; we were hindered. We were told, "Well, you have to go to work and treat the patients." Fear took over. So if there hadn't been doctors before us who had treated patients and were okay, maybe we wouldn't have had the courage to go and see all those patients.

So the first thing I thought was: I'm sure that COVID must appear in the stool. So I said, "Well, I have a microbiome lab that analyzes the microbiome. I have a lab that does studies for pharmaceutical companies. I'm going to write a protocol, and I'm going to add Dr. Raoult's protocol. And I'll add vitamin C and vitamin D" because I'd seen that vitamin C and vitamin D increases the good bacteria in the microbiome.

So that was my protocol. I wrote it, I gave it to the FDA. The FDA said, "Dr. Hazan, you can start treating patients, there's no need for a clinical trial." That was the first letter we received. The second letter, the next day, we get a letter: "I'm sorry, you have to do a full phase I study."

[00:10:00]

So I said, "Well, since these drugs are safe, can we go from phase I to phase II?" Well, the **FDA let us go to phase II. We started doing clinical trials. So then there were patients in the phase II clinical trials who were taking hydroxychloroquine, azithromycin, zinc, vitamin C, and vitamin D.**

At the same time, I collected stool samples. And at the same time, I analyzed the stools of the first COVID patients I had in California. And I said to my scientist, "We have to find COVID. I'm sure that COVID is in the stool." And that's when we discovered that in the patients who actually had COVID, 100 per cent of the those who had the positive PCR nasal test were found to have the whole genome of the virus in their stool. And we didn't find one copy; we found thousands of copies of the virus in the stools. So when I saw that, I said, "What's the virus doing to the microbiome?"

And when I treated patients, I noticed that there were patients in the same family. And in fact, we published the document about finding COVID in the stool. And I was in communication with the government, the National Institute of Standards, and I told them from the start, "You have to look at the stools because I'm sure you're going to discover COVID." And then the government started looking in the sewers to see if the virus had mutated, et cetera.

While they were looking in the sewers, I was looking at the patients. I would say, "Well, what's the mutation? Is this mutation serious? Is the patient seriously ill?" So I started looking and saying, "Well, some people have COVID in their stools and they're severely ill. What's the difference? Does their microbiome protect them or not?"

So what I did was look at the families and I said, "Okay, I'm going to take the families where some have severe COVID and some don't get COVID. What's the difference between their stools?" And what I discovered was that some people have a microbiome with bacteria called "bifidobacteria." These are the bacteria that are in the realm of probiotics, right? We know that probiotics are good for us; it's a trillion dollar business.

So I said, "Well bifidobacteria must be important because people who are severely affected by COVID don't have bifidobacteria; and people who are exposed to COVID and haven't had COVID have a lot of bifidobacteria. So maybe that's what I should be looking at."

After that we discovered that vitamin C increases bifidobacteria. And we discovered, in fact, that even ivermectin—which has the same type of secretions [fermenation product] as a bacterium called *Streptomyces*—and with this bacteria being in the same group of bacteria, perhaps it feeds the bifidobacteria while the patients' oxygen levels are really low. Because one thing I had noticed was: when I was treating patients with hydroxychloroquine or the treatment protocols I was following—because I was blinded, I didn't know which—there were patients whose oxygen had gone down. So when their oxygen came down, I said: "Well, I'm going to change protocols because I don't know if they've had the hydroxychloroquine. I'm going to give them the ivermectin off-label."

And that's when I discovered that when I give them ivermectin while their oxygen is low, two hours later, the oxygen increases. So when I realized that maybe the oxygen was increasing, I said to myself, "Maybe the oxygen is increasing because we're decreasing the cytokines that are in the lungs with the circulation, and maybe the bifidobacteria are increasing, and taking those cytokines and releasing them into the sewer."

So that's how my research got into the microbiome. It was really looking at bifidobacteria.

What we've discovered about bifidobacteria is that people with Lyme disease don't have **bifidobacteria. People who have Crohn's disease and haven't been treated—they're naive, it's their first time having Crohn's disease—they don't have bifidobacteria.**

[00:15:00]

Even recently, we presented at Digestive Disease Week that people with advanced cancers have no bifidobacteria. Now is it the cancer that has destroyed the bifidobacteria or is it the missing bifidobacteria that causes the cancer? We don't know; it's the chicken or the egg. But in the end, when you look at the research, you really have to see all the evidence and look at the research properly.

So bifidobacteria was my domain for looking at the microbiome. And what I discovered was that when we looked at the before and after of patients who had been vaccinated—we had a baseline of microbiomes in the patients, and then we tested one month after vaccination—we found that bifidobacteria levels dropped by 50 per cent in these patients. Not all patients, but it was quite significant. And we continued to monitor four patients and we found that in all four patients, bifidobacteria continued to decline. So we asked ourselves: Is there something in the vaccine that kills bifidobacteria? And maybe if we go down this path of science, wouldn't it be a new opportunity, a new frontier? If we look at bifidobacteria, maybe that's why people who had the vaccine, and developed COVID after the vaccine, actually demolished the bacteria that protected them.

So obviously, it's all a hypothesis. It's my hypothesis; it is science. But that's how I treated everybody and I didn't lose anyone. Nobody that I treated died on my watch, even though they were in my FDA clinical trials. But I monitored them very closely to see if their oxygen went down; and if so, they were off protocol and I treated them off-label, so to speak.

So that's it. In my experience treating patients, I've learned a lot. I learned that a little girl who had been exposed to her parents who had COVID developed Tourette's disease. And we discovered COVID in her stools after six months of Tourette's disease. And when we gave her a little bit of hydroxychloroquine and we gave her ivermectin and vitamin C, her Tourette's symptoms disappeared and she felt better. So there's something there. There's something that I observe in the manipulation of the microbiome. It's evident; it's all research. But we achieved success in that I didn't lose anybody—nobody died from my treatment.

Louis Olivier Fontaine
You say you haven't lost any patients.

Dr. Sabine Hazan
My frustration— I want to say, my frustration is that there was interference in the research. I didn't even want to speak to this committee because nothing is being done! They don't listen to doctors anymore. There is no science anymore! When a hypothesis has been retracted from a journal, there's no more science, okay? We can't even treat patients. We can no longer ask a patient's consent. We can't even tell them, "You have to be careful, there may be problems with this vaccine." No, we can't even tell them that! So where's the science? Where are we with this?

The whole pandemic made me want to retire to Noah's Ark because all I discovered was that there was a lot of corruption. When you see politicians talking about hydroxychloroquine: they have no experience. Or actors talking about ivermectin: they have no experience. They interfered with the research I was doing because when patients came to my clinical trials, they didn't want to go into the clinical trials. So there was interference in the research that was being done.

Louis Olivier Fontaine
All right. I wanted to ask you, Dr. Hazan, how many patients have you treated with these protocols?

Dr. Sabine Hazan
That's difficult. Everyone asks me how many patients. In terms of protocols, I've treated roughly— With hydroxychloroquine, azithromycin—I was blinded—there were about 200 patients. As for prophylaxis, we had about 200 or 300 patients. With the ivermectin, doxycycline, we treated 30 patients. And there were another 1,000 patients that I treated off-label because I wasn't going to let them die. The patients who called me didn't want to enter the FDA protocol. So I said, "Okay, I'll treat them." And then on top of that, I shared my protocol and helped doctors; that's evident. Because we all wanted to help patients.

[00:20:00]

And then the patients saw for themselves. I have complete videos of the patient who couldn't breathe. And then, suddenly, the patient is breathing after we give him the ivermectin: the oxygen was low and the oxygen went up. So something happened, did it not? It's not magic, where suddenly the patient was going to die with an oxygen [saturation level] of 63 [per cent]and then all of a sudden, five days later, he's cured. It's not magic.

Louis Olivier Fontaine
So I am clearly hearing that you have the impression that you have not been heard as a doctor, as a scientist. I'd like to know: You obviously went against what might be called a certain consensus; did this lead to any consequences or reprisals? Could you elaborate on that? For example, how did the media react to your, shall we say, rather unorthodox approach?

Dr. Sabine Hazan
Well, I'm not really in the media. All I've really done in the media are two interviews that went quite viral. There's an interview I did in *The Epoch Times*, and it was on TikTok. And we actually got about 1.4 million views on this TikTok video that wasn't even posted by me; someone else posted it. And then, suddenly, it was completely removed.

I did an interview with a farmer because I discovered that people who work on farms have a pretty superior microbiome. So I made a YouTube video with the farmer. We didn't really talk about medicine or COVID. We just talked about the farm, the fertilizers, the fact that the microbiome is really like the farm, it's like the fertilizers. And this video was retracted. Why? Because in the video, the farmer was married to a woman who was a professor and the woman had had COVID. And he took . . . saliva . . . [inaudible] . . . and he never got COVID. And when we looked at his microbiome and his wife's microbiome, we discovered that he had a microbiome that was quite superior to that of his wife. And that's why he didn't get COVID. In my opinion anyway.

Again, it's science. Science isn't something that— It's not black and white; it's in colour. And there are a lot of interpretations in science, and a lot of bias in science. So it's clearly a vision. If someone else wants to prove something else to me, well, they have to— Science is everything. Prove me right and prove me wrong. That's it.

Louis Olivier Fontaine
And have you experienced any pressure or reprisals among your medical and scientific colleagues? How did it go with your colleagues?

Dr. Sabine Hazan
My colleagues know me. They know that, first of all, it's my money that I spent; it's my savings, okay? I didn't get a grant. So when I did the research to find COVID in the stools, it was my savings. Obviously, at the time, I wanted to develop a lab test to actually help doctors. And we couldn't. We really had a lot of problems developing this test to look at the stools.

Personally, I think that the biggest loss— There were two big losses; there were several big losses. First, the research interference, the interference of politicians, of the media, that destroyed the research. Secondly, we can't publish; it's very difficult to publish. We have a lot of problems with publication. And then thirdly, we had a lot of problems recruiting patients. There was a lot of interference with Facebook, Instagram and at the time, Twitter. When I published something on Twitter before Elon Musk, it was removed.

So a lot of things are removed, a lot of things are retracted. It's like we're following a narrative. And if people don't wake up and see that we're being manipulated— we are being manipulating through our thoughts, we're being manipulated with everything they give us. All the drugs are now all publicized. There's a publication—I should say, an advertisement. You can't turn on the radio without hearing about taking this drug or to taking that drug. There's no longer doctor-patient relationships. It's definitely in the news. There's definitely a direction in medicine that's removing the doctor and directing patients towards the narrative being marketed.

[00:25:00]

And that's what we're seeing. That's what we've seen with COVID and what we'll continue to see in medicine and research. There's no more room for innovation, in my opinion.

Louis Olivier Fontaine
Yes, that's very interesting. Before turning the floor over to the commissioners, who will perhaps have more in-depth questions—we have some commissioners with scientific backgrounds—I'd like to ask you: Is there anything else you'd like to talk about before we turn the floor over to our commissioners?

Dr. Sabine Hazan
I think I've touched on interference. I think I've touched on the fact that, ultimately, there are retractions. In fact, in my view, it's all about interference in medicine and research.

Louis Olivier Fontaine
Thank you very much, Dr. Hazan. I'll turn the floor over to our commissioners, if they have any questions for you.

Commissioner Massie
Good day, Dr. Hazan. Thank you very much for your presentation. I've been following quite a bit of your work. I'm a microbiologist by training and I've really appreciated all the work you've done in the field of microbiota. I had a question for you. You mentioned that, if we have a good microbiome composition, especially with bifidobacteria, we seem to have a much better ability to resist the effects of infection. Have you considered, or are you

currently using, a protocol that would replicate what's been done in the case of fecal transplants with *C. difficile* for the treatment of SARS-CoV-2 infections?

Dr. Sabine Hazan
Yes, that's been my interest. I've written a protocol for long-haulers that I think is going to help, and also for people who have had problems with vaccines. Because, what we discovered with the vaccine problem is that with people who have been vaccinated and have problems, it's as if their microbiome is naked/denuded. They have one phylum—you're a microbiologist, so you know what a phylum is—they have one phylum. How do you survive with a single phylum? How could a phylum of actinobacteria have been completely removed, and then the loss of bacteroides, or the loss of firmicutes?

So that's what I see: I see a lack of microbes. And I think that in medicine, we've always been in a way— I'm always a bit of a rebel because I'm always the kind of person that, if someone tells me to go right, I'll go left, just because that's the way I think as a scientist, don't you agree? A scientist is always someone who doesn't want to follow the given path and will seek a new direction.

The microbiome was a new direction for me because I think what I've seen in 30 years of solely pharmaceutical research is that we haven't cured anything. We've cured nothing! Maybe two diseases. But Crohn's disease isn't cured. Patients have to be given medication every month. Parkinson's disease is not cured. Autism. And Crohn's, Parkinson's, and Alzheimer's are increasing. In 30 years of autism— There was 1 in 2,000 patients with autism in 1982. Now, in 2030, they say there will be 1 child in 16. If we don't stop and look at what's happened, we'll lose medicine; we'll lose science!

What I think is happening is that we're losing our microbes. Now that COVID has opened the door, we're at the point of showing that the problem is a lack of microbes. It wasn't necessarily COVID that was the problem; maybe it was the lack of microbes. And I have a lot of documentation that I need to write up, for that matter. And I have proof for that, which will impress everyone. But the problem is that every time I try to advance my research, I'm stuck fighting, defending something. And I'm used to it. People have always tried to attack me because I go one way and the other. So I'm used to defending myself and going to war with these people. But the problem is that it doesn't help me advance my research.

If I discover something—that there's a lack of bacteria—we have to look at that. And it's evident that, yes, if there's a microbiome that's a super donor, a microbiome that I call the resilient microbiome, then we need to learn about that microbiome, don't we? We can't just say, "Well, let's put everyone in the same box; let's say all humans are the same." We're not the same! And that's that. I survived COVID. How did I survive? Why? What's in my microbiome? How did Dr. Raoult survive?

[00:30:00]

There are people who survived, and there are people who survive COVID. And there are people who survived the vaccine too: who didn't have any problems because it didn't affect them. We have to learn to look at the resilience of these people. We have to learn what this resilience is all about. So we're at the beginning of this science, but I think we need to start looking at the difference between a healthy person and an unhealthy person. And in my opinion, that starts with the microbiome.

Commissioner Massie
Thank you. My next question would be to know: What interaction can the microbiome actually have with the immune system to perhaps provide this resilience or resistance? Not just to COVID, but to many other ailments that basically involve a poorly balanced immune system?

Dr. Sabine Hazan
What we've noticed and what we call an imbalance in the microbiome, gut dysbiosis, is really an imbalance between microbes, correct? So if we look at the microbiome and say, "Well, there's a phylum of good bacteria and a phylum of bad bacteria, yes? And there's an imbalance between the bad and the good; maybe viruses get in because there's an imbalance."

So this is what we call "leaky gut." How does leaky gut happen? Perhaps because there's an imbalance in the microbiome. Maybe the stools themselves—this microbiome of actinobacteria, firmicutes, and all that, very diverse—maybe that's what protects us in the first place, especially when we eat a hamburger that has *E. coli*. Maybe the *E. coli* enters, goes into the colon and suddenly there's a war between the microbes to try to remove it. So the way you get diarrhea and vomiting is really the microbiome working to remove the bad bacteria, in my opinion. And the good bacteria hold out.

But when a person has lost all their good bacteria, it's obvious that they're going to get caught with germs that they can't shake off. Let me put it this way: It's like a city, there's a war going on, there's the enemy on the other side of the fence, and then there are the people on this side. If there's no one to defend the fence, the enemies will get inside. So I believe it's the same thing for the microbiome. The microbiome is really the balance between good bacteria and bad bacteria. According to me, if we alter this balance, the viruses will get in.

So that's the microbiome. That's microbiome-thinking. Except that we've always thought that it's always a single microbe that causes disease. We have strep pneumonia: it causes pneumonia. So we administer an antibiotic and it cures the pneumonia. Clearly, it helps against pneumonia. But now, what does this antibiotic do in the colon? Does this antibiotic kill other bacteria that perhaps help with other things, like digesting milk, digesting B vitamins, helping metabolism, helping immunity?

So we need to start understanding more about the loss of microbes, more than the increase of a microbe. Because it's never a single microbe. In the microbiome, there are trillions and trillions of bacteria and at the end of our lives, when we die, these bacteria take over the colon and decompose us in the soil. So it's clear that it's the bad bacteria that decompose the body. I can see this. Babies are born with a lot of bifidobacteria and elderly people die with no bifidobacteria at all. So maybe the loss of bifidobacteria is doing something, increasing the bad bacteria, and that's what's making people die. We just don't know. We need to start investigating and researching it. So that's it.

Commissioner Massie
Last question: To maintain a healthy microbiota, is a particular diet important? What kind of diet should we try to use? With vitamins and other kinds of fibre—for example, dietary fibre, that nourish the microbiome?

Dr. Sabine Hazan
There are a lot of studies on fibre. One hundred per cent, fibre. The problem with probiotics is that some probiotics aren't real. If you look at the studies, there's a study that showed that 16 of the 17 probiotics that were tested didn't have any bifidobacteria in them. They were actually bacteria, or dead bacteria, or no bacteria.

[00:35:00]

So firstly, there's very little control in the probiotic field, and secondly, if you look at foods like yoghurt— One of the things I did during the pandemic was kill my bifidobacteria as an experiment, just to see. And I discovered that if I drank kefir from California—because I live in Malibu, I bought kefir—I was just drinking kefir to try to increase my bifidobacteria, and in fact, it didn't go up. So when I tested the kefir, I discovered, "Ah, there's no bifidobacteria in this kefir." But it says bifidobacteria on the bottle. So that's what it's all about: doing the research.

You do your research, you think you're on the right track, that you're increasing your microbiome, that you're doing the right things. And then you find out, well, there's no bacteria in this kefir. It's evident that one thing we've proven is vitamin C and vitamin D: we've seen that they increase bifidobacteria. So in my opinion, immunity starts with vitamins.

The fact that people weren't told during the pandemic to make sure they were taking vitamin D was really a crime, in my opinion. Because people were quarantined for a month, two months, three months, and then they were told, "Okay, go outside." But it's obvious that they're deficient in vitamin D because they were in their homes, not exposed to microbes, not exposed to the sun. So there's a lack of vitamin D in these people. So we should have told them right from the start: "You have to take your vitamin D."

So vitamin D increases bifidobacteria, vitamin C increases bifidobacteria. Now, you have to be sure of the quality of these products. Precisely because I was involved in clinical trials and working with patients, when we tested products, I had to make sure that my vitamin D was rigorously made in a clean factory. I even had to know who the manufacturer was. I studied until I found out what the manufacturer was all about: What is their procedure for making vitamins? Even with probiotic companies, I had to investigate with the owner to find out: Did he do the research properly?

That's what research is all about. In the end, you're like a detective; as a scientist you become a detective who examines. So to answer your question: food, yes; if the vitamins are well made and good, yes, that should help; if the food is well made, there's no bacteria in your meat or yoghurt, or the yoghurt has been properly processed, that should help.

But I think the most important thing is to understand that research into the microbiome is really in its infancy. We're trying to understand it all. It's obvious that I did this research quickly because I wanted to see. So I saw the first 20, 30, 40, 50, 60 patients who had severe COVID and I noticed that there were no bifidobacteria. And then I saw the patients who were long-haulers and I saw the patients who had problems with the vaccines. So all this takes time to analyze, to write up. But it gave me a good outlook on the microbiome, the power of the microbiome.

Moreover, why did I see that my role during the "pandemic" was really to be in this research? Because I had a lab that did clinical trials for pharmaceutical companies. And I had a lab that was doing genetic stool analysis and we were starting the research. At the

outset, I had samples from patients before COVID. So it gave me a really good perspective on: What is the microbiome of a healthy child? What's the microbiome of a healthy young teenager? And why did the teenager who got COVID get COVID when he was expected to be like any other healthy person?

So we're at the beginning of this research and we really need to support it. But if we argue as scientists and if we argue as doctors to advance research, to treat our patients, there really is a problem. And I think that the Good Lord, in a way, put me here. Because I think that my whole life, my whole career, has been about arguing, about presenting my point of view.

[00:40:00]

So that's why I'm here today and that's why, even without make-up or anything, I said: "Well, I'm going to show up" because I think what I have to say is more important than what I look like, what's in it for me. I have no interest in this. I want peace, and if I'm told to take a drug, I want the research to be have been done properly. And what I've seen is that the research hasn't been done properly on vaccines. I saw that no microbiome analysis had been done. I saw that no one had done the analyses on the p53 gene to see if this vaccine was a danger to some people. No one has done the analyses. Even the animal research took one week. They gave the vaccine to six monkeys, killed them in a week and then said, "Okay, the vaccine works." But that's not research! Come on! It was necessary for the animal research to be done properly.

Why didn't we do research on animals for an extended time, at the same time as we did the analysis on humans? It was necessary to do all that. So what I saw was research that was poorly done. There was no consent from patients. Patients went to the pharmacy and were vaccinated without knowing whether or not there were risks, without knowing if they were part of a research study. It wasn't even approved for children, and children were already going to the pharmacy. So I believe there was even a certain movement that pushed all these children and pushed the whole world to get vaccinated and to follow like Panurge's sheep. That's it. And now, unfortunately, we're going to start seeing problems, and I hope that scientists and doctors will at least open their eyes to the possibility that there is a problem with this vaccine.

Commissioner Massie
Thank you very much, Dr. Hazan.

Louis Olivier Fontaine
So in closing, Dr. Hazan, it only remains for me, on behalf of the National Citizens Inquiry, to thank you very much for your testimony. You have shed a unique light on a field that is in full development, so your testimony was very much appreciated. Thank you very much and goodbye.

Dr. Sabine Hazan
Thank you. Thank you very much. Good bye.

[00:42:37]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 11: Stéphane Blais
Full Day 2 Timestamp: 07:51:36–08:18:20
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Hello, my name is Samuel Bachand. I'm acting as prosecutor for the Inquiry in connection with your testimony, Monsieur Blais. So Monsieur Stéphane Blais, please spell your name in full.

Stéphane Blais
S-T-E-P-H-A-N-E-B-L-A-I-S.

Samuel Bachand
I'll swear you in. Do you swear to tell only the truth to the Inquiry?

Stéphane Blais
I do. I vow to tell the whole truth.

Samuel Bachand
First of all, Monsieur Blais: with your help, I have extracted from the public registers of Canadian jurisprudence on CanLII [Canadian Legal Information Institute] the disciplinary decisions concerning you, which you are about to discuss. I've given you a hard copy of these documents, which are listed jointly as Exhibits QU-3 through QU-3d. Do you have them in front of you?

Stéphane Blais
Yes.

Samuel Bachand
Do you recognize these documents?

Stéphane Blais
I recognize these documents.

Samuel Bachand
Can you tell us what they are?

Stéphane Blais
It's a decision: a disciplinary decision against me, revoking my [chartered accountant] licence for life plus 18 months—because they were afraid I could be reinstated—plus a $20,000 fine.

Samuel Bachand
Proceed document by document—because there isn't just one decision, is there?

Stéphane Blais
There are so many documents here: "Decision on the respondent's motion to obtain the information necessary to hold an impartial public hearing," as I felt that the committee was biased; then "Decision on guilt," which means expulsion; and then "Decision on sanction," which means that I was guilty. And the penalty was expulsion for life plus eighteen months, plus a $20,000 fine.

Samuel Bachand
Right. So with that established, you're here to testify about your personal experience with the disciplinary system of the Ordre des comptables [professionnels] agréés [CPA] du Québec [the Quebec CPA Order covering Chartered Professional Accountants], following public statements you had made about COVID governance. Is that correct?

Stéphane Blais
Of course.

Samuel Bachand
Take us to the beginning of all this. Then we'll go chronologically. Then, as you know, if you get lost or if I need clarification, I'll jump in.

Stéphane Blais
Yes, I understood that I wasn't permitted to promote la Fondation pour la défense des droits et libertés du peuple [Foundation for the defence of people's rights and freedoms]; that's what you told me. So here I am: President of the Foundation.

Samuel Bachand
That's not exactly what I told you, but that's okay. It's not about us. Just go ahead.

Stéphane Blais
So what I'm being accused of is having undermined the dignity of the profession of chartered professional accountants—despite the fact, Monsieur Bachand, that in my career and my life, I've never been to a civil, criminal, or disciplinary ethics court. So since this was a health crisis, I'll put it in context for you. I received an email on June 12, 2020: four days after I filed an appeal for judicial review seeking to have Bill 61 declared null and inoperable as well as the decrees that violated our fundamental rights and freedoms guaranteed by the Charter. So to put it in context, four days after filing this appeal for judicial review—which was a bit of a bombshell in legal and political circles, we talked about it—I . . .

Samuel Bachand
So we're saying June 12, 2020?

Stéphane Blais
On June 8, the appeal was filed. On June 12, I received an e-mail from the *syndic* [representative] of the Quebec CPA Order asking me 76 questions, many of which—most of which—related to the content of the appeal for judicial review. So I told him to get lost. I told him that they were a creation of the Quebec government, which was being sued, and that there was no question of them interfering in a public prosecution since they were in a conflict of interest.

Samuel Bachand
Allow me to take you back to the list of 76 questions.

Stéphane Blais
Yes.

Samuel Bachand
Can you tell us a little more about the type of questions that were there, because we don't have the benefit of reading the document here?

Stéphane Blais
Yes, well for example: "Why do you say that what's happening in terms of the health crisis is nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world?"

Samuel Bachand
That's what you had said, and that's the basis on which they eventually accused you?

[00:05:00]

Stéphane Blais
I've said it before and I stand by it today. And the more that time goes by, the more we are proven right.

Also: "Why do you promote civil disobedience?" Well, my friend, André Pitre, and I met Rocco Galati in Toronto—who's a constitutional expert by the way—and he explained to us the importance of defying unjust laws. And it was also based on the ideas taught at university, such as those of Henry David Thoreau and Martin Luther King, who is celebrated every third Monday in January.

Samuel Bachand
What other questions were you asked?

Stéphane Blais
Several other questions. Listen, they wanted to know if we were registered with the Registraire des entreprises [REQ –Business Register], who the directors were—the total inquisition.

Samuel Bachand
When you say: "If we were registered with the Registraire des entreprises du Québec," with the REQ, you say "we." "We" meaning the Foundation?

Stéphane Blais
The Foundation indeed.

Samuel Bachand
So you were already the head of this organization at the time?

Stéphane Blais
Yes. It was founded on May 7, 2020, and was duly registered.

Samuel Bachand
Okay. Do you remember any other questions you were asked in this list of 76 questions?

Stéphane Blais
No, I don't remember.

Samuel Bachand
Or any other topics that were brought up?

Stéphane Blais
These were scientific themes. Then during the inquisition that followed, we provided reports from international experts who became the Foundation's experts. So these were given to the Disciplinary Committee.

Samuel Bachand
Now, as for what you were asked to do in this 76-question letter of inquiry—

Stéphane Blais
I'm sorry?

Samuel Bachand
In the letter from the *syndic* [of the Quebec CPA Order].

Stéphane Blais
Yes.

Samuel Bachand
In the letter of inquiry, sorry— You mentioned scientific aspects that you had raised. Can you tell us which scientific elements were covered at that time? Not what came after; we'll get to that.

Stéphane Blais
Well we were asking questions about excess mortality. We had carried out analyses of what was happening in Sweden—where there were no mandates—versus Quebec: so the mortality rate. We already had statistics. So we brought up statistics; and then we justified the statistics with reports submitted in 2021 by our experts, including Laurent Toubiana, an expert at Inserm [Institut national de la santé et de la recherche médicale] in France, who corroborated our allegations.

Samuel Bachand
Now when you say, "We subsequently filed them," you didn't file them with the disciplinary authorities, did you?

Stéphane Blais
No, of course it was filed in the appeal for judicial review which is currently under deliberation. But it was also submitted to the disciplinary committee to demonstrate and corroborate our positions at the time.

Samuel Bachand
So ultimately it was also filed with the disciplinary tribunal, called the Disciplinary Board or the Disciplinary Committee?

Stéphane Blais
Yes.

Samuel Bachand
Before the ruling on whether or not you were guilty?

Stéphane Blais
Yes.

Samuel Bachand
All right. Now I'll come back to your response: You said you had sent the Order's representative packing.

Stéphane Blais
The *syndic*, yes.

Samuel Bachand
The *syndic*, yes, sorry. Is there anything else about your response you'd like to tell us?

Stéphane Blais
What I told them was that freedom of expression rights were guaranteed by the Charter of Rights and Freedoms. And that if we compare a prior decision—that of René Fortin, CPA, which I texted to you; the guy was banned for four months for watching children being raped on his cell phone— I felt that saying that what was happening with COVID 19 was nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world was far less offensive to the dignity of the profession than watching children being raped on a cell phone.

Samuel Bachand
Now are you referring to the Fortin decision?

Stéphane Blais
Yes.

Samuel Bachand
Okay. I believe you've taken the trouble to find the reference to this disciplinary decision?

Stéphane Blais
Yes. The decision was November 2019. I texted it to you.

Samuel Bachand
But you're the witness. Can you give me the reference for the benefit of the Inquiry?

Stéphane Blais
Of course. Would you like the decision number?

Samuel Bachand
Absolutely.

Stéphane Blais
My pleasure. So the decision number is 47-1900321. The decision was made on November 11, 2019. The *syndic* was the same one who investigated me: Claude Maurer.

Samuel Bachand
Now, following your reply to the *syndic's* letter, which included many items, what happened?

[00:10:00]

Stéphane Blais
The complaints were subsequently upheld by the Disciplinary Committee. I appeared before the Disciplinary Committee and told them that they were a creation of the Quebec government; and I asked the Chair of the Committee to tell me if she had sworn allegiance to protect the institutions. She refused to do so. I also demanded the immediate withdrawal of the *syndic*, Claude Maurer, because he was restricting my freedom of expression since I had never committed any professional misconduct as an accountant. So he was interfering with an appeal for judicial review, with legal proceedings, and also with my freedom of expression. At the time, I was the leader of a political party called Citoyens au pouvoir du Québec. So it was quite absurd not to be able to criticize the Legault government and then, additionally, to see them interfering in legal proceedings.

Samuel Bachand
You were the leader of a registered party? Provincial?

Stéphane Blais
Yes. Absolutely.

Samuel Bachand
For how long?

Stéphane Blais
I've been leader since January 2018. It is a party that already existed.

Samuel Bachand
What's it called?

Stéphane Blais
Citoyens au pouvoir du Québec.

Samuel Bachand
Very good. Continue your chronology.

Stéphane Blais
So I was brought before the Disciplinary Committee, and I asked the committee chairperson to tell me whether she had sworn allegiance, and she refused to do so. So I simply said that under the International Covenant on Civil and Political Rights, I had the right to be tried before an impartial committee; and I demand to appear before a panel where I would be able to have my say and they would have their say. They refused. So I told them this wasn't Communist China and to go fuck themselves. That sums it up. And after that, I never showed up for any hearings. I let them deliberate and then I got the result we're seeing today. And if I had to do it all over again, I'd do it a hundred times over.

Samuel Bachand
The result we're seeing today is what?

Stéphane Blais
It's a lifetime licence revocation.

Samuel Bachand
And you were the object of a decision *in absentia*.

Stéphane Blais
Yes, absolutely.

Samuel Bachand
Can you tell us about your experience of this process *in absentia*?

Stéphane Blais
Well, you wait for a bailiff to bring you the result of the decision. And after that, you put it in the archives. It's as simple as that. So I have no interest in being part of a professional order—especially accountants who are supposed to understand numbers, analyze the numbers— They were available at the INSPQ [Institut national de santé publique du Québec]: there were several expert reports coming out and yet everyone kept their mouth shut. In fact, I blame the experts in Quebec for not coming to the rescue of Quebecers in that crisis. We had to go abroad to find experts to defend Quebecers. So that says a lot about courage.

Samuel Bachand
Let me take you back to the subject of your testimony. I have reason to believe that in the Disciplinary Committee hearings, you raised constitutional and Charter arguments at the outset. What were they, roughly speaking? What is your understanding of your own arguments?

Stéphane Blais
Yes, it was simply that it infringed on my freedom of expression that is guaranteed by the Charter. And that the "dignity of the profession" was not an argument: it's an undefined

Trojan horse that's a catch-all. When you want to trap someone, you invoke dignity. But what is dignity?

Samuel Bachand
What you're telling me here are arguments that you, or your attorney, brought to the Committee's attention?

Stéphane Blais
That's right. But then I gave up. Because I have bigger fish to fry than a professional order that I no longer want to be part of. So I defended myself on my own and then I gave up. And then I appealed the decision but there were procedural issues and— Well, they weren't the correct procedures. So case closed. My licence was revoked for life plus 18 months.

Samuel Bachand
Let's come back to the decision on guilt before talking about the penalty. Obviously, the commissioners have access to the entire text, but the commissioners have access to a lot of texts. So I'd like you to offer them a summary of this decision and its conclusions. What offence were you charged with exactly? And of what were you found guilty?

Stéphane Blais
Yes, well in fact, it's: an affront to the dignity of the profession and an obstruction to the work of a *syndic*. I can read the conclusion.

[00:15:00]

Consequently, under the first count—Offence to Dignity—the Board: "finds the respondent guilty with regard to the offence based on section 5 of the Code of Ethics of Chartered Professional Accountants and section 59.2 of the Professional Code: "orders the conditional suspension of proceedings with regard to section 59.2 of the Professional Code." Under the second count—Obstruction of the *Syndic*'s Work—it "finds the respondent guilty of the offence based on Section 60 of the Code of Ethics of Chartered Professional Accountants and Section 114 of the Professional Code."

Samuel Bachand
What conduct was alleged to be obstructive? What had you done that was called obstructive?

Stéphane Blais
Well, I was criticized for not having cooperated in a timely fashion. In fact, the *syndic*'s questions were answered some 20 days after I had initially refused to do so—on the recommendation of Monsieur Bertrand, my lawyer at the time. At the committee meeting later, I upset the *syndic* a little by telling him it was a real disgrace to the profession and that he should resign on the spot, and then I gave him 15 minutes to think about resigning. They didn't like that.

Samuel Bachand
Is that why you've been accused—correct me if I'm wrong—of trying to intimidate the *syndic*?

Stéphane Blais
That time, yes, I did intimidate the *syndic*.

Samuel Bachand
All right, then. Now, the sanction decision.

Stéphane Blais
Yes, so it's a lifetime licence revocation plus 18 months. I had trouble understanding—

Samuel Bachand
There's a legal principle behind it.

Stéphane Blais
But, you never know; maybe it'll get reinstated, I don't know. And there's a $20,000 fine. And a bailiff comes every month or so to bring me my payment notice, which I haven't paid. I don't have any money left; I can't pay it. I won't pay it either.

Samuel Bachand
By way of comparison, in relation to the sanction you've suffered or are subjected to, I think you were speaking earlier about the Fortin affair— Fortin, was it?

Stéphane Blais
Yes.

Samuel Bachand
Right, in which the defendant was sentenced to a suspension of how long?

Stéphane Blais
Four months, for using a cell phone to watch children being raped.

Samuel Bachand
All right. For my part, that concludes your testimony. I'll leave the floor open for any further questions from the commissioners.

Commissioner Massie
Good day, Monsieur Blais.

Stéphane Blais
Hello.

Commissioner Massie
My first question is— Well, I understand from your testimony that your case is still being reviewed. Or is it completely over?

Stéphane Blais
It's over.

Commissioner Massie
And the representations you made concerning the challenge to the law on health measures—is that also settled?

Stéphane Blais
Actually, the judicial review appeals are still alive. We have a judicial review appeal regarding the curfew which is on stand-by; the same goes for the masks. And we have a general appeal covering all measures which is currently under deliberation: it's been four months. So we had the hearing on the government's request to dismiss for theoretical reasons. We had another hearing on March 13 because we found a document that had been hidden from us, by either the lawyers or the government.

Right now, they're still trying to figure out who hid the document from us. It was a directive from the Deputy Minister of Health to the effect that masks were mandatory in the health sector. So as for the argument that it was theoretical, until very recently everyone who went to the hospital had to wear a mask, otherwise they were removed by security guards or police officers. The judge is still deliberating on this point. The three appeals for judicial review are still alive. So there you have it.

Commissioner Massie
Obviously, as it's underway at the moment, we can't—

Stéphane Blais
We won't go into too much detail. I know that Lili Monier is coming to testify and she'll probably talk in a little more detail about the appeal for general judicial review, which is under deliberation.

Commissioner Massie
Are there any cases like this? In Quebec, I don't think there are any others—but in Canada or in other jurisdictions?

Stéphane Blais
I don't know of any appeals for judicial review that cover all of the measures and that are still pending, other than the ones we filed. Other appeals have been filed. For example, the Foundation helped Mr. Rocco Galati via Vaccine Choice Canada but the case was dismissed.

[00:20:00]

So as far as I can tell, only we remain to cover all aspects of the health crisis, both legally and scientifically.

Commissioner Massie
Thank you very much.

Stéphane Blais
It's my pleasure.

Commissioner Massie
Any questions?

Commissioner Kaikkonen
[In English] Thank you for your testimony. I did try to follow as much as I could, so if I missed something, I'm sorry. But you did mention at one point there about the barriers: that the procedures were what held you back as a barrier. Is there something that would help other people as well?

Stéphane Blais
I don't understand— The barrier . . . of what?

Samuel Bachand
The procedural hurdles that have been placed before you.

Stéphane Blais
Ah, the barriers. Okay, sorry. Sorry, okay. I don't understand the sense of your question. Could you repeat please?

Commissioner Kaikkonen
So you'd mentioned that the procedures were one of the barriers. You didn't actually use the word "barriers," but the procedures kind of stopped you because there's so many procedures in going into either a tribunal or the courts.

And I'm just wondering if you have any recommendations?

Stéphane Blais
Well, actually, it always comes to the same point. Okay. So yes, it always comes to the same point: that the narrative for the general public is given by the mainstream media. As long as the mainstream media continues to hammer home the narrative of those who own them, it's going to be very difficult for the people to move forward. So what's really needed is for people to realize that the media are, as Tucker Carlson used to say, the Praetorian Guard of—

Samuel Bachand
With the Commissioner's permission, sorry: I'd just like to refocus the witness and then maybe make sure he answers the question about procedural hurdles, not the question of media.

Stéphane Blais
Okay, well, the court is the court. So we followed the procedures, which are very, very long. If we're talking about my professional order— I hope that the professional orders will regain their power because I'd like to digress here to talk about the Quebec government's interference in the professional orders. This is very important because I forgot to mention that two days after Guy Bertrand's lawsuit was filed, Madame Marie-Josée Corriveau [a lawyer], who was already president of all the disciplinary committees, was made president; and then two days later, there was the *syndic*'s investigation. But you have to understand that from that moment on, there was a witch hunt in Quebec. Daniel Pilon, an accountant, was also disbarred for life. And well, we know what's going on with Gloriane Blais.

Samuel Bachand
So listen, since you mentioned Monsieur Pilon, can you just tell the court a little bit about the accusations against him?

Stéphane Blais
It's the same thing. Once again, it's the fact of being on social networks and speaking out against the government narrative that earned him the same sanction as me. He had his licence revoked for life plus a $10,000 fine.

Samuel Bachand
Now, to better answer Commissioner Kaikkonen's question, I have a suggestion to make to you: Tell us about the response deadlines imposed on you or given in the *syndic*'s letter asking you 76 questions.

Stéphane Blais
Yes, excellent. On Friday June 12, I received an e-mail at 2 p.m., which I didn't read. At 9 p.m., I opened my e-mails and saw that a second e-mail from the *syndic* had arrived. It was 8 p.m. on a Friday, and he said, "I require answers immediately." So he was in a hurry to get answers. And we knew very well that it had something to do with the lawsuits that had been filed against the Quebec government. So what I said was, "You're interfering, and this is a political request."

Samuel Bachand
Okay, just to make sure that your testimony is extremely clear on the subject: What was the deadline given to you in the letter of the 12th?

Stéphane Blais
It was immediate.

Samuel Bachand
It said immediately? In the letter?

Stéphane Blais
At 2 p.m., he demands an immediate response.

Samuel Bachand
And there are 76 questions.

Stéphane Blais
There are 76 questions. So it was completely ridiculous. I spoke to Monsieur Bertrand. He said, "Well, listen, answer the questions." At the time, I refused to answer the questions. Then, about 20 days later, he convinced me to write to the *syndic* to say that we were going to answer the questions.

[00:25:00]

Samuel Bachand
What happened after you answered?

Stéphane Blais
Well as you know, I replied; they put it in the archives; and following that, I had the Disciplinary Committee which accepted the *syndic*'s complaints; and we proceeded.

Samuel Bachand
To be precise, could we say that the Disciplinary Committee was occupied with a complaint from the *syndic*?

Stéphane Blais
Oh yes.

Samuel Bachand
At this stage?

Stéphane Blais
Yes, yes.

Samuel Bachand
Then between the time you first send them packing and the time you responded on the advice of your attorney, what happened during those 20 days?

Stéphane Blais
It depends. Are we talking about the global environment?

Samuel Bachand
No, no. In the disciplinary process?

Stéphane Blais
In the process, I didn't have—

Samuel Bachand
Didn't you get a reminder from the *syndic* or whatever?

Stéphane Blais
No. Not that I can remember. I simply replied with a little "get lost,"— If I recall, it was "go fuck yourself." So I think he got the message. And Guy Bertrand told me to be gentler and answer the questions, which is what I did later.

Samuel Bachand
Writing is always easier than speaking, isn't it?

Stéphane Blais
Yes, yes. But I'd still like to mention that Marie-Josée Corriveau—lawyer Marie Josée Corriveau—was the subject of a complaint for interference—

Samuel Bachand
Well, listen, I'm going to stop you there. It's off topic. So if the commissioners want even more—

Commissioner Kaikkonen
Thank you.

Stéphane Blais
It's a pleasure, always a pleasure.

Samuel Bachand
On behalf of the Inquiry, I'd like to thank you for your testimony. You are free to go.

Stéphane Blais
Thank you, Samuel. Thank you.

[00:26:44]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 12: Dr. René Lavigueur
Full Day 2 Timestamp: 08:19:13–09:10:07
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
Good evening. I am Konstantinos Merakos from Bergman & Associates. It's my pleasure to introduce a medical doctor, René Lavigueur, who is with us in person today. Good day, Monsieur Lavigueur. How are you?

Dr. René Lavigueur
Yes, I'm fine. A little nervous.

Konstantinos Merakos
That's normal. You'll be fine. We're here for you. Take your time, I'm not in a hurry and I don't think anyone else here is either. We're here to hear what you have to say. I'm going to start by swearing you in: Do you solemnly affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say "I solemnly affirm" or "I swear."

Dr. René Lavigueur
I affirm.

Konstantinos Merakos
Perfect. Can you spell your full name, please?

Dr. René Lavigueur
René, R-E-N-É, Lavigueur, L-A-V-I-G-U-E-U-R.

Konstantinos Merakos
Thank you. And do you live in Quebec?

Dr. René Lavigueur
Yes.

Konstantinos Merakos
Very good. Thank you. We will start with you simply saying a few words about yourself, your expertise, and your CV. Go ahead.

Dr. René Lavigueur
Well, I've been a practising doctor for over 40 years. I've worked mainly in general practice. Over the last few years, I became interested in philanthropy. I founded a social pediatrics center. I should say, I'm in Gaspésie so I'm in a remote region. And I do general medicine, which involves a lot of office work, a lot of house calls. That's about it.

Konstantinos Merakos
Perfect. And today, are you still practising? Do you have your own office? What do you do for a living?

Dr. René Lavigueur
In fact, I'm part of an FMG—a family medicine group—so I work with several doctors. I should also mention that I have some administrative experience as I was a director of professional services.

Konstantinos Merakos
Okay, that's fine. We're going to proceed with the main topics I have in front of me. The first one is: as a practising physician, you see a lot of things in the field. Can you tell us a little about what you have observed as a family doctor?

Dr. René Lavigueur
Family doctors have certainly been at the heart of it because people consult us, so we really are at the center of the matter. Most people accepted the usual narrative and didn't question us about whether they should be vaccinated. But the few who did ask us, well, that's where we got caught. There is a conflict between our code of ethics . . . Pardon me . . .

Konstantinos Merakos
Take your time. Continue when you're comfortable.

Dr. René Lavigueur
I don't know why this affects me like this, but it does.

Konstantinos Merakos
No, that's okay. Just take your time.

Dr. René Lavigueur
The theme I want to address is the dilemma of a family doctor. On the one hand we have orders from Public Health, on the other we have a code of ethics and the Hippocratic oath. That's our duty to our patients. And the conflict is daily because if we tell our patient the truth about the vaccine in question, then we're in conflict with Public Health. So the doctor has to make a choice: Do I betray my code of ethics—my Hippocratic oath—or do I listen to what Public Health tells me to do? If I listen to my duty as a doctor, I often find myself in conflict with my colleagues. And that's what happened. Because the easiest thing to do is to do what you're told. It's simpler and doesn't lead to conflict.

So in my practice, one thing I do is go to a CHSLD [a nursing home or long-term care facility]. And, in fact, this ties in with some of the things that have been said today.

[00:05:00]

I remember a gentleman from . . . Excuse me . . .

Konstantinos Merakos
No, there's no problem. We can go into the examples when you're ready. That would be perfectly acceptable.

Dr. René Lavigueur
I remember an 84-year-old gentleman who had been a mine foreman. He was at home, he was confused, and a decision was made to send him to the CHSLD. The rule was that when someone arrived at the CHSLD, they were isolated. So a gentleman who had moved from his private home, where he had taken care of all his own affairs, was placed in a room where he was isolated for two weeks: locked in. Someone wearing a mask opened the door half-way to give him his food and then closed it again. The gentleman became very agitated, and I was asked—as his doctor—to give him a drug to calm him down. This is interesting because it shows the dilemma for the doctor: the demand made to give a medication that the patient should never have received! That's all I have to say about that.

Konstantinos Merakos
Okay. Do you have any other examples to share with us? Perhaps about nurses? I'll give you a second.

Dr. René Lavigueur
I have another example of an 82-year-old lady who was mourning the death of her husband, and who went into a private seniors' center and rediscovered her zest for life through contact with several people she knew. Two or three months later, COVID arrived—she had been in a deep depression and so it's clear that contact with others had revived her. She was confined and fell back into a deep depression, from which she has never recovered.

Well, I talked to my colleagues about it because I had spoken out publicly and said that it was a gene therapy. And right away there was a bit of a chill because the young doctors talked amongst themselves and they disagreed with me, stating that, "No, it's a vaccine like any other; it's not a gene therapy." I had also said that side effects had not been reported, and that offended several colleagues. So many doctors have lived with their colleagues—That's the law of clans or groups: you belong to a community, so it's very hard to walk in

the hallways and get— You know, ultimately when you believe in something, you go ahead anyway.

Also, as a doctor, I find it interesting that no one wants to fill out injury compensation reports. I filled out several of them. People knew about me because I spoke out publicly. So a patient from Ottawa came to Montreal and I met him there—I had to go to Montreal anyway—and I filled out an injury form. Then I . . . It will pass . . .

Konstantinos Merakos
Yes, yes. Yes, yes.

Dr. René Lavigueur
I'll get used to it.

Konstantinos Merakos
Yes.

Dr. René Lavigueur
So I filled out three injury compensation forms that nobody wanted to fill out. But it leaves me wondering: why would a doctor be afraid to fill out an injury compensation form? There's no risk there. Instead the fear is so great that they don't want to talk about it. They stay away from anything to do with it. A gentleman had a skin disease and it was clear that it had been caused by vaccines. I filled out the form even though I know the injury compensation program isn't very generous. Another gentleman had very severe strokes. Yes, well— Shall we move on to the second point?

Konstantinos Merakos
Yes, but I have a question about that. Speaking of filling out forms, I'd like to know a little about your observation regarding filling out exemption certificates for vaccination. What happened in that area?

Dr. René Lavigueur
Well, yes. In fact, people ask me for exemptions. Nobody wants to give them. Well, now I'm making a name for myself.

Konstantinos Merakos
Why do you think the others would refuse?

Dr. René Lavigueur
They don't want to touch anything. They know that there are three exemptions defined by the Ministry, by Public Health, and that almost no one fits into these criteria, so they don't want to touch that. That's interesting because it means that the doctor is betraying his profession—because his first duty is to his patient.

[00:10:00]

Konstantinos Merakos
Did you fill out exemption certificates?

Dr. René Lavigueur
Yes.

Konstantinos Merakos
And they were, of course, all justified and meeting the criteria?

Dr. René Lavigueur
Well it's easy to justify. I wrote: "This is an experimental vaccine. By definition, the patient has a choice; and there is no evidence of efficacy. Therefore, I recommend that this vaccine not be given to such-and-such a child or adult." I have never been blamed for exemption certificates.

Konstantinos Merakos
Because they were justified.

Dr. René Lavigueur
I would have liked to have been blamed because then we would at least have been discussing the real issues. I knew that this technology— It was known by the FDA [Food and Drug Administration] in February 2021, and then it was revealed in documents that Pfizer was forced to— But there was an advisory committee to the FDA that detailed that there were 28 classes of side effects that were all already apparent on VAERS: the American vaccine adverse effects reporting system.

So it's easy. Because when you know a person with an autoimmune disease, a chronic illness, someone who's already had cancer: all these people fit into categories where they were eligible for exemptions. It wasn't complicated. It was based on the principle that free and informed consent had to be given and that the person was free to choose the vaccine. So if someone says they don't want to have it and on top of that, they have a chronic illness, I don't see why the doctors would be afraid [to provide them with an exemption]. It was their duty to do so.

Konstantinos Merakos
Perfect. And could we hear you maybe provide an example of a young person or an older person that you treated as a result of a side effect or other problems. What happened after the medical procedure?

Dr. René Lavigueur
Yes. In fact, there are several. I was making house calls, and I arrived to find a person with Bell's palsy. Actually, it was at a foster home where I went to see the residents. However, I saw that the proprietor, who had just returned from hospitalization, had permanent facial paralysis. So I said, "Has this been reported?" "No." So I reported it. Then after that—

Konstantinos Merakos
I beg your pardon. Resulting from what? Had he had the medical procedure, that is to say, the vaccine?

Dr. René Lavigueur
Following a vaccine.

Konstantinos Merakos
Okay. So that's the cause according to you.

Dr. René Lavigueur
Yes, it was three weeks after a Pfizer vaccine. And even if I don't think that the vaccine was responsible, it doesn't matter. You have to understand that I asked my local public health department to investigate because I observed that a vaccine had been administered at a certain time, and then there was an event a few months later. It's not up to me to decide on a causal link, but I know that anything can happen, so I report it.

Konstantinos Merakos
Very good. So you want to do your duty as a doctor. You want to report the facts, to find the cause, to study, to get an answer. What happened? Because you live in a small town and you have statistics with you, can you tell us a little about what happened when you tried to report all the anomalies that occurred? Can you tell us briefly about your experience?

Dr. René Lavigueur
Well, I've done 16 reports. We need the MCI, *manifestations cliniques inhabituelles [la suite d'une immunisation*/adverse events following immunization]. It's a six-page report, but it doesn't take that long to fill out. So I'd get referrals. For example, a patient would say to me, "My brother had something like this and his doctor doesn't want to report it." I'd say, "Well, he can come and see me, I'll do it." Among the sixteen [reported cases], six died within three months of the vaccine. We're talking about a population of 12,000. Six deaths, all elderly people, including two or three—I think it was three—one month after the vaccine. So I reported all this to Public Health. Among the sixteen, there were other things: menstrual bleeding, that's very common; Bell's palsy.

[00:15:00]

So twice, I called Yv Bonnier-Viger, the director of Santé publique de la Gaspésie [Gaspésie-Iles-de-la-Madeleine Regional Public Health Department], and told him, "Listen, I see that there are deaths in long-term care hospitals." There weren't many in Gaspésie— four or five. "So you should go and see and then try to count the deaths; find out if there are more than before, if there's a difference." Another thing I said to him, "No one is filling in the reports despite the fact that they are obligatory, so Health Canada will receive very few." Then the second time I called him because a report I sent in had been returned to me with the following note: "Your claim is rejected because the event occurred more than 30 days following vaccination."

Consequently, I wrote a letter; and then I phoned my director of public health and told him, "The Dr. Leblanc who wrote this to me is not well informed. I think she considers the

COVID 19 vaccine to be like any other vaccine." And that's interesting because, in the grand scheme of things, the great success of this marketing was to say: "a vaccine like any other." But what's most astonishing is that this slogan was swallowed whole—believed and accepted—by doctors. But I can't believe that a doctor—taking even a cursory look at how messenger RNA works—would not say: "No. This is not a vaccine like the others." And yet even the doctor who analyzes the Public Health reports considers it to be a vaccine like any other and then fits it into her analysis grid. Her analysis grid for vaccines—for measles or anything else—is 30 days and after that the event is irrelevant. So no wonder the statistics we see from Health Canada are excellent regarding reports of side effects but are completely inconsistent with those we see from more credible reporting around the world, in England, the United States, or elsewhere.

Konstantinos Merakos
Perfect. So we've talked a little bit about some seniors who have had side effects, who have died from this. On the subject of young people, if I understood correctly during our preparation, you spoke about young people being locked up in a room for 40 days, or at school, having high pressure surrounding vaccination from non-medical people. Parents reported these facts to you, asking for help. Can you tell us a little about what happened with the young people?

Dr. René Lavigueur
Yes. A mother told me about her 14-year-old son who is depressed because he can't be in his ski club anymore. Other employees—nurses—are really torn because they don't want to be vaccinated. Another striking example, I think, is a mother who told me, "Well, my 9-year-old child at school had the teacher ask the students who were vaccinated to raise their hands." She was the only one not vaccinated. It's easy to imagine the trauma a child goes through.

Konstantinos Merakos
Perfect. I want to talk with you about one last subject. Earlier we discussed the forms and how some doctors were reluctant to fill them out. You've travelled all over Quebec to consult with people to see if they're victims of side effects or not. You said that no other doctor would do what you did. Why is that? Is there fear? Is there pressure? Are there reprisals? Why did you do what you did?

Dr. René Lavigueur
Well, I find it very interesting because it's a worldwide phenomenon. It sheds light on the psychology of people, the behaviour of colleagues, allegiances. And to what extent doctors believe or don't believe in their profession, that they are ready to act contrary to articles of their code of ethics without saying anything at all. Later, if I visit the Collège des médecins [College of Physicians], it's even worse— My explanation is all the pressure doctors have been under. I think a lot of doctors did what Public Health asked them to do, but it was gut-wrenching for them. They knew they were in trouble.

[00:20:00]

And if speech becomes free one day, we'll find out how many doctors were actually torn.

But most of them live their daily lives, rely on their income, and don't want to have to deal with the College. They're afraid of the College. There's a visceral fear of the College of Physicians of Quebec which is their professional organization. So all these factors lead people to resign: it is the simplest, easiest solution. The entire context certainly provides fertile ground for this, which is that medical practice is very difficult. Statistics show that 50 per cent of doctors are depressed or on the verge of depression. I see this among the young doctors around me. There's a work context of obligations and pressures that makes resignation an easy choice. When up against a conflict like this one—regarding orders—a doctor can decide, "Oh no, no, no. The simplest thing is to obey what Public Health tells me to do, so that's what I'll do."

Konstantinos Merakos
Okay. Thank you very much. The next topic is one that I think a lot of people will be familiar with. It's about your letter in *La Presse*. You published a letter in *La Presse* which was removed, censored the next day. And *La Presse* even issued an apology—excuse me—a clarification: not an apology to you for removing your medical letter, but an apology for daring to publish your professional medical opinion. So can you tell us a little bit about that?

Dr. René Lavigueur
It's a fantastic episode because it's a letter that I was really careful to ensure was accurate, precise, factual, and scientifically verifiable. But it's also a letter that involved some very sensitive issues. Among other things, in the letter I suggested wording that could be used when seeking free and informed consent. We could say to the person: "Madame, do you agree that your child should receive a vaccine? It's an experimental vaccine. We don't know the short- or long-term side effects. We don't know the risk-benefit ratio for your child. They say it's to protect the elderly. Do you agree to receive the vaccine?'' These are very basic, very verifiable things, but I think they were unacceptable in the context of Quebec at that the time. I don't know. So in less than 24 hours, it was removed, with apologies from the chief editor.

Konstantinos Merakos
Excuse me, just to clarify: apologies?

Dr. René Lavigueur
An apology to the public, to readers, from the editor-in-chief, for daring to publish this.

Then there was a letter from Nicholas De Rosa in *Le Soleil de Québec*, with the aim to really tear me down, which called on a Health Canada official as a witness who said: "It's not true that side effects aren't reported. There's a law requiring doctors to do so. There's even a penalty if the reports aren't submitted." Then a virologist was questioned; there were two university specialists—researchers—who said things that were really— I don't remember. I can't tell you exactly, but if I had them in front of me today, I'd debate them. I know I am right. And what's interesting is that these are people who had conflicts of interest.

Researchers in a university are under influence: 90 per cent of those doing medical research in Quebec are under the influence of pharmaceutical companies because 90 per cent of research is funded by the pharmaceutical industry. In fact, one of the ways of explaining what has happened—which is the primary concern—is the gradual control, year

over year, of medicine in general by the pharmaceutical industry in medical schools. What never ceases to amaze me is how uncritical the young doctors I know and work with are. They take recipes and they apply them. And because that's what they were taught to do at university, they feel good because they think they've done their job as doctors.

Konstantinos Merakos
Yes. What was the reaction of the media or the people around you? Has there been an online smear campaign?

[00:25:00]

How have people on the internet and other media reacted to you?

Dr. René Lavigueur
I confess I didn't even read them. I read them several months later; I didn't want to know anything. I was at a friend's house cutting up firewood when I heard Radio-Canada [CBC] calling me something, and then talking about me. It was pretty violent; it was hurtful. But there you go. I knew that the media were completely— That's it.

Konstantinos Merakos
Before we move on to the next topic, I'd like you to tell us how your professional organization reacted to this letter. Have there been any consequences? Yes, go ahead.

Dr. René Lavigueur
We're talking about the letter here but I've also spoken out in several media platforms. I've been asked to comment on the radio, on social media, and I've given my opinion. I've always agreed to do so. So there were several reports to the College of Physicians of Quebec: "Dr. Lavigueur is telling lies, he's saying things that are contrary to—" So they reported it; it's very easy. You can do it online or you can phone. A few months later, I received a letter from the College of Physicians of Quebec, which basically said: "Dr. Lavigueur, we've looked at all your public statements. We have carefully examined everything you have written and said, and we wish to emphasize that you must respect your code of ethics with regard to the expression of physicians in the media." Period. It was an intimidating letter but it said nothing. There was no mention of anything I had said that was contrary to science. It was simply an intimidating letter: a reminder of my code of ethics. So I continued to say what I had to say.

Konstantinos Merakos
Okay. Were there any threats of you being struck off, dismissed, or losing your qualification?

Dr. René Lavigueur
No. No. No.

Konstantinos Merakos
Anything at all? Do you know of any other doctors who have potentially been threatened with this, or who have lost their licence?

Dr. René Lavigueur
Personally, I don't know of any doctor in Quebec who has had their license revoked for speaking out about the pandemic. I do know of one doctor who was dragged through the mud—I don't know how that's going to be translated into English—in a really shameful way. He was forced to apologize publicly for a question regarding masking. And I think it was a simple matter of making examples of one or two doctors to intimidate the rest of the 20,000 doctors in Quebec.

Konstantinos Merakos
Warnings, basically. There were warnings for you and others but at least, according to you, there were no—

Dr. René Lavigueur
To my knowledge, no one has lost their certification.

Konstantinos Merakos
Okay, excellent. The last topic: I'd like to talk about your intervention with the College of Physicians, if you would talk a little about that.

Dr. René Lavigueur
So we wrote to the College of Physicians of Quebec on two or three occasions. In the last letter, we reminded the president of the College of Physicians of Quebec that every month he swears in doctors to the Hippocratic oath, and that he himself had to respect it. Then we asked for a meeting. There was a lot in the letter. We talked about the scientific side, but above all we talked about the ethical side. Our intervention with the College focused on medical ethics and deontology, and also on the vaccination of children and pregnant women.

We avoided thorny issues such as ivermectin and hydroxychloroquine, even though I think— I've got a lot to say about that right now. But we were diplomatic.

[00:30:00]

But we did mention in the letter that COVID-19 vaccination—with its virtual absence of animal testing—was akin to the thalidomide and diethylstilbestrol events of the 1960s with all the disasters they caused. That's what I wrote in my letter to the College. And I also wrote that there was evidence in animals of the presence of the spike protein in the gonads of rats, and that we should therefore be concerned about the fertility of the children we inject with the vaccine.

We also said that the proof—basically because everything is upside down—the proof of safety belongs to those who promoted the vaccine. It's not up to us to defend ourselves. So normally, we have the right to speak out publicly. But a lot of people were suppressed because they talked about the risk of infertility. I spoke about it publicly. A colleague talked

about it publicly and was severely reprimanded by the College. But in reality, the world is the opposite of common sense. You're entitled to ask all the questions about something experimental that is being given to an entire population, and then there's a duty of transparency.

Konstantinos Merakos
Perfect. So one last question. We've talked about your care and concern for seniors, young people and parents. We've talked about how the media treated you. One last question: Just from asking questions to finally get an answer—if I understand correctly, that's your job—what has been your quality of life after asking questions, after the media, after all this? How is it financially, at home, mental health-wise? Tell us a bit about you personally. What's been going on?

Dr. René Lavigueur
Well, let's just say that I'm a little emotional today, but I think that during this whole adventure, I said to myself: "It's an awakening," because what we're seeing today was present before the pandemic. The mechanisms were in place. The ability of human beings to make each other believe things, to take the easy way out, is human; it's been there since the dawn of time. So I prefer to be in the camp of those who are trying to understand, and then move on to the most difficult camp, which is that of trying to make it all make sense and repairing the broken links. The next step requires a lot of inner work. So all in all, to answer your question, to me it's all positive.

Konstantinos Merakos
Excellent. But you are very strong. So do you have any last words before I hand things over to the commissioners?

Dr. René Lavigueur
I'm fine.

Konstantinos Merakos
All's well? So ladies and gentlemen of the Commission, go ahead.

Commissioner Massie
Hello, Dr Lavigueur. Thank you for your testimony. I'd like to ask you a question. You mentioned—in a somewhat offhand way, I'd say—that all the epithets you've been called didn't affect you too much. But you were undoubtedly aware that they could still affect your willingness to continue to speak out in this way. So how did you cope with that part? Nobody likes to be denigrated and basically called a liar when you put forward facts, when you ask questions, and no one comes to you to start a dialogue, to answer you. How did you keep your motivation?

Dr. René Lavigueur
I don't really know, but I can give you some clues. It's all very interesting. There are two children I take care of, children of Africans who live in the community. I frequently take care of them—12 and 15 years old—and then they heard the criticism of me on television.

The kids, well, they had absorbed the standard narrative. You know, for a child, a teenager, everything that's said on television they get caught up in too; they can't distinguish.

[00:35:00]

Then they look at me, who's very close to them, and they understand— So the lesson I've learned is that, in bringing up children, perhaps the best thing to teach them is critical thinking. So in answer to your question, I think it's great because this adventure teaches us how to prepare for what's to come.

Commissioner Massie
I have another question about what impact you expect to see in the medium term—because in the short term, things remain at a standstill—as a result of all the actions you've taken? In particular, there was the meeting with the College of Physicians; there was a second letter that you submitted to it; ultimately, if I remember correctly, you received a relatively brief response. And after that, you continued to try to put in place actions to advance the cause.

What do you expect in the medium term, let's say, from all these initiatives?

Dr. René Lavigueur
Briefly, the College of Physicians of Quebec is deemed independent and non-political. Quebec's Director of Public Health is the Deputy Minister of Health, so he's politicized. We have institutions, the INESSS, the Institut d'[excellence en santé et services sociaux], that are politicized. So the College's approach is to say, "We are the last bastion of public protection.'' The College of Physicians boasts, and writes everywhere, and always says that they're there to protect the public. Here was an extraordinary opportunity to do just that. But they became completely obedient: they submitted to the Public Health Department. And that's a major weakness of our College of Physicians of Quebec. I hold them culpable for that. Then I think that the institution itself—I often say "the institution"; I believe in it because you need a college to protect the public—but the administrators of that institution failed in their task. That helped me identify these things.

And I think that the extraordinary and abusive power of the College of Physicians of Quebec is one of the problems identified in this adventure. And I think we can work in the future, in particular by getting the College of Physicians of Quebec to bend on alternative therapies. Abuse of power leads to situations like that. Does that answer your question?

Commissioner Massie
Yes, that answers my question. Thank you so much for your testimony.

Commissioner Drysdale
[In English] Good afternoon. Were you not able to talk to any of your colleagues, other doctors? I mean, it's hard to stand in the storm alone. But if you approached them with 30 other doctors, perhaps the outcome may have been different.

Commissioner Massie
I'll translate for the crowd. So the question my colleague asked was: Given that it's quite difficult to face this, would it be appropriate to join forces with other medical colleagues to give a little more cohesion to his approach?

Dr. René Lavigueur
At the approach of—?

Commissioner Massie
The process of taking on the whole of—

Dr. René Lavigueur
Ah yes, okay. I don't know if I'm going to answer correctly. It wasn't possible to join forces with any of my colleagues because none of them was critical enough about what was going on. I have two or three colleagues with whom I can exchange e-mails quite— Progress is possible, but it can't go too far because they're specialists— So it was impossible. There's a doctor who deals with childbirths and once I asked her, "Can you talk to me? What do you think about this vaccine for children?'' She said, "I don't want to hear about that," and afterwards it was really brutal. So I never mentioned it again. But that just goes to show how taboo these subjects can be between doctors.

[00:40:00]

Commissioner Drysdale
[In English] That's shocking. My next question is: the people who run the College of Physicians in Quebec, are they all practising doctors?

Commissioner Massie
So the question is: Are the leaders of the College of Physicians in Quebec still practising physicians, or are they administrators?

Dr. René Lavigueur
As far as I know, they are administrators. But they often have a background as practitioners. The president, Dr. Mauril Gaudreault, is a family doctor who has spent his entire career as a family doctor. It's interesting. At the meeting we had with them, the directors—there were four of them. The president was very uncomfortable and couldn't wait for the meeting to end. He didn't want to hear us. I was accompanied by specialists who know messenger RNA, qualified people. And the directors didn't answer any of our questions, even though we challenged them on the most sensitive subjects. We told them they were in breach of the code of ethics. And we got no comment except that afterwards we heard the president say, "The College of Physicians in Quebec is not a scholarly society." I don't know if that's going to be translated. Is it understood in English? I don't know how you say it: "Société savant." How's that? But it's interesting because it's a College of Physicians in Quebec that advocates for even more measures than the government is asking for, and yet is incapable of justifying these measures scientifically!

Commissioner Drysdale
[In English] My understanding is that the sole purpose of the College of Physicians is to regulate the safe practice of medicine in the province in which it acts. Is that correct?

Dr. René Lavigueur
[In English] Yes.

Commissioner Massie
The question is whether the *raison d'être* of the College of Physicians is really to regulate medical practice to ensure that it's done in the best possible manner.

Dr. René Lavigueur
—in its goal to protect the public. But when the College punishes a family doctor who has been doing his job for 30 years or a specialist who—one time—receives a report that isn't correct and then ignores it, he's going to be punished with a three-month suspension. So the College is like a police force that refuses to go beyond its mandate simply to punish. So if it is true that the College's proper role is to protect the public, it should get involved in public affairs. And here was a golden opportunity to say: "We have a code of ethics, we have an event, we can provide an opinion." What we were asking for was a moratorium on the vaccination of pregnant women and children. It was an extraordinary opportunity for a college to fulfill its function. I think perhaps we're the only ones in Canada to have challenged our College of Physicians; maybe there were others, I don't know. We challenged it on a deontological, scientific, and ethical level. And I wonder why it hasn't been done elsewhere in Canada.

Commissioner Drysdale
[In English] I'm waiting for the translation, sorry. I'm not totally familiar with the College of Physicians. I am with other professional organizations in Canada. So don't they also have a function to educate their membership? Don't they issue practice notes or warnings to the membership?

Commissioner Massie
The question is: besides controlling medical practice, doesn't the College of Physicians also have an important role to play in educating the profession's physicians and bringing them up to date on best practices?

Dr. René Lavigueur
I can't really answer that, I don't know. I think so, but not in an extensive way.

[00:45:00]

Rather, it's our federation of physicians, our professional unions, who ensure the quality of and then education: continuing professional development. The College will punish people who practise outside the norms or who make professional mistakes according to recognized and established standards, but they are not very involved in education as such, as far as I know.

Commissioner Drysdale
[In English] So the College of Physicians does not have an ongoing educational requirement for its membership?

Dr. René Lavigueur
Ah yes, oh yes. Are you translating the question?

Commissioner Massie
The question is whether there is an obligation to have continuing education for the training of doctors.

Dr. René Lavigueur
Yes. There are a certain number of hours per year of continuing medical education that are mandatory over a five-year period; and this is very closely monitored by the College on an annual basis, yes. At the age of 70, I've just received a whole questionnaire on my practice; and then they can go on to examine my practice. So yes, the College has a role to play in monitoring doctors' practice and methods according to standards.

Commissioner Drysdale
[In English] It would just seem to me that if they're taking a role in policing continuing education that— The media and the government presented the pandemic to the world as if it was the most threatening event that had ever happened. And so you would have thought that the College of Physicians would have educated their doctors about the Canadian influenza pandemic plan which they had prepared in advance of the pandemic. So were you made aware of the Canadian influenza pandemic plan by any of the professional organizations?

Dr. René Lavigueur
No.

Commissioner Massie
So the question that was asked was whether the College of Physicians has a function to update physicians' knowledge to ensure better practice. Since the pandemic represented an extraordinary public health event based on plans that existed before the start, which were pandemic preparedness plans, are physicians receiving ongoing training on these pandemic preparedness plans?

Dr. René Lavigueur
In fact, it's not the College that does this. It's the Public Health Department, to answer your question.

Commissioner Drysdale
[In English] Did Public Health do it? Did Public Health provide you with the influenza pandemic plan so you'd know what they wanted you to do?

Commissioner Massie
Did you receive the Public Health preparedness plan? Have physicians had access to this information?

Dr. René Lavigueur
They surely have access. I confess that I haven't seen or read it.

Commissioner Drysdale
[In English] Given the information that we now have around the world, has the College apologized to you yet?

Commissioner Massie
I have to repeat that one. Given all the information available now, has the College of Physicians acknowledged or updated its understanding of the pandemic, and apologized for the vision that was shared at the beginning of the pandemic?

Dr. René Lavigueur
I think that the College of Physicians of Quebec, and not only the College of Physicians, but also the health authorities—the Department of Public Health, the Minister of Health, the politicians, the specialists who influence, the influencers—are hardening their position at the moment and are far from apologizing because the consequences are too great. In fact, we can draw a parallel with the silence after the Second World War, when we weren't supposed to talk about anything that had happened because too many people were complicit. Too many people favoured the measures. Then when they learn that it's being contested—that there are scientific studies showing excess mortality—it bothers them too much.

[00:50:00]

When you've been involved in promoting the vaccination of women and then children, and you see the consequences everywhere, it's too big a step to take. There's going to be a hardening of positions and that's what we're seeing. I don't know if it's going to explode or how it's going to end.

Commissioner Drysdale
[In English] Thank you, sir. Thank you for your testimony and your courage.

Konstantinos Merakos
So Monsieur Lavigueur, thank you very much for your testimony. Yes, thank you, and that's all. Beautiful. They're getting ahead of us, but thank you very much. A nice round of applause. Thank you, Monsieur Lavigueur.

[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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 13: François Amalega
Full Day 2 Timestamp: 09:10:20–09:56:00
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Yes, hello. Chantale Collard, lawyer and prosecutor for today's National Citizens Inquiry. So today we have as a witness François Amalega. First of all, thank you, Monsieur Amalega, for coming to testify here at the National Citizens Inquiry. Your testimony is important. As a matter of formality, we're going to proceed with your identification, so simply state your first and last names.

François Amalega
My surname is Amalega Bitondo, and my first name is François.

Chantale Collard
All right. And now we'll proceed with the swearing-in. So Monsieur Amalega, do you affirm or swear to tell the whole truth, the whole truth, and nothing but the truth? Say "I do" or "I swear."

François Amalega
I do.

Chantale Collard
So Amalega François, maybe there are some of us here who know you, maybe others not so well. In any event, we'd like to know more about you. So perhaps first of all, a brief presentation of your main occupation, your professional career, and then from there, what brought you to where you are now. So regarding your professional career, what is your formal education?

François Amalega
First of all, I'd like to thank you for the honour of being here. It means a lot to me.

I immigrated to Quebec in 2012. Before that, I studied mathematics. I got the equivalent of a bachelor's degree in Mathematics in Cameroon in 2000, and also a secondary school teaching diploma. Then I also got a master's degree in teaching Mathematics in Cameroon, and I emigrated to Quebec after teaching mathematics in high school. So in Quebec, I studied for a master's degree in Mathematics at the Université de Montréal. I obtained a master's degree in Algebra. Then I went on to doctoral studies, where I studied arithmetic geometry. I didn't finish, I didn't submit my thesis, but I completed all the coursework. Then I started working at Collège Jean-de-Brébeuf as a mathematics professor. I taught for five years. After three years, I got tenure and became a permanent math professor at Collège Jean-de-Brébeuf. At the same time, I gave courses at UQAM [Université du Québec à Montréal], specifically at the École de technologie supérieure.

Chantale Collard
At the same time, you were teaching at UQAM, at the university.

François Amalega
Yes, and at HEC [HEC Montréal, the graduate business school of the Université de Montréal], but my permanent position, my job, was as a mathematics professor at Collège Jean-de-Brébeuf.

Chantale Collard
All right. So at Collège Jean-de-Brébeuf, you were there. We'll begin in 2019 or 2020.

François Amalega
Yes.

Chantale Collard
What happened? Basically, you were teaching, and what happened? Now, you're not teaching anymore, if I understand correctly?

François Amalega
Yes, on February 5, 2021, I submitted my resignation in the face of all the pressure I received at my school. What happened was that on March 13, we were in lockdown and were told that there was a very dangerous virus spreading around the world. I believed the story; I believed and trusted the Prime Minister. But since we were in lockdown—because we had been busy at work and suddenly we had nothing to do—I was at home. And they were talking about COVID, so I went all over the internet: YouTube, Google. I typed in "COVID-19" to find out what it was all about. That's how I came across Professor Raoult, who said that with hydroxychloroquine, it was all over. I said to myself, "Okay, that's it, we've panicked for nothing." But I was surprised to realize that he was challenged, insulted in France, and despised by many people. That's when I said to myself, "When I see his CV and I see that he's not being given any consideration, I understand that this is messed up."

And then I started to follow the press conferences with fresh eyes; and you could see that there were contradictions in mandates that changed at every turn. There was a strong contradiction between the certainties that were presented—because they said "we're building the plane in flight, and we don't really know what's happening"—and the simultaneous authority which accompanied the issue of these mandates. Now these are two contradictory attitudes. One cannot be in the process of learning something and at the same time be authoritative in the way one dictates things. So it showed that this uncertainty had a single objective: to create confusion. But the real agenda had been pushed through by the authorities.

But that didn't fit with my role as a professor. Because when I teach mathematics to students, we have activities before presenting a concept.

[00:05:00]

The aim of these activities is to lead the student to an impasse so that he or she understands the necessity of the new mathematical object about to be introduced. And to do that, students need to reflect and realize they're stuck. And then you can tell them, "Okay, I'm going to show you this theorem that will solve the problem." So to do that, you need him to critique you, to challenge you. And when they don't, you challenge them. So it creates a critical mind, but that's not what the government was proposing. The government was proposing that we believe, that we submit. And that didn't work, so I started going to demonstrations, posting photos on my Facebook account, and so on.

Chantale Collard
I don't mean to interrupt, but when are we?

François Amalega
We're in the summer of 2020.

Chantale Collard
Okay, it's not April. In April, you confirmed about the lockdown. It's a bit later. In other words, in April, you're in fact still technically working online for the school.

François Amalega
I worked for the school; until February 5, I still worked.

Chantale Collard
February 5, 2021.

François Amalega
In April, we restart the interrupted winter session online. And I already know that the government is talking nonsense, so I post about it. At this point, I'm not yet going to the demonstrations because my Facebook is a bit restricted, but I become more informed and my contacts keep growing. I still post about the virus and all the mandates. It's clear to me that it's all nonsense, and I publish along these lines. There are indeed a number of facts that show that everything we're being told makes no sense. Facts that are easily verifiable.

For example, Ferguson's article that predicted—and scared everyone—ends up being false because the data doesn't work. In midsummer there's, for example, "Lancet-gate," and then a lot of other things that are obvious. But what's happening now is that in the fall I take a photo of myself because it's becoming clear, very clear to me that the people who are supposed to be protecting us are out to destroy us. And for me, civil disobedience becomes evident. There's no possibility of negotiating at this stage. I take a photo of myself and I put it on my Facebook page.

Chantale Collard
And when are we exactly?

François Amalega
We're at the end of September 2020.

Chantale Collard
2020.

François Amalega
So I film myself without a mask in the subway and I write: "Civil disobedience is a duty." That photo gets me called in. I'm called in by the human resources department of Collège Jean-de-Brébeuf, and the director of human resources has a very stern look in her eye, but it's online. And she asks me to remove the photo, to comply, to submit, and I tell her right from the start that it's a waste of time.

Chantale Collard
Your photo was on social networks? Probably Facebook?

François Amalega
Well, at that time, the social network where I was most active was essentially Facebook because, before COVID-19, I really wasn't too much of a social networker. I used it but not very much. But with COVID-19, we were locked down. It was almost the only means of communication, so I became very much a social networker from then on. So I put the photo on Facebook and I called for civil disobedience. In any case, that's what I could do in my own small way. But this photo posed a problem. The school wanted me to remove the photo and I refused, so they backed down. In fact, they backed off and left me alone.

But things continued on because the mandates were absurd. For example, when we were doing exams— Because the studies were online, we had a problem with the way the children were assessed. So when you did a math homework assignment, each child was at home doing the exam. You had no way of monitoring them. So they would do the exam on the sheets, take a photo, and send that to us. So you had no way of knowing whether the photo sent to you by the strongest student might also have been sent to his classmates and girlfriends. There was no way of knowing. So as with all the other colleagues, the idea was to at least have in-person exams.

So we managed to have the exams in person, except that during the in-person exams, the main exam room was a large separate room, but the students had to wait in a small

adjoining room where they were crammed against one another. You'd go there and get them and bring them back to the big room, and it was in the big room that the students were spaced out—such ridiculous things. And then, even among the teaching staff, people would wonder, "Did the virus stop being active in the small room?" Things like that.

Chantale Collard
Okay, among your colleagues, you were all talking about the absurdity of it.

François Amalega
Well, some colleagues didn't have the courage to criticize the government directly, but with little measures like that, even they could see that there was a problem.

[00:10:00]

And I was very vocal among my colleagues, but for them, it was the school management that was confused. But it was François Legault that was the problem, at least at the Quebec level, and they didn't want to go there. There were so many things. I encountered problems. I was suspended for three days because I had my mask under my chin. I didn't want to put it under my nose. I was suspended for three days without pay. The final straw came on January 9: it was the first curfew in Quebec.

Chantale Collard
2020?

François Amalega
2021. So it was the first curfew in Quebec, and we went to defy the curfew at the Mont-Royal metro station. There were only about 20 of us and there were a lot of police and a lot of media. So since there weren't many of us, we were filmed by TV cameras and so on. And then a journalist asked me questions. He asked almost all the demonstrators questions because there weren't many of us. And there were a few seconds of footage of me, and that's when I got the impression that the school authorities had been rapped on the knuckles. This time they summoned me and suspended me for two weeks. They told me, "Now you're not just on Facebook, you're going to the media networks." Because I think it was LCN, TVA, and all that.

Chantale Collard
In the mainstream media.

François Amalega
In the mainstream media. They told me, "No, you've gone too far now." And then I told them that there was no way I was backing down. They realized that—for me—it was clear. I told them I was waiting for them to chase me out because no matter what, there was no way I would back down.

Chantale Collard
You are going to go all the way. You were ready.

François Amalega
At one point, they told me that Brébeuf has resources. Do I need some help?

Chantale Collard
Ah, okay, psychological help.

François Amalega
Yes. I said, "But that's just what I'm waiting for." So they decided to have me meet a biology teacher who's well-known at Brébeuf, who's a grandfather, in the sense that his students' students are CEGEP biology teachers. So he was a reference in the matter. When they said I was going to meet a biology teacher, I smiled because I said to myself, "My opposition to health measures doesn't come from the fact that I've mastered biology. That's not my argument. My argument is the inconsistency of everything we're saying."

Chantale Collard
The incoherence.

François Amalega
And what happened was that I had prepared my presentation: I had nine points. And in the first point, I started to talk about mathematics. I talked about the Ferguson paper, which had made predictions about the number of deaths. He had said that in Sweden there would be 100,000 deaths by the first of May if they didn't comply with health measures; however there weren't even 10,000 deaths after the first of May.

So when we met that day, there were three of us: the president of the union, who was supposed to be defending me, but who was there to tell me to back down; and the biology professor in question. And the union president asked the biology professor to explain COVID and everything to me so that I'd understand that I was going astray. But the biology teacher said he'd rather I did the talking, so that he could help me.

So I started talking. I had nine points—but when I started the first point, he wanted to stop me to say, "No, these are just little probability problems, François, you'll have to come back." I told him: "No, no, no, no, listen, you're a prof, I'm a prof." And among the three of us, the president of the union is also a biology prof. I said, "Of the three of us here, the one who knows the most math is me. So you can't just wave your hand at me and say, 'It's a question of probability.' If I made a mistake in what I said, you have to point it out." Voices began to rise and the union president calmed us down. Then, he told the biology professor to tell me what he says to his students. And so he presented Raoult; he presented me and everything; but in the end, the report was so— In fact, he had nothing to say.

Chantale Collard
There was nothing he could say.

François Amalega
He had nothing to say and he fled the meeting. He fled because he couldn't cope. At the end, he said that he told me such and such a thing, to which I replied, "You tell me that, but Didier Raoult tells me this. You're a CEGEP biology professor; Didier Raoult is a professor of

medicine, director of one of the largest centres in Europe, if not the world. If it's just a matter of faith, who do you want me to believe in?" He himself understood that it wasn't working. And then, well, it ended there; and he left, he disappeared.

But I remained for two weeks. I was surprised that at the end of two weeks, I received my salary because I was getting paid every two weeks. When I spoke to the human resources manager, I said, "But I'm getting my salary. That's rather interesting, because if you suspend me and pay me, I'll carry on." And then they took back the two-week suspension, they took back the salary and everything.

I'll perhaps come back to that in relation to the last question. So they said to me, "Okay, well, at this point, you're going to resume your classes and so on, but we're asking you just to make sure your Facebook is private. We're not prohibiting you from demonstrating and all."

[00:15:00]

Except that I was producing certain publications—videos that I was posting, articles and so on—where some of my Facebook friends were telling me, "François, we can't share," and so I made some of my posts public. This publication was visible. And afterwards, the human resources manager called me back and said, "You've got to make it private, there are things that can be seen." I told her, "No, no, I've made my Facebook private, but there are publications that are public. Those will stay that way." And then she scheduled another meeting. This time it was with the director of Brébeuf himself, asking me to close my account. If I didn't, there would be severe penalties and so on.

Chantale Collard
Did they tell you, Monsieur Amalega, about the penalties? Was it a veiled threat or was it clear?

François Amalega
No. He didn't say exactly what the penalty would be, but after taking a three-day suspension without pay, and a two-week suspension without pay, and a withdrawal from my classes, he said that a heavier penalty was on the way. So from that point on, I had the option of staying and waiting for him to penalize me. But that's a choice I made because I realized that they themselves knew they had no argument, since the first thing they said to me was, "You're entitled to your opinions, but we ask you to keep them to yourself." Opinions are expressed. Something that remains in the mind is not an opinion. You give your opinion.

Now as far as I'm concerned, it was unbelievable when I realized that they knew they were wrong, yet they wanted to keep me quiet. And that's because they wanted to preserve their social status. Because social death is more painful than biological death. When you die physically, you're gone: it's the people who love you who cry over you and you're no longer there. But to die socially is to see yourself and feel sorry for yourself—and that's even more painful. And that's why so many people do everything they can so as not to die socially.

My resignation was intended to send them a message and to tell them that, "I think you're the equivalent of prostitutes if you're genuinely prepared to go against your conscience to protect your gains." And that attitude was the reason for my resignation. I handed in my resignation on that same day. And I told them, "You're the ones who should be encouraging

me to think critically, but you're simply reciting what the government says." And I told them how disappointed I was. I submitted my resignation at that point.

Chantale Collard
Basically, you submitted your resignation but you continued to speak; you continued to demonstrate. What happened? After you resigned, was there no more teaching?

François Amalega
After resigning, there was no more teaching, and then all that remained for me was to demonstrate.

Chantale Collard
Your main occupation.

François Amalega
It was practically my main occupation.

Chantale Collard
Tell us about your main occupation after you resigned. There were demonstrations for a number of reasons, correct? I suppose it was the mandates?

François Amalega
My dream was to see 10,000 people out on the streets at curfew time. Personally, it was something I felt so strongly about defying. Because the problem is, there are people who fill themselves with anger. But when you fill yourself with anger and you show up in front of the police, it's nothing. And they're trained to inflict repression, so when you're violent, you prove them right; you give them the moral high ground. But if during curfew, 10,000 happy, gentle, calm people take to the streets and do no harm, the police have no moral ground; they are confronted. For example, mothers with walkers, people in wheelchairs, who do no violence, take to the streets. But the police are confronted because these gladiators don't have the moral backing to strike people who are acting peacefully. So that's why I, personally, have started going to police stations with other people.

Chantale Collard
For the benefit of the audience: you went to the police yourself. You were going to the police station yourself.

François Amalega
On February 14, 2021—I had chosen this day because it was the day of love—and I went to the nearest police station in my neighborhood. I went to tell the policemen that I was looking for my love who was freedom, who was locked up in the police station. And I told them I wasn't going home—I don't respect curfew—and I made it clear that it was out of the question. They fined me.

Chantale Collard
Okay, so you went deliberately to be fined.

François Amalega
Yes.

Chantale Collard
Have you accumulated many of these fines?

[00:20:00]

François Amalega
I have $98,329.87 in fines.

Chantale Collard
So close to $100,000.

François Amalega
My only regret is that I didn't reach the $100,000. So the objective was that the more people don't comply, the more they're unable to act. And that's what happened because there are examples in Quebec. For example, they imposed masks on us during demonstrations, but when people refused to wear them, the police stopped issuing tickets. Because when 20,000 people march without masks, who are they going to start with? And then the nurses also provided an example. The nurses brought Dubé and Legault to their knees because they refused en masse to be vaccinated, and they understood what a disaster it was going to be.

So with peaceful civil disobedience: as soon as you take away the peaceful character, you give the police the moral backing to act. That's just what they're waiting for. And that makes the others happy. But the problem is, when it's peaceful, they have no moral ground. In other words, they have none when an 80-year-old mother with a walker tells a policeman, "I'm not going home" with a smile on her face. What can this seven-foot man do? If he hits her, then he acts to destroy that, so he is himself defeated. In fact, that's the idea. So I continued to protest. I was issued several tickets for it. I'm currently being prosecuted for that.

Chantale Collard
Basically, Monsieur Amalega, you've participated in many demonstrations. Have they always been peaceful?

François Amalega
Absolutely.

Chantale Collard
And you've always continued your efforts in a peaceful way. On the other hand, you have been penalized and sent to prison. Would you like to tell us about that?

François Amalega
Yes, I've been imprisoned several times. In fact, I've been in prison four times. I can't count the number of times I've spent nights in a cell.

Chantale Collard
That's one single night?

François Amalega
Yes, a single night in a cell. I'm not sure how many; it's several times. I have to stop to figure it out. But prison itself: I've been to prison four times. And I'd like to point out that I did seven days in prison because I refused to wear a mask at the municipal court. That's the only reason. That is, I went to the municipal court for a trial I had and I refused to wear a mask. Since I was being tried for a mask-related offence, it was clear to me that, in order for there to be any chance of a fair trial, the judge had to at least allow me to proceed through my trial without a mask. If it was impossible for me to participate in my trial without a mask, then I was already convicted. And the judge made the mistake of holding me for seven days. And that's it, I was in prison for the seven days of my whole trial because I didn't wear a mask. I spent three months, three weeks in prison.

Chantale Collard
Can we say it was for this offence?

François Amalega
No, because I went to prison four times, the fourth time being three months, three weeks. And that time, it was because I'd been arrested: they'd given me a condition not to be within 300 metres of the Prime Minister.

Chantale Collard
Okay.

François Amalega
But on January 16, 2022, the Prime Minister was supposed to go on "*Tout le monde en parle*," [a Radio-Canada program] and we organized a demonstration around that appearance because he had to pass by that way. And the police arrested me, saying I hadn't respected my condition. They put me in prison and then wanted to release me a few days later with other conditions so that I would have to wait. At that point, I told them I wasn't a criminal. If they think I'm a criminal, they should keep me in prison but if not, release me unconditionally. So that's how I spent all that time in prison, by refusing the conditions. In the end, I was released unconditionally.

Chantale Collard
You were released?

François Amalega
May 9th.

Chantale Collard
May 9, 2022?

François Amalega
Yes, I was arrested on January 16, 2022 and released on May 9, 2022.

Chantale Collard
Released or acquitted?

François Amalega
I had four trials, of which two trials were in prison, both of which I won.

Chantale Collard
So won: we're talking acquittal.

François Amalega
Acquitted, yes. But the verdicts for my other two trials came after my release from prison.

Chantale Collard
What were the verdicts?

François Amalega
This is what demonstrates the political aspect. Because the first two trials, at which I was acquitted, were much more delicate than the other two, which were very easy to prove. Except that when I got out of prison, I had interviews with several influencers where I said that: "I won the trials, I was right." And I think that, to teach me a lesson, they had me lose the other two trials. Because in one of the trials I had four counts against me: I was acquitted for three and convicted for one. And with the other last trial, I was also convicted and sentenced to probation.

Chantale Collard
Okay. Were there any convictions other than probation?

François Amalega
So far, all I've had is probation.

Chantale Collard
Probation for what? Keeping the peace?

François Amalega
I was told: You have to keep the peace; you cannot disturb the public order.

[00:25:00]

Yes, generally, that's the probation they gave me for most of these trials. But I'd still like to say that, when I was in prison, those were times— I didn't always have access to all the privileges of other prisoners. For example, in prison, the quality of the food and all isn't good. For example, there's a canteen you can order from. And I was ordering from the canteen but my orders only started coming through towards the end of my time there. I had the same outfit for maybe 40 days. I had the same clothes on my body, meaning it was the same garment I had on my body, and the conditions were really humiliating.

Chantale Collard
Discriminatory, would you say?

François Amalega
Yes.

Chantale Collard
Compared to other inmates?

François Amalega
For example, one day— Because it happens that prisoners hide drugs, they hide weapons, they hide telephones; there's a lot of trafficking going on in prison. And to catch the prisoners, what they do is sometimes—since there are the cells and there is the common area—they make unannounced raids. So when we're in the communal area, they just turn up and pick out four or five cells and search them. And it's random searches like that, which allow them to find things. And there was a day when they went into the prison—that day, I was watching a chess match; and that's one of the positive things I've learned, my chess level has improved a lot— So that day, I was watching a chess match and they came. They went around and they entered a single cell: one single cell. And just when they were entering the cell, a prisoner there said, "But why are they in the cell of the conspiracy theorist?" Because he knew. So they went into my cell—just my cell—they turned everything upside down. And then they ransacked everything. Just my cell. They didn't ransack any other cell.

Chantale Collard
How did you get through that period? Because it's really difficult: you're in prison, you're already getting unfavorable treatment, but now, on top of that, they're only ransacking your— How did you get through that? It's undoubtedly a struggle.

François Amalega
It's a huge struggle, but the problem is that I knew I had exposed myself to all these attacks. And the problem is that we mustn't give them the chance to think they're winning because in reality, they're not; because in all they are doing, they're exposing themselves. And I'd like to take this opportunity to say that, for example, at the beginning of this month, I received a letter from a bailiff for the $98,000 I owe—because I've already been sentenced for $69,121.69—and for that they're proposing that I do 817 hours of community service. And if I don't, they're going to put me in prison.

Chantale Collard
What are you going to do?

François Amalega
As far as I'm concerned, I'm not going to help them sweep their crime under the rug. Because it's important to know that on May 12, 2023—today—the Quebec government is still prosecuting people for non-compliance with health measures, so it's not over yet. Because right now there's a possibility of arrest, and not only that: there are other people who have, for example, made agreements with the government. I'm not condemning them—people live in different situations—but the government is collecting money. In other words, there are people who have decided to pay $50 every month for this. So that means that COVID-19 isn't finished: because they haven't stepped back from it.

And I can't wait to see the judge who's going to sign my arrest warrant. Because the judge who's going to sign the arrest warrant is definitely condemning himself. I have fully forgiven all the people who, in their confusion, committed acts in 2020 and even in 2021. But the judge who, in 2023, signs my arrest warrant—of course, I will surrender peacefully—but that judge, Quebec should clearly remember that this man has written his name among the greatest criminals of all time. This is not a game, because when he signs my arrest warrant, it's not because I was driving 120 kilometers an hour and hit a pregnant woman. No, no, he's going to sign an arrest warrant because I didn't wear a mask in the demonstrations, because I didn't respect the curfew, and so on. So that means that, in 2023, this judge will be saying that the government was right to do what it did. So it's important to know, and even those who are collecting the $10 and $20: they're condemning themselves now because things can't stay the way they are.

[00:30:00]

So by refusing to take a step back and instead continuing to commit their crimes, they are definitely proving that they don't regret what they're doing. So I'm eagerly awaiting my arrest warrant and the first thing I'm going to get is the name of that judge. It's clear that Legault has been condemned, but that judge is also writing his name among the guilty, so it's very important that he knows that. And I think that before he picks up his pencil and signs, he should tremble and step back because it's not just Amalega François he is attacking.

I say this because there is, for example, the trial of Professor Patrick Provost which, for me, is not the trial of Patrick Provost: it's the professor against the science. In other words, someone doesn't even have to say things accurately, but the discussion must take place. Meaning that it's through the confrontation of ideas that the collective intelligence creates something that none of us would have achieved otherwise. That's why whoever signs my arrest warrant will be saying that he approves it.

But I think that if a judge is pressured to sign my arrest warrant—if he thinks there should be a debate on COVID, I'm not even saying if he thinks I'm right, no; if he thinks that, in 2023, we should take a step back and look at what's going on—if a judge is pressured, I think he should resign. So if a judge signs my arrest warrant, he should know that he has no excuse. We're going to forgive him in our hearts but we're going to make sure that he's judged to the full extent of the signature he's provided—because what he's about to do is very serious.

Chantale Collard
Absolutely. Listening to you, there aren't many people like that who follow through to the end. You're a man of principle and you've been called a lot of names, but today you have a chance to answer them, and you've largely answered. But there is one question: what do you say to all those who have called you a conspiracy theorist? What do you say to them today, on May 12, 2023?

François Amalega
I think that if a man refuses to let his wife look at his phone and his wife finds odd pictures of him, finds him acting strangely and such, and then he doesn't want to give his wife any explanation—he instead says she's crazy, he talks nonsense and so on, while his wife pieces together a puzzle, and it shows on her face that she knows something's wrong—I think this is just someone avoiding confrontation because he knows he's in the wrong. That's exactly the situation we're in right now and there are so many factors.

And I say this: COVID-19 is a medical issue, but then there is the "Lancet-gate." In other words, you see an article appearing in the world's biggest academic journal saying that hydroxychloroquine doesn't cure it, for the purpose of discrediting Raoult and all the people who are with him. But afterwards, we realize that the data are false and it is retracted; and we even realize that the director of human resources is a porn actress. And *The Lancet* writes afterwards that they made a mistake. Meaning: I don't need to be a doctor to see that it's a commissioned article.

I don't need a mistake to see that the article from someone like Ferguson—who encouraged compliance with health measures— was later found to be false. And you find that during the health measures, he committed adultery twice with a married woman, disregarding the health measures. I mean, when you see that, you think, "These people don't believe in it. They're talking nonsense."

So when we gather all this evidence to say, "Look, your mandates are contradictory, there's no truth, and all that," and then I'm told that I'm a conspiracy theorist— But as soon as you refuse to have a debate, a discussion, as soon as you create murkiness in a subject, it's clear you favour the other. So among us who contest the measures, some are moderate, others are a little less moderate, others go far. But all this happens because of the lack of transparency. So if someone believes even very serious things, that is much more excusable than the government making things deliberately opaque. So no, I think the word "conspiracy" is just a word created by weak people to discredit solid arguments against them.

Chantale Collard
The argument of the weak: labelling.

François Amalega
Absolutely. It is the argument of the weak. In fact, they're the weak ones. We're much stronger than they are because we're in the truth. Listen, if you do something bad, the look in a five-year-old's eyes will make you tremble because you're wondering, "Did he see what I did?" So that's the situation we're in right now.

[00:35:00]

They can have all the weapons they want but I don't think they have that many. They mostly operate through intimidation. And one of the lessons I've learned from this is that in the fight for justice, you can't be moderate. You can't be moderate because it's with the use of microaggressions that they just keep gaining ground.

Personally, I think that perhaps I ought to have been a lot more vocal from September 2020 onwards because I was only posting on my Facebook and chatting with friends and such. But the issue is that when you don't allow microaggressions and you stop things early on, these people will also have difficulty moving forward. They're nothing but people who work through intimidation, lies, that's all. They don't have any more power than that.

Chantale Collard
Thank you.

François Amalega
Thank you very much.

Chantale Collard
Thank you. Listen, maybe I'm like many others. I listen attentively and your words carry an air of truth and authenticity that we very rarely see in people. Perhaps our commissioners will have a few questions for you.

Commissioner Massie
Thank you, Monsieur Amalega, for your testimony. My question, in fact I only have one, is: Where does your inner strength come from? Does it come from your culture? Does it come from your personal journey? What gives you the courage to express your opinions with such firmness and kindness?

François Amalega
I think there are two main things: there's my faith in God, and there's also the fact that I've been exposed, in a way, to untruths. In fact, I've been convinced that certain things that are officially said are not true. That did predispose me. Personally, I followed things like the Kennedy assassination. When I was growing up, we were told that the ozone layer was going to disappear and that the world was going to burn and all, and September 11th and all that. There were a number of things that made it clear to me that what we were being told wasn't true.

And then, I remember when I was at Brébeuf, I asked a colleague—since I had had discussions with this colleague on a number of subjects—and one day I said to him, "'What is the unfinished pyramid doing with the little eye on top of it on the one-dollar bill?" One day, I asked him, "I want you to explain that to me." I don't have an explanation but I said to him, "How do you explain that?" So I mean, there is the fact that I'm exposed to these things that have no explanation.

And the biggest problem is telling people there are bad questions. When I go into a class as a prof, I tell my students that there are no bad questions because I hope that when the student leaves the class, he won't say Monsieur Amalega told him such and such. No. But rather, that he'll say, "This is true because I can prove it." So the fact is that I had been exposed and it was clear to me that there were a lot of things being said that weren't true.

And then, the second thing too: I believe in God. And for me, human authorities are very important: I believe they are appointed by God. They are very important and must be obeyed, but they themselves are answerable. So that means there's an authority above human authorities; and for me, that's a very important thing.

Commissioner Massie
Thank you very much.

Chantale Collard
Thank you again on behalf of the Commission. There is one question.

Commissioner DiGregorio
Pardon me, I'm going to ask my question in English; Doctor Massie will translate. You spoke about your time in jail and how you were treated differently from the other inmates. And I'm just wondering if you know what crimes those other inmates would have been in for, what types of crimes?

Commissioner Massie
So the question is, you spent time in prison and, according to your testimony, you were treated differently from the other prisoners who were there.

[00:40:00]

And the question is: What kind of crimes did the other prisoners who were in the same place commit compared to your crime?

François Amalega
So Bordeaux prison, one of the prisons that I was in for three months and three weeks, has two types of prisoners. There are prisoners who received sentences of two years less a day. Generally, it's theft, things like that, or someone who was perhaps violent towards his wife, arrested, and then sentenced. And there are those who are awaiting trial. So they've been deemed dangerous; they can't release them, they're waiting.

And there, I met people who had committed murders, who had killed several people. So there are people who have committed murders. I remember once talking to a guy who was

very big, very strong. He was there because he had hit a gentleman who ended up in a coma. So he had hit him; he was very violent and everything. Listen, it's really— There are several people who committed horrible crimes inside. They dealt drugs, they did things. And all these people are there, in prison, and you have to be there with them because you refused to submit to health measures.

I believe that the government and all these people have committed crimes. We all want to turn the page, including me, but the problem is that if the page is turned without having resolved the issue, that means more harm can be done in the future. So we mustn't turn the page without really— That's why I think a commission like this is so important. Crimes must be identified. Things have to be stated clearly.

Commissioner DiGregorio
Thank you. Merci.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering if you think there's a spiritual climate change that needs to be addressed in this country?

Commissioner Massie
So the question is, should the spiritual crisis we're currently experiencing in our society be examined, or at any rate, should we try to find solutions to this spiritual crisis?

François Amalega
Honestly, I do. I believe that creating a purely material world in which people have no hope is brutal. And I think this is sustained. It's sustained because—at least when I arrived in Quebec—when I wanted to talk, people told me that we don't discuss politics and religion. But this is quite extreme because politics and religion are the most important subjects in society.

When we don't discuss politics and religion, we can talk about hockey, we can have fun, we can do anything and everything. Yet politics and religion are still the main subjects because, even when someone says that they don't believe in God and they're an atheist, that is a religious subject. I mean, when you exclude all that, it means you're excluding very important subjects: politics, religion. The rest are low-grade subjects. We're just having fun, laughing with each other and all that, but it separates people.

And what really happens is that the government takes God's place. As a result, some people have nothing else because there's nothing beyond the government. So without necessarily having one religion—because I think it would be a bad thing for one religion to dominate; it would be pointless—but I think that driving faith and religion out of the public square is a job that has been and continues to be carried out methodically. And I think it produces people who put all their hope in the material world and in their lives. And I think they'll do anything to keep that, because they've lost all hope. And I think it's something important.

Commissioner Kaikkonen
Thank you, merci.

Chantale Collard
François Amalega, thank you sincerely, from the bottom of my heart. Your testimony has touched many, including myself. We understand that it's a spiritual battle—I wouldn't say that you're fighting but that you are firmly rooted in your values, in your convictions—and the truth will most certainly come out.

[00:45:00]

I won't tell you: "Let's keep going." I'm going to tell you, "Carry on, carry on!" And by all means, you've given us hope today. Thank you.

François Amalega
Thank you very much.

[00:45:50]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE*

Witness 14: Shawn Buckley
Full Day 2 Timestamp: 11:03:24–12:01:45
Source URL: https://rumble.com/embed/v2ktd8s/

[00:00:00]

[inaudible to 00:00:18]

Louis Olivier Fontaine
So tonight, we will have a testimony by Mr. Shawn Buckley. So good evening, Mr. Buckley.

Shawn Buckley
Good evening.

Louis Olivier Fontaine
First of all, I will ask you to identify yourself by stating your full name.

Shawn Buckley
Yes, my name is Shawn Patrick Buckley.

Louis Olivier Fontaine
Okay. Now, I will swear you in. So I will ask you to swear to say the truth, the whole truth, and nothing but the truth.

Shawn Buckley
I do.

Louis Olivier Fontaine
Tonight, the object of your testimony will be the changes to the drug approval test for COVID vaccines.

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* Because the testimony took place entirely in English, the transcript is drawn from the English language video, which can be heard without a French voice-over – editor.

Maybe first of all, I will ask you to explain how your background is relevant to this testimony, this presentation.

Shawn Buckley
Okay. Before I do that, can I just deal with a bias issue?

Louis Olivier Fontaine
Yes, of course.

Shawn Buckley
Yeah. The Commissioners and some people that will be watching will know that I've been counsel on these matters at some of the hearings, and also that I've been involved in some of the organization of the National Citizens Inquiry.

And so the bias issue is that when you know somebody, and especially if you might have positive feelings or work with them, you're more inclined to find them believable. So it's kind of like a positive bias that we need to guard against. I wanted to get that out in the open, both for the commissioners and anyone watching, to basically be aware that there is that bias. It kind of forces you to take the position where you're not going to find me credible, but you have to apply your critical thought before you accept my testimony.

Now, the one saving grace is that I'm really just talking about: What does the law say? So I'm going to throw some slides up saying, "Well, here's the drug approval test normally and here's the test that was substituted." And this is very easy for anyone to verify.

So my testimony is going to be very technical. And then also, we have entered—as Exhibits QU-2 and QU-2a—a French and English version of a discussion paper that I had written on this subject for a non-profit association called the Natural Health Products Protection Association. And at the end of that discussion paper, there are links that make it very easy for people to follow to the drug regulations, to this interim order that I'm going to discuss.

We wanted to have another lawyer who is a drug approval expert come and testify but they're far and few between, and none of them have actually looked into the interim order that we had contacted. So here I am as the only one I know of in Canada that's looked at this issue. But it's so pressing that we felt the need to put this evidence in front of the commissioners and the public, but have those caveats in place.

To my background: I was called to the bar of British Columbia in February of 1995 and I've been a member in good standing ever since. Very early on, so probably starting about 1995, I started to have clients dealing with *Food and Drugs Act* matters. And probably 40 to 50 per cent of my entire career has involved dealing with the *Food and Drugs Act* and Regulations, largely defending companies and practitioners that practice alternative medicine and, specifically, manufacture or sell natural health products. I think there was about a seven-year period where I defended everyone that had charges in Canada that would fit into that description, so I've got extensive experience. I've been called as an expert in food and drug regulation on the Standing Committee of Health; I've been called as an expert in constitutional law in the Senate, so I've got a lot of experience in the area.

Louis Olivier Fontaine
So how many lawyers would have that kind of experience in Canada, according to you?

Shawn Buckley
Well, as far as defending people, I probably stand alone.

[00:05:00]

With my level of expertise in the *Food and Drugs Act* and Regulations in the area of natural health, I'm probably number one. But generally, if we were to move more into the new drug approval process, I would guess about ten.

Louis Olivier Fontaine
Okay. So the first question I would be asking you would be: What are the normal regulatory requirements for the approval of drugs such as the COVID vaccines?

Shawn Buckley
Well, okay. So now, assuming that nothing happened— Because the approval of the COVID vaccines became a political issue, not a health issue. So if that hadn't happened, we have new drug approval regulations. For a condition like COVID, you would fall under the new drug approval process, and anyone wanting to look at the drug regs you'd look at C.08.001 and just go from there. As long as you're at C.08, you're in the zone.

And they're very simple. What you basically need to approve generally, to get market approval to introduce into the human population a new drug, is you have to prove it's safe. So you have to establish its risk profile. So how safe is this? You've got to completely satisfy the Minister that the drug is safe. And then you have to deal with its benefit profile. Is it effective? Does it work? Because there's no point introducing in the human population a drug that doesn't work for the purpose you're trying to use it for.

And then, although it's not written into the regulations, the third thing that happens—and it happens as a matter of common sense—is: now that we understand the risk profile, and now that we understand the benefits profile, do the benefits outweigh the risk? Because, again, there's no point allowing a drug onto the market if the benefits don't outweigh the risk. Now, one thing that people need to understand: you cannot get to the risk–benefit analysis unless you've established the safety profile and unless you've established whether it works. If you haven't gotten there, you can't do a risk–benefit analysis, and pretending that you can is a fraud. I just point that out because these three things are the minimal requirements for a health decision for drug approval.

So if the purpose is deciding, "Do we allow a drug onto the market or not?" the minimum requirements, if you're actually making a health decision, is establishing whether it's safe, establishing whether it's effective, and then doing that cost–benefit analysis where the benefits outweigh the risk. Anything shy of that and you can't call it a health decision. It's how we know that— it's one of the things we know that tells us this was a political decision to approve the vaccines.

And I'll just go on and explain. Here, I've just set out what the regular process is, but the Trudeau government made a political decision that they wanted all of Canadians to become vaccinated. And I say this with— And I'm going to use this interim order as an example but

I mean, we lived through mandates. So we had the federal government tell us that we couldn't fly or go on a train unless we had a vaccine. They told us that we could not be federal civil servants or contractors for the federal government unless we took the vaccine. They used fiscal and other means to encourage provinces to follow suit and to encourage private industry to follow suit. And we've had public health officers, both provincially and federally, say the mandates were in place to encourage people to get vaccinated. So we know there's a political decision to try and get every Canadian vaccinated. Well, we have a problem with our regular drug test, because if we're going to apply the regular drug tests to the COVID vaccines, they have to be able to pass that test. But if you're making a political decision, then you've got to come up with another test.

So on September 16th, 2021, an interim order was made. Now, our *Food and Drugs Act,* section 31.1 has a provision that allows the Minister of Health, in certain conditions, to exempt a drug or a class of drugs from the application of parts of the Act and Regulations. And so the Minister of Health made an interim order under section 31.1 of the *Food and Drugs Act*,

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basically setting out that COVID-19 drugs, which includes the vaccines, don't have to go through the regular drug approval process. And it actually then created a different process— so a different set of laws— that applied only to COVID-19 drugs. Now, the Minister of Health can make the order, but it's only good for 30 days unless it's approved by the Governor General in Council. Now for those of us that aren't lawyers, when you read "Governor General in Council," you know that means the federal cabinet. So the Prime Minister and the other ministers: Minister of Health, Minister of Finance. That's for colloquial terms: the Governor General in Council. So the Trudeau government, the Cabinet, made a decision to approve this order and it was approved and it was published in the Gazette, so it's good for a year.

Now, basically, the order tells us that this is a political decision. Because what the test is— And I'm going to put it up on the screen and show you in detail, but it doesn't require proof of safety. In fact, the word "safety" isn't even mentioned in the test. It doesn't even mention safety in the test, which we'll all find interesting from our messaging, right? Because we've been told the vaccines have been proven to be safe and effective. I'll explain that that's political messaging. So there's not a requirement for the drug companies to prove that the vaccine works. In fact, the word "efficacy" or "works," that type of language, isn't in the interim order at all.

A couple of other interesting things happen that tell us this is a political decision to get Canadians vaccinated. The interim order exempts the application of certain parts of the drug regulations. Now, in Canada, you cannot import a drug unless it's been approved of by Health Canada. So if you're making the drug in Canada, you've got to get it approved before you can sell it, but you can't import finished drugs for human consumption unless they've already been granted market approval. Well, this interim order exempted the federal government from this so that the federal government could purchase, import these vaccines, and distribute these vaccines before they're approved.

Understand what happened is: the federal government imports COVID-19 vaccines; the Canadian government distributes them to the provinces; and they're not approved. And this is written into the interim order before anyone has filed a submission to have the vaccines approved. So the federal government, the Cabinet—when they're writing this, they have no idea whether these are safe. They have no idea whether they're effective. They

have no idea whether this is a good idea or a bad idea when they write this law, and they wrote themselves into a conflict of interest. It's a bit of a conflict of interest to import a whole bunch of drugs, distribute them through the provinces, and then wait for yourself to approve them. But if it's a political decision, then this makes perfect sense.

The one that really I find interesting is, in our regular drug approval world—and its regulation C.08.006—the Minister of Health has a really, really important power that should never, ever be taken away. And the problem we face is that the Minister can approve a drug for the market. But what if we learn after it enters the market that it's unsafe? I mean, Vioxx comes up as an example where we learned after the drug was approved that it was causing deaths and it was eventually withdrawn from the market. So this regulation C.08.006 allows the Minister to withdraw from the market a drug that's already approved for several reasons. So for example, let's say subsequent evidence shows it's not safe. What if subsequent evidence shows that it's not effective? What if it comes up that fraud was used to get the drug approval? The Minister can withdraw the market authorization. But curiously—and listen carefully, because you have to ask yourself how this is in the public interest—for COVID-19 vaccines, this interim order, this new way that they're going to be approved, took away from the Minister for a year the power to withdraw the vaccines from the market if subsequent safety concerns arose, or if evidence came to light that they didn't work,

[00:15:00]

or if evidence came to light that the application was based on fraud. Now, that's not a health decision, to remove that power from the market. It tells us that the decision to approve the vaccines was a political decision, not a health decision. Now, if you don't mind, I'll just walk through and actually show people the law because it's quite shocking.

Louis Olivier Fontaine
Go ahead.

Shawn Buckley
David, now if you could throw the slides up [Exhibit QU-2b].

So the first slide, all this is, is every time Health Canada approves a vaccine, they create a webpage for it, where they put the information about the approval and other information. And I've just taken the French and English first page of the Pfizer vaccine to use as an example and I've highlighted the first sentence. Now, I can tell you— I mean, I took these screenshots maybe last week. The date will be on the bottom of there, so it's in this month. But if you had looked last month or a year ago or two years ago— As long as the Pfizer page has been up, it starts with the same sentence. And that sentence is: "All COVID-19 vaccines authorized in Canada are proven safe, effective, and of high quality." And that bold is Health Canada's bold. I put the highlighting on, but they've put this in bold.

Now, I've already told you that these vaccines are approved under a test where you don't prove safety and you don't prove efficacy. So you might wonder why that language is there, but that language is political messaging. And it's essential political messaging. Because if you made the political decision that you are going to try and get every Canadian possible vaccinated, you have to have political messaging that supports the decision. And this is the minimal political messaging that will support Canadians getting vaccinated.

Could you imagine if Health Canada communicated the truth that the vaccines are unsafe? Or what if they said, "We don't know if the vaccines are safe?" That is not messaging that is consistent with getting your population to take the vaccine. What if the messaging had been "Well, the vaccine isn't effective." Or "We don't know that the vaccine is effective." That's not messaging that is consistent with the political decision to have people vaccinated. A lot of us have been confused, within the drug approval world, with messaging like this. And it's just simply a failure to realize that this is political messaging that is absolutely necessary. It's essential for the political goal, which was to have us vaccinated. And I'm not second-guessing the political goal. I'm just pointing out that that's what this messaging supports.

Now, the next photo: I want you to pay close attention to that rabbit. Because when I'm done this presentation, that's going to be your expression. You're going to— Your mouth is going to be open. And if you had paws, they are going to be grabbing the ground in sheer terror.

So this I've already said, I've pulled this out of the discussion paper. But it's just where I point out and I've highlighted what I've already explained to you. But there's maybe a couple of other points I can make before we go on to the actual text of the legislation. So I've said, "Listen, you've got to prove something safe. You've got to prove it's effective and you have to prove the benefits outweigh the risks." But where I could strengthen this is I've put in here the word, "objective." So they've got to objectively be proven to be safe. And we will go into the legislation where this is very clear, and there's got to be objective evidence that they work. And I think I've already explained the cost–benefit. You cannot— You just simply can't do that analysis unless you've proved safety, unless the risk profile is known, unless the benefits profile is known.

So this is the test. We just have the French test— This is straight out of the drug regulations, the French test on the left and the English test on the right. So C.08.002(2): "A new drug submission shall contain sufficient information and material to enable the Minister"—and this is the important part— "to assess the safety and effectiveness of the new drug, including the following—" and then there is a long list. You know, right down to ingredients and brand name and things like this.

Now, I'm going to get to— I've reproduced g) and h), which are two parts.

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But that red part is really the important part. You have to understand that in the regular drug approval process, you've got to do all these things, but they are to help the Minister assess the safety and effectiveness of the drug. That's what the Minister's looking at: safety and effectiveness. Everything you do in the new drug approval process is to give the Minister sufficient information to enable the Minister to assess safety and efficacy. I put ellipses there because, like I say, there's a), b), c), and a whole list of things, but when we get to g), remember the word "detailed reports." So this is our regular process: "detailed reports of the tests made to establish the safety of the new drug."

So in the regular process, to enable the Minister to assess safety and efficacy, which is what it's all about, you've got to have detailed reports about safety and h) substantial evidence of the clinical effectiveness. So "substantial evidence," and this is, again, to help the Minister assess safety and efficacy. The point I'm trying to make is: in the regular test, it's all about safety, it's all about efficacy, and it's robust evidence. We're talking detailed reports, substantial evidence.

So I've told you, "Okay, but wait a second. This doesn't apply to COVID-19 vaccines. We have a new test." I'm just going to jump it. So back—remember we see this C.08.02? I'm jumping up two slides and I've just moved it to the bottom left, okay? So bottom left, that's what we just looked at. And if we move to the bottom right, we are now looking at the interim order and what it's supposed to focus on. And I put in red what's important here.

So on the left, our regular drug approval test, it's all about "sufficient evidence and information materials to enable the Minister to assess the safety and effectiveness of the new drug." Under the interim order, "contains sufficient information and material to enable the Minister to determine whether to issue an authorization." Do you see the word "safety" or "efficacy" there? So safety and efficacy is the focus under the regular test. But for COVID-19 drugs under this interim order, the focus is just: can we enable the Minister to issue the authorization?

Now remember, this is a political decision. And there's a long list of things to provide here. The only thing in that list concerning safety and efficacy is this o): "the known information in relation to the quality, safety, and effectiveness of the drug." Compare that over to the other side, g) detailed reports, substantial evidence. So instead of detailed reports on safety, instead of substantial evidence of effectiveness, the only requirement is to give the known information in relation to the quality, safety, and effectiveness of the drug.

It gets worse. Because you don't even have to provide the known information. Under the interim order, section 3(2): "If, at the time an application is initially submitted to the Minister, the applicant is unable to provide information or material referred to—" And then there's a list and I've highlighted (o). You basically don't have to. You just have to, in your application, explain to the Minister how you're going to get it to the Minister later on.

It's shocking.

Now, the next slide: this is the test. And I've highlighted the words "must issue," because this is really important. Remember, the focus isn't safety and efficacy, it's whether or not the Minister can grant an authorization. Now 5, it says: "The Minister must issue an authorization" basically, if these a), b), and c) are met. It's not "may." And the Minister's Health Canada. It's not like the Minister of Health sits down and does this, it's the Health Canada bureaucracy that does this.

So Health Canada must issue an authorization if this test is met. Now what's important about this is: Health Canada could believe it's not safe. Health Canada could believe the vaccine doesn't work. Health Canada could believe this is a bad idea, that the benefits do not outweigh the risk. And yet if this test is met, Health Canada has to, by law,

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issue a market authorization for a COVID-19 vaccine.

Now, the first one, a), just basically refers to—we've already looked at 3, you've got to do this submission. So that doesn't really concern us. The second one is, there's some sections where the Minister can ask for some more information. The real test is c). So c) at the bottom, I'm just going to bounce ahead two slides where that's bigger. But c) begins "the Minister has sufficient evidence to support the conclusion—" That's the test. This is the wording that the COVID-19 vaccines are approved under.

So I'm just going to skip ahead to where I have that bigger. We've got the French wording on the left and the English on the right. I should just say that the French wording in the interim order is different. And it's a little different than that, and if you look at the French discussion paper, it will become apparent. In Canadian law, if you're trying to figure out what the meaning of a law is you look at both the French and the English versions because they're of equal value. And you're supposed to use both to inform yourself of what the meaning is, and that's what courts do. I'm going to show you later on that Health Canada, for the purposes of approving COVID-19 drugs, have full stop used the English wording— so the test as it's set out in English. I'll show you a piece from an affidavit where that is crystal clear. But I just wanted, for the purpose of the presentation, how anyone pulling up the French version will see that it's a little different than the first point I make in English.

This test begins: "the Minister has sufficient evidence to support the conclusion—" And I'll just stop there because this is really clever language. And this is language meant to deceive us and this is language that tells us this is a political, not a health, test. Because if you were— and remember, the Minister is Health Canada— if you were supposed to prove something to the Minister, it would read, "The Minister has sufficient evidence to conclude." So do you understand this? Let's say Pfizer's making an application under this test. If Pfizer has to convince Health Canada of anything, it would read: "The Minister has sufficient evidence to conclude."

I put this on the next slide. You see on the indenting there, the English side is on the right. The wording in the test is, "The Minister has sufficient evidence to support the conclusion." That doesn't mean that Pfizer has to convince Health Canada of anything. If Health Canada had to conclude this, if it was an objective test, it would read where I have that indented below: "the Minister has sufficient evidence to conclude." And this is important. Because if Pfizer has to prove something to Health Canada, if it read, "the Minister has sufficient evidence to conclude," we may still be in an objective test. We may. But what does "sufficient evidence to support the conclusion" mean? I went to a dictionary; I went to a thesaurus. I mean, "conclusion" is synonymous with "argument." Like, I think we're in a pure subjective test here: the Minister has sufficient evidence to support the conclusion, not even their conclusion. So it means Pfizer just has to make the argument for what follows.

Let's go back to the test. So what follows then? "The Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19."

Whoa, that's clear, isn't it?

I'm just going to jump ahead. One thing that's really interesting to note there— And like I say, this is the test. Not only does it not require there to be proof that the vaccine is safe, the word "safety" doesn't even appear in the test. The text is there for you to read. The word "safety" doesn't appear at all.

Jump to the next slide. We can say the same with "efficacy." So not only does the test not require proof that the vaccine works,

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it doesn't even have language. It doesn't have the word "efficacy," or "works," or "effectiveness."

Now, I'll just stay at this slide. It uses risk–benefit language, which is again clever— whoever drafted this spent a lot of time. So it uses risk–benefit language without actually requiring there to be proof that the benefits outweigh the risks. And it's subtle, you have to look at it for a while. And remember I was pointing out, you actually can't do a risk-benefit analysis if you haven't established the risk profile, you haven't proven safety, and you haven't proven efficacy. You haven't set out the benefit profile. It's impossible to do a risk–benefit analysis without establishing the risk profile and the benefit profile, which is what you do in the regular test. But again, it's not that the Minister has to conclude; there just has to be an argument that the benefits outweigh the risk. Now, I'll stop.

In the regular drug approval world, if Health Canada's not sure: "Wait, I don't know if this is safe. I've got evidence suggesting it's safe, but I'm really unsure," it stops there. You're not going to get a drug approved if Health Canada isn't confident, reasonably confident, about what the safety profile is. And the same with efficacy. In the regular drug approval world, if Health Canada finds itself after reviewing an application: "Well wait, there's some evidence that shows it works, but it's really not clear, I'm not sure." If there's any doubt, it stops there. They're not going to let a drug into the human population when they're unsure. And yet here, because this is a political test— Remember I told you the bare minimum for a health test? Understanding safety, understanding efficacy, and then doing a risk–benefit analysis: that's the bare minimum. I mean, I could sit here for two or three hours and explain how that's really even insufficient for good health outcomes, but that's the bare minimum for a health decision.

But this test tells us this isn't about health. So after it tells us, "support the conclusion that the benefits associated with the drug outweigh the risks," listen to this next part: "having regard to the uncertainties relating to the benefits and risks." In the regular world, if there's any uncertainty about benefits and risks, there's no way there's approval. But here, Health Canada is being told. And if Pfizer meets this test, they have to approve. Remember, there's no discretion here—this is mandatory. There has to be an argument that benefits outweigh the risks and, by law, you have to take into account that you might not know the benefits and risks. It's, "having regard to the uncertainties." And then it's kind of like— It's almost an impetus to approve because, by law, they have to take into consideration "the necessity of addressing the urgent public health need related to COVID-19."

Now, how does that end up in a drug approval test? Basically, telling us we have an urgent need. So you mean: we don't look at safety, we don't look at efficacy, we don't actually have to have proof the benefits outweigh the risks, and you're telling us to approve anyway? This is a totally subjective test. It's not objective at all. It can in no way be described as a health test, a test that's supposed to help us health-wise.

And this slide just explains what I just said. It uses risk–benefit analysis without actually requiring proof of benefit and risk. And logically, you can't do that. I mean, I basically call it a fallacious test because it is. The test is logically inconsistent with itself, if you understand drug approval regulation at all. So any lawyer that's a drug approval expert looking at this will go, "Okay, this has nothing to do with health. This is a political test." And I've already told you that the Minister had to approve if unsure.

Now, this slide is important because remember I told you, the French version is a little different than the English version. There was a Federal— There actually were a number of Federal Court decisions. And the Health Canada employee, Celia Lourenco, who was the final approval on every COVID-19 vaccine in Canada, she swore an affidavit that ended up in the Federal Court and filed T-145-22.

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And in it, she discusses her approval of two of the vaccines. And this is her paragraph for the Pfizer vaccine. But her paragraph for the other vaccine is very similar. And I kind of cut out the first part, where she's given us the dates and stuff like that, and got to the juicy bit and put it in red—just to emphasize that she's clearly telling us she's using this test in the interim order.

"The evidence supports the conclusion"—oh, that's our wording, isn't it? —"that the benefits associated"—the test says, "with the drug," well, they've just thrown in the name of the drug. So "the evidence supports the conclusion that the benefits associated with the Pfizer BioNTech COVID-19 vaccine outweigh the risks, having regard to—" Remember, the test is "the uncertainties concerning the benefits and risks," which she tells us what the uncertainties are now: "having regard to a shorter term (median of 2 months) follow up of safety and efficacy at authorization." That is a shamelessly small period of time, a median of two months, to assess safety and efficacy. And she carries on, "and the necessity of addressing the urgent public health needs related to COVID-19."

So her affidavit is the smoking gun that tells the world clearly that Health Canada approved the COVID-19 vaccines using the interim order test. Because, make no mistake, Pfizer and the other companies could have applied under the regular test, but they didn't.

Now, there was a little bit of a shell game played. Remember in the United States, there was the Comirnaty kind of thing, where they applied under the regular test with a vaccine with that name but then they never made that vaccine available. So if you were getting the Pfizer vaccine in the States it was the one under the emergency order, but you might think that it was the one approved under the regular test.

We did it a little differently. We approved it under this interim order. But the way our law works is, if Cabinet approves an interim order within the 30 days and then it's gazetted, it only lasts for a year. So before the year ran out, what the Trudeau government did is they actually took the test in the interim order, they took most of the provisions—not all of them—and they moved them into our regular drug regulations. And they tweaked it a little bit, but the slight tweaking of wording really is of no consequence. So now, in our regular drug regulations—that's C.08.001 and onwards—we have the regular test that applies to every other drug. And then we have this test from this interim order that applies to COVID-19 drugs.

And once these were added into the regular drug regulations, Pfizer and the other companies reapplied for a regular DIN, a regular Drug Identification Number, and it was reported in the media, "Well, they've reapplied under the regular drug regulations." And so everyone thinks they've gone through the regular testing when they just basically relied on having passed the same test that they were applying under before. So our smoke and mirrors on the Canadian public was a little different.

This last slide is just again emphasizing the one point I made earlier. Because it truly is amazing to think that here the Minister—in our regular drug regulations—has the power, if a safety concern comes up or an efficacy concern comes up, to withdraw a drug from the market. But for a year that power was taken away from the Minister for the purposes of COVID-19 drugs. Now, that power's back now, that time period has expired. But if this was about health you'd go, "Well, that's not consistent with health, withdrawing that power." But if you understand, no, this was a political decision where we wanted Canadians to get the vaccine, and it wasn't a health decision, then it makes perfect sense.

So that's really all I wanted to say. I didn't need to be long or anything like that. And I think I stuck to what the law said.

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So people can verify and go and check out that this really is the wording and what I'm saying really is in there.

Louis Olivier Fontaine
So thank you, Mr. Buckley. Maybe the Commissioners have questions for you.

Okay, no questions, so— Oh, sorry.

Commissioner DiGregorio
Thank you, Mr. Buckley, for giving us that presentation.

As a lawyer and as a tax lawyer, I read legislation all the time and so I'm very familiar with the tricks that can be played with words and how important every single piece of word in a legislative test is. You mentioned having to prove something versus just having an argument for something. You discussed having a requirement for the Minister to approve something versus just giving the discretion to the Minister to approve something, and so what you've demonstrated to us here is really quite shocking to me. Sorry, that's not a question, that's just my first comment on what you've said to us.

So, if I can just take you back a little bit to the regular drug test and the three requirements that you talked about—which is, proving safety, proving efficacy, and then doing a risk versus benefits weighing—who is it that those things have to be proven to? I know you said Health Canada, but is there a board established that does that or what does that look like?

Shawn Buckley
I think it depends on the drug and kind of the severity and ranking. Health Canada has a number of drug-approval scientists. For a regular application, it would just go to one of those scientists. I mean, it might be a collaborative effort. The COVID-19 vaccines, my understanding from Cecilia Lourenco's affidavit was, I think there was a team of 23 people—it was 20-something, I think it was 23— that she said her team was. And then they also seem to rely on recommendations outside of Health Canada.

Now, the interesting thing is, it depends— Again, because drug approval has been political for a long time— I don't know if you're aware of a former Health Canada drug approval scientist Shiv Chopra. He and I became friends. He's deceased now, but he wrote a book called *Corrupt to the Core* about Health Canada and he had become a whistleblower and forced the Senate to call himself and three other drug approval scientists to the Senate about, basically, corruption at Health Canada. One of the drug approval scientists, Dr. Margaret Hayden, gave an interview to the CBC after testifying in the Senate. And she said something that should concern all Canadians. She basically said, "Look, after you've been at Health Canada long enough as a drug approval scientist, you basically learn how they're going to get around your decision not to approve a drug."

Understand, this is a drug approval scientist that's hired by Health Canada to basically apply this test about safety and efficacy. And that person concludes the benefits don't

outweigh the risks, this is a bad idea, we shouldn't do this. And then what happens is the management, who invariably are not doctors or scientists, will appoint an outside counsel—so outside of Health Canada—a panel of experts to reassess. And then that panel will approve the drug and you won't know who voted "yes," who voted "no," so there's no liability on this panel. There's no liability on the management, who doesn't make the decision, but based on the panel recommending that Health Canada will approve the drug. And she was saying, after you've been at Health Canada long enough, you know that's how they're going to get around their own people's decision that it's not a good idea to approve a drug. So we've been facing political decisions for a long time. This just went to a different level.

Commissioner DiGregorio
So perhaps that panel isn't necessary when you have an interim order.

I wanted to take you to the language on the website, the Health Canada webpage you showed us, and that particular bolded language about all COVID-19 vaccines are proven to be safe, effective, and of high quality.

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And how you've shown us that that is inconsistent with even the language under which they've been approved in Canada. Should the website say that they've all been— What is the language, "there's sufficient evidence to support a conclusion that the benefits outweigh the risks," yada yada yada? Would that be a better statement to have on those websites?

Shawn Buckley
It would depend on the purpose of the website. So, if the purpose on the website is to support the political decision to have Canadians vaccinated, I think the language they have there is the minimal political language. If the purpose on the website is to communicate truthfully—basically, what was and what was not proven—then yeah, I agree that they should follow the language in Ms. Lourenco's affidavit.

Commissioner DiGregorio
Yeah, I'm not sure that all of the "safe and effective" messaging that we heard across the country in 2021 would have flown quite as nicely over the tongue if you had to repeat that entire giant test.

Shawn Buckley
Well, that's why I say this is the minimal, what's there is the minimal language for the political goal. Regardless of where you are in the conversation on COVID, who would support all these restrictions—which are premised on the vaccine being safe and effective? I mean, we're not going to accept restrictions on not being able to fly because someone didn't eat cornflakes. Nor would we because someone didn't take a vaccine that Health Canada is saying, "Well, we don't know if it works, and we don't know if it's safe." We wouldn't support any of these restrictions without the messaging.

So that's why, in my opinion, that messaging is the minimal messaging that's necessary to support the political decision.

Commissioner DiGregorio
My final question relates to the power that the Minister of Health has to make these interim orders to exempt drugs from the normal approval process. In your opinion, is there ever a reason that the Minister should have this power, or should the safety and efficacy tests that are in the Act or in the Regulations always need to be met when a new drug is introduced in Canada?

Shawn Buckley
Remember when Bruce Pardy was testifying in Toronto about how we've moved to an administrative state? And this is a relatively new section, so I'm guessing it's maybe been there 20 years. It was used similarly during this swine flu period and the interim order that kind of showed the way for COVID.

But no, in my opinion, if we are going to have a government that's responsible for things, then this should be done in Parliament. And if we really actually did have a crisis and Parliament was informed with the truth, I'm confident that we could handle things like we've handled things in the past. I mean, we've gone through pandemics and we've gone through wars and we didn't have the administrate having these types of powers.

If I can just segue: the Minister of Health now, and this happened in my career, was given the power to exempt any food or drug from any part of the Food and Drug Regulations. But there used to be safeguards. So when the power first came in— And this is administrative state creed. So the power first comes in, and the Minister can only do it if the Minister determines it's safe, and it has to be published in the Canada Gazette so that everyone can see. So let's say you were concerned about some food or some drug you are taking. Is this compliant with the Food and Drug Regulations? You could at least hire a lawyer like myself and I could go through the Gazette and see whether it's been exempted. But then they went further and basically permitted the Minister to exempt any food or drug, and the safety requirement was taken out, and the requirement to publish it was taken out. So now you couldn't even hire me to tell you whether any given food or drug complies with our Food and Drug Regulations.

And especially in the area of food regulations—I mean, it's basically accumulated wisdom. So let's say we want to introduce orange popsicles for the first time. Well, they have to be what we call "ultrasafe." And ultrasafe is just one death per million per year. So if there's 36 million of us, as long as only 36 children die with a certain level of orange dye in our popsicles, then that's ultrasafe and we'll approve it and we'll put that level in our food regulation. So it's kind of accumulated wisdom: we can't increase the amount of that dye or we'll kill 37 kids instead of 36 and that's not permissible.

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But when you create a situation where you can't even tell if a food or drug complies with this accumulated wisdom, it becomes quite problematic. I have to tell you that, when they took that power away, the publishing requirement, I thought, what are they hiding? So I went back, and just on my own, okay, well, what are they exempting? And they were exempting all this—like, beer and wine and spirits and all of this allowing genetic stuff in, so I just I switched to European or organic beer. Yeah, because you just don't know what's in this stuff anymore.

So it's interesting. From a lawyer that's practised in the area of mostly drugs but also in food, because they interlace, it's troubling when you feel that the law no longer serves the populace—that it's actually become adversarial.

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
You know, you talked about how the regulations were changed and the tests were changed within the regulation, but one thing I don't think you spoke about I'd like you to comment on, is that fundamental definitions and words changed. You said in one of your statements that words are important. And we've heard through days of testimony that the word "vaccine," the meaning was changed; the word, "pandemic," the meaning was changed; the word "biologic," the meaning was changed, because they took a genetic treatment, which was the mRNA biological treatment and said it was a vaccine, so it could skip certain requirements of revision. One of the favorite ones I've heard you say before is how they changed the word "snitch" to "ambassador" and the last one was "safe and effective."

They seem to have changed the fundamental meanings of these fundamental words. How do you account for that? Is that a lead-up to what happened?

Shawn Buckley
Well, I mean, the problem is— I think what we're experiencing truly is what Bruce Pardy, or Professor Pardy, described as the administrative state. And you can't just have a law that just on its face says something, or people will wake up, right? Which is why I'm suggesting that this political language is necessary. So when the state became adversarial against us, they started just passing, you know, playing these tricks.

Equally disturbing, and I can speak about it in the *Food and Drugs Act* area but it applies everywhere, is we've basically put the administrative bodies in the position where they can destroy any company or any person for perceived administrative wrongs without you ever seeing the inside of a court. So for example, in the *Food and Drugs Act*, they created a new term, "therapeutic product" because the populace wasn't willing to accept these penalties for natural health product manufacturers. But I mean, the Minister can make an order just saying that you're to do this or that and it's literally a million-dollar-a-day fines for violation. And I mean, they could destroy any small business and you never have the right to go to court, and it's never adjudicated.

I know years ago during the Harper administration, when Tony Clement introduced Bill C-51, An Act to amend the Food and Drugs Act, and then Harper introduced Bill C-52, this Consumer Product Safety Act, both of them had basically the same language to introduce all these huge penalties. And it's always in the name of safety. But when you give bureaucrats the ability to destroy businesses and people in the name of safety without there being a neutral arbitrator, there's a problem. And when I say, "safety is used as a weapon," because I'm involved in the natural health community, I campaigned on Bill C-51. And we got that where that has only come back in pieces over the last years, but an election was called and Harper reintroduced Bill C-52 and I wasn't fighting that. I vicariously fought that when the two bills were together and I remember— I don't know if it was Irwin Toy, it was some big manufacturer of children's carriages and toys and all of this called me and said, "Are you going to fight this?" And I was like, "No, I'm the natural health product guy.

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Why aren't you guys fighting?" And he says, "The industry can't fight this. It's safety. We'd just get slaughtered in the press."

It's another example where it's this kind of, like— People have to understand that whenever the word "safety" is used by the government, they're being duped. I mean, if we were to back up 20 years and say, "What laws did we not have that we have now that we really needed?" Were we less safe 20 years ago? I'd argue we were more safe. And were we less safe 30 years ago? I'd argue we were more safe. And so the law isn't the answer. It's the application of the law. And we cannot be moving ourselves and—well, we're already there. We're in a full-on administrative state, where in pretty well every sector you can be completely destroyed if you tick off a bureaucrat. Yeah, and the rent-seeking is just outrageous, so.

Commissioner Drysdale
Well, that seems to be a trend and just— Because we've had this testimony earlier with regard to the *Broadcasting Act*, they've now given even broader powers to a regulatory agency, the CRTC, which they never had before. So that they now have the ability to crush individual content-makers. And in that instance, it's safety. They don't use the word "safety," they use "disinformation," "misinformation," and "Canadian content."

So is that another example of what we're talking about where, rather than writing a specific law, they're handing it over to a bureaucratic board?

Shawn Buckley
Now, I have to confess that I don't recall if they were changing penalties, but I do know that they were giving the CRTC authority over online content now and that the justification is to protect Canadian content and Canadian values. Obviously, I find that extremely threatening to give the government any more control over speech because, without free speech, you have tyranny. And it's one of the biggest problems. I mean, is an inquiry like this going to be legal in a year? Or are we going to be streaming online things that go against government values? I don't know.

It is funny, I often wonder. Pre-COVID, I used to lecture fairly regularly at health shows. I would just wonder, well, at what point is what I say going to become illegal?

Commissioner Drysdale
Perhaps we'll go back to the way it was in the 1950s when they set up those giant radio transmitters offshore or in Mexico and broadcast in North America.

Shawn Buckley
I'm game.

Commissioner Drysdale
Thank you, sir.

Louis Olivier Fontaine
Okay. So that was a very interesting presentation, Mr. Buckley, so thank you very much for your testimony.

Shawn Buckley
Thank you.

[00:58:39]

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE*

(Translated from the French)

Closing Statement: Philippe Meloni and Ches Crosbie
Full Day 2 Timestamp: 11:52:27–11:56:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Philippe Meloni
Hello everyone. To end the day, I asked Ches, who—along with Shawn, who you just heard—is one of the lawyers without whom all you have seen here today would not have taken place. Unfortunately, he does not speak French, but I thought we could arrange something together. So he prepared a little statement in English and I will repeat it in French at the same time as him—one after the other, of course.

So these are the words of Ches.

Ches Crosbie
Merci mon ami, Philippe. [Thank you, Phillipe, my friend.]

[In English] Philippe invited me to say a few words. I'm the Administrator of the Inquiry. I'm honoured by Philippe to say a few words in summation: a very few. One of the founders of Western philosophy said: the price good men pay for indifference to public affairs is to be ruled by evil men.

No one in this room, nobody watching, no volunteer, no witness in these hearings is indifferent to the events of the last three years. And none of us want to be ruled by evil, although we know that evil abounds.

I'm referring now to the slide that you should see in front of you. The antidote to evil is courage: the courage to speak your truth and to support those who speak their truth. Every National Citizens Inquiry volunteer and every witness has that courage.

A wise English novelist, C.S. Lewis, said: "Since it is so likely that children will meet cruel enemies, let them at least have heard of brave knights and heroic courage."

* Presented by Ches Crosbie in English. Philippe Meloni provided line-by-line translation into French.

You are those knights and heroes. For the future of Quebec and the Canada we love, inspire your children to be like you. And remember, evil knows how to divide and conquer. Courage knows how to unite and build.

Thank you all.

[00:04:18]

Final Review and Approval: *Erin Thiessen, November 14, 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, and further translated from the original French.*

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

NCI | CeNC

NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE*

(Translated from the French)

Opening Statement: Shawn Buckley and Philippe Meloni
Full Day 3 Timestamp: 00:00:23–00:15:25
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Shawn Buckley
[In English] Welcome to Day Three of the National Citizens Inquiry in Quebec City. My name is Shawn Buckley. I'm a lawyer that has been volunteering with the National Citizens Inquiry.

I'm from Alberta, and coming from Alberta is important at this time because there's a synergy between Alberta and Quebec. Quebec and Alberta have been the two provinces that have traditionally been most concerned about provincial rights. Flowing from that, Quebec and Alberta have been the two provinces most concerned about freedom generally. And because the cultures of Quebec and Alberta have been freedom-loving cultures, Quebec and Alberta now bear the largest shame for allowing what has happened to happen.

I want to speak about the example—the bad example—we have set for our children. Three years ago, before COVID, our children were witnessing us acting like free citizens. We were free to go where we wanted to go. We were not told by anyone that we had to basically be under house arrest in our own homes. We did not have to show identity papers to be granted privileges from the state. And most importantly of all, our children did not witness us prior to COVID being afraid of our government.

But that all changed because we were not prepared for what we experienced. Our children watched us stand by silently while we were told that we were confined to our homes. Our children watched us stand by silently as our schools and economy were shut down. Our children watched their parents, for the very first time, being afraid of their government. And how is that generation—how are our children—going to stand up against the government and stand for freedom when they face their challenges, when they've seen their parents cower in fear?

[00:05:00]

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* Shawn Buckley made his opening statement in English with line-by-line interpretation by a volunteer. For ease of reading, the French interpretation has been omitted. Mr. Meloni spoke in French – editor.

I want to speak about a police state ritual that our children watched us participate in. And what I specifically want to talk about are the vaccine passports. But I'm going to refer to them as what they are: they're identity papers. Before the passports, we were free to go wherever we wanted to go. If you wanted to go to your kid's hockey game, you could go. If you wanted to go to a restaurant, you could go. And we knew we were free to do these things because we did not have to ask permission from our government. We just were free to do them.

But all of a sudden, we found ourselves in a situation where we had to participate in a police state ritual of showing identity papers to do things we were once free to do. I need you to understand that the act of showing identity papers for permission to enter a place or be part of an activity is actually a police state ritual that conditions your mind. When you have to show your identity papers to be able to enter a restaurant, psychologically the message from the police state is that you are not free to enter the restaurant, but you must perform a ritual to be granted permission from your master, the government. Every single time you show your papers, you are subconsciously reinforcing the message that you are no longer free to do something you were free to do before, but you must perform the ritual to be granted permission by your master.

Traditional police states like Nazi Germany or Stalinist Russia: when they set up roadblocks in cities, they really didn't care where you were going because they knew where you lived and they knew where you were going home at night. The real purpose of the roadblock is to reinforce in the citizen that the citizen is a servant to the state which is a master that controls the citizen's movement.

[00:10:00]

And we need to understand that our children have just watched us participate as servants in a police state ritual of providing identity papers to do things we were once free to do. And how do we come back from that? How do we undo the damage that we have done in the minds of our children? How do our children have any chance of being free after the example we've set of cowering before our governments?

And that's the decision that you have today because we're in a situation where you need to make some choices. We are at a crossroads in Canada where if the citizens do not start standing up for freedom, our children will find that they have no freedom. I'm going to urge all of you to basically understand that you can no longer sit on the couch. You can no longer just watch other people stand up and try to protect your freedom. This is the time that you must take personal responsibility.

But I also want you to understand that you no longer need to be afraid because you are no longer alone. We are many and we are beginning to stand together. And so I'm very proud to be in Quebec, which is essential. This nation will not become free again without Quebec demanding freedom. So I'm proud to be here standing with you.

And I'll end by just saying that I'm praying that this generation will undo what it's done and set an example that our children will be proud of going forward.

Philipe Meloni

Hello everybody. After these profound words, I will talk to you about more practical things. As you know, this Commission is financed solely by citizen donations. Among the things we

have set up today is a silent auction. You may have seen it in the room on the other side; we have paintings and we have clothing with the commission logos. Quite simply, it began with the start of these commission hearings in Quebec. If you like an article, you write down your telephone number and the article number that interests you. And this afternoon, at 4 o'clock in the afternoon, we're going to take a little break. And at this time, we're just going to pull out all the ballots and see who won the different prizes. So it will be done at 4 o'clock this afternoon.

I wish you a good day, which will probably be as intense as the previous two.

[00:15:02]

Final Review and Approval: *Erin Thiessen, November 13, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 1: Jérémie Miller
Full Day 3 Timestamp: 00:15:59–00:49:45
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So good morning, everyone, to our third marathon day. I'd like to thank everyone for their patience: the online viewers, the audience, the team, the commissioners, the lawyers and the technicians. So if you'll excuse me, I'm going to present myself for the third time, but it's for new people, new viewers who don't know us.

My name is Konstantinos Merakos. I'm a lawyer in Canada with Bergman & Associates. And just a little bit about us to explain why we're here: In 2020 and 2021our firm, Bergman & Associates, on behalf of federal public service employees, took the federal government to court for having violated its employees' constitutional rights—rights under the Charter of Rights and Freedoms—and human rights, on grounds of the choice of bodily integrity, medical choice, and the right to privacy.

I'd like to congratulate the Inquiry first, for having offered its professionalism, for having offered a level of transparency and willingness to listen and learn among citizens, and for having an exchange that is respectful and conducted with honour among people. All this is extremely important for a free and democratic society, especially in today's world. I'd also like to congratulate you because there have been many testimonies so far from different people with different experiences, different cultures, and different backgrounds.

Today we have testimony from another unique perspective. I'd like to welcome Jérémie Miller, who is with us in person today. Hello, Jérémie.

Jérémie Miller
Hello.

Konstantinos Merakos
Do you prefer Jérémie or Monsieur Miller?

Jérémie Miller
It doesn't matter.

Konstantinos Merakos
It doesn't matter, okay. We'll say Jérémie, as we would among friends. Okay. I hope it'll be easier for you, for your testimony. I want you to be calm, don't worry. If you need a minute, don't hesitate to ask. I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say, "I do" or "I solemnly swear."

Jérémie Miller
I solemnly affirm.

Konstantinos Merakos
Excellent. Your name, please, and would you spell it?

Jérémie Miller
Jérémie Miller. J-E-R-E-M-I-E M-I-L-L-E-R.

Konstantinos Merakos
Okay. So Jérémie, let's start at the beginning of the story, around the vaccination. According to you, it was from that day onwards that you started to have questions. So go ahead.

Jérémie Miller
Yes, well, I'd had questions even before the vaccination but when it came time to decide whether I was going to get vaccinated—so we're talking about the end of May, the beginning of June in 2021—my wife and I were talking. And I said to her, "Well, listen, I don't really mind getting vaccinated. I don't see the importance of getting vaccinated, but I don't mind. I just don't think mass vaccination will ultimately have much effect on the continuation of the pandemic."

I was basing my opinion on the statistics available from Israel, which had a much higher vaccination rate at the time. And I won't go into the details, but I told her, "In six months' time, we'll be back to square one even if we have mass vaccinations." And indeed, three, four months later, the Delta variant arrived; about six months later, there was Omicron. Seven months later, in Quebec, we had serial closures around the holiday season in 2021 and even a second curfew.

My decision to take the vaccine was, in fact, because I was strongly against compulsory vaccination. I could see that this was what was coming, and I wanted to be able to speak from a position that would be accepted by the people around me, and not be categorized as a "whacko" who believes that vaccination is dangerous or bad or whatever. And at that time, people weren't listening at all to what I had to say.

[00:05:00]

That was really the only reason I wanted to be vaccinated, so "I'm going to get vaccinated." The first dose I got—

Konstantinos Merakos
How did it go after the first dose?

Jérémie Miller
After the first dose—in fact, 24 hours later—I was in the office working quietly when suddenly, I began to have difficulty breathing. I had a pain in my chest. It lasted about two to three hours, so it wasn't very long. It was long enough to be worrisome, but I didn't go straight to hospital because eventually it passed on its own.

Konstantinos Merakos
Excuse me, how long after?

Jérémie Miller
Twenty-four hours after the first dose.

Konstantinos Merakos
Twenty-four hours later. Thank you.

Jérémie Miller
And I didn't think about it again until the next dose—the second dose—which was a month later. And I arrived to get vaccinated and the nurses looked at me, and there were four or five nurses around me saying, "No, you should see a doctor before you have your second dose. With the side effects you had from the first dose, it could actually be quite serious."

At that point, I made an appointment to see a family doctor. My question at the time was, "What's the risk of taking the second dose in my situation, given that I had these effects with the first dose?" And we know that it can be up to ten times more serious after the second dose. So I wanted a rough idea: "What are the risks? Have you seen other cases like this? And how should I proceed with this?" The doctor's response to this question was, "Well, there are more benefits than side effects or problems with vaccination." And I wasn't really satisfied with that. I'm a safety officer. I work in risk management. My question was to determine the level of risk, not to determine whether there are more benefits than side effects in the general population; it was in my personal situation.

Then I heard stories of two other contacts—not close friends but contacts—who were also told by their doctor, or by certain doctors, that they should receive the COVID vaccine, even though in one case she'd been told for a decade not to take any more vaccinations because she'd had an autoimmune disease triggered by another vaccination that I can't recall. Then the second friend: this woman tended to have a lot of thrombosis and a doctor told her to take this vaccine anyway. She took it and of course she suffered from thrombosis as a result.

Konstantinos Merakos
So there were concerns. You went to the doctor looking for an answer because you were open, but you wanted to balance the risks and benefits. And in your opinion, were you satisfied that you'd been given free and informed consent, that you'd been given all the information, and that you could say, "Well, I got the answer I wanted: clear, neat and precise"?

Jérémie Miller
In fact, no. The answer I got was more or less the public health message. It wasn't an informed medical opinion on my situation based on my medical history, which is what I was really trying to get. It was just a very generic message, and I decided not to have the second dose because of that.

Konstantinos Merakos
Allow me to interrupt you. You mentioned history; Do you have a pre-existing history of problems here at this level [gestures targeting the heart and lungs]?

Jérémie Miller
No, actually, it's more the case history of the first dose.

Konstantinos Merakos
Okay, but in general—

Jérémie Miller
In general, no, I didn't have any problems. But I did know that I was in the population most at risk of heart problems following vaccination because I'm a relatively healthy young man. I already had this information before I went for the vaccination, after the effects of the first dose. But I wanted a clearer answer.

Konstantinos Merakos
What do you think were the effects for a young, healthy man? What do you think the risks are? What would your doctor have told you, for example?

Jérémie Miller
Well, I knew there were risks; it wasn't the doctor who told me about them: risks of pericarditis, myocarditis, among other risks for young men. And even my wife met a perfectly healthy young man in his early twenties who, for several months after his vaccination, couldn't even walk a long distance because he had heart problems. So I wasn't prepared to put that on the line.

Konstantinos Merakos
One last question before the next topic: Is this doctor a family doctor you've had for a long time, or is it someone you found because you previously didn't have a family doctor?

Jérémie Miller
It was a family doctor who was replacing my family doctor who was on leave, but even then, I'd only seen my family doctor once.

Konstantinos Merakos
Okay. Even then, there was something missing.

Jérémie Miller
Yes, I didn't have a relationship with that doctor.

Konstantinos Merakos
Okay. So the next step is for you to talk about your social experiences with the health measures in general.

Jérémie Miller
Yes, more broadly. I work in the aviation industry, so from the first days of the state of emergency, I lost my job within the first two weeks.

[00:10:00]

Then for six months, it was impossible to find another job. I was too qualified for unskilled jobs; they knew it was dangerous to hire me because I'd leave if other opportunities opened up in aviation. So I lost my job for six months. I got through it relatively well financially because I didn't have many expenses, but it's clear that my financial situation right now is much worse than it would have been if I'd kept that job and worked those six months. I wouldn't be in the same place at all in my life right now.

Konstantinos Merakos
And Jérémie, do you have a family? Do you have any children?

Jérémie Miller
I have gotten married and had children, but that was later.

Konstantinos Merakos
Okay. Excellent.

Jérémie Miller
As for the vaccine passport, well, I couldn't get one. I'd had only one dose. What I found most damaging wasn't necessarily not being allowed to go to certain places—although to me that seemed unjustified on the part of the government, and very questionable to say the least—but it was above all the message coming from the government, the message we were getting from everyone around us, saying, "It's your fault we're still in a pandemic; it's the fault of the unvaccinated."

In fact, since the first wave, the government has been looking for scapegoats. So at first it was the spring break, which was earlier in Quebec than elsewhere, that made the situation worse in Quebec. Then it was the fault of the "covidiots." Then after mass vaccination, it was the fault of the unvaccinated.

And when I'd talk about my particular situation, a lot of people would say, "Oh yeah, you're different," but I'm no different. People don't get vaccinated for many reasons. Some of them are really valid. And in implementing these requirements on a large scale, the government completely forgot about this impact: that there were people who had valid reasons, who were just completely forgotten in all of this, and who then suffered the consequences for something that was beyond their control.

Konstantinos Merakos
Some had medical exemptions, religious exemptions.

Jérémie Miller
Personally, I had to be vaccinated because I worked in the aviation industry. I managed to get a vaccination exemption, not for medical reasons because I didn't have a precise diagnosis—I went to the doctor too late and I would have had to go straight away when I developed symptoms. But I managed to get it for religious reasons.

In fact, it's a conscientious objection because at the federal level, the religious exemption is also a conscientious exemption. I was against compulsory vaccination; and I submitted this request for exemption, which was accepted because—among other things—the general manager of my company, the owner of the company, and several other people in the company were also against compulsory vaccination and were not vaccinated either. And the airport manager had no interest in playing police officer when it came to vaccinating employees at her airport.

So at that time, we had these exemptions that were authorized quite easily, but I know that's not the case for everyone. I know I fell in with a company that accepted this kind of thing. It isn't the case for everyone.

Konstantinos Merakos
Yes, so here we could talk about exemptions based on freedom of religion, for example. So you offer an interesting perspective because in society, there are different cultures and there are different religions. And I imagine that for some people who don't frequent religious venues, they haven't had the experience of what happened, whether it be in a church, a mosque, a synagogue. So if you like, can you talk about what happened in the religious sphere?

Jérémie Miller
So in fact, at the religious level it's an interesting question. Because the right to practice one's faith is a right that is protected by the Constitution with good reason, because someone who isn't religious himself doesn't have many conceptual tools to understand the religious phenomenon. And so there is constitutional protection to ensure that these values, which are central to the lives of believers, are protected from a government that might override certain elements that are important to someone who is religious.

What I found deplorable was that we had a government that is secular—that wants to be secular, that seeks to be secular, to be perceived as secular—that is generally also made up of atheists and agnostics at about probably the same ratio as the general population.

[00:15:00]

They were the ones who assumed the right to decide whether the Church was essential or not, even though they didn't necessarily have the requisite religious knowledge to have an enlightened perspective on the matter. They went so far as to decide where, when, how, why we could practise our faith—and even beyond that, who could practice their faith—at the outset. They did it by limiting the number of people in places of worship, which was problematic enough: in the churches I attended, we were obligated to hold two different services and to split the church in two, which is unheard of in a liberal democratic society. And then, by eventually imposing the vaccine passport, which is absolutely immoral from a theological point of view.

The government has no place deciding who has the right to come to church. And church leaders were put in a position where they were forced to say to believers, to the faithful who had been in their church for decades, "No, you—you don't have the right to come in." There are many churches that decided to simply close and wait it out. Unfortunately, there are a few churches that decided to implement it. The church I grew up in—it's no longer the church I attend—decided to implement it. It led to a division in the church that is still present.

So the government, by interfering where it had neither the knowledge nor the right from a constitutional point of view, has caused damage that is potentially irreparable. They've inflicted it on families, but they've also inflicted it on religious families—on families of faith—and I find that irresponsible. Irresponsible.

Konstantinos Merakos
Which means that in your opinion, according to the government's statements and actions, there's a division not only in the church or religious center, but in society as a whole. Would you agree that this would constitute a "divide and conquer" in society? What was your understanding of why the government was using such a divisive tactic in society?

Jérémie Miller
I think it's mostly ignorance. I think it's ignorance, among other things you know. Because, well— Between the curfew issue that would not have impacted the homeless in Montreal and the Prime Minister saying, "Ah, there are plenty of resources for all the homeless," that just demonstrated an ignorance of certain segments of society. It's because they were too small a group—just the executives—to be making all the decisions unilaterally as a crisis unit—even smaller than just the executives. I think that it's the same reason at the religious level too: it was just ignorance of the religious reality. That's how I understand it. I don't think it was deliberate.

Konstantinos Merakos
Okay, excellent. Jérémie, do you have one last thing to add, something you'd like to say to the world here right now, or to our viewers?

Jérémie Miller
Well, there was only one subject I would have liked to cover, but I don't have the time.

Konstantinos Merakos
Go ahead in one sentence.

Jérémie Miller
As a safety officer in an airline company, I work in risk management and emergency measures management. And there are some really basic, conceptual elements that I have some really serious questions about in terms of how the pandemic was managed at the governmental level, mainly in terms of assessing the effects of the health measures and the long-term effects of the measures that were put in place: something that the government to this day systematically refuses to do at all levels of government. They don't want to hold investigations that question their decisions, either at the parliamentary level or even at the civil level—even though that's the basis of risk management: you want to learn from the past to prepare for the future. Governments systematically refuse and that, to me, is incomprehensible.

Konstantinos Merakos
Okay. So last comment: in your opinion, because you work in risk management, could things have been done better over the last three years? Would you agree that the approach could have been more humane?

Jérémie Miller
Well, first I think that the risk analysis of the health measures was botched and not well explained, and secondly that the analysis of long-term effects was not carried out. There was a refusal to do so and that's inexcusable. It's really inexcusable.

Konstantinos Merakos
Okay. Thank you, Jérémie. I'll now open the floor to questions from the commissioners. Go ahead.

Jérémie Miller
[In English] I can take questions in English also.

Commissioner Massie
But we will start in French.

Jérémie Miller
Excellent.

Commissioner Massie
First of all, I'd like to thank you, Monsieur Miller, for your testimony.

[00:20:00]

I have to admit, I was very impressed by the depth of your reflection and the range of elements you covered in terms of the dimensions of the health crisis; it is not just societal, but has a spiritual dimension that you brought into the discussion which is very interesting. In fact, when I closed my eyes, I wondered whether I was dealing with a young man or a very wise, mature man. And I have to admit that when I opened my eyes, I was always surprised, every time, to hear you. It's very refreshing to see young people like you expressing themselves so well and taking a stand.

I'd like to ask you a few questions about the various aspects you've covered. The first is about your approach. You mentioned that you carried out relatively rigorous analyses; and since you're in risk management, I think you have the mental framework to carry out analyses that will lead you to draw certain conclusions. And based on these analyses, you concluded that, in your case, vaccination was not indicated. But you decided to vaccinate anyway. I understand that where you worked, it was strongly recommended even if it wasn't yet compulsory at the time you decided to be vaccinated. Is this the case?

Jérémie Miller
Well, actually, there were a lot of dissenting voices at work even so. But more generally it was within society that made me—

Commissioner Massie
Within society.

Jérémie Miller
Within society in general.

Commissioner Massie
And your position was to say, "I'm not ideologically opposed to vaccination, but in this case, I want to express my opposition. I want to show that I'm not ideologically opposed by getting vaccinated." If I've understood you correctly, that's what you did?

Jérémie Miller
Well in today's world, image is more important than content. It's the reality of the matter and that's very unfortunate. But I knew that image. If I wasn't vaccinated, people would say, "Ah, but that's because you're just thinking about yourself, you just want your own freedoms and you don't want care about the rest of society." There are a lot of people I knew who weren't vaccinated. They were the most supportive people I've known, who gave a lot of their time to society. It wasn't a question of that at all. In fact, I wanted to get that image completely out of the way so I could speak out against compulsory vaccination. Because that's really what I found problematic. I knew it was coming too.

Commissioner Massie
So in the sequence of events, when you go back to get the second dose, what I understand is that you had a conversation with the people who were there to vaccinate; and in the course of that conversation you told them that you had had some adverse effects and that worried

you. What did they say when they advised you: "Well, maybe, in your case, it would be a good idea to seek consultation before getting the vaccine"? From all the testimonies we've heard to date in the Inquiry, it's very rare that people who have been confronted with these situations have had this kind of advice.

Could you tell me a little more about the kind of conversation you had at the time when you were advised to see a doctor?

Jérémie Miller
Yes. In fact, when I went to get my second dose, I just wanted to get it over with and move on. So when the nurse stopped me and said, "Wait, I'm going to see my superiors"—they were other nurses but they were in charge of the vaccination center, which was pretty big—I was more concerned about it because I'd never made the connection to myocarditis or pericarditis either. In fact, the thing that really struck me was that I had a metallic taste in my mouth. I thought it was strange, and so I researched it, but I didn't find anything about myocarditis or pericarditis. But when she told me, I questioned myself a bit more: "Ah, okay, maybe it's more serious than I thought."

And then there were four or five nurses, including those in charge of the vaccination site, who said, "No, that really doesn't sound good, and we don't feel comfortable giving it to you before getting a doctor's opinion." Because they didn't want anything to happen at that time and to have to deal with a serious situation. They wanted to make sure they had a doctor's opinion because they weren't able to assess the risk at that level.

Commissioner Massie
So what you experienced was a clear indication that this kind of questioning could be done in the vaccination centres, even if many people told us that they were vaccinated without being asked many questions?

[00:25:00]

Jérémie Miller
Well for the first dose, there weren't many questions; they were very generic. I'm in good health, I've never had any problems, so I was cleared to get vaccinated as a matter of course. For the second vaccination you had to go through another nurse who asked you what your side effects were from the first dose, so that's when it was caught. What I found deplorable was that the nurses seemed much more worried than the doctor. As for the doctor, it seemed to be absolutely nothing because he didn't examine me for another month.

Commissioner Massie
Finally, my other question concerns what I would call your conscientious objection to compulsory vaccination which, according to your analyses, you found to be unsupported, and also the element of social discrimination that this implies. And you made a comment that I find quite rare in people of your age, which was: "How can a society run by people who, for the most part, are non-believers or agnostics understand what religious practice means for people who practise religion?"

And when you made this comment, I was reminded of a phrase by [Alexis de] Tocqueville who wrote extensively on democracy. He said that in a democracy, firewalls or institutions have to be put in place to protect minorities from the tyranny of the majority. Isn't this what we experienced in this lockdown, particularly in terms of religious practice? As I travelled across Canada, I sensed that in other parts of the country, religious practice was, perhaps, more frequent than in Quebec. In Quebec, it seems to me that religious practice is rather low compared to the rest of Canada.

Jérémie Miller
Well, that's one of the reasons I wanted to talk about it: because in Quebec, there are fewer of us. Well, historically, there are reasons for that too.

And what I deplore is the fact that—if we go back to March 2020—we see that at the start of the crisis, it was as if the government had touched a "panic" button. And all of a sudden, there were no more safeguards. All the institutions that were in place to protect minorities were completely sidelined in favor of a crisis unit run by a tiny group of people with a very, very, very limited perspective that would not allow the justifiable protection of minorities. As we've seen from a number of health measures, this had a disproportionate impact on marginal populations: the poorest, the most religious, and so on.

And for me, that's inexcusable because we have parliamentary institutions for a reason. But it's as if we had a government that—because it was quicker and simpler—just decided to say, "No, we'll put that aside and go ahead pragmatically." This goes against the very basis of a liberal democracy. I was already of this opinion long before the vaccination campaign, and it's one of the factors that informed my decision in this respect.

Commissioner Massie
My last question concerns the question put to you by Monsieur Konstantinos: What is your position on what happened during the crisis and on what we currently face? And I think that your attitude towards this is relatively Christian or benevolent, in the sense that your main explanation is ignorance, which is a perfectly plausible explanation. But with the accumulation of all the information available, how far can ignorance be pleaded today?

Jérémie Miller
I have already said what I could be confident in saying. And further, in a society where there's no longer any trust in our fellow man, dialogue actually becomes impossible. That's part of our Judeo-Christian heritage. I think you need to have at least an inkling of the good faith of people who are of a contrary opinion in order to be able to work together constructively.

[00:30:00]

And this is another reason that I wanted to speak publicly. Because in my opinion, everything I said during the pandemic privately to the people around me— I think it is important in a democracy that it's said, that it's heard, so that we can work constructively. I don't think it's constructive or useful in the long term to simply repudiate the institutions that are in place. It's important to reaffirm their foundation and solidify the foundations that have been shaken, I believe, by ignorance; some might say by malfeasance but I'd only go so far as to say by ignorance.

Commissioner Massie
Thank you very much for your testimony.

[In English] Any questions, Ken?

Commissioner Drysdale
[In English] Good morning. In your testimony, you talked about government messaging that seemed to target—or not tolerate—the unvaxxed. And my question is: How did the messaging that you heard from Mr. Trudeau and Mr. Legault make you feel?

Jérémie Miller
Okay. In my testimony, I spoke about the messages from the governments. And the question is how I felt about the way Monsieur Trudeau and Monsieur Legault communicated with the public. I felt a lack of respect, a lack of listening, which was surprising at first. But eventually, after two-and-a-half years of this kind of situation, you get used to it. But it showed me that there was no possible way to make a government listen to reason when it had decided to distance itself from its parliamentary base, and that there was really no will to listen to the citizens they were supposed to serve at the grassroots level. And that's certainly deplorable.

Konstantinos Merakos
Jérémie, be a little more specific, especially towards the word that the commissioner used: the word 'tolerate,' especially the phrase that it was used in.

Jérémie Miller
[In English] "Do we tolerate these people?" [In French] That question, yes?

Konstantinos Merakos
Yes, just a clarification on exactly that question.

Jérémie Miller
If a prime minister doesn't even tolerate a significant portion of his population, how can we move forward as a country? Really, my reaction as a citizen was to say, "It's impossible to recover from this. Well, it's possible, but it takes a lot of work at the level—"

It doesn't demonstrate the integrity of our Prime Minister or the ability to listen that's necessary for someone in that position in order to move forward as a society together. The language is "exclusionary" [in English]; I'm not sure of the French word.

Konstantinos Merakos
That's perfect, yes.

Jérémie Miller
And these types of comments destroy our society in my opinion.

Konstantinos Merakos
Excellent. So Commissioners, thank you so much for your questions. Jérémie Miller, once again, thank you sincerely for your testimony today. You're a brilliant young man. Thank you very much and we wish you every success in the future. Once again, thank you, thank you.

Jérémie Miller
Thank you.

[00:33:46]

Final Review and Approval: *Erin Thiessen, November 21, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 2: Dr. Jérôme Sainton
Full Day 3 Timestamp: 00:49:50–02:05:58
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Hello. Chantale Collard, lawyer and attorney for the National Citizens Inquiry today, May 13. I see on the screen Dr. Jérôme Sainton. Hello. Dr. Sainton, can you hear me?

Dr. Jérôme Sainton
Hello.

Chantale Collard
Yes, good morning. First of all, on behalf of the Inquiry, I'd like to thank you for agreeing to testify as an expert witness. I'm going to identify you. All you have to do is state your first and last name.

Dr. Jérôme Sainton
My name: Sainton, S-A-I-N-T-O-N; Jerome, J-É-R-Ô-M-E.

Chantale Collard
Okay. We'll now swear you in. Jérôme Sainton, do you affirm to tell the truth, the whole truth and nothing but the truth? Say, "I do."

Dr. Jérôme Sainton
I do.

Chantale Collard
So thank you. Dr. Jérôme Sainton, I'm going to give a brief description of your background and then you can add to it. Then we'll move on to more technical questions, which you'll be

able to answer. So you're very versatile, Dr. Sainton. You were originally trained as a scientist with a degree in agricultural engineering. You also studied computer science and statistics. You then changed direction to study medicine and at the same time epistemological and ethical philosophy. You are currently a general practitioner with your own practice and patients. You are also a bioethicist working in the field of palliative care and, more generally, on the relationship between ethics and technology.

During the COVID period, you were a doctor in the field during the pandemic. You worked for SOS Médecins [SOS Doctors in France], both in the office and in patients' homes. Can you tell us about that period as a doctor in the field?

Dr. Jérôme Sainton
Well, we were perhaps the doctors closest to the wave that was arriving, and so we were confronting the unknown virus with few—or even no—resources. And I was able to measure the extent to which a certain pattern was repeated: namely, that the serious patients who ended up hospitalized or even in critical care were always rather elderly patients who had stayed home alone with no medical consultation and were always on Doliprane [acetaminophen] and no other treatment. That was kind of the recurring theme.

And what was disturbing quite early on—and this may link in with the previous testimony—was that medicine was governed by press releases. This had already been the case before, but it became much more pronounced and acute. Authorities would say: "You have to do it this way, you have to do it that way." And medical deliberation, moral deliberation—which had already been cut back to a mere pittance with the modern functioning of medicine—now disappeared completely. That's a brief summary. It would take a very long time to describe, but this is what I can say were my first impressions of the experience.

Chantale Collard
Thank you. You've done a lot of assessments. You say you did the safety assessment of the Comirnaty vaccine. Can you tell us what that involved?

Dr. Jérôme Sainton
So you may be referring to the fact that—

Chantale Collard
How the risk management plan—

Dr. Jérôme Sainton
This may complement the presentation I just gave.

[00:05:00]

Very early on, things were out of balance and disproportionate to what seemed to be good medical and moral sense. This prompted me to do my own research in conjunction with other colleagues. In medicine, we learn to reread scientific and medical literature, to do our own research, and to read and deconstruct articles to understand them, criticize them, summarize and compare them, and to corroborate sources. And so this was a project that I

undertook very early on. And so if you're talking about Comirnaty, you may be referring to one of the research projects I carried out—

Chantale Collard
Yes.

Dr. Jérôme Sainton
—which I recently published in an international peer-reviewed journal [Exhibit QU-4]. It's about the evaluation of the safety of COVID vaccination by Comirnaty—that's Pfizer's vaccine—in pregnant women.

Chantale Collard
Exactly.

Dr. Jérôme Sainton
This is one of the research projects I've done that I can tell you about.

Chantale Collard
Yes, so how does the manufacturer's risk management plan assess vaccine safety?

Dr. Jérôme Sainton
Yes, that is typically one of the questions I've been working on. I'm going to share my screen with you because I have some slides that may help. There, I think you can see it clearly?

Chantale Collard
Yes.

Dr. Jérôme Sainton
Pfizer's risk management plan for assessing the safety of its product in pregnant women has gone through several versions: nine in all. We're currently on the ninth version. The first version that came out with the vaccine said, "The safety profile of this vaccination is not known in pregnant or breast-feeding women." And they specified that there are pregnant women who might want to be vaccinated and they added: "despite the lack of safety data." Elsewhere in the same document, they stated that it was not known whether vaccinating pregnant women with Pfizer's vaccine could have unexpected adverse effects on the embryo and fetus.

So that's the version that came out with the product. Pregnant women were in fact excluded from the pivotal study: the one that gave marketing authorization. This remained the case for quite some time, until early 2022. And I note that in September 2021, there was a statement came out specifying— Here we are at the end of 2021, so almost a year later, we're still in the same vein—Pfizer still said: "The safety profile is not known." And they specified: "Administering Comirnaty to pregnant women should only be considered if the potential benefits outweigh the potential risks to the mother and fetus." That's stating the

obvious but perhaps they saw fit to put it in writing. And by the way—we can talk about this later—it wasn't really possible to know both the potential benefits and the potential risks, but that's a detail.

It's not until February 2022—you'll see later why this is important—that Pfizer began to change the language in its risk management plan. Pfizer said: "The safety profile is not completely known in pregnant or lactating women. However, 'post-marketing' studies are now available." So Pfizer still admitted its lack of knowledge, but this lack was now partial. That's February 2022. This would be the pivotal month when different recommendations around the world started to change noticeably.

I won't go into it in detail—I explained things well in the article I published. But the post-marketing study spoken of here is methodologically rather a poor study. It was extremely limited and also flawed, and had to be corrected three months after publication. Among other things, it had to be corrected for the fact that, at the outset, the study could be used to claim: "There is no risk of miscarriage." That was precisely the point that had to be corrected three months later: to say that they actually knew nothing of the sort.

[00:10:00]

Well, I won't go into statistical detail. Here is shown memo 94—about the risk management plan—and it refers to a very weak study which was not sufficiently reassuring. But Pfizer remained cautious, saying the safety profile was "not completely known." I'll end on this comment. Not only since February 2022, but since the very beginning—we saw the small variation in 2022—the safety profile is "not completely known." There are terms that have always been used and that you'll still find online today. Meaning that the manufacturer's risk management plan today—the first line I've highlighted, page 93—at one point talks about trials and the fact that pregnant women were excluded from the pivotal study. Why? To avoid its use in a vulnerable population. We're reminded of a fact that has always been known, especially in medicine: pregnant women are a vulnerable population. It's a key word to remember.

Chantale Collard
At risk.

Dr. Jérôme Sainton
The MAH [Market Authorization Holder]—some component of the manufacturer—agrees that monitoring the safety of vaccination in pregnant women is critical. It's something that remains [in place] from beginning to end. In the same vein, they tell us, "It is important to **obtain long-term follow-up on women who may be pregnant or who are of child-bearing age who come to be vaccinated, so that possible negative consequences on pregnancy can be estimated." These are all terms that are still present in the current risk management plan. And finally, from the outset and to the current date, the manufacturer has said: "We anticipate that use during pregnancy will be submitted to the regulatory authorities. We expect that there is likely to be little intentional vaccination of pregnant women." I think this is important to know because—I could elaborate later if you wish— that's not what happened.**

Chantale Collard
Yes, and Dr. Sainton, I'd like to ask you: How has this assessment been integrated by the European and French regulatory agencies?

Dr. Jérôme Sainton
I'll tell you about that in a moment. I'll just mention that Pfizer even planned a clinical trial dedicated to pregnant women. You can see it in version [2.0] of their risk management plan: a study on 4,000 pregnant women in the last trimester of pregnancy. And in February 2022, we learned that since almost all the pregnant women had been vaccinated, the study could not be continued. It ended with results from less than 400 pregnant women and only in the third trimester. And even 4,000 people wasn't going to be a robust enough study to see anything. The strength of a study comes from being able to highlight what's interesting. The pivotal study—the one that provided the authorization—involved 40,000 adults; and even with 40,000 adults, the study wasn't robust enough to show anything interesting. So if ten times the number was insufficient, then starting a study with 4,000 wasn't robust enough. And in the end, they had less than 400 people.

So Pfizer's study of pregnant women—planned from the outset—collapsed. And in any case, it was never of the right size.

To answer your question, how has this risk management plan been integrated by the agencies? Here in Europe, it goes through the European Medicines Agency [EMA]. Well basically, as of the end of December 2020, the European Medicines Agency's online fact sheet read: "Data on the use of Comirnaty during pregnancy are very limited." And that's all they said. They continued by saying: "A decision to vaccinate a pregnant woman should be made in close consultation [with] the healthcare professional after considering the benefits and risks." So it's very cautious.

[00:15:00]

At the end of November 2021, the European Medicines Agency softened its stance and said, "The data are no longer 'very' limited; they are limited." That's the only thing that changes. And from February-March 2022—those pivotal months—that's when the European Medicines Agency said: "Comirnaty can be used during pregnancy." We can see that the European Medicines Agency is much bolder than Pfizer, which remained extremely cautious. As far as the EMA is concerned, from March 2022, it's good to go.

And to answer your question completely: in France we saw a further deterioration in caution. What I'd like to remind you is that whether it's Pfizer or the European Medicines Agency, from February-March 2022 onwards we see a change in narrative. Pfizer remains very cautious. Then, in March 2022, it is the European Medicines Agency that says: "It's all good. Pregnant women can be vaccinated." But in France, our Conseil d'orientation de la stratégie vaccinale [vaccination strategy orientation council] said in April 2021: "All pregnant women must be vaccinated." And then at that point they even said: "Maybe we should wait until the second trimester." I think it's a month later they said: "Even in the first trimester, you're good to go."

And a few months later in France, in July 2021, we had the government's decision in conjunction with what's known as the Haute Autorité de santé [French National Authority for Health]. They decided to make vaccination compulsory for caregivers. And at that time, the Haute Autorité de santé made absolutely no mention of the issue of pregnant women.

And so, implicitly—and this is indeed what happened—pregnant women were obliged to be vaccinated. In this case, it was absolutely compulsory.

Chantale Collard
Obligatory.

Dr. Jérôme Sainton
And that's as early as July 2021. So when you place these dates in relation to what we've seen in risk management by the manufacturer and the European Medicines Agency, there's something shocking; and we really have a progressive deterioration in caution. That's all I can say to answer your question.

Chantale Collard
You've answered the question very well. But do you have any idea what should have been done to properly assess the benefit-risk balance so that this vaccination is only considered when the potential benefits outweigh the potential risks to mother and fetus?

Dr. Jérôme Sainton
Yes, according to the terms in the risk management plan itself. So the answer is yes and no. I also have a few slides related to this question.

Yes and no. In the long term, by definition, no. There's no way of knowing. Firstly, we don't really know if COVID absolutely must be avoided in the long term. But mostly, the new technology— I'd like to remind you that this vaccination isn't just about mRNA. There are many new elements to this vaccination. It's virtually experimental. For one thing, a more conventional product requires at least five years of data, if not ten, to be able to talk about long-term risks. Even more so for this completely new technological configuration. So we can't give a correct assessment of the benefit-risk balance. We just can't.

I can suggest something here. In a pinch, they could have done something to try to properly calibrate a short-term benefit-risk balance. At least, they could have put things in place to know what they were doing in the short term. Let me put it this way. It's a little technical, but I've tried to be clear in this slide, to explain a little how a benefit-risk balance works in medicine and medical research.

I'm simplifying a little— On one side, you have the benefits. What are the benefits? It's the product. It will reduce the risk of a serious event linked to the problem, namely, COVID. In this case, what is the reduction in the risk of a serious event for the mother or child in utero, linked to COVID?

[00:20:00]

And I'm talking about a reduction in absolute risk—it's a little statistician's detail; perhaps we'll have time to talk about it later—and not a reduction in relative risk, which is very sellable, with big figures that say nothing about the real benefit. So absolute risk.

This reduction in true, real, absolute risk is—if you like—one side of the scale: the benefits side (a). And on the other side, the side of risks, is the product—in this case vaccination—which itself may induce a risk of a serious event for the mother or child. Again, it may

induce an absolute risk. We'll call it (b). And then in order to have a favourable benefit-risk balance, the first must be much greater than the second. And I mean far superior. You don't want simply "superior" or "equal," unless you're a utilitarian and you're willing to kill as many people as you save. We need a balance that is substantially in surplus, especially for pregnant women.

I remember a class in which our professor—the chair of pharmacology at the faculty where we were taught medicine—said that he did not even give paracetamol [acetaminophen] to his pregnant wife. So in the case of pregnant women, we normally don't mess around. For pregnant women, the right medication for every illness is childbirth. I'm joking a little, but it's a reminder that for a vulnerable population, Pfizer's terms are fair. We don't treat them the same way we do other populations.

Chantale Collard
Dr. Sainton, I'd like to ask you a quick question. You say that the benefits must far outweigh the risks. We're not talking about 50 per cent plus one here. What percentage are we talking about?

Dr. Jérôme Sainton
Well, that's it. So for our benefits to be well in excess of the risks, we'd first need to have an idea of the benefits. What risks could we reduce? So we first had to properly analyze the risk posed by COVID to pregnant women and small children, and then determine how much that could be reduced by vaccination.

Well, I chose a study; I didn't look for a study that suited me, but I found this one very interesting. This study happened in England, but the official data were based on a study carried out in Scotland, to demonstrate the benefits of vaccination for pregnant women. It was a forward study that followed all pregnant women in Scotland during the ten months of vaccine deployment. They looked at all those who were vaccinated and those who were not. I'll skip the details; everything is explained in detail in my article.

So this study was biased. It was highly questionable and you could reject it. I've explained why but it doesn't matter. I take it with its biases, as less is often more, if you will. Even if it were perfectly accurate—which I don't think it is but I'm really taking the highest possible view of this study—well, at best, it reduced the absolute risk of a serious event linked to COVID in pregnant women and their unborn babies by between 0.01 per cent and 0.001 per cent. So these are really super-low reductions in incidence. Basically, to give you an idea, vaccination may have saved the life of one pregnant woman in those ten months, but this is for an entire country. And even then, we're not sure. I won't go into the statistical details, it doesn't matter. The point is, we're certain about actual things. This study had shown vaccine efficacy, et cetera, but in the end, when you try to see its benefit and measure it, to size it up, it was really very, very, very, very modest. That's the least we can say.

[00:25:00]

With an estimate of risk reduction, we are able to design a trial. It will enable us to establish our short-term benefit-risk balance. I'll skip the calculations; we know how to do them. Mathematically, it's very simple.

We know that to have a 95 per cent chance of detecting an event that occurs at a frequency of 0.01 per cent— Ninety-five per cent is the risk we use in statistical science when we say,

"This is not due to chance. We're measuring something real." It is already very lax. Normally, we have to be more demanding in medicine. But basically, let's accept this. We are very favourable to the vaccine hypothesis. We are not really being very demanding. So to detect a single occurrence of a frequency of the order of 0.01 per cent, we'd need a randomized trial of 60,000 subjects. Well, a trial of 60,000 subjects hasn't been done.

That's what they should have done. And even that wouldn't have been enough because if you detect only one occurrence, that's not enough. You need a few more occurrences to be able to start making statistical tests. So not even 60,000 subjects; you would need more. Yet everything that's been done in randomized trials has been less. I remind you that Pfizer's pivotal study involved 44,000 subjects, and with only that, it was not robust enough to see certain things: the benefit in severe cases; the risk of poor tolerance and of serious adverse effects. Likewise, we were borderline. Our statisticians are obliged to cumulate several studies with Moderna, et cetera, to begin gathering some statistics. So in this case, when Pfizer tells us: "We're going to do a special trial on pregnant women with 4,000 subjects," and at the end they say, "We didn't succeed; we only have 300 pregnant women left"—

Chantale Collard
Very little.

Dr. Jérôme Sainton
That's what we should have done. But to answer your question, even then, we would only have touched on the basis of a short-term benefit-risk balance. Again, that would have given us an idea of the benefit possibly being a little greater than the risk. It would have been modest, but at least we would have had something rigorous. I'm not saying it would have been satisfactory, but at least we would have had something rigorous. So much for answering your question.

Chantale Collard
Dr. Sainton, you've come to talk to us mainly about pregnant women. Have you looked at other specific populations besides pregnant women?

Dr. Jérôme Sainton
Yes, there are two other specific problems with this vaccination, two other specific populations. Pregnant women were a special population that needed to be treated separately and this was not done in practice. There were two other specific populations: children, in which I didn't take much interest; on the other hand, I did take a great deal of interest in the population of COVID convalescents—those who had already had COVID. And today this concerns just about everyone. Well, has it broken through the media filter?

And finally, there was a meta-analysis published in *Lancet*. A meta-analysis is what brings together the analyses of several studies, and in fact allows us to approach a degree of certainty. A few weeks ago, *Lancet* published an article telling us—well, they mainly studied what had happened before the Omicron variant but it gives us a good idea—that convalescence, the fact of having been infected with COVID, protected very well against reinfection. It protected well over time and was at least equivalent to, if not better than, what the vaccine regimen of the time produced. In simple terms, it was two doses before Omicron, three doses after Omicron. I'm simplifying, it's not exactly that. The schedule at the time was two doses.

And so the effectiveness of natural immunity was better. Well, I'm sorry to say, we knew that back in 2021.

[00:30:00]

The first meta-analysis was carried out in 2021 by Mahesh Shenai, with whom I was able to speak, and was published— but not in a journal as prestigious as the *Lancet.* As early as the autumn of 2021, they had shown— Here is a table, but I'm perhaps not going to comment too much, it's a bit technical. But basically, you have this [vertical] line, and what stands out on the right of the line indicates a true difference. Statistically, we can see the difference. In short, natural immunity, compared to vaccination, was always either better or at least equivalent. So this shows that we already knew about the [relationship in 2021].

And here [the second vertical line] is something very interesting. They also looked at whether there was any benefit in vaccinating COVID convalescents. The answer is yes, but with the naked eye, you can't distinguish things; you see, it stands out. You can't see it with the naked eye; you have to actually calculate. This shows that the benefit was in fact weak, modest, an understatement— it was three times nothing.

When we put this in relation to the risks of vaccination, well, obviously, the balance was not *a priori* positive. Addressing vaccine politicians, Shenai and colleagues concluded: "In conclusion, an automatic exemption from vaccination, based on history of infection or serological evidence of immunity, should be urgently considered until the benefit-risk balance is better defined." This call for caution, which seemed to be the most elementary form of rigour, went completely unheeded.

And for the record, I said exactly the same thing myself. And I did a mini-review of the literature at the same time as Shenai and his colleagues—there were dozens of references, which is quite substantial—which I forwarded to the Haute Autorité de santé in France, where I concluded the same: that the most elementary rigour dictated that convalescents should not be systematically vaccinated. It was common sense.

Chantale Collard
That's right.

Dr. Jérôme Sainton
I sent this work to the Haute Autorité de santé: I didn't get a reply. Some colleagues tried again; they asked my permission and I gave it. They took over my work. With a syndicate, they sent this file to each of the Haute Autorité de santé committees in France. There was never any response. Never.

Chantale Collard
No response, never.

Dr. Jérôme Sainton
I sent it in December 2021. I'm still waiting for a reply.

Chantale Collard
You're still waiting for an answer? You still haven't received it?

Dr. Jérôme Sainton
Yes, not even a polite reply. I didn't even get, "We received your mail, it doesn't correspond to our request. Thank you for your participation." No, no, I received nothing.

Chantale Collard
Radio silence.

Dr. Jérôme Sainton
All I got was an acknowledgement of receipt of the registered letter. I don't know if it's like that in Canada, but in France, you can request an acknowledgement of receipt by mail. The post office only replied that receipt acknowledgements had been received, but that's all.

Chantale Collard
Hopefully you'll have an answer very soon, Dr. Sainton. Finally, in conclusion, are you interested in any other aspects of COVID vaccination?

Dr. Jérôme Sainton
Yes, the big project—what I'm presenting to you now—is thousands of hours of work. Something that immediately became apparent as the work progressed was that there were some pretty impressive biases that tended, in all the studies, to systematically overestimate vaccine efficacy. And so this was one of my projects. While the first work I showed you on pregnant women was peer-reviewed and published, this work is more in the pre-publication stage and under review, and I've had excellent feedback on it. It's not published yet; it should be shortly, but the reviewers approve.

[00:35:00]

I'll just give three examples of bias. So what is a bias? In science, a bias is a systematic error. So systematically, we're no longer going to be on target. Systematically, we're going to miss the target. It's not a question of imprecision; you can be very precise. It's like rifle shooting. If you're very precise in all your shots but you're off target, being precise won't help in the slightest. If you have a bias, there's a systematic error, and you don't hit the target. This is more serious than the problem of imprecision. A first problem is a bias that can be called extra-methodological—a colleague, Michel Cucchi, on the Independent Scientific Council in France has done a lot of work on this—an example being that all publications over the last three years, with the exception of Mahesh Shenai, have only communicated relative efficacy instead of absolute efficacy.

So it's hard to explain what this means in statistical terms. To imperfectly illustrate the difference between relative and absolute efficacy, relative efficacy is a little like testing the strength of a bicycle helmet at the factory: you measure its strength, but absolute efficacy is a little like its usefulness in the real world. And the problem with the pharmaceutical industry in general—which was already too biased beforehand but was always biased during the COVID crisis—calculates the strength of the helmet at the factory and says, "Oh, everyone must wear it, even those who don't ride a bike." That's the bias from talking only

about relative risk reduction rather than absolute risk reduction. It's about making even non-bikers wear helmets. That's the problem.

And what's rather embarrassing in this story is that ten years ago, the FDA, the Food and Drug Administration, had clearly written in black and white ten points identified for improvement for studies in the general area of evidence-based medicine, particularly when it came to establishing risks and benefits. We're right on topic. The FDA had ten priority points for researchers to consider. The first, which I haven't included here, was to put a cost on things. That goes without saying. The second priority was to stop communicating only relative efficacies but also to communicate absolute efficacies. Because they said—and they wrote it down in black and white—that patients are "unduly influenced" when risk information is presented only in terms of relative efficacy or relative risk.

But in fact, as we can see from the FDA document, it's not just patients, it's prescribers too. Studies have been carried out on doctors showing that if doctors are only given terms of relative efficacy, we tend to prescribe all the time. If reports are substantially adjusted by absolute efficacy, we won't have the same enthusiasm to prescribe. And I get the impression that the [regulators] didn't follow their own recommendations when they did their job. That's the first bias. It's fundamental; it alone can change everything. Now that's a bias; in fact, it's enough all on its own to change everything.

[00:40:00]

The second bias is a multiple bias. There are several types of methodological biases involved. Here, I've expressed vaccine efficacy in terms of relative efficacy; so the *y*-axis is relative efficacy, and the *x*-axis is time. Well, look at what vaccine efficacy does, in blue. And in general—if you can see my mouse pointer—it's almost always been identified there, especially at the beginning. It is always identified here. It's very rare that it's been identified before [in pink]. It's almost never identified within two, three, four weeks after the first injection, and never within the first week or two after the second injection. The same goes for after the third, et cetera.

And it's very rare to see efficacy beyond four months—five, six months at most—after injection [in pink]. But more and more studies are showing that, in fact, in the very first weeks after injection, efficacy is not only very mediocre, it's even negative. We now have enough studies to think that this is not just a coincidence. And just after vaccination, we have several studies showing negative vaccine efficacy. This means that vaccinated people are more likely to become infected than non-vaccinated people during, say, the first two weeks after the first injection, for example. This was particularly the case with Omicron.

There's undoubtedly an immune imprinting phenomenon, even if there are other possibilities behind it. Immune imprinting, in fact, means that the vaccine has targeted the peak protein of the Wuhan variant, but Omicron had deviated so much, evaded so much, that the immunity acquired by vaccination of the actual Wuhan variant lost its footing against Omicron, to such an extent that it can even facilitate infection. So there you have it. Here again, we're in an area where it could be that the vaccinated infect more, and therefore transmit more, than the unvaccinated.

In green, I've shown you what the effectiveness of natural immunity would look like. All this is a schematic. I don't claim that the scales are perfect. It's just to give you an idea.

Chantale Collard
It presents the idea well.

Dr. Jérôme Sainton
That's it.

Chantale Collard
So we understand that people who have been vaccinated are more likely to transmit the disease—contrary to what we were told, which is that this was an epidemic of the unvaccinated. You've just demonstrated this, Dr. Sainton.

Dr. Jérôme Sainton
Absolutely. So for many reasons, we can't prove it one way or the other. On the one hand, the question of transmission is very complex—much more complex than just knowing whether you're infected or not, that sort of thing. It's more methodologically complex to set up. The second thing is that I'm speaking in the conditional tense because we have several studies which can be summarized in this diagram; we must remain cautious. But if in fact it were confirmed then we have vaccinated people who, at the start of their vaccination period, served to cause the epidemic's explosion rather than its containment.

Chantale Collard
That's what we're seeing.

Dr. Jérôme Sainton
And when the Delta variant appeared in India, for example, we know that it exploded at the same time as the vaccination campaign was launched. And everyone said, "Oh yes, but that's because those who have been vaccinated have risky behaviours. They've just been vaccinated, so they have risky behaviors." That's not an acceptable justification, especially since there are studies showing that— In fact, it was found when we reworked the raw data from the Pfizer and Moderna double-blind trials. I'd like to know how—in the Pfizer and Moderna trials—risky behavior was observed after the injection but not when the placebo was given. Anyway, no. If ever this were to be confirmed—and there's a growing body of evidence to support this—we may well have had epidemics of the vaccinated. It's entirely possible.

Chantale Collard
Listen, Dr. Jérôme Sainton, thank you very much. There will probably be questions from the commissioners, so please remain at their disposal.

[00:45:00]

Commissioner Massie
Thank you very much, Dr. Sainton, for your overview of an analysis that is quite complex if we want to understand the phenomena. Unfortunately, we can't measure everything. I'd like to come back to the studies from 2021, where there were indications—actually, where we were trying to determine whether there was a benefit to be gained from vaccination,

either for people who were not cured, not convalescing from COVID, or for people who were convalescing. And as you mentioned, these studies—the meta-analyses—showed that the benefits were very slim.

From what you presented in your last diagram, what I think is extremely important is the temporal dimension of those studies. In a meta-analysis, we take data collated in each of the studies. If those analyses were made in the most favourable or the most positive conditions for demonstrating a benefit of vaccination, aren't we precisely in the process of having a very significant methodological bias, which casts many doubts on the conclusions we can draw, from even these meta-analyses?

Dr. Jérôme Sainton
Absolutely. However, this is mitigated by the fact that, fortunately, some studies have gone beyond four or six months. And so these studies, as they appear in the meta-analyses, will be expressed. But as they are few in number, there will be a certain imprecision in the later temporal window. And so in particular, this decline in vaccine efficacy may appear, but with such a problem of precision that we can't allow ourselves to draw a definite conclusion. I don't know if I've answered the question.

Commissioner Massie
Yes, that's a very good answer.

Dr. Jérôme Sainton
Yes, of course, by selecting small windows each time, we bias the measurements. We're more interested in taking photographs that suit the situation rather than tracking them with a time-lapse camera. But this bias is tempered by the fact that, since there have been sufficiently long studies, the data will appear—but with too little precision because there won't be enough studies measuring things over the long term.

Commissioner Massie
Finally, my other question concerns: in so-called real-life analyses of the claimed efficacy of gene injections, when we try to compile the benefit, we're always somewhat confronted with the problem of following up—to say the least—an approximation of the benefits we can measure. We tend rather to rely on indicators such as: "What type of antibodies can I measure?" and "When I take booster doses, will more antibodies give me the benefit I hope to obtain from vaccination?" However, we know that it's not just the quantity of antibodies, but also the quality—the kind of antibodies generated by these booster doses—that can ultimately affect the profile of protection we hope to obtain from vaccination.

And you mentioned that in the Omicron phase—and with all the booster doses that were recommended based on meta-analyses that suggest a benefit of protection—there was this somewhat vague notion of hybrid immunity that I'd never heard of before COVID. Regarding the type of antibodies, there are studies which show that repeated doses generate antibodies such as the IgG4 type [immunoglobulin type G4], which are not very beneficial and are known to induce what we might call tolerance when we want to, for example, reduce allergic reactions.

[00:50:00]

Doesn't this phenomenon practically nullify the validity of measuring antibodies or antibody types in booster doses? Which gives us the illusion that we could have protection when in fact this protection wouldn't really be based on solid data showing that the antibodies or antibody types, which increase following vaccination, will indeed be beneficial? For the time being at least, this is mainly what is being used as a marker, if you like, for potential vaccine efficacy in booster doses.

So this approach is focused solely on antibodies. We don't look at cellular immunity; there are lots of things we don't measure. To what extent is this also an additional bias in these analyses?

Dr. Jérôme Sainton
Of course. I've only shown you a few biases, and I'm not going to answer your question as an immunologist: I'm not one. Already, IgG4-induced tolerance is one of the possible explanations for the negative vaccine efficacy I've shown you. There isn't only immune imprinting. There are other phenomena. That one is probable. But to answer your question, yes, very little has been done to distinguish between the quantity and quality of antibodies. Very little has been done to correlate antibody measurements with what would be measured in the field. So it's all very well to have antibody figures, but is there a clinical interpretation?

We've talked almost exclusively about antibodies, but immunity isn't just about antibodies: immunity is much broader than that. For acquired immunity alone, it requires consideration of cellular immunity and of passive immunity; in short, it's much broader. And finally, to go even further, you talk about indicators, but perhaps my colleague from the CSI [Conseil Scientifique Indépendant], Pierre Chaillot, told you about this. We've also worked with antibodies to measure vaccine efficacy by measuring indicators of hospitalization, intensive care unit occupancy, beds, and so on.

All this can be summed up by the disease of modelling. Whether it's for public health or even immunology, it's clear that a model is much more comfortable because you have complete control over things. The problem is that the model isn't reality—and the gap between the model and reality is a problem we've known about for years. It's really a phenomenon of our time which could be covered in philosophy more than anything else, in the philosophy of science. But during COVID management, we reached the acme through using only indicators, only modelling, and a decoupling from reality.

Immunity has been reduced to humoral immunity, which has been reduced to antibodies, which has been reduced to titration, and without ever considering what this means in the field. As a small example—and this ties in with COVID convalescents—we have a study **which looked at COVID convalescents in whom no antibodies were found. It turns out their cellular immunity was so robust that they were nevertheless very well protected against reinfections of COVID. It's a detail, but shows the problem of decoupling the model from the reality. But of course, it's much easier to manipulate indicators and models. We are in a bit of an omnipotent state: if we're careless or clumsy, we can do as we please. Because a model will output what we put into it, it will show up in the end result: a model that has no connection to reality.**

Commissioner Massie
I'd like to come back to the question of mass vaccination at a time in the pandemic when more and more people are likely to have had a first infection. So there's a temporal

deployment that can vary from one place to another, and it's very difficult to make comparisons between different countries or geographical areas if the deployment of vaccines or infections isn't done in the same way. In your opinion, would it have been prudent and rigorous to systematically test people for the presence of a previous infection at the time of vaccination?

[00:55:00]

Dr. Jérôme Sainton
Ah yes. For me, that would have been the most elementary rigour. In fact, when faced with the compulsory COVID vaccination of caregivers, some people would say, "Oh, caregivers, they already have other compulsory vaccinations so why don't they want to?" No, the other vaccinations aren't compulsory. They have to provide proof of immunity and, for example, if someone is already immunized against hepatitis B, we're not going to vaccinate him against hepatitis B. Yes, that would have been the most elementary rigour. It would have been the bare minimum of prudence. Yes.

Commissioner Massie
And I'm perhaps going to take you into another area, which is your philosophical and epistemological training, to ask you to propose an explanation for this apparent confusion— or at least this contradiction—in the case of this disease or new virus that has come upon us. We've essentially set aside all the elementary notions we knew about respiratory viruses; non-pharmacological measures; the fact that we're not treating this new disease because it's new; the fact that we're totally discrediting natural immunity.

It's clear that scientifically—at least from my point of view—it doesn't hold water. And yet this mental framework has been used absolutely systematically throughout our Western democracies, for reasons that I find hard to comprehend. Could you speculate, from your more epistemological or philosophical knowledge, why we've ended up in such a surreal situation?

Dr. Jérôme Sainton
So for me, there are two complementary elements. More or less, there is a decision-making sphere and the sphere of the common citizen to whom this is generally applied. In the first sphere, we've arrived at our current era which is, after all, the culmination of modernity. Modernity was founded on a Copernican revolution in our understanding of science. To put it more simply, before Descartes and Galileo, science meant observing and trying to understand reality. Since the start of modern times, we have had the preconception that reality can be mathematically measured. This is super-important, because from then on—and the fathers of modernity saw this plainly, and Descartes already spoke of this very clearly, as did Bacon—when nature is able to be mathematically measured, you'll be able to assert control. And that's what Descartes famously said: we can "render ourselves masters and possessors of nature."

So we're in a state of mind where the scientific spirit has suddenly been confused with the spirit of power. I'm simplifying; I'm not saying that the spirit of power is only modernity, et cetera. I'm simplifying, but we are, after all, the descendants of this technocratic epic. And we've arrived in the present with such great power—we were talking about the power of models and the ease of relying on models—that it's much easier, much more comfortable, and much less tiring for those in decision-making positions to rely on and favour

techniques of control and power. And as Tolkien said would happen, especially in a fallen world where evil and the love of money exist.

We will depend on models and set up tools of control. In other words, we'll manage the pandemic like a computer program: if you get a virus, you apply your antivirus, and then subscribe to that antivirus software.

[01:00:00]

It's much easier and much less costly intellectually, and it's obviously much more profitable and much easier to make money by following this logic.

Philosophically speaking, it's not neutral. And for the average citizen who's going to follow, he's not unharmed by all this. He's grown up in a technocratic society where there is a cult of science. So yes, on a scientific level I agree that what we've been through is absurd, but it's not at all contradictory because of what we might call the technological morality: "Vaccines are scientific," and "Those who don't vaccinate are anti-science," yada yada. It's not a scientific discourse; it's a religious discourse, where science is not quite deified but where technological power has become sacred.

There's an author in France—I don't know if he's well known on the other side of the Atlantic—named Jacques Ellul. He's been ostracized in France but he's made a good study of the technological system. He says, "It is becoming religious." Technology has captured the sacred and science is like a myth. It's the new discourse. So symbolically, there's an image of science on which our rulers have based themselves, and so on. So they are not relying on science itself, but on the representation of science—a religious representation. And those who don't follow are automatically excommunicated. And it's very difficult to set oneself apart from the common morality. Today's common morality is technocratic. Anyone who doesn't accept the alleged technological efficiency, the alleged rigour, is anathema.

So this all comes together quite easily. The evolution of mindsets, the way in which we have philosophically decided to understand the world and our relationship to the world—a relationship of mastery—means that in the end, things fall into place quite easily. So that we arrive at this aporia, if you like, this scientific contradiction. In other words, in the name of science we do something that is completely aberrant scientifically—and with this contempt for nature, for natural immunity, and other things.

And indeed, masks were glued to everyone as if it were natural to live and confront a virus by masking everyone, all the time, as if we had to live with these prostheses.

So there you have it. There's also a bit of a transhumanist perspective behind it, which is simply an extension of the technocratic epic we've been living through for centuries and which has accelerated in recent decades. I don't know if I've answered your question.

Commissioner Massie
Yes, you've answered my question very, very well. I think my colleague Ken would like to ask you a question too.

Commissioner Drysdale
[In English] Thank you very much for your testimony, Doctor. I have a few questions, and I have to rely on my colleague to translate for me.

Commissioner Massie
Ken has a few questions, then I'll do the translation for him.

Commissioner Drysdale
[In English] Being here in Quebec reminds me of how important communication is.

Commissioner Massie
Being here in Quebec reminds me of the importance of communication. Ken doesn't speak French very well.

Commissioner Drysdale
[In English] And I am a professional engineer, so I have training as you do in mathematics.

Commissioner Massie
As a professional engineer, I also have a background in mathematics.

Commissioner Drysdale
[In English] But I find perspective is very important for people who are not engineers and scientists to understand.

Commissioner Massie
But I think that for people who are not scientists or engineers, it's extremely important to have the right perspective.

Commissioner Drysdale
[In English] So when I listen to your presentation concerning risk and risk-benefit analysis—

Commissioner Massie
So when I listen to your presentation, you make a very pertinent analysis of the risk-benefit ratio—

Commissioner Drysdale
[In English] And I understand what something like 0.01 per cent means.

[01:05:00]

That means one in ten thousand.

Commissioner Massie
And I fully understand the figures presented and their relatively modest significance.

Commissioner Drysdale
[In English] And so, my question, again, with regard to perspective is: When you're thinking about risk to pregnant women—

Commissioner Massie
And my question concerning the outlook for pregnant women and the risks that have been analyzed—

Commissioner Drysdale
[In English] We have heard testimony previously that a person in the childbearing range in Canada had a chance of all mortality—of dying for any reason—of about 1 in 3,000 or 4,000.

Commissioner Massie
We heard from several other witnesses at the Inquiry who told us that the risk of a pregnant woman dying from any [cause] was relatively modest, on the order of about 1 in 3,000 or 4,000.

Commissioner Drysdale
[In English] And that same woman's chance of dying from COVID was 1 in 250,000.

Commissioner Massie
And these women's risk [of dying from COVID] was much lower, on the order of 1 in a 250,000.

Commissioner Drysdale
[In English] And in 2020, the risk of a woman dying just because she was pregnant was about 1 in 16,000, I believe. I'm going by memory.

Commissioner Massie
And to die as a result of pregnancy was about 1 in 16,000.

Commissioner Drysdale
[In English] So would you consider speaking in those types of terms to the public? In other words, a person's risk of dying in a certain age group was, say, 1 in 3,000. A person's risk of dying of COVID was 1 in 250,000. And a person's risk of being pregnant and dying from being pregnant was 1 in 16,000.

Commissioner Massie
So to put things in perspective, can you consider that the relative risks range from 1 in 3,000-4,000, 1 in 16,000, or 1 in 250,000 in the case of [women] who are pregnant and can die from COVID? Does this perspective—

Commissioner Drysdale
[In English] My point being that if we communicate to the public that their chance of dying of COVID is a number—whatever that number is—but they don't understand what the everyday risks of death are to them, then they have no ability to evaluate that risk.

Commissioner Massie
So the question is: To what extent do people have the capacity to assess the real risk if we don't put it in perspective or in relation to other risks?

[In English] So your question is—?

Commissioner Drysdale
[In English] I know your report is being submitted to the scientific societies but it's very important, the information that you're bringing forward. And my question is: Would you consider wording some of your information in that way so that the general public can understand the relative risks?

Commissioner Massie
So the question is: Are you ready to present your analyses in a way so that people can understand what they represent in a more concrete way—for people who don't necessarily have the capacity to assess risks in terms of numbers—because they're not generally accustomed to doing this kind of analysis? That's your question.

Dr. Jérôme Sainton
Yes and no. Yes, because I'm going to give an answer, but the no, I'll explain right away. In the work I did on risk assessment in pregnant women, I didn't assess the risk in pregnant women myself. The core of my work was to evaluate the risk assessment carried out by Pfizer, then by the European Medicines Agency, and then by the French authorities. It's not quite the same thing. But incidentally—and I've included it as an appendix to my article—I've given precisely this perspective you're talking about in order to make a proposal.

So I'm not qualified to give a definitive answer but I'll try anyway. Let me remind you that my work has been a critique, a re-reading of the risk assessment [done] first by the manufacturer itself, then by the European Medicines Agency, and also by our supervisory agencies in France. Having said that, I came across a study in Scotland—the prospective study I mentioned earlier—by Stock and his colleagues.

[01:10:00]

And to answer your question, I'll repeat here what I said earlier. Over the ten months following the roll-out of vaccination in Scotland—when pregnant women started to be vaccinated, they started here and then tracked what happened over the ten months. According to this study, which is open to criticism: roughly speaking, there was one

unvaccinated pregnant woman who lost her life to COVID who might not have lost her life if she'd been vaccinated. Out of the whole population of Scotland. I think this is something that can help put things into perspective: in the ten months following the roll-out of vaccination, particularly among pregnant women in Scotland, at the time when the variants were most dangerous—the first variants, Wuhan, Alpha, Delta—out of all the pregnant women in Scotland who could be followed up—that's just about all of them—there was one unvaccinated woman who died of COVID during her pregnancy. And we can perhaps imagine that she would not have died if she had been vaccinated.

I hope this answers your question. It may give you an idea of the low risk they had to be protected from. It's always difficult to put things into layman's terms—and maybe that's not my particular talent either—but there are still a lot of things in biostatistics that need to be put into perspective, such as the size of groups. At that time, there were pregnant women who had been vaccinated and none of them died from COVID during this study. There was one death, an unvaccinated pregnant woman who died from COVID: that is very, very few. That's one person, and we can't even be certain that vaccination would have saved her. We can suspect it from the study, but it is not certain.

Commissioner Drysdale
[In English] That's true, and we don't know whether or not she died with COVID or because of COVID, because of the testing.

Commissioner Massie
It's true. And what's more, given the nature of the tests that have often been used, we can't even know whether that person who died died with COVID or from COVID.

Dr. Jérôme Sainton
Absolutely. And this study was typical of one of the biases. I didn't have time to show you, but one of the biases that can change everything in a study: it's the classification bias linked to vaccination status. For example, vaccinated women between zero and three weeks after their first dose were considered unvaccinated. So who's to say that the unvaccinated woman who died wasn't a woman who caught COVID two weeks after her first dose? It's entirely possible given the size of the study, which makes for a completely biased methodology. We can't rule it out.

Commissioner Drysdale
[In English] Just my one last point— Sorry that there's a bit of a delay in the translation, so sometimes I have to wait for it. With regard to pregnant women, if I understand this correctly, pregnancy takes nine months: It would be possible then for a woman to get a first jab when she first becomes pregnant, a second jab a month later, and then get a booster before she's completed her pregnancy, is it not?

Commissioner Massie
So if I've understood correctly, since pregnancy lasts nine months, theoretically it's possible for a woman to have her first dose at the beginning, a second dose during pregnancy, and even a booster dose before the end of pregnancy?

Dr. Jérôme Sainton
Exactly.

Commissioner Drysdale
[In English] Did you look at any effects of multiple injections to people, pregnant or not?

Commissioner Massie
Have you looked at the effect of multiple injections, whether pregnant or not?

Dr. Jérôme Sainton
No, that's not one of the things I looked at in detail.

Commissioner Drysdale
Thank you, Doctor.

[01:15:00]

Commissioner Massie
Okay. Any further questions, colleagues? No? Okay.

Chantale Collard
So Dr. Jérôme Sainton, your analyses and research speak volumes. And on behalf of the Inquiry, I'd like to thank you very much for appearing before us. Thank you very much.

Dr. Jérôme Sainton
Thank you. And thank you very much, in fact, for allowing me to integrate my work and contribute my mark to a collective work. As researchers and analysts, we often have our shoulder to the grindstone. It's an expression in France. Thank you for integrating this work and connecting it, making links. Thank you very much.

Chantale Collard
Thank you again. We'll now take a ten-minute break before the next testimony.

[01:16:08]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 3: Dr. Michel Chossudovsky
Full Day 3 Timestamp: 02:24:53–03:33:58
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
Hello everyone. My name is Louis Olivier Fontaine. I'm a lawyer and I'm acting today as an attorney for the National Citizens Inquiry. And now for our next witness: we have the privilege of speaking with Professor Michel Chossudovsky. Professor, good morning.

Dr. Michel Chossudovsky
Yes, hello.

Louis Olivier Fontaine
So to begin with a quick formality, I'm going to ask you to identify yourself by stating your first and last names, please.

Dr. Michel Chossudovsky
Michel Chossudovsky.

Louis Olivier Fontaine
Now we're going to take an oath. I'm going to ask you to make a solemn affirmation to tell the truth, the whole truth, and nothing but the truth. Say: "I do."

Dr. Michel Chossudovsky
I do.

Louis Olivier Fontaine
Very well. So I'll start with a short presentation. You can tell me if everything I say is correct. Professor Michel Chossudovsky is an award-winning author of 13 books. He is also Professor Emeritus of Economics at the University of Ottawa. He is founder and director of

the Montreal-based Centre de recherche sur la mondialisation [Centre for Research on Globalization]. He is also editor of *Global Research*. His latest book, available free in PDF format, is titled, *The Worldwide Corona Crisis: Global Coup d'État Against Humanity*. And on the cover, the title continues: *Destroying Civil Society, Engineered Economic Depression*.

So with such a hard-hitting title, Professor, I'm going to ask you to elaborate and explain to us the research that led you to write this book—and to these, as I said, very hard-hitting conclusions. During our preliminary discussion, you proposed to summarize by explaining the four main pillars of the crisis as you see them. So may I suggest that you start your explanations with these four pillars.

Dr. Michel Chossudovsky
I'd like to thank the organizers for this initiative, which is absolutely fundamental. It's also an opportunity to share opinions. I think we need to confront the lies at both the scientific and the political levels. We experience this crisis on an individual level, but we also experience it on a collective and global level because it's a crisis that affects more than 190 countries where measures are being applied simultaneously. And there is a series of lies. I will start with the pandemic.

The PCR [polymerase chain reaction] test was used to measure the incidence of COVID. For the moment, I won't revisit the legitimacy of the PCR test. But I should say that at the starting point, in January 2020—and I've been following this for the last few years—there was a WHO [World Health Organization] initiative supported by the World Economic Forum that was meeting in Davos, also in January. And on January 30, the Director General of the WHO made a historic declaration that we must remember.

[00:05:00]

He declared a global public health emergency of international concern. He gave his press conference: global emergency, 83 cases outside China, which are the COVID-19 cases confirmed by means of PCR.

The PCR is another problem. But 83 cases led to the declaration of a global emergency. This is a lie. This is the beginning of the lie. So here you have the data corresponding, you might say, to this first phase of the pandemic. And a few weeks later, there was a new press conference by the illustrious Director General of the WHO, Dr. Tedros. This was on February 20. What Tedros was saying was that the pandemic was imminent: "The windows are closing." He made a very dramatic speech based on what? On 1,076 positive PCR cases, or positive COVID-19, out of a world population of around 6.4 billion outside China.

Once more, it's an element of falsehood—a conflict of interest—because after his statement, the financial markets collapsed. It's catalogued as the most serious financial crisis in history since 1929. So it's the collapse of the stock markets on a planetary scale based on a fraudulent declaration by the Director General of the World Health Organization, who is also obviously in collusion with Bill Gates and company.

Now just to put it into perspective, it wasn't 1,076 cases: it was 452 cases. Let me explain. If you look at the graph below, you have different categorizations of where these cases are located; and the majority are from people who got sick on the *Diamond Princess* because they were confined to their rooms and then given PCR testing. They were all sick; they were coughing. And anyway, the PCR test doesn't detect the virus. You have to understand that. It's fundamental. The PCR test doesn't detect the virus; it detects genetic sequences.

These genetic sequences can be attributed to other viruses such as other coronaviruses like the common cold, for example, or to seasonal flu. I'll come back to this later, but I should also mention that the PCR test was discontinued by the CDC [Centers for Disease Control] in the U.S. as of December 31, already with warnings saying they [the PCR results] were invalid.

[00:10:00]

Similarly, the WHO didn't withdraw it but said, "If you've applied the PCR test as required with a magnification threshold greater than 35, you must redo the test." And that was a year later, in January 2021. So the two key organizations in this debate were questioning this PCR test. At that time, I was not questioning it because these figures were so ridiculous that we came to the conclusion that there was no pandemic.

I'll proceed to the third [pillar]. So it caused a financial crisis. For those of you who know a bit about economics: when you have foreknowledge of what Tedros is going to say—insider information—when you also have foreknowledge of where you can manipulate information, then you can make billions on the stock market. And that's exactly what happened. I'd now like to turn to the month of March. It was on March 11 that the WHO officially declared the pandemic. Once again, there was a stock market crash—Black Thursday.

There were 44,279 positive cases catalogued as of March 11. These are cumulative cases. In other words, if people are recovering, well, they're no longer active cases, but they represent cumulative cases counting from the start of the crisis in January. And 44,279 cases were catalogued by the WHO to justify draconian measures. In English, this was called lockdown; in French, it's confinement. And this occurred on a planetary scale.

So we have to ask the question: How is it that 190 governments implemented this simultaneously—albeit with intervals—and in such a way as to essentially paralyze their economies? Because when you lock down the workforce and freeze the workplace, what happens? I can ask my first-year students that. With all the workers at home and the workplace frozen, it's obvious: It's a global and social economic crisis that affects the foundations of civil society from one day to the next. And we've experienced it.

And then there's the masking. It's social distancing. We were unable to gather together. We were unable to debate. This decision was based on stupid numbers. These are the numbers. Read carefully what's on the screen now: 125 confirmed cases in Canada on March 9. Is this the basis for declaring a national and global pandemic, accompanied by a campaign of fear and intimidation and draconian measures to paralyze not only the economy, but civil society as a whole?

So as an economist, I'll tell you what my interpretation is because I have several chapters in the book that deal with the economic dimension. But I have to say that I don't know a single one of my colleagues who has examined the issues at stake in this crisis. They said, "Oh no, it was the virus that caused the economic collapse." Frankly, it's very convenient to blame this crisis on the virus, okay? But we must say: the collapse was a product of engineering. And the collapse, the lockdown of the workforce, and the work freeze—we know very well what's going on.

[00:15:00]

First of all, it's bankruptcy processes at the level of production entities, but it's also impoverishment on a planetary scale. I followed this economic and social crisis in several countries. I contacted people in India and China.

In India, lockdown was decreed, while 45 per cent of the urban workforce was made homeless. These were migrant workers from different regions who travel to Delhi, Mumbai, and so on. They were told, "Go back to your villages." They died. There was no transport. Look at the incidences of famine in all parts of the world— not just in the so-called Global South. I tried to document the famines. The data is generally incomplete but what I can say is that this lockdown is an economic and social crisis. And probably the most serious in human history because it was generalized to 190 countries.

It's not necessarily a matter of creditors from the [International] Monetary Fund, for example, interfering and saying, "Ah, you've got to do this, you've got to do that." But look at the economic landscape around you: the fact is that SMEs [small and medium-sized enterprises], restaurants, and stores were going bankrupt, and it's not over. And that's where we come to the next steps. Governments have given handouts, as you say: subsidies for different sectors. This is essentially to silence them and to sustain them during a very complex phase.

But the legitimacy of this pandemic was not even confirmed by the PCR test from the very beginning. So that's 125 cases in Canada on March 9. That's 44,279 cases worldwide for a population outside of China of 6.4 billion. It's the height of ridiculousness.

And then I have to say one thing: the mortality and morbidity figures have been manipulated from the start. This brings me to something that's very important in the Quebec context. This is a directive from the Ministry of Health. Read it carefully. The probable cause of death in Quebec is COVID-19, test or no test; no autopsy allowed. I would like to ask the health workers if this really means anything. This directive was sent out in April 2020 when there were virtually no cases of COVID-19 in Quebec and Canada. Well, if there were any, there was certainly no underlying mortality because— Well, anyway, look at the WHO definition of COVID-19: it's something similar to the seasonal flu—they're the ones who say this—and there can be complications for a certain percentage [of the population], on the order of 10 to 20 per cent.

[00:20:00]

But anyway, they say probable cause of death—you don't die from COVID-19; you die from the vaccine, yes—but probable cause of death is COVID-19, test or no test, no autopsy allowed. That's a tad bit of a governmental diagnosis, François Legault. But for now, I'll proceed to the Canadian press's interpretation.

I believe that this date came just one week after the government directive was issued. And then overnight, at the beginning of April, 44.9 per cent of deaths in Quebec were attributed to COVID-19! The leading cause of death in Quebec: COVID-19! Look at the graph. I think it was *La Presse* that published it. They didn't even ask themselves where this kind of analysis came from. And nobody saw that it was a lie, but it is the pinnacle of lies: 44.9 per cent when in reality, just a few weeks earlier, there were practically no cases. We're not talking here about recorded deaths in Quebec or in Canada.

So that's the beginning of this fundamental crisis affecting us. And I conclude that there has never been a pandemic. And those people who refer to the virus should ask themselves: the PCR test doesn't detect viruses—especially if you do it at a magnification threshold of 35, at

which point you see absolutely nothing—and the results of this PCR test are invalid, and this is recognized at the official level by the WHO and the CDC.

But there's another element. Initially, it was called 2019-nCoV. That's right, the name of the virus was 2019-nCoV which, it turns out, is exactly the same name that was used in the [Event] 201 simulation that was held in October, which included participants from intelligence services, health executives, virologists, et cetera. And they ran a simulation of a pandemic two/three months before the actual event. And by the way, many people were at that Event 201, including the director of China's CDC, George Gao Fu.

Well, firstly, it's called 2019 nCoV—the "n" stands for "new coronavirus"—and later, it was changed to SARS-CoV-2. The name of the virus changed completely. Where did this SARS-CoV-2 come from? Has anyone asked? But I'll tell you— And it invalidates virtually every statement made by the governments from the start.

SARS-CoV-2 is modelled on the SARS virus of 2003.

[00:25:00]

And the Berlin Institute of Virology, which was commissioned by the Gates Foundation, recommended this to the WHO and it was done. The WHO declared, "We haven't isolated the new virus, but we do have a virus that's virtually identical, and we're going to use that as a term of reference." That's right. And then they took the 2003 SARS-1 virus as a point of reference and inserted it into the PCR test. So when you get a PCR test, although they're genetic sequences, they're genetic sequences that relate to a virus dating back to 2003.

And I wonder why and how they were able to say that the new one was similar to the one from 2003 while at the same time saying: "We've never done an isolation." You can read all about it in the Drosten Report from the Berlin Institute of Virology. It was very generously paid for by Gates, and then it was integrated. There are patenting issues. I can't say anything precise about it, but it's certain there's fraud behind it, that SARS-CoV-2 is there for a particular reason related to intellectual property, and so on.

Please note that all statements about variants, whether Delta or Omicron, et cetera, are based on PCR test results. And the PCR test can't detect either the virus or the variants, so all these statements—as far as I'm concerned—are totally false. They're part of the fear campaign. So I think first of all, of course, that there's a trajectory, but what's absolutely fundamental is that this PCR test is what we would call a "smoking gun."

And the number of positive cases is increasing because we've ordered billions of tests from China, and so on. We have all the equipment but, in fact, China is collaborating at the level of the pharmaceutical companies—the Chinese "Big Pharma"—because they are able to produce. Take the case of Canada: we've bought 290 million antigen and home-antigen tests for a population of 38 million. That's about seven antigen tests per person. Inevitably, this leads to an increase in testing, et cetera. I won't go into the details of this but it's important to realize: initially, the statistics were falsified, the fear campaign was pushed, and also this virus is undetectable with a PCR test—impossible. I should mention that the inventor of the test died mysteriously in August 2019 but the causes of his death remain unknown.

But there's a new development. I've already talked about the economic crisis and the third pillar. I won't go into detail but the economic and social consequences are on an

unprecedented scale. It's not strictly a public health crisis and I think doctors should appreciate that. There's a lot at stake.

[00:30:00]

I must say that what concerns me as an economist—and I've been working with doctors for the last 30 or 40 years—is that when someone loses their job, is isolated, or driven to starvation as a result of global lockdown measures, it inevitably has repercussions on mortality and morbidity. That's clear. And therefore, it's not just the virus that causes this or that consequence. It's the fact that, for example, people are isolated; they're wearing masks; they're not allowed to talk to their neighbors. And what does that create? Mortality, morbidity, and mental health [issues].

I've tried to document mental health as well—so drug-related deaths, alcoholism, and so on. We already had these figures in 2020 but they gradually became distorted and we no longer know exactly what's going on. I'd now like to move on to the third stage.

Louis Olivier Fontaine
Professor, allow me to interrupt you. You talk a lot about the economic consequences and I'd like to ask you a question. You certainly have colleagues who are economists: What has been the reaction of your economist colleagues? Because what you're telling us today before the Inquiry is enormous and I'd like to know what they think, according to your knowledge, if you have this knowledge.

Dr. Michel Chossudovsky
I have people in my profession whom I respect enormously. But I haven't seen a single economist who has said that lockdowns—which were presented as a solution to the pandemic; shutting down the world economy isn't a solution— So anyway, I haven't seen a single economist who has really addressed the issue, so far as I know. As such, the profession itself will deal with the crisis in the aftermath. The fact that financial analysts have said, "Ah, it's the virus that caused the stock markets to crash," is nonsense. I know how stock markets work. Firstly, they're manipulated, and the enrichment that was triggered in the wake of this lockdown is documented. It's in the book. But there are studies done by an institute in Washington that have documented the impacts on the concentration of wealth, on the multi-billionaires, et cetera. It's clear that this crisis favours the financial class. There's no doubt about it.

Louis Olivier Fontaine
For people who don't have this knowledge of the markets, of the stock market, could you provide just a few more specifics on how someone with this prior knowledge would achieve the enrichment you're talking about, just to be a little more concrete?

Dr. Michel Chossudovsky
Well okay, without getting into the intricacies of these transactions, let's just say that Bill Gates had prior knowledge of what Tedros was going to say—and I'm sure it's probably him who told [Tedros] what to say—and he has 60 per cent of his assets on the New York Stock Exchange, and the derivatives market is known, so you speculate. But those who make money from speculation are those who have prior knowledge; we use the term

"insider information" or "prior knowledge." He had prior knowledge of what Tedros was going to say: that's clear.

That day, he made a fortune. But it's not just him: it's the whole apparatus. And so you have institutions like BlackRock, which is dominated by the Rothschilds, the Rockefellers, and so on. Well, they're involved in these financial operations. In derivatives trading, for example, we talk about "naked short-selling," okay? It's a technical term.

[00:35:00]

For those of you who lost money on the stock markets on February 20, you will know. It's clear. If you had prior knowledge of what Tedros was going to say—which was based on a 1,076-case imbecility: "the windows are closing, we're very close to disaster," et cetera—you would have made a fortune!

Louis Olivier Fontaine
This is what is known as short-selling, if I understood correctly?

Dr. Michel Chossudovsky
Yes. There are very sophisticated mechanisms and no regulation. And that was the product of changes made at the end of the Clinton administration in 1999. Major reforms were made to the banking system allowing large financial institutions to integrate speculative operations with commercial operations. In short, there's a whole debate about this, but I have to say that, for sure, my colleagues haven't pointed it out. They come up with the imbecility of saying: "Ah, it's the virus that caused the stock market crash." That's a fraudulent statement; it's propaganda and it's false. I said that because— Well, maybe I'm wrong too, I don't know.

Louis Olivier Fontaine
Professor, what do you think would be the likely explanation for your colleagues' silence, if I were to ask you to speculate on probable causes?

Dr. Michel Chossudovsky
Well, listen, economics is a field with all kinds of contradictions in terms of comprehension. You could say that a market mechanism exists, it certainly does, but so do the actions of the players and that's how I've always analyzed it. For example, people who actively comprehend financial issues are much more likely to say, "No, it was so-and-so who caused the disaster."

I've been studying these financial operations for a number of years: For example how, in Asian countries, the so-called Asian crisis led to the collapse of national currencies— But that's a bit off topic. What I can say is that the lockdown itself was certainly not a solution to a pandemic that did not exist. But neither was it a solution if you suppose that it [the pandemic] did exist. It became existent with the fear campaign, et cetera. So in a way, in facing a pandemic, it becomes necessary to ensure that the economy is not affected because it is the very foundation of our resources, et cetera.

Right now in Montreal, we can look at the infrastructure situation: the entire urban landscape is being altered, farmers are going bankrupt, and so on. All this started on March

11, 2020. It's a part of our lives and something that preceded the vaccine. I'll try not to be too long, but this is the next stage in this crisis: the vaccine is presented as a solution. It's presented as a solution to a pandemic that never happened.

You may argue with me but, in my view, there are two smoking guns. One is the PCR test that doesn't validate. I'm not questioning the existence of the virus; I'm saying it [the PCR test] doesn't detect the virus: it detects anything at all.

[00:40:00]

And secondly, the vaccine has absolutely nothing to do with the virus. It's mRNA: it's a vaccine that modifies the genetic make-up, which has consequences. I won't go into the medical details but I'd like to point out a number of things on this subject. This is also the second smoking gun.

December 2020 was the launch of the vaccine. The Pfizer company undertook an internal study, a confidential report with a sampling of about forty-something thousand in different countries; and they looked at the period between the middle of December and the end of February. And please note that in most cases, the effects of the vaccine are felt much later, not immediately.

Pfizer's report was confidential. It was shared with government bodies and the FDA [Food and Drug Administration] in the United States. But if you look at this report—and many doctors and medical officials have looked at this report in detail—1,200 adverse effects are categorized therein. There are mortality and morbidity rates associated with the incidence that they collected during a relatively short period—between December 15, let's say, and February 28. That's what they indicate in the report.

And they now have a report that has been made public thanks to a legal procedure in the United States, namely the *Freedom of Information Act*. It has been made public. It's never been mentioned in the media and it seems that many doctors don't know about it. But in short, for me, this report is what you might call "from the horse's mouth," and it provides documentation in a coherent and scientific way. There's subcontracting there but it's the Pfizer report, so they can't say, "Oh no, it's peer-reviewed" or "it's not quite that" or "they're conspirators." No, it's their report.

So here you have the accounting: it's just an extract from a graph. We have it in several of our texts on Global Research and the Centre for Research on Globalization. If you look at this report in detail, you'll come to the conclusion that—based on the numbers between the middle of December 2020 and February 28, 2021, certainly—all the data is there to state this vaccine is dangerous and leads to mortality.

[00:45:00]

And insofar as it's applied on a planetary scale, it is inevitably a crime against humanity. There's no other way to put it.

But I'd like to make the distinction that by February 28, 2021, Pfizer had a document in its possession demonstrating that this vaccine was certainly not a solution against the alleged virus. Rather, through the adverse effects and underlying mortality, it constituted a drug that was dangerous and deadly. I call it the "killer vaccine." It's a killer vaccine, and that is a label based on Pfizer's report. So in early March, Pfizer knew the results of this confidential report and should have said, "We won't go ahead with marketing because our own data tell

us that this is going to have mortality and morbidity consequences." In other words, up until February 28, it's involuntary manslaughter. But when this vaccine is imposed on the whole of humanity, it becomes a crime. It's the transition from manslaughter to murder from a legal standpoint.

Louis Olivier Fontaine
So Professor Chossudovsky, those are your conclusions. That's your interpretation of this report, if I've understood correctly.

Dr. Michel Chossudovsky
Yes. I'm not a medical doctor but I can certainly read; and I'm in contact with a lot of doctors and scientists and we catalog individual cases. We know because we live in communities; we know that so-and-so has been affected. But think about it.

The next step in my reflection is twofold. One is that Pfizer has just released its annual report for 2022 and they made, after paying all the—well, they have to fund all kinds of people—but they made $100 billion in profit in one year. One hundred billion dollars profit in one year! And then if we look at the consequences of this vaccine, you could say that the killer vaccine allowed them to make an absolutely phenomenal amount of money. First of all, it's a crime against humanity. It's profit-driven, so it's all about making money.

And I have to speak because no government and no media in Canada or elsewhere has had the courage to point out that Pfizer had criminal, not civil, action against them. Lawyers are very aware of what a civil class action is but when it's criminal, in the U.S., it involves the Department of Justice. And similarly in Canada, it would be His Majesty's government, so I'm talking about King Charles.

[00:50:00]

So it was a Department of Justice action against Pfizer. And there was also a provisional clause in there. They weren't put in jail but were told that for four years, "We'll be watching you." But in reality, it was Pfizer that was watching the American state entities.

So first, we have a company that is aware of the impact of its vaccine because it conducted this confidential study. The confidential study should be on François Legault's desk or Trudeau's desk by now, but in any case, they should know about it. So anyway, and I'll end on this: When we extrapolate all the individual cases we receive, that we're aware of—mainly in Quebec, in Canada, but we have friends everywhere—and they tell us, "There's so-and-so who died unexpectedly." We're currently looking at Dr. William Makis' reports on an almost daily basis as well as those of Dr. McCullough. They report these cases: pilots, health care workers, all sectors of the population, infants. This graph shows the number of vaccine doses over a period ending in September 2021. Now, I've extrapolated this graph. By March 2023, 14 billion doses had been administered worldwide for a world population of 8 billion which means an average of 1.75 doses per person.

It's a question of finding out or analyzing what this implies at a global level [in terms of] the impact on mortality and morbidity. And here—and I'll end on this point—we now have another trend because of the vast sums of money involved. The distinguished President of the European Commission, Madame von der Leyen, formerly Germany's Finance Minister, is now negotiating 4.5 billion doses for the European Union! 4.5 billion doses for the

European Union for around 450 million people, so we multiply by ten: that's ten per person. It's never-ending.

And then, of course, there's the debate on the pandemic protocol that will be debated at the WHO in the next few weeks to establish a mandatory vaccine system, and so on. But I'd like to leave the "what's the future" question for later because this crisis isn't over yet.

The fifth pillar is debt. There is excessive debt at all levels of society and on a global scale, and creditors are essentially able to dictate national policy.

[00:55:00]

There's the question of the welfare state, health services, privatization and societal projects, and the move towards a state that would appear to be totalitarian on a national and international scale.

So there you have it. My book is available for free as a PDF. I'm sorry, it's in English. It's been translated into Japanese. The Japanese translated it and released it last April. And I hope to release it in French soon, but I'm having a lot of trouble. I haven't had any offers from publishing houses because they don't like the content. But that's another subject for debate. But I'm offering it as evidence for the Inquiry.

Louis Olivier Fontaine
Thank you very much, Professor. I'd now like to give the floor to the commissioners, who may have some questions for you.

Commissioner Massie
Thank you very much for your testimony. I had a question about the graph you presented, which I had missed: at the start of the pandemic, that COVID was the leading cause of death in Quebec, accounting for 44 per cent of cases. My question for you is this: This graph was based on figures that aggregated mortality on what basis? Daily, monthly, annualized? What do we know?

Dr. Michel Chossudovsky
Look, coming back to the Ministry of Health directive. It's based on lies, okay? Probable cause of death: COVID, no test required, no autopsy allowed. So what is it? They say, "The person died of COVID." Anyway, it's not— A death from COVID: how do you establish that? You have to make a medical diagnosis. You can't just say "probable cause, blah, blah, blah," okay? This directive comes from the Ministry of Health, ask them.

But it's clear that from one day to the next, it can't be 44.9 per cent. In one week, the mortality rate went from zero to 44.9 per cent [COVID deaths]. I didn't invent this, *La Presse* did. Where do these figures come from? They come from a lie told by the Ministry of Health. Now I'm going to tell you that in the United States—because I looked at the United States situation—they say "underlying." I'm going to say this in English because these are medical terms: "the underlying cause of death, COVID-19, more often than not." This is the directive given to doctors and institutions. So these figures are totally invented. They're totally made up. Overnight, 44.9 per cent of [deaths in] the Quebec population dies of COVID?

Well, of course, it's temporal. It's not going to stay like that forever, but at the time they published it— And ask *La Presse*: *La Presse* got the data from the Ministry of Health.

Commissioner Massie
Thank you for your clarification. Any questions, Janice? You can probably translate it yourself since you're completely bilingual.

Dr. Michel Chossudovsky
Okay, it's fine. I'm an Anglophone.

Commissioner Kaikkonen
[In English] Okay, it's a big translation.

[01:00:00]

It's been repeatedly stated during testimony that liberal democracy cannot survive if the law is weaponized against its citizens to persecute citizens with dissenting voices and dissenting views, but what you have described goes a little bit further. It reminds me of the story of *Doctor Faustus*, when those in privileged places of power made a deal with the devil—or could have made a deal with the devil in this case. But in this case, exasperated by corruption, incompetence, and greed. I'd like to believe—and I may be naive in this—that there is a place where this country can come together to restore constitutional foundations under the supremacy of God and rule of law. And you have stated it is not finished, so that's kind of my concerning point. Have you given any thought as to how hard-working citizens in this country can engage in peaceful civil disobedience that can reverse what many see as being destructive for our country going forward?

Dr. Michel Chossudovsky
As I understand it, in the final analysis, this crisis isn't over. And the question is: How do we act to reverse the process? If I have to answer that question, first of all, freedom of expression is absolutely fundamental— freedom of debate, as we're doing here. There are certainly different visions, as we've seen. But I also think that truth is absolutely a fundamental instrument, that is, truth that is corroborated, not opinions about truth.

But I believe that the first step is to understand that some of these decisions are criminal in nature. And it's about civil society retaking possession of state institutions. We see this in various government bodies. I personally believe that demonstrations and protests are not the solution. Because instead of protesting, we should question. That is what matters. And you can have healthcare workers or pensioners in France holding demonstrations, but that doesn't solve the problem.

What we need to do is question the legitimacy of the decision-makers: the legitimacy of those who made these decisions. Madame von der Leyen, for example. It's also our own governments. I gave you the mortality figures that Quebec published, didn't I? It's obvious that this was to create a fear campaign. And so they attributed mortality to COVID-19. We can't even do that kind of tabulation because we're not able to differentiate with PCR testing. We can't; it could be something else.

But right now, we have governments that are waging a campaign of fear. They're forcing us to take the vaccine, so it's not a matter of protesting. It's not a question of constitutional law either. We're beyond that. The vaccine must be stopped immediately. That has to be clear. And it has to be clear based on the data inside this Pfizer document. And we have all the data. In Europe, it's the EMA [European Medicines Agency] and in the United States, it's VAERS [Vaccine Adverse Event Reporting System]. We have a huge number of documents: peer-reviewed studies, specific studies, et cetera, to say this vaccine is dangerous and must be stopped immediately.

[01:05:00]

And it's not a question of saying, "We're going to give people the right to accept it or reject it." And furthermore, we have an economic and social shift that's based on supporting the pharmaceutical industry rather than emphasizing maintenance of services, et cetera. Healthcare is clearly being privatized. The state is so indebted; and it's indebted to creditors; and it's indebted to Pfizer too because they operate together. So I think we necessarily need to target the legitimacy of the decision-makers. And protesting says, "We don't agree with you but we don't question your legitimacy."

So the legitimacy of decision-makers—whether in government, high finance, or the pharmaceutical industry—is what needs to be targeted. And of course, everything behind this project—and here I'm speaking as an economist—is based on the concentration of economic power on an unprecedented scale. There is a concentration of economic power; and this financial and banking power is taking over the real economy. And that means that even big corporations like Air Canada are bankrupt and they will be taken over.

And we're seeing the whole economic landscape now: SMEs being liquidated; a desire to consolidate farmers' land; and there are other agendas in there but I won't go into those complexities. But I think if we formulate it with an understanding of what's at stake in this crisis, then we're are able to confront them and to not accept their legitimacy.

We're not going to say, "Monsieur Legault, could you do this and that?" No, we don't accept their legitimacy because they're such liars. Okay, I know this is controversial—but anyway, that's my opinion.

Commissioner Kaikkonen
Thank you very much.

Louis Olivier Fontaine
So Professor Chossudovsky, on behalf of the Inquiry, I'd like to thank you very much for your testimony as an economist. You brought a unique perspective that, to my knowledge, had not been brought to the Inquiry's attention. So we thank you very much and wish you every success in the future. Thank you very much.

Dr. Michel Chossudovsky
Thank you.

[01:09:03]

Final Review and Approval: *Erin Thiessen, November 13, 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, and further translated from the original French.

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

NCI | CeNC

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 4: Gary Lalancette
Full Day 3 Timestamp: 03:35:06–03:59:49
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Hello, Monsieur Lalancette, can you hear us?

Gary Lalancette
Fine, and you?

Samuel Bachand
The same. My name is Samuel Bachand. I'm acting as attorney for the Inquiry in connection with your testimony. I would ask you, Gary Lalancette, to spell your name in full.

Gary Lalancette
G-A-R-Y L-A-L-A-N-C-E-T-T-E.

Samuel Bachand
I will now swear you in. Do you swear to tell only the truth to the Inquiry?

Gary Lalancette
I do.

Samuel Bachand
Very good. You are here, Monsieur Lalancette, to tell us about your experience of losing your job and claiming unemployment benefits related to COVID or COVID policies. To facilitate the Inquiry's administration of your case, I would like us to begin by introducing the bundle of documents you intend to present to us. Ladies and Gentlemen of the Inquiry, the witness's bundle is numbered [Exhibit] QU-5. It includes documents QU-5a to QU-5l in

chronological order. So Monsieur Lalancette, I'd like to ask you, do you have access to these documents? I've sent you the bundle.

Gary Lalancette
Yes.

Samuel Bachand
Okay, now open this on your computer and very briefly—because we'll go into detail later—but simply identify the procedural and other documents that appear in this bundle so that the commissioners can make notes and refer to them quickly.

Gary Lalancette
All right. So the QU-5a: that's the vaccination policy that's been established at the company, with all the details.

Next, the QU-5b is my note stating that my employment would be terminated if I didn't comply with this policy.

Next, QU-5c is the reference letter I received from my immediate superior.

Next is the QU-5d: this is the notice that they want everyone to return to working in the office and are extending the vaccination requirement by one month in order for us to provide proof [of vaccination].

Then you have a QU-5e, which is the code for my dismissal.

Then [QU-5]f, which is a screen shot of my employment record showing the reason for dismissal.

Then you have document QU-5g. This is the confirmation of my complaint to the CNESST [Commission des normes, de l'équité, de la santé et de la sécurité du travail – Standards, Equity and Occupational Health and Safety Commission] for dismissal without just cause.

Then document [QU-5]h: this is the document I provided to Employment Insurance showing all my reasons for refusing to comply with this policy, which were supported by sections of the law.

Then [QU-5]i, which is the refusal of my benefits, in other words, the decision of Employment Insurance to refuse my request.

Then [QU-5j] shows that I appealed and they still refused to give me benefits.

Then, [QU-5k] is my filing at the hearing: in other words, what was done by my lawyer, which proves that I made an additional appeal.

And [QU-5]l is the document which attests to the notice of hearing for the CNESST, which is coming up on June 19.

Samuel Bachand
Right. I don't want to cut you off. Were you about to say something?

Gary Lalancette
No. That concluded the description of the documents.

[00:05:00]

Samuel Bachand
So just to set the context for the commissioners and to avoid explanations that would interrupt your story, am I right, Monsieur Lalancette, to say that you were fired by your former employer for failing to comply with the mandatory vaccination policy?

Gary Lalancette
That's correct.

Samuel Bachand
You then filed an Employment Insurance claim which was denied. You challenged it administratively without success and are now taking the case to the Federal Court. I checked and it is indeed the Federal Court.

Gary Lalancette
The Federal Court, yes.

Samuel Bachand
In another case you're making a claim related to your dismissal in its own right, so it's not Employment Insurance. You have lodged a complaint with the CNESST, the Standards Commission, for short, and you are awaiting your hearing on this matter before the Tribunal administratif du travail [Labour Administrative Tribunal], a provincial authority.

Gary Lalancette
Correct.

Samuel Bachand
Very well. So now, start from the beginning and tell us what happened to you.

Gary Lalancette
Well, just as a preamble, I'm a career computer scientist. I have about 30 years' experience in IT in several jobs prior to this one. I was in my second-last position for seven-and-a-half years, and left it only because they closed the IT department and repatriated it to Toronto. As I wasn't among those who wanted to move to Toronto, my employment ended right there.

Let's start again with my former employer: February 23, 2018 was the date I got my confirmation of employment as an analyst, and March 12 was my first day of work.

Samuel Bachand
Sorry, I'm going to interrupt you from time to time. Could you tell us very briefly, as to an outside observer, what your tasks were like on a normal day?

Gary Lalancette
Yes, that's what I was just about to describe. At the beginning of my employment, we did office work; and mostly my job was to take remote posts and solve computer problems for the company's internal employees. Sometimes, when it's a hardware problem, we would go to people's offices to remedy it, but most of the time it was done from our workstation in the office using remote access. So under this system, we had an employee regulation that included working two days a week from home. So I was officially telecommuting two days a week for a while.

Samuel Bachand
So this was happening before the declaration of a health state of emergency.

Gary Lalancette
Yes, correct.

Samuel Bachand
Continue.

Gary Lalancette
And indeed, that lasted until the declaration on March 13, 2020. Following the declaration of a health emergency, I worked remotely all the time. In other words, I was working remotely full time. One of my main tasks was to provide technical support to employees, which I did remotely by connecting to their computers. So the operating process wasn't really any different; it was the same thing, except that instead of being in the office, I was at home.

Then on August 19, 2021, my employer adopted a vaccination policy—which is document QU-5a—that required all employees to provide proof of full vaccination—which at that time was two doses—between August 23 and September 30, 2021. Did I get the date right? Yes.

Okay, so between August 23 and September 30, 2021. So I had to show my vaccination status and hand it over to the company so they could record all of that. The only possible exemptions were medical or religious. Testing wasn't a part of that, so it wasn't even possible to take a test to be able to do this. The goal of their policy was to have us return to the office gradually and that's why they asked for this.

[00:10:00]

By then, we knew that the vaccine had already been shown to be not all that effective and also that it didn't prevent spreading or having the disease.

Samuel Bachand
I would simply ask you to continue with the history.

Gary Lalancette
So on the following September 15, I notified my employer that I had no plans to be vaccinated against COVID 19 and that I wasn't invoking any exemptions, either religious or health-related, because they didn't apply to my situation.

I then received a letter from Human Resources on the 21st, which is document QU-5b, stating that if I did not provide proof of vaccination that I was fully vaccinated by September 30, or proof by September 23 of my intention to make an appointment to receive the series of vaccinations, my employment would be terminated as of September 30. On the 23rd, two days later, I replied to the letter by e-mail advising that I stood by my decision, and that I wanted to continue my employment but with the conditions agreed upon in my employment contract. In other words, this was a policy that came into effect after I was hired and I didn't agree to it. I also made it clear that I refused to be vaccinated as it was still an experimental vaccine at that time, and that it contravened my fundamental rights—that is, my free and informed consent before accepting a medical treatment that infringed upon my bodily integrity.

Samuel Bachand
Did you express these arguments to your employer?

Gary Lalancette
Yes, I told my employer.

Samuel Bachand
Continue.

Gary Lalancette
On September 26, I received an e-mail from the head of human resources stating that the vaccination policy was reasonable and necessary to protect the health and safety of employees and that it complied with applicable laws. I question all that but I'm not going to discuss it right now. Seeing that my employment was heading towards an end, on September 28 I asked my immediate superior for a reference letter, which is under Exhibit QU-5c. I'm going to read this one because it'll show you what kind of employee I was with the firm.

Samuel Bachand
Yes, and if I may, this will also allow the Inquiry to bridge the gap with Service Canada's decision on your unemployment insurance claim. Please go ahead.

Gary Lalancette
Correct. So dated September 28, addressed to me, reference letter:

> To whom it may concern,
>
> This is to certify that Gary Lalancette has done an excellent job at—my employer— for the entire duration of his employment since March 2018. The main qualities I have noted in Gary are his courtesy, his organizational skills, and his ingenuity in improving some of our processes. During his time with us, Gary has been a pillar of our service center. He has also been in charge of our mobile device fleet and iPhones for the Montreal office and has taken part in a number of deployments and other tasks involving the firm's mobile devices. He is therefore a great asset to any IT department. Please do not hesitate to contact me for any further information. I'll be happy to recommend him to you in person.

And this was from my DTI manager.

Samuel Bachand
Continue.

Gary Lalancette
So you can see from this letter that it wasn't due to my work that they wanted to fire me but it really was about policy. The same day, September 28, as seen in Exhibit QU-5d, the return-to-work plan was postponed to November 1, 2021. So the plan to vaccinate and to provide proof of vaccination was pushed back another month. However, the company did not take the extension into account, and on September 30, they terminated my employment.

Samuel Bachand
When you say return to work, what you mean is the return-to-work deadline that had been postponed or delayed, right?

Gary Lalancette
Correct.

Samuel Bachand
Okay, continue.

Gary Lalancette
So following my dismissal—as anyone would—I tried to limit the damage. I made an application at the employment centre. That happened on October 3, 2021.

[00:15:00]

I filed my application at that time and on October 14, under Exhibit QU-5g, I also filed my complaint with the CNESST, and I received my confirmation notice on that date. On

December 19, as Exhibit QU-5h, you'll find the reasons for my refusal. We could go on at length about that but I'll try to keep it brief.

Samuel Bachand
Okay, just tell us who refused what and why. Because it's central; explain it to us.

Gary Lalancette
Okay, this is my refusal to comply with the company's vaccination policy. The Employment Insurance office asked for justifications for my actions, and in response to that I provided this letter, which I've put under the Exhibit I've just mentioned: 5h. In it, I refer to several articles of law, including under the theme that I have the right to refuse any medical treatment, under the Civil Code articles 3, 4, 10, 11.

Samuel Bachand
Monsieur Lalancette, I'm going to stop you there. We have access to the document, and I would ask you to explain to the Inquiry rather than referring to sections of the law, to tell us perhaps the four or five fundamental rights that you feel are the most important among those that you invoked against Service Canada in this letter dated December 19, 2021, labelled QU-5h.

Gary Lalancette
Yes, that's exactly what I wanted to do. Article 1 [sic] [3] of the Civil Code clearly states that "Every person is the holder of personality rights, such as the right to life, the right to the inviolability and integrity of his person, and the right to the respect of his name, reputation and privacy." So that's a very important point. And the next one, Article 4 [sic] [11]: "No one may be made to undergo care of any nature, whether for examination, specimen-taking, removal of tissue, treatment or any other act, except with his consent. Except as otherwise provided by law, the consent is subject to no other formal requirement and may be withdrawn at any time, even verbally." So I had the right to refuse this one.

Samuel Bachand
So for the other rights invoked, I'll refer the Inquiry to document QU-5h. We don't have much time left, but I want you to be able to explain what happened procedurally, so let's say in about ten minutes, please.

Gary Lalancette
Yes, all right. So as a result, Service Canada denied my application for benefits, which is under QU-5i. I appealed this decision on January 18, 2022.

Samuel Bachand
Let me stop you right there. The Service Canada decision—

Gary Lalancette
Yes, for Employment Insurance.

Samuel Bachand
—which denies you unemployment insurance, to use a good Québécois expression, is based on what grounds? What is the reason for denying you this benefit?

Gary Lalancette
This was refused on the grounds of misconduct because I didn't follow company policy which was, in short, vaccination.

Samuel Bachand
Is any other information provided? Does Service Canada elaborate on the meaning of this reason, which is your, quote, "misconduct"?

Gary Lalancette
That's the only thing. My disobedience of the policy in effect led to my misconduct. So my dismissal was my responsibility and not that of the employer.

Samuel Bachand
Am I right in saying that what you've just mentioned doesn't appear in document QU-5i? Are these things you were told afterwards?

Gary Lalancette
Yes, yes, that's part of the discussions with the employment center, yes. These are discussions I've had.

Samuel Bachand
All right. Continue.

Gary Lalancette
So as I was saying, on January 18, I appealed this decision, which in turn was rejected on February 4, 2022. One of the main reasons for this was that everything to do with constitutional laws and so on is not a part of their mandate. They follow Employment Insurance laws and have no authority or competence to deliberate on this.

Samuel Bachand
Okay, let's stay on that for a moment. I assume you're referring to document QU-5j?

Gary Lalancette
Correct.

Samuel Bachand
Entitled "Objet : demande de révision de décision d'assurance emploi" ["Subject: request for review of Employment Insurance decision"], this appears to be a mechanism for

administrative review of the initial decision denying you the benefit of unemployment insurance.

[00:20:00]

In the context of this administrative review, I'm guessing that you raised constitutional arguments or certain fundamental rights; and then you told us that, well, the tribunal felt it didn't have jurisdiction. Tell us a little about how that happened, how you raised those arguments, and then how the decision came about.

Gary Lalancette
Okay. It was recorded in the document I mentioned, the QU-5h, which I had given to the employment center with all the articles of law that protected my decision. And it was as a result of these documents that they—at the hearing, as soon as I brought up one of these points—said that it wasn't something they had the competence and the possibility to deliberate on.

Samuel Bachand
Help me out here: I don't see any references to your fundamental rights arguments in the QU-5j review decision.

Gary Lalancette
No, they didn't really stipulate that in the decision. They only said that they were keeping the misconduct decision on file. And that's why I'm still appealing, to be able to go to the Federal Court of Appeal to debate these issues.

Samuel Bachand
Okay, help me out once more. You seem to be saying that Service Canada, or the Employment Insurance Review authority, has told you that it has no jurisdiction to rule on constitutional issues. I don't see it here in the file; maybe I'm mistaken. How was this communicated to you?

Gary Lalancette
At the hearing I attended to argue my case.

Samuel Bachand
Okay. Your case under review or initially?

Gary Lalancette
Under review.

Samuel Bachand
All right. Around what date?

Gary Lalancette
I don't have the date in front of me right now.

Samuel Bachand
Okay. We can always refer to your timeline with the notes anyhow.

Gary Lalancette
Yes.

Samuel Bachand
Very well. So you're now before the Federal Court to contest this decision. Now what happened with the CNESST and the TAT [Tribunal administratif du travail - Administrative Tribunal of Labour]?

Gary Lalancette
Okay. For the CNESST, it's the [Exhibit] 5k. This is the notice of hearing I filed. So this is my appeal that I filed with the help of my lawyer, to once again appeal the decision that had been refused twice to that date. Because, as I was saying, they didn't have the expertise for the constitutional debate. So I'm taking it to the federal level to do just that.

On August 23, 2022, the Social Security Tribunal, in other words the CNESST, allowed my appeal in this regard. Basically, that's the essence of this story. Right now, as far as Employment Insurance is concerned, I'm waiting for a date for the next Federal Court hearing. And as for the CNESST, I've submitted it and I've got a hearing date of June 19 coming up for this. So I'm at that stage right now.

Samuel Bachand
Well, thank you for your conciseness. We still have a bit of time. I'll give the floor to commissioners who would like to ask questions. It's all good? There won't be any. So the Inquiry thanks you for your testimony, Monsieur Lalancette. You're free to go.

Gary Lalancette
Thank you very much.

Samuel Bachand
Thank you.

Gary Lalancette
Enjoy the rest of your day.

[00:24:43]

Final Review and Approval: *Erin Thiessen, November 15, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 5: Lily Monier
Full Day 3 Timestamp: 04:51:13–05:35:06
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So good afternoon once again. I hope everyone had a good lunch. We're going to proceed with our next witness. Her name is Lily Monier and she's with us in person today. Hello, Madame Monier. Are you well?

Lily Monier
Yes, yourself?

Konstantinos Merakos
Yes, thank you very much. If there's any point when you're not feeling well, take your time. We're here for you; we want to make your testimony as comfortable as possible for you. So I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Please say "I do" or "I solemnly swear."

Lily Monier
I solemnly swear.

Konstantinos Merakos
Thank you. Could you please spell your full name?

Lily Monier
Lily, L-I-L-Y, Monier, M-O-N-I-E-R.

Konstantinos Merakos
Excellent. So Madame Monier, I'd like to start with you. Tell us about your CV and who you are. And after that, my second question is: Why are you here today? So starting from the beginning, go ahead.

Lily Monier
I have a bachelor's degree in Industrial Relations. I also did my first year of law school, and then I chose to be self-employed and work from home. I transcribed court cases. When people go to court, it's recorded, and when they need an official transcript— So I worked with a stenographer's office. For 26 years I listened to trials. I'm also trained in crisis intervention, particularly with people who are suicidal, and I'm trained in mediation using Nonviolent Communication.

Konstantinos Merakos
Excellent. So we can see that you have an interest in the vulnerable in our society.

Lily Monier
Exactly. I wanted to be a lawyer to defend the poor, the oppressed, the orphans.

Konstantinos Merakos
But you're not at the moment, but maybe one day.

Lily Monier
But I work closely with people who are, and that gives me great joy.

Konstantinos Merakos
Okay, so from your perspective—as you see here, we're trying to get different perspectives from different ages, different regions—and I'm kind of answering my own question: Why are you here today? What's your perspective on what happened during the last few years regarding health measures?

And maybe we could start with your story, which is that at first you went along with the measures that were in place despite having questions, but later you started having doubts.

Lily Monier
In fact, I have a bit of a hypochondriac side, so initially I was a little scared in case there really was a pandemic. I may have been a little scared but I'm also someone who thinks, who questions, who looks at herself. So I faced my fear. I finally said to myself, "Look, if there's a dangerous virus and a major pandemic and if I die, well then I'll die and that's that, and we'll move on to other things." So I sort of made peace with that part of me that was afraid and I observed what was going on.

At one point, I had friends who said to me, "Ah, Lily, the pandemic: there's no pandemic here," and they started telling me things. It made me wonder but I didn't really want to hear it at first. I wasn't sure. I wanted to give it a chance. I watched and waited for

something to happen to confirm or deny the situation. Also, I live in a village of 5,000 inhabitants. If there's a pandemic, we're going to know about it.

For me, a dangerous pandemic means death: lots of people dying, no more room in the cemeteries, the need to make a mass grave. And you take notice. You go to the grocery store, and there—a village of 5,000 people, everyone knows everyone else—you meet someone and the person says, "Did you know that so-and-so is in intensive care or whatnot?"

[00:05:00]

So, I waited to see. What finally happened in June was that—

Konstantinos Merakos
June of what year, please?

Lily Monier
2020.

Konstantinos Merakos
Thank you.

Lily Monier
In June 2020, transcription stopped because the courthouses were closed. I had some time for myself; and in a way, I appreciated having a little more time for myself, to slow down for a while.

Then along came Bill 61. Of course, I have a legal background. I've often read legislation; it interests me. I read Bill 61 and was outraged: outraged that my government—I won't say "my" government, but "the" government—was abusive. For me, it was an attempt to abuse. Well, there were several elements in that bill that I won't mention, but there was the aspect where it [the government] gave itself the right to indefinitely renew the state of health emergency. That was unacceptable to me. For me, that was abusive overreach. People are down, they're vulnerable, and you want to do that? To me, that was a big X. [*She traces an X in the air with her hand.]* That was it, the case was settled.

And then from that point on— Two women from Val-David organized a demonstration two days later because things were moving fast at the start. We had to do something quickly. So we got together in our little village and I gave a speech. There were about 300 people in front of the church, and people were giving each other big hugs because they could no longer bear not being allowed to do it.

Konstantinos Merakos
And did you participate in—

Lily Monier
I gave a speech and hosted the protest. I didn't know I was going to host it. I spontaneously offered to give a speech. Afterwards, I regretted it. I said to myself, "My God, I've got a day-and-a-half to prepare," but I did it and it was a great pleasure. And I quoted Gandhi's phrase: "Civil disobedience is a sacred duty when the state becomes lawless or corrupt." Well, I've become an expert in civil disobedience. I've decided to not obey unjust laws.

And I'd also like to mention Rosa Parks, the black lady who got on the bus. Apparently, she was too tired that evening so she didn't go all the way to the back of the bus. She decided to sit at the front and that was prohibited. And that woman changed the course of events because she chose not to obey that day.

Konstantinos Merakos
So despite the fact that the details are different in each situation, what matters to you is the principle or the idea behind the act. In other words, depending on the situation that arises with the laws that the government decides to pass, you feel that the citizen's role is to ask questions. And one way of asking questions is through, for example, a demonstration or civil disobedience, et cetera. Do you agree?

Lily Monier
Yes. And that's also what I did when they imposed masking. It just didn't work for me. Then Dr. Arruda held a conference, and he said, "Ah well, it's useless in a community setting. People are going to wear it crooked; they're going to play with it; they're not going to use it properly, it's absolutely useless. Wash your hands." Then two weeks later, it was the opposite. I don't like that. It doesn't make me feel respected. I'm an intelligent person. You can't tell me the opposite two weeks later and expect me to trust you.

Since I always see things from a legal point of view: I read the decree, and then I saw the exemption: "Unless they have a medical condition." So I said, "Well it doesn't say 'unless they prove they have a medical condition.'" And I did some research. I went and looked at all kinds of things, and I printed out the decree. I called the owner of the Metro [grocery store] in my village and said, "Monsieur Vincent, I have a medical condition that means I can't wear the mask." I asked, "What are you going to do?" He was in a panic, "Can you put on a veil or a scarf?" I said, "No, nothing."

[00:10:00]

So he says, "What's your medical condition?" I said, "I don't think you've read the decree and that you don't know the law because medical records are confidential. Would you like me to send you the decree?" Then he said, "Yes, I'd like that." I knew he was going to forward it to Metro's legal department because I'd worked in big law firms in Montreal, I knew how these things worked. And that's what he did. And the next day, he called me.

Konstantinos Merakos
Sorry to interrupt, but were you working as a secretary?

Lily Monier
Yes.

Konstantinos Merakos
Thank you.

Lily Monier
He got back to me the next day and said, "Well, you were right." I knew that I was. And then I suggested that, like at Costco, customers with a medical condition had a little something on the basket. And then I said, "Maybe that could make your life easier." Because I'm not a confrontational person. I refuse to allow my fundamental rights to be restricted unless it is justified and justifiable, but all the while I will behave with respect for those around me.

You know, the Metro owner wasn't responsible for what was happening, and I understood his panic regarding the other customers. And that's what was really problematic. What also struck me was that I could go to the Metro without a mask, but the other customers were—Anyway, it was an intense experience. I felt the inner satisfaction of having respected myself. But it took a lot of courage to do that. And afterwards, I took part in a lot of demonstrations.

Konstantinos Merakos
That's the subject I'd like to pursue a little. On the subject of demonstrations, you've been a witness and you've taken part. I'd like to get your perspective on the ground. Was it peaceful? Was it done with love? Was there any violence? I'd like you to relate the facts you observed.

Lily Monier
That's right. I've spoken several times as well, given speeches. And I often talked about the legal aspect and what I knew about it because I have lots of lawyer friends to whom I asked questions. And I took part in many demonstrations which were completely peaceful. I didn't meet a lot of "anti-vaxx" people. I met a lot of pro-choice people. What's important to me is that people should be able to give free and informed consent. And that we should give them the right information, explain the risks involved in experimental injections, and let them decide for themselves.

Konstantinos Merakos
What was the atmosphere like at the demonstrations? The people, the families—were there any families? What were the reactions like? Because earlier you talked about hugs.

Lily Monier
It was wonderful. It's like I have a new family. I have lots of new friends, and they're people with the same values as me. And we got together and it was like a party. Our goal was to be seen and heard in peace and harmony. But they were opportunities to meet each other and to give each other support. And then to see that there were so many of us with the same point of view that something wasn't quite right.

It wasn't the protesters who were the problem. I observed police brutality. I even talked to police officers and told them, "Listen, there is no sense in what you are doing. People are super peaceful. You pick someone up and he's ready to follow you, yet you put their hand up behind their back like this." I say, "If you use more force than necessary—you are

subject to the Criminal Code—don't you think that could be considered assault? And you're going to have an ethics complaint." It hurt me deeply.

Konstantinos Merakos
Yes. Were these questions you asked the police?

Lily Monier
Yes.

Konstantinos Merakos
But one very important subject: Can you tell us about one or two incidents of police brutality that you observed as a witness? You mentioned, for example, people who wanted to follow the policeman but were handcuffed behind the back. Were there any other—

Lily Monier
And, you know, it was quite hard. For two years I— You have to understand that from the moment I got involved, I was incapable of sitting back and doing nothing.

[00:15:00]

I chose to get involved. I started doing Facebook Live videos, explaining, "Okay, here's the decree. Here's how I work within it." I wasn't giving advice because you aren't allowed to if you're not a lawyer. But I was saying what I did when I wanted to go without a mask. Then I'd talk about the demonstrations and about police brutality, and then people would call me. When people saw that there was someone who could be a point of reference, who knew lawyers, who was looking for answers, well listen, for two years it was 24/7.

Konstantinos Merakos
Basically, you were helping people.

Lily Monier
Distress calls . . . It was very difficult: difficult because what should have functioned normally—I'm a person of action, of solutions—and what should have worked, didn't. It was as if the ceiling had become the floor and the floor, the ceiling. The government wasn't respecting its own regulations and was maintaining a state of confusion. That's the feeling I got.

They frightened shopkeepers with fines if they let people in without masks. Yes, but if you had a medical condition, you wouldn't be fined. It was extremely difficult for people to assert their fundamental rights.

Starting on December 20, 2020, the police brutality began. And in La Fontaine Park, there was a woman on that day—I don't remember if it was December 2020—who phoned me following a demonstration where she had been dragged off by the police. A 72-year-old man was dragged off by the police. These people were not resisting. It was like intimidation.

I spoke at a demonstration in Val-David and told people, "If you see someone being arrested and being led away by a policeman, please follow him. Follow him and yell, 'We're with you, and we'll stay with you until it's over.' And take note of the policeman's badge number. Write it down, and then exchange contact details. And when you get home, talk to others and make several police ethics complaints." I said this because I was speaking with a policeman who told me, "You know, one complaint doesn't bother the police officer, but four or five complaints start to become tiring." So I passed this on during a demonstration and I knew that the police were there, listening to me. I was sending a message to the police. I'm a vigilante at heart. It follows me everywhere and stays with me all the time.

Konstantinos Merakos
I have one last question about the demonstrations. Before the police started arresting people, were there any warnings? Were there any warnings to say, "If you don't leave this place, we're going to start arresting you"?

Lily Monier
This happened in Rimouski. They did it in Rimouski. It was like a recording. I was supposed to speak at a demonstration in Rimouski. I think it was in October 2020. And then I sensed that we were heading in that direction. I'm a courageous person in general, okay, but not one to take a beating. It scares the hell out of me. I don't want to go through that.

I was ready to demonstrate. I was ready to talk to the cops. I was ready to do a lot of things. The fact is, I feared for Rimouski. I sensed where it was going and chose not to go after all. And that's what happened, in the sense that the police were there in huge numbers and they did warn the demonstrators. They gave a warning and the people were forced to disperse. But as far as I know they didn't do that again at the other demonstrations I've been to.

Konstantinos Merakos
Yes, there were no warnings at your demonstrations, just immediate arrests.

Lily Monier
Well, there were times when there were arrests. Listen, we were in Montreal and we were demonstrating. There were a lot of us; we took up the whole street. And I managed to get in the middle. I tried to get close to certain influencers who sometimes had bodyguards. I was careful. I'm careful.

[00:20:00]

So it happened that I saw people being taken away by the police to a side street. This was getting serious. If you're going to arrest someone, arrest them there. Why are you taking them off by themselves, what's the deal? Because these people were just walking down the street. I mean, no criminal acts were being committed. Maybe they didn't have a mask, but then issue a ticket—which I consider illegal—but at most, leave it at that.

Konstantinos Merakos
Another important point I'd like to make: we spoke earlier about your interest in helping vulnerable people, or helping the world in general. I know that some people see you as a

mother, as a grandmother; you're very approachable. And I saw that in our brief preparation when we introduced ourselves.

Lily Monier
I'm not a mom.

Konstantinos Merakos
Okay, no, but I mean you are perceived as being approachable. You're—

Lily Monier
Kind.

Konstantinos Merakos
Yes, you're very calm. It's been very easy to communicate with you for this purpose, and I can see you're doing very well here. But then there are some people, for example, for whom what you're doing right now is very difficult.

So some people have called you. While respecting the confidentiality of these people, has there been talk of suicide, depression, or other hard subjects that have been discussed with you during these phone calls?

Lily Monier
A case that particularly touches me . . . I'm telling you, it does me good to cry. I allow myself to cry because it's a release. This man couldn't wear a mask, but it wasn't a physical condition, it was psychological: his father had tried to suffocate him when he was a child. Do you think that a rag on his face—? He wanted to kill himself. He couldn't take it anymore; he wasn't being heard. I suppose that sounds a bit out of proportion, but I think there's an element of post-traumatic stress. It was huge and he couldn't get anyone to listen to him, and then he couldn't get a note from his doctor. There is that too: the doctors followed the narrative. And then there's the Collège des médecins [College of Physicians]—we're not going to put them on trial here, but I can tell you that it wasn't easy. He finally convinced his doctor to give him a note because it didn't make sense for him to continually go through all that. This touched me deeply.

I have a lot of stories, a lot of people who phoned me were about to lose their jobs. This just floored me. A person in a very large law firm in Montreal—impressively large. I won't name them, that's not the point. But it just floors me. It's like: "Hello? What's going on? You're a lawyer." If I am able, I have an obligation as a citizen to know my rights and responsibilities. I can't go before a judge and say, "Oh, Judge, I didn't know about that law." He'll tell me, "No one is supposed to ignore the law." Well, a very large law firm sends messages to its employee: "When you come back, everyone must be vaccinated." The person working from home said, "Hey, I'll be returning soon, and [suddenly] they are demanding vaccination."

Konstantinos Merakos
And in several industries, but we'll come back to that subject.

Lily Monier
I've heard from people from all kinds of industries: unionized and non-unionized. I was referring them [to lawyers]. At one time I arrived with a group of lawyers, of which there weren't many. The group wasn't very big because it's too risky—it's too risky to stand up both as a citizen and as a lawyer, to be crucified in the public square, as a professional.

Konstantinos Merakos
Excuse me for interrupting. When you say, "crucify," with respect to the media and the image that they could— Define this word.

Lily Monier
All the words used: for example, "conspiracy theorist," "covidiot"—

Konstantinos Merakos
Do you have any experiences like that with the media where you have been placed in a negative, derogatory category?

Lily Monier
They didn't dare. On Facebook, I experienced something from a group that attacks influencers, that searches for things in order to attack people who do a bit of what I do.

[00:25:00]

And they searched for a really long time because I'm very careful when I speak, as I'm sure you've realized. Having listened to court proceedings for 26 years, I'm rather conscientious of what I can and can't say. So I was very careful and they could hardly pick up on anything, but they found something in my past and they broadcast it publicly. They didn't dare use the "c" word, which I detest, and the day it happens to me—I'm saying it publicly—I'll sue for defamation and have that word defined, and then they'll have to say how it applies to me.

I haven't taken that action yet. It wouldn't be very difficult for me using a procedural model. It hasn't happened and I hope it doesn't because I wouldn't tolerate it. Some people accept it and then say, "Oh, that's okay with me," but not me. Not me. I don't label others and I don't want it done to me.

Konstantinos Merakos
So we were talking about actions, and we'll move into the next subject with that word. In the beginning, we said that you were reading decrees, consulting lawyers, and taking part in peaceful demonstrations in keeping with democracy, as is your right in a democracy: it's one of the fundamental rights. And after that, you undertook other legal activities since you wanted to get some answers to your questions. So what was one of the questions you posed to the government through the—?

Lily Monier
A legal action in which I am a plaintiff. There are five plaintiffs.

Konstantinos Merakos
And we're about to discuss this. Excuse me for interrupting, but unfortunately, we won't be able to go into details. We'll just stick to the general themes of the conversation. But go ahead, excuse me.

Lily Monier
I have been with the Fondation pour la défense des droits et libertés du peuple [Foundation for the Defence of the Rights and Freedoms of the People] since October 2020. An appeal was filed: an appeal for judicial review. A lawyer had written it, but eventually withdrew from the case for all kinds of reasons. At that point, we had five expert reports from world leaders. A lot of money had been spent: about $700,000. Then, the lawyer withdrew. I said, "Well, listen, could we represent ourselves?" I suggested we represent ourselves. At the same time, I thought that was very fitting.

What I've been longing to do for the past two years is to help people regain their power. That's what it's all about. And so I became like a spokesperson. Our procedure, our objective, was to say that there wasn't really a pandemic. They exceeded their authority with these measures. We're asking that the decrees be annulled, and that we talk about the Charter of Rights and Freedoms. And we'd like the government to show us that it has met the Oakes test because, while there is a right to infringe fundamental rights in an exceptional situation, a crisis situation, there is also an obligation to show that those four criteria are met. And I'd like to name them, if possible, so that people are aware.

Konstantinos Merakos
In a word, briefly, because the point I want people to understand, is that you have questions for the government. You've taken the legal route. And in essence—confirm to me if this is correct—you've asked a judge: whether a pandemic existed; if so, what are the reasonable limits of invasion on private life; and whether these measures are proportionate to the situation at hand?

Lily Monier
Exactly.

Konstantinos Merakos
I'm summarizing some of the technical elements because it is easy for people to get lost in the details. What are the criteria?

[00:30:00]

Lily Monier
We tell the judge, "As far as we're concerned, there was no pandemic, as is demonstrated by our experts in their report. And if you decide that there was a pandemic, we would at least like to be able to examine the measures in the light of these criteria: Was it reasonable? Was it effective? Was it a minimal impact? Were there alternatives to a curfew?"

Personally, I don't call them measures; I call them outrageous and totally incoherent. You're allowed to walk a dog after eight in the evening but no more than a kilometer. I could name plenty of examples here, but I think people know them. It's probably not necessary.

And I'm very proud. The Attorney General's lawyers filed a motion to dismiss our proceedings, saying the usual thing: that it had become theoretical because there were no more measures. But we countered, and I pleaded on January 4.

Konstantinos Merakos
It's under advisement, so we'll stop here as we are awaiting that decision.

Lily Monier
We're waiting for the decision. That's what "under advisement" means.

Konstantinos Merakos
Exactly.

Lily Monier
I'm very proud. It took a lot of courage. I was a little stressed, but I had great support. It's the most extraordinary thing I've done in my life, honestly, and I'm so very proud. I believe that everyone should use their skills to make a difference in their own way. I have skills in this area, so I put them to good use.

Konstantinos Merakos
Okay. So for you, it was essentially an exercise in democratic citizenship in order to receive answers in a reasonable fashion. And you mentioned earlier that you might want to slow down the machine.

Lily Monier
The bulldozer. It is a big bulldozer. Like in the cartoons, you have to throw wrenches or something into the wheels to slow it down. And me having legal recourse is no fun for them, to have this hanging over their heads. And it sends a message that: "You can't just do anything you want."

Konstantinos Merakos
The government.

Lily Monier
Yes. It's important that I do that, and to disobey. For me, civil disobedience is a relatively easy approach. It doesn't take a formal lesson: you just don't obey.

Konstantinos Merakos
One last question: I'd like to get your perspective because there are words that have been spoken in political speeches by the top ministers from different levels of government. What

is your opinion on these words that have been said? If we're talking about the words, I think you know.

Lily Monier
Yes, well, one thing that really struck me—and I couldn't believe it; I fell out of my chair—was when I heard Monsieur Legault say, "If you have employees who haven't been vaccinated, you can fire them." I thought, "Wow!"

Konstantinos Merakos
Can you tell us exactly if you've heard this on TV or radio?

Lily Monier
I don't know if it was at a press conference or— In any case, I definitely envision a photo of Monsieur Legault and a newspaper article. I think it was at a press conference but I'm not absolutely sure. That really blew me away.

Konstantinos Merakos
But you can confirm that it was negative?

Lily Monier
First of all, he's not a lawyer. If I'm not allowed to practice law illegally, I guess he's not either. And how can he say such a thing? They say that vaccination is not mandatory, but that's contradictory.

And then Monsieur Trudeau— What particularly struck me lately is that he seems to be saying that, well no, he didn't force people to get vaccinated. But there were all the threats. There were job losses. Well now, you didn't force them? That's nonsense. It's all nonsense. It's black and white, white and black. It changes from week to week. I just don't get it.

Konstantinos Merakos
Thank you, Madame Monier. We'll now continue with questions from the commissioners. Commissioners, go ahead.

Commissioner Massie
Hello, Madame Monier. Thank you for your testimony.

[00:35:00]

I see that during this health crisis, you've evolved on a personal level. You've faced up to your fears—which isn't the case for everyone. Because even today there are still people who are somewhat in the grip of fear, which isn't easy to manage because they lose their capacity for discernment at that point. But you've managed to do it, and it's a fine model to follow.

I see that you have basically pursued two paths: civil disobedience—which according to your testimony is based on ethical and moral principles inspired by Gandhi and many

others who have followed this path—and also you said to yourself, "Well, as I have expertise in legal procedures, why don't I go this route?" And indeed, it's a big adventure and it requires expertise to bring it to a successful conclusion.

But it may be that civil disobedience or demonstrations have their limits in terms of what they can achieve. The same goes for legal proceedings, which I think we're approaching rather timidly in Canada, including in Quebec. When I hear about the procedures currently underway in the United States, it is not remotely the same. And I think that in the United States, this approach will probably end up having an impact.

My question is: If they rule against you—we know that it isn't over yet and it is good to keep up the pressure for as long as possible, that sword of Damocles is good—do you envisage any other way of specifically changing the situation? Because at the political level, politicians who feel they have sufficient support from the population to continue along this path are not going to change; they're going to continue along the same path. So how do you see this situation evolving? How do you see breaking the deadlock if your legal approach doesn't produce the desired results?

Lily Monier
I don't know. Sometimes I come up with other ideas, other plans for action. It's in my nature. But I think what we're doing here today is fabulous. And for me, what we're doing today may not produce results next week, but the results are now. And I believe there's more than the eye can see. I also believe in energy. Words resonate.

I'd like to thank everyone who has come here and all those who are taking part. I believe deeply in what we're doing here. I think of the repetitions. You know, I think of the very old movies when I was little in which there was a castle gate and a group of people who got together and took a battering ram to that gate. And then, after 72 or perhaps 36 blows, the door gave way— I believe in that.

I often have ideas for other ways to proceed. I also think about the number of times you try again, when you don't let go. When your child pulls on your sleeve and won't let go, at some point you're going to give in. I think it takes a lot of perseverance.

There are times when I'm disgusted. You know, I said to myself this morning, or yesterday, that if I weren't involved in concrete action, participating and doing what I'm doing today—I've been accompanying Myriam, who will be testifying later, all week—I don't know what other form it would take, but I need to be involved. And if I weren't, I think I'd be in a depression with the world being as it is today. I need hope. What gives me hope is concrete action. I have ideas as I go along. Maybe I'll have some tomorrow. I'll say, "Ah, I could have answered that." Right now, I'm waiting for the decision. That will tell me what to do next.

Commissioner Massie
Thank you very much. Do you have any questions here?

[00:40:00]

Lily Monier
I understand English well.

Commissioner Massie
No, it's for the people in the audience.

Commissioner Kaikkonen
Hello. [In English] The Charter of Rights and Freedoms in Canada includes the right of accommodation. And for me, what that means is accommodation for persons considered to be vulnerable within our society. So I'm going to ask you a question.

Commissioner Massie
[In English] Allow me to translate, otherwise I'll have to remember. I'm getting at the lower level of functioning.

What Janice has just said is that the rights of our society include the right to make accommodations in order to take into account the condition of people who are more vulnerable.

Commissioner Kaikkonen
[In English] So what recommendations would you make or suggest as to how we, as a society, can bridge reconciliation and compassion between the needs of people who are without against authorities—for example, the policing, the legislatures, the judges, the public service—who may not, for example, necessarily understand how eight o'clock curfews might impact someone who's already living on the streets?

Commissioner Massie
So the question is, how can we suggest ways of operating that will enable police, judiciary, and institutional authorities to implement or seriously deploy measures that will reconcile the specific needs of vulnerable people, including the homeless, for example? What can we do?

Lily Monier
People who were already suicidal before this crisis and who experienced lockdown—When I spoke to a police officer at one point, I asked, "Are there many more suicides?" He said, "There is no end to them." And listen, I'd like to give you an encouraging answer, but I get the impression that for our government, these people aren't important. I don't know if it's because these people don't contribute. I don't know what we can do about it.

I think we could stop the anxiety-provoking messages because I look on the internet, or even on MétéoMédia [The Weather Channel], when you look for the weather forecast and they announce that the summer is going to be horrible so don't think all is well. It's everywhere. It's in everything. It seems like these continual anxiety-provoking messages are to keep people in fear. I think that would be the first step. I find it criminal to do this because you cannot ignore the impact it's going to have, and it's your responsibility as a manager. You have no right to not know.

Commissioner Kaikkonen
[In English] You answered the question very well. Thank you. Merci.

Commissioner Massie
[In English] Are we okay?

Konstantinos Merakos
So Madame Monier, the Inquiry would like to thank you from the bottom of our hearts for your testimony, and we wish you a pleasant evening. Thank you very much.

Lily Monier
Thank you, and I thank you from the bottom of my heart for what you are doing. Thank you very much.

[00:43:53]

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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 6: Vincent Cantin
Full Day 3 Timestamp: 05:35:58–06:00:25
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
Hello everyone. My name is Louis Olivier Fontaine, lawyer. I'm acting today as prosecutor for the National Citizens Inquiry. We will now hear from Monsieur Vincent Cantin, who will testify about the consequences of the COVID injections he received.

Good morning, Monsieur Cantin.

Vincent Cantin
Hello.

Louis Olivier Fontaine
To begin with, I would ask you to simply state your first and last name, please.

Vincent Cantin
Vincent Cantin.

Louis Olivier Fontaine
Very well. And now I will ask you to solemnly swear to tell the truth. So, do you solemnly swear to tell the truth, the whole truth and nothing but the truth? Say, "I do."

Vincent Cantin
Yes, I do.

Louis Olivier Fontaine
To begin with, I'd like to ask you, Monsieur Cantin, what do you do for a living?

Vincent Cantin
What did I do for a living? I was a senior civil engineering technician for a consulting engineering firm.

Louis Olivier Fontaine
Okay, and can you explain a little more about what you do for a living?

Vincent Cantin
I was a site supervisor, and during the winter, I was a draftsman at the office. That's what I did: roadwork. I was on Henri IV, here [in Quebec City]. That's what I did.

Louis Olivier Fontaine
Okay, so you say what your occupation "was." So I understand there's been a change. What's going on professionally now?

Vincent Cantin
The pension plan has recognized me as disabled.

Louis Olivier Fontaine
Okay, I understand.

Vincent Cantin
So I'm still on workman's compensation but, I mean, I got my answer recently: I have been recognized as disabled.

Louis Olivier Fontaine
All right. To try to explain this situation, we can perhaps proceed chronologically, if you don't mind. So we said that you had consequences following the COVID injections. I'd like you to first explain what led you to receive one of these injections.

Vincent Cantin
Well, it was strongly encouraged to protect the vulnerable, the elderly, and then to protect oneself, supposedly. They called it a civic duty, which I did. My first dose was AstraZeneca, and 20 days later, I went into hospital with a stroke.

Louis Olivier Fontaine
Just before you go on, do you remember roughly what date, what period of time it was at that point?

Vincent Cantin
My first dose was on April 15, 2021.

Louis Olivier Fontaine
April 15, 2021. And tell me, Monsieur Cantin: Before receiving this first AstraZeneca injection, what was your state of health?

Vincent Cantin
I was super healthy: no drugs, no Tylenol, nothing. I was in great shape.

Louis Olivier Fontaine
Okay.

Vincent Cantin
I had a demanding job in the summer working 50 hours a week. I mean, I was working. I was in good shape.

Louis Olivier Fontaine
Okay, so now we're back to April 15, 2021. So what happened after this intervention?

Vincent Cantin
Well, I got vaccinated. Then 20 days later, I started to experience dizziness and numbness, then headaches and nausea. That's why I called my brother to come and take me to the hospital. For me to call someone to come and take me to the hospital, I really have to be feeling bad. It seems like I went in on my own, but I don't remember anything after that. Luckily, I had my stroke in the hospital so they treated me quickly.

Louis Olivier Fontaine
Sorry to interrupt but if I understand correctly, what happened was a stroke, right?

Vincent Cantin
Yes.

Louis Olivier Fontaine
Okay.

Vincent Cantin
A thrombosis of the basilar [artery], or I don't know what— An ischemic stroke.

Louis Olivier Fontaine
Okay. So now you're talking about hospitalization. How long did that last?

Vincent Cantin
Well, all in all, I spent 80 days in hospital and at the rehabilitation centre. But after that, I had several [strokes]: I eventually had five strokes, then five TIAs.

Louis Olivier Fontaine
Can you explain what this is?

Vincent Cantin
Well, TIA stands for "transient ischemic attack." Basically, it's a seed in the carburetor. That means it leaves no after-effects, unlike a stroke.

[00:05:00]

A stroke leaves bruises; it leaves marks. They see them when they do scans. It was 80 days before I could return home. Because there were occupational therapists and all these people who came to see me at home, to see if I was capable of not burning myself and living on my own. Luckily— Otherwise, if they had said I couldn't go home, well, then I wasn't going home.

But anyway, it's been two years since then.

Louis Olivier Fontaine
So you say you spent a total of 80 days either in the hospital or in a rehabilitation centre. Which one was it?

Vincent Cantin
It was the IRDPQ [Institut de réadaptation en déficience physique de Québec] here, not far away.

Louis Olivier Fontaine
Okay. So in your file, we see that you received a total of three injections. When did you receive the second and then the third?

Vincent Cantin
The second was at the rehabilitation centre: they vaccinated people at the rehabilitation centre. They told me that in my case—given my state of health—it was preferable not to have COVID, and they strongly advised me to get vaccinated. Then I had my third dose as well; I was back home by then.

Louis Olivier Fontaine
Forgive me for interrupting. We're talking about the second injection. Was it the same product?

Vincent Cantin
No, it was the Moderna because the other one had been withdrawn. AstraZeneca had been discontinued in Europe and then they discontinued it here. The FDA [Food and Drug Administration] in the United States never accepted this vaccine. As a result, they immediately stopped giving it. In fact, I was one of the first to get it here; and after that, they stopped giving it because it was causing too many cases, I imagine.

Louis Olivier Fontaine
Okay, so at this point, you're on your second dose of the product. In fact, your first dose of the Moderna product, but your second dose of COVID products. You're in a rehabilitation centre and it's strongly suggested that you receive this—

Vincent Cantin
That I receive it. Then they would go out and vaccinate people, just as they did in RPAs [seniors' residences]. I was vaccinated the second time at the rehabilitation centre.

Louis Olivier Fontaine
And at this point, when it was suggested that you take this second injection, what was your state of mind? I understand that you were in a rehabilitation centre but how did you feel about receiving this other injection?

Vincent Cantin
Well, back then, I wasn't like I am today. I could hardly eat on my own, and I couldn't take a shower standing up. I was really— So anyway, I didn't want to. But like I said, the doctors strongly advised me to get vaccinated given my condition because they thought that if I got COVID, it would be dangerous for me.

Louis Olivier Fontaine
So it was the doctors who told you that?

Vincent Cantin
Yes, doctors. There are several of them. Basically, it's the same doctors who are at the hospitals all over Quebec City; they also work at the rehabilitation centres. And that's it.

Louis Olivier Fontaine
Okay. And in your file, you mentioned a third injection. Do you remember when that was?

Vincent Cantin
This was when I was at home; that was my family doctor. He didn't want to see me if I wasn't vaccinated and I couldn't see my mother if I wasn't vaccinated. That's why I got vaccinated.

Louis Olivier Fontaine
So if I understand correctly, the recommendation to receive this third injection was made by your family doctor based on the fact that—?

Vincent Cantin
That in my condition, it was preferable; that if I had COVID, it would be dangerous for my health. Although I got it anyway, after the third dose.

Louis Olivier Fontaine
So once again, if I understand correctly, you were also sick.

Vincent Cantin
I had COVID.

Louis Olivier Fontaine
All right. So, you returned home. What was daily life like when you got back from the rehabilitation centre?

Vincent Cantin
Well, it was difficult. I was ordering myself ready-made meals because I found it hard to cook and on top of that, I no longer have a driver's licence—nor will I ever again. So mobility is tougher. And in winter it's complicated, so I have to walk.

In the end, as I said, I don't have a driver's license, but I can't ride a bike anymore either.

[00:10:00]

Like right now, I can't see you. I have to do this to see you [*turns body to the right side*]. Like here [*turns body to the left side and indicates the whole right half of the audience*], I can't see that whole part of the room. And this is just one of the things I've had, apart from amnesia.

Louis Olivier Fontaine
Okay, yes, that might permit us to move on to this subject. You mentioned some consequences. Would you like to share, for example, if you have been medically diagnosed with anything?

Vincent Cantin
Yes.

Louis Olivier Fontaine
Okay. Would you like to talk about these diagnoses?

Vincent Cantin
Well, I've got them here; I can't remember them all. I have hemianopia: I can't see on one side. My eyes are fine; it's in my brain. Then I have anterograde amnesia: I forget events as they happen but my long-term memory is still there.

Louis Olivier Fontaine
Okay.

Vincent Cantin
So when you're feeling nostalgic, it's not so bad. But when you want to live in the moment, on the other hand, I would have been better off with the other [kind of amnesia]. But that's another story.

Apart from that, well, I have hemiplegia: it's like body-wide paresthesia, from my fingertips to my toes—the entire half of my body. I have dyschromatopsia, that's a kind of acquired colour blindness. For me, the sky is no longer blue, it's gray; I can't see blue in the sky anymore. The colours came back. At first, I spent two months not seeing any colors: it was brown and gray. Now it's coming back a little: like I'm able to distinguish the lines on the ground [here]—they're green—but the sky is permanently grey.

I have high blood pressure, which I never had before. I have visuospatial disorders: I have trouble finding my way around places even when they're places I know. In fact, when they took me home the first time, I went past it three times; I didn't recognize the place. Then, just like when I came here—I came by paratransit—well, I don't recognize the place. And since I won't remember anyone here, I have prosopagnosia: I forget faces; I can't recognize faces. The faces of people I knew before remain, but new faces, well, that's it: I meet someone in the morning and in the afternoon, it's as if I'd never seen them. That's pretty much it. I don't have a driver's licence anymore. I don't work, and that's that.

Louis Olivier Fontaine
How did you get here, Monsieur Cantin?

Vincent Cantin
Pardon?

Louis Olivier Fontaine
What means did you use to get here today?

Vincent Cantin
Paratransit; and that's the Société de transport adapté du Québec [Capital Paratransit Service]. It's a service they offer to people with mobility problems or people who need it. At least I have that, which is always good.

Louis Olivier Fontaine
And you mentioned earlier having a family doctor and you also mentioned [medical] diagnoses. What does your family doctor—or what do the doctors you see or the health personnel you see now—give you as a prognosis? Or what do they tell you about the future?

Vincent Cantin
Well, they don't want to say too much, but for me personally, my prognosis is life-threatening. There aren't many studies here, but I've read studies—maybe I shouldn't have but anyway, it doesn't matter—studies in Switzerland that have followed over time, let's say, 1,500 people who've had strokes like mine. In any case, they're talking about between 6 and 15 years. That's about right.

Louis Olivier Fontaine
Have you sought a doctor's opinion on this—

Vincent Cantin
They don't talk to me about it but they nod yes; you can tell my research was right. In other words, I'm not going to make it to 75 [years old], that's for sure. But anyway, that's it.

Louis Olivier Fontaine
And how did the doctors react when you— In fact, did you talk to them about a possible link between the injections you received and the consequences on your health? Is this something you talked about?

Vincent Cantin
Yes.

Louis Olivier Fontaine
What was their reaction?

Vincent Cantin
Ah, well, nobody wants to wear this one. One of the "gang" told me, "It looks like that."

Louis Olivier Fontaine
A doctor?

Vincent Cantin
Yes.

Louis Olivier Fontaine
Okay, a doctor.

Vincent Cantin
Yes.

Louis Olivier Fontaine
Is it your family doctor?

Vincent Cantin
No. It's a doctor who was at the Hôpital de l'Enfant-Jésus.

Louis Olivier Fontaine
And what did he tell you?

Vincent Cantin
"It looks that way." Without saying anything, basically.

[00:15:00]

Louis Olivier Fontaine
Do you know if this doctor or another doctor would have reported these vaccination consequences?

Vincent Cantin
No. I think they're obliged to report adverse events, but the doctors didn't do it during COVID. They're obliged to: it's a legal requirement for adverse events following vaccinations. But they didn't do it.

Louis Olivier Fontaine
And how do you know they haven't?

Vincent Cantin
Because I asked them.

Louis Olivier Fontaine
You raised the question?

Vincent Cantin
Yes.

Louis Olivier Fontaine
Okay. Now, I know there's an injury compensation program in Quebec. Is it a program you're familiar with?

Vincent Cantin
Yes, yes. I saw it; I've applied.

Louis Olivier Fontaine
How did that go?

Vincent Cantin
Well, that's it, no one wanted to. I asked eight doctors, including my family doctor, the neurologist at Enfant-Jésus [Hospital], all those who have been following me, plus doctors

who make inquiries. And then I found one, but I had to talk to eight others first. Nobody wants to go there. It would have been better if I had been a leper.

This injury program is pan-Canadian but it is managed by the provinces. All across Canada, they study your claim on the spot except in Quebec, where they require a medical representative. Then, of course, the doctors don't want to get involved. Anything to do with COVID and the doctors don't want to have anything to do with it; they'll be punished. It's as simple as that. But in any case, that's it.

Louis Olivier Fontaine
And do you have people around you—either family or friends—who understand what you're going through right now?

Vincent Cantin
Yes, yes, I'm well supported.

Louis Olivier Fontaine
Monsieur Cantin, is there anything we haven't yet discussed that you'd like to share with the Inquiry?

Vincent Cantin
No, I don't think so. It's okay, we've covered everything.

Louis Olivier Fontaine
Okay. So if you don't mind, could we see if the commissioners have any questions for you?

Vincent Cantin
All right.

Commissioner Massie
Thank you, Monsieur Cantin, for your very moving and disturbing testimony. The first thing I'd like to make sure I understand is that, well, you went [to get vaccinated] the first time out of civic duty; we did it to save the vulnerable. And obviously, there may be the fact that you're thinking at your age, "Well, maybe it will be beneficial to me." You end up with quite severe medical consequences. And then you were strongly recommended to take a second dose?

Vincent Cantin
A second, then a third.

Commissioner Massie
How capable were you—I would say, emotionally, psychologically, and physically—of questioning that or resisting that on your own?

Vincent Cantin
I didn't want to have any subsequent doses but it was the doctor. I was at the IRDPQ. I was in bed with an IV. At some point they said that in my case, I'd be better off getting vaccinated. They're more "knowledgeable" than I am on the subject, so I agreed, that's all.

Commissioner Massie
And in these discussions, did they even raise the possibility that if you found yourself in this precarious condition—from a medical point of view—it was probably the consequence of the first vaccination you'd had?

Vincent Cantin
No, nobody said that.

Commissioner Massie
But what were you thinking at the time?

Vincent Cantin
Maybe I misunderstood.

Commissioner Massie
For the first vaccination that led to your rather severe medical conditions, did you make the connection in your mind that it could be due to the vaccination?

Vincent Cantin
It's officially certain. I went back in time to look at the sequence; I asked around. Then one way or another they stopped that vaccine: it was causing thrombosis. Back then, I read the literature on the internet—just about everywhere—that people were having thrombosis in the first few days, in the first month, let's say.

Commissioner Massie
And when you accepted the dose of Moderna, which isn't AstraZeneca—so it's not "adeno" [an adenovirus vaccine]—were you reassured that this time, it wouldn't be too serious because it wasn't AstraZeneca?

Vincent Cantin
Not necessarily, but in my condition, I nodded automatically.

[00:20:00]

It was in the first few months, so I wasn't quite there yet. And then it was recommended by the doctors; there was a whole panoply of them. Three or four of them came to see me and they all advised me to get vaccinated. So that's it.

Commissioner Massie
And did you observe that the adverse effects were more pronounced or less pronounced following this second vaccination, or did you not really see any difference?

Vincent Cantin
I didn't see any difference.

Commissioner Massie
So it's possible that this second vaccination didn't necessarily make things worse.

Vincent Cantin
No, it didn't make things worse.

Commissioner Massie
Okay. But the third vaccination surprises me a bit because it looks like your family doctor indicated that if you were not up to date in your vaccination record for COVID, he'd rather not see you?

Vincent Cantin
Yes, exactly: not see me at his office.

Commissioner Massie
Was this a widespread practice for doctors, or was your doctor an exception?

Vincent Cantin
No idea. I think my doctor is about to stop practising because he's going to be 70. I think he's retiring soon; he was very scared!

Commissioner Massie
He was afraid.

Vincent Cantin
Hey, he practically raised his voice. So, yeah, he recommended it to me. Also, I was often going to see my mother, and well, the RPA [seniors' residence]she was staying at was requesting vaccine passports.

Commissioner Massie
And you were no longer up-to-date with your vaccine passport given the date of the second dose?

Vincent Cantin
Yes, I needed a third.

Commissioner Massie
And following this third dose, did you find that your state of health was stable?

Vincent Cantin
It was stable. Yes, the last two doses didn't make any difference.

Commissioner Massie
It didn't make a difference, okay. Another question, perhaps, which is a little more personal. I noticed during your testimony that you were constantly making, I'd say, comments that show you have a way of handling this particularly difficult situation with a certain philosophy, or a certain serenity.

Vincent Cantin
Ah, thank you.

Commissioner Massie
How do you feel at the moment about the future?

Vincent Cantin
Well, I don't really know what to say, in that there are stages of grief. There are five stages of grief, and I haven't arrived at the first one yet; I haven't accepted it yet. So that's it. Like I often say, "When I sleep, I dream; it's when I get up that the nightmare begins."

Commissioner Massie
So what you're going through is very difficult.

Vincent Cantin
Well, I like to say, "I'm like an old oak tree losing my branches one by one but instead of light, it's darkness that passes through."

Commissioner Massie
Do you have the support of friends and family or professional help to get you through these difficult times?

Vincent Cantin
Not really. Well, I mean, I have an employee assistance program; they've never called me. I put my name on lists to see psychologists—these people, those people, other people. And no, I don't get any help. Then all the doctors who were treating me, well, they let me go. But I'm good; I'll get through it.

Commissioner Massie
Thank you very much for your testimonial.

Vincent Cantin
Okay, thank you.

Louis Olivier Fontaine
Monsieur Cantin, on behalf of the Inquiry, I'd like to thank you very much for taking the time to come and tell your story.

Vincent Cantin
My pleasure.

Louis Olivier Fontaine
I think this is a story that will be heard. And I salute your courage in coming to testify before us, for which I thank you very much.

Vincent Cantin
My pleasure, thank you.

Louis Olivier Fontaine
Good bye.

Vincent Cantin
Many thanks to all of you.

[00:24:27]

Final Review and Approval: *Erin Thiessen, November 21, 2023.*

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

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 7: Myriam Bohémier
Full Day 3 Timestamp: 06:01:50–07:13:50
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Hello, my name is Samuel Bachand. I'm acting as Inquiry counsel for your testimony, Myriam Bohémier. First, I'd like you to spell your full name.

Myriam Bohémier
Myriam M-Y-R-I-A-M, Bohémier B-O-H-É-M-I-E-R, like Richard.

Samuel Bachand
I'm going to swear you in. Do you swear to tell the Inquiry nothing but the truth?

Myriam Bohémier
I do.

Samuel Bachand
As a first step, Madame Bohémier, I would ask you to provide us with something of an overview of your CV, which will be filed for the Inquiry's benefit at a later date. I don't have the file number yet, but I'll let you know as soon as I have it [no exhibit number available]. Please go ahead.

Myriam Bohémier
I've been a lawyer since 2000, so for 23 years, and an accredited mediator since 2015. My practice has always involved medico-legal issues. I did my internship at the Société d'Assurance Automobile du Québec [Quebec Automobile Insurance Company] in legal damages, so I have 23 years of experience in medical forensics. I also have a great deal of experience in all matters of harassment—both psychological and sexual—and domestic violence; and I've touched in a general way on social and labour law—in fact a lot of things

that concern people in the face of big entities such as governments, institutions, insurers, and government agencies. So this has always been my practice for the past 23 years. Since October 2021, I've been concentrating more on cases involving government measures.

Samuel Bachand
I offer the witness to the court as an expert witness with the qualifications of a jurist.

Myriam Bohémier
Yes.

Samuel Bachand
Myriam Bohémier, I believe you have some opening comments to make.

Myriam Bohémier
Since I'm testifying as a lawyer, my speech is limited to what I can say under the attorney-client privilege. So everything I say here has either been: authorized by my clients or disclosed by them; or the information has become public through judgments; or it concerns me personally in my capacity as a lawyer.

Samuel Bachand
Myriam Bohémier, you've shared with me a rough outline of your presentation, which you have in front of you, as do I. I don't think it's necessary to submit it as an exhibit. However, if the commissioners would like to see it to assess credibility or something of that nature, they can simply glance at it; otherwise, we can just carry on. Is that okay? So first of all, you wanted to talk about constitutional rights in the context of COVID.

Myriam Bohémier
Well actually, I'm going to tell you about my involvement with the measures from October 2021 to the present day. I've been immersed in this subject for a year and a half now, let's put it that way. So my involvement covers a lot of subjects. Firstly, I'm involved in the Foundation's appeal, the power of judicial review concerning the constitutionality of all government measures. I'm also involved in certain tickets, where the right to demonstrate was so restricted that to demonstrate against wearing a mask— There was an obligation to wear a mask in order to demonstrate against wearing a mask.

Samuel Bachand
Let me stop you there for a moment. When you talk about "tickets" you're talking about penal charges or statutory offences which are penal but not criminal.

Myriam Bohémier
Exactly. Contraventions based on the various decrees that have been issued in relation to the *Public Health Act*. So I'm involved in this type of file. I'm involved in labour law—labour law for unionized employees.

[00:05:00]

My role is limited since unionized employees have a union; except that in certain contexts, I act to protect the divergent interests that these employees may have with their unions, as in the case of Professor Patrick Provost. A portion of my work is labour law as related to labour standards—so for people who have lost their jobs for refusing to comply with a vaccination policy, that is, people who had refused to comply with the vaccination policy and then lost their jobs after two years' continuous service. So these people can appeal to the Tribunal administrative du travail [Administrative Labour Tribunal], and I have files of this type. I've defended and advised university professors against their university who, let's say, were censuring them for having sounded the alarm about the COVID-19 vaccination, or rather injection, for children.

I'm also involved in employment insurance [EI]. I have a federal appeal pending. Because you have to understand that people who refused to follow an employer's policy on vaccination lost out—either because they fell into a no-man's land, with an indefinite suspension, where they couldn't even get their vacation or their accumulated days off. You know, they had nothing at all. They were left with nothing but they weren't fired either. Alternatively, people were fired outright. But when these people applied for EI, they were told that they had committed misconduct by refusing to comply with a company policy. EI decided that it wouldn't get into the legality of the policy. They're interested in the reasonableness, but not the legality of vaccination policies. As a result, many people found themselves not only unemployed but without employment insurance.

Samuel Bachand
Okay, in one minute, elaborate a little on the distinction between reasonableness and legality. These are things that are familiar to us as jurists but for others, it may not be so clear.

Myriam Bohémier
Legality means that if you want to challenge the legality of an employer's policy on a constitutional or charter level, the social security court refuses to go there. So we are at the federal appeals court because we have to be, I mean— You know, we could make this caricature: let's say the employer had a policy that said everybody had to come to the office naked. I think it would have been pretty clear that the social security court would not have declared noncompliance with that policy as misconduct. But the mandatory vaccination policy was considered reasonable by the social security court. When I looked into it, I came across only one case that was successful. There are questions of [systemic] delays, but on the fundamental question of refusing the vaccination policy, only one case to my knowledge was successful, and that was last December. But otherwise, it was considered that the pandemic was real.

You know, it's like we don't question the seriousness of the situation or the pandemic as such. So therefore, the vaccination policy becomes completely reasonable in such a serious situation. So that's how I would sum it up.

Next, I've done a lot of disciplinary work, and I still do a lot. These are professionals, members of professional orders who have criticized government measures and who have either been intimidated by the *syndics* [representatives] of their organization, or have been brought before their professional organization for having sounded the alarm on masks or on the COVID-19 injection.

[00:10:00]

There have been police officers and firefighters as well among the people I've advised.

Right now, I'm preparing a criminal law file based on section 9 of the *Food and Drugs Act,* which states that you can't engage in misleading advertising. I consider that what was said regarding the COVID-19 injection was misleading to the public. So I'm working on a file like that.

And the cases that have kept me the busiest were the family law cases in which a parent who wanted a child to receive the COVID-19 injection was required to go to court when the other parent was opposed, and this ended up before the courts. But I'll come back to that in the second part, as I think it's important to outline the legislative history in Quebec because Quebec has its own distinctions. I won't go into all the technical details, but it's something that could eventually be submitted to the Inquiry.

I'll just explain that on March 13, 2020, a health emergency under the *Public Health Act* was declared which gave the government special powers. Under this law, the government could adopt decrees that lasted a maximum of ten days, if I'm not mistaken. And at the end of ten days, the decree either had to be renewed or, at some point, the National Assembly had to make a decision. To avoid going before the National Assembly, the government chose to renew every ten days. It renewed the health emergency and at the same time, it changed the measures more or less regularly every ten days—which made it very, very, very difficult to follow.

Not to mention that in law, we have a code of civil procedure for court proceedings. We have rules of evidence and procedure before the courts as well: the Superior Court, the Court of Quebec, all the various courts, not to mention the administrative tribunals. And on top of that: with the pandemic, they started issuing directives, but directives for each district, each courthouse, each tribunal. It became like *The 12 Tasks of Asterix*—extremely difficult to follow. Then, in addition to the usual procedures, you had to fill out form X, then send it in so many days in advance—because it had to be captured by the digital registry so that it would appear on the roll. And then the roll calls were no longer made the same day and you had to be available the day before. And then the roll call could be made by phone. In any case, it became extremely complex and in a certain sense, very anxiety-provoking.

Samuel Bachand
What you've just described is your personal experience as a practitioner using regulatory tools, guidelines and so on, correct?

Myriam Bohémier
Yes, tools were imposed on us that were outside the usual rules: outside the law and outside the regulations. We started getting directives from chief justices, from every courthouse, and from the Ministry of Justice. You know, it was hard to keep up. It's still going on today. There are forms and then things change.

Samuel Bachand
When you say outside the law and regulations: Does your statement mean to say that the courts' COVID directives were not authorized, not statutorily founded, or simply that they were in addition to—

[00:15:00]

Myriam Bohémier
Ah, they were additional, yes.

Samuel Bachand
All right. My other question. Earlier you mentioned the decrees and, I suppose, the related ministerial orders and the fact that they change very often—on a weekly basis, perhaps?

Myriam Bohémier
Pretty much, yes.

Samuel Bachand
Good. What kind of administrative codification or consolidation was made available to jurists and the general public, so that they would know exactly where they stood?

Myriam Bohémier
Well normally it's published in the official gazette, so I don't know if that's your question.

Samuel Bachand
No, I mean was there ultimately a summary in the same manner as in—?

Myriam Bohémier
No, no, no.

Samuel Bachand
You know, in reality, a municipal by-law—and here I put the question to you—my understanding is that a municipal by-law is often a sedimentation of various amendments. Except that we make available to the public, and to lawyers, what we call an administrative codification or consolidation, which enables people to see where things currently stand. To your knowledge, was the equivalent of this type of tool made available to lawyers or the general public?

Myriam Bohémier
To my knowledge: no. I'd say it's also that we're lawyers here and it's our job. But it was also difficult for us to keep up with the measures, what was going on, and where we were at. It was *The 12 Tasks of Asterix*. It was complex.

Samuel Bachand
You can go back to your outline. I've diverted you from it.

Myriam Bohémier
Yes, it changed frequently. Then what increasingly happened was that when we wanted to challenge certain measures, the government backed down or changed the measure. And then we ended up in a lot of decisions where the courts said, "Well, it has become a theoretical debate because the measure no longer exists."

So the government changed their measures before the hearing—

Samuel Bachand
Let me stop you there. The courts said it had become theoretical, and so what happened with the files?

Myriam Bohémier
They were rejected. The files were rejected.

Samuel Bachand
The challenges to the COVID measures were rejected because, according to the judges in question—

Myriam Bohémier
It had become theoretical. The debate had become theoretical, so—

Samuel Bachand
Because the measure in question has ceased to have effect?

Myriam Bohémier
Yes, and we talked about the Foundation's appeal for judicial review. They spent $700,000 to travel there, put together this file, obtain expert assessments and all that—only to have the case dismissed because it had become theoretical. I mean, that's an incredible amount of resources invested. And just when the trials are about to take place— And that's been done too with Madame Manole's file, which had the health care workers, the caregivers, and the transportation files because we couldn't travel any more.

To date, there is only the vaccination passport case, and that of the Foundation for which we are awaiting decisions. But only the vaccination passport has escaped the [label of] theoretical debate. The other appeals that were launched to contest the measures and determine whether or not they were constitutional were deemed by the judges to be theoretical. Furthermore, they said that considering the lack of judicial resources, these had to be assigned for purposes other than discussing something that had been terminated.

So if I come back to the chronology, there was the declaration of a health emergency. Then there was an attempt to introduce Bill 61, which caused a great deal of indignation because the government was clearly going too far. But the fact is that it was never actually put into place.

Samuel Bachand
You'll have to tell us something about it because we're not all aware of Bill 61.

Myriam Bohémier
Yes, well I won't go into detail because I don't remember much about it. But what I understood from Bill 61 was that it maintained a state of health emergency for two years, if I am remembering correctly. They could expropriate without compensation—and it was like nothing ever seen before. There was no more need to repeat the decree process; the government was on a roll.

[00:20:00]

[The government] said that it would make things easier—with construction projects, for instance—to get Quebec back on track after being on hold when things stopped, when we went into lockdown. So the intent was to promote the economic situation by depriving, well, you know, by expropriating, and—

Samuel Bachand
Okay, we've got 40 minutes left. I'll let you evaluate where you want to put the emphasis because you have several points.

Myriam Bohémier
Yes, yes. Okay. So in May 2021, we began vaccinating children aged 12 to 17. In Quebec, children aged 14 and over have the right to decide on their own health care. As a result, children at school could be offered vaccination and put under a form of peer pressure to be vaccinated. Then came the introduction of the vaccine passport on September 1, 2021.

Samuel Bachand
Which consisted of?

Myriam Bohémier
Which meant that people needed to be double vaccinated to be able to go to the movies, to go to restaurants, even for children to participate in activities. If teenagers over the age of 12 wanted to play hockey, if they wanted to do all kinds of extracurricular activities, they were forbidden to do so unless they were double vaccinated. Then—and this is an important point I'd like to highlight—on September 7, 2021, an article was published. It wasn't in the usual newspapers but in specialized legal journals., In it, the Chief Justice of the Supreme Court of Canada said that there was a vaccination policy at the Supreme Court of Canada and that all Supreme Court of Canada judges were vaccinated. In the same article, the Chief Justice of the Federal Court of Appeal refused to talk about a vaccination policy at the Federal Court of Appeal, saying it raised a reasonable apprehension of bias. I fully agree with this view.

Samuel Bachand
Myriam Bohémier, which publication was it?

Myriam Bohémier
It's an article that appeared in *LexisNexis* or something, but I would be able to provide it to the court [sic].

Samuel Bachand
What date again?

Myriam Bohémier
That was September 7, 2021—so even before Prime Minister Trudeau was re-elected on September 19 and imposed vaccination on federal workers. So on October 15, 2021, compulsory vaccination was introduced for healthcare workers; and it was the day before, I believe, because Madame Manole had taken steps in a legal action to prevent this compulsory vaccination. So two days before, the government backed down, saying, ah well it's going to cause a break in services. They then pushed it back to November 15. And on November 15, the government again backed down on the vaccination requirement but imposed a testing requirement. What's very important to understand is that these decrees stated that professionals who didn't respect the vaccination requirement, and later the testing requirement, were automatically undermining the dignity of their profession.

So it's like creating a presumption that they've breached their ethical obligations and may therefore have problems with their professional order. It was also indicated that the professional order could, as it were, denounce doctors by reporting matters to the Ministère de la santé des services sociaux [Ministry of Health and Social Services] and the Régie de l'assurance-maladie du Québec [Quebec's Health Insurance] in order to prevent doctors from being able to bill for services. And it's worth noting that even telemedicine doctors were obliged to be vaccinated or later, tested. So it was really a deliberate attack on the incomes and even the rights to practise of healthcare workers and professionals.

[00:25:00]

Then, around the same time, an injunction was issued that workers, federal employees, and government suppliers had to be vaccinated by November 30, 2021. Failing this, they would be suspended without pay. For his part, Monsieur Hans Mercier brought an action to try to have the vaccine passport suspended. This too was rejected.

It's also important to understand that on November 18, 2021, we began vaccinating children aged 5 to 11. And what was said was that we recommended that parents be offered vaccination. It was an offer, but not mandatory; it was not a compulsory vaccination. On the other hand, it did say that doctors could impose contraindications. But it was never said that the contraindications—which I believe were set out by the INSPQ [public health] at the Ministry of Health and Social Services—were really limited to three things. I can't remember the three things off by heart but one of them was allergies.

I had a case of a pregnant woman with a neurological condition whose job required her to get vaccinated. And she produced a medical certificate but that was at the federal level. And Transport Canada wouldn't accept her certificate because it didn't meet one of the three criteria—the three recognized contraindications. So she was suspended without pay while she was pregnant.

Then as of November 30, 2021, the federal government prevented unvaccinated people from travelling by train and by plane. And there was also a ban on unvaccinated caregivers

visiting their loved ones, helping out in healthcare facilities. I believe that was in December 2021.

And on December 30-31, 2021, a new lockdown was introduced saying that the unvaccinated were to blame. This was followed by multiple draconian measures to prevent unvaccinated people from going to the Société des alcools du Québec [liquor store], the SQDC, the Société Québécoise du cannabis [cannabis store]. Nor could they go into big box stores larger than 1,500 square feet. They couldn't go to the garage to change their tires. And they couldn't go to Costco, Bureau en gros [Staples], Canadian Tire—those places were off-limits. And they were threatening to impose a health tax on people who hadn't been vaccinated. And I know from having seen a lot of information circulating that, for example, people who were waiting for a transplant and who had reached the point of receiving a lung, for instance, were refused a transplant if they weren't vaccinated.

Then followed the truckers' convoy and the *Emergencies Act,* where bank accounts were seized without going through a judicial process. And people were jailed too. At that time, I got involved with Réinfo Covid; and several lawyers signed a letter dated February 16, 2022 to the Bâtonnière du Québec [the President of the Bar of Quebec] to say, well listen, as the Quebec Bar, you are responsible for the respect of the rule of law, for the enforcement of the rule of law, and for the protection of the public. So what's going on? What are you doing about it? We never got a reply to our letter; no reply at all.

[00:30:00]

And also in May 2022, we had several lawyers from the CCLC. It's another association of lawyers I'm involved with. We wrote a letter—

Samuel Bachand
An association called CCLC, Canadian Covid Lawyers Coalition, if I'm not mistaken?

Myriam Bohémier
Yes, that's it. Yes, exactly. So it was a former judge who wrote a letter, a complaint against the Chief Justice of the Supreme Court of Canada for his comments on the truckers' convoy, which he had called anarchic, et cetera, et cetera. But there were several cases already before the courts that were likely to go all the way to the Supreme Court of Canada. So this departure from the Chief Justice's duty of discretion—when he spoke of misinformation, anarchy, et cetera—raised a reasonable fear, in our view, among the public of not being judged impartially if ever one of these cases were to end up before the Supreme Court of Canada. And in June 2022, this complaint was ruled inadmissible.

Samuel Bachand
Can you explain to us what the concept of inadmissibility is and what it meant in this context?

Myriam Bohémier
Well, what that meant was that it was considered frivolous, you know: obviously unfounded, that it wasn't even worth the board's consideration.

Samuel Bachand
Were you given the terms of, how shall I put it, the reasons for inadmissibility?

Myriam Bohémier
Yes, we had a letter on the subject. And in short, it was basically that the Chief Justice of the Supreme Court of Canada had greater room to maneuver with regard to his duty of discretion.

Samuel Bachand
All right, then. You're halfway through your time, or a little less. I invite you to perhaps take a quick look at what all you still have to tackle, so as to touch on what's most important to you.

Myriam Bohémier
So my desire to really get involved in children's COVID-19 injection cases began with a judgment handed down on December 23, 2021, which ruled that communication between an unvaccinated father and his child would be cut off. In my opinion, the child was penalized, not the parent. Well, of course the parent was penalized, but I mean we always look at the child as having rights and parents as having obligations towards their children. That's kind of the philosophy when it comes to children's rights. And in this case, I felt that the child had been mistreated. I felt that we were preventing a parent from being who he is with his child. For me, this was important.

And remember that at that time, children had to wear masks to school. There were a lot of measures that seriously affected children. So I decided to get involved—especially as we were making decisions on COVID-19 vaccinations, injections, for children on the basis of protection orders. You have to understand that a protection order is used to deal with emergencies, okay? Let's say you separate and you want to know who's going to get custody, who's going [to get] alimony, quick, quick. You know, the things that need to be settled quickly in order to establish a status quo right at the start. But these are things that can be re-established later when we hear the evidence. Because a protection order is just sworn statements. There is no proof at that point.

But we're talking about an injection here. The injection can't be removed. Once a person has been injected, it's over: it's in their body. So I said for this, we needed decisions on merit. For me, that constitutes consent to care under the Quebec Civil Code. So it requires hearings on the merits. And I've had some success in getting hearings on the merits. But you have to understand that in the middle of a major pandemic health emergency, it was considered a question of urgency. So we had to put together files in a week or ten days: in-depth files on such a complex issue.

[00:35:00]

How did the case law develop? It was to say, "well, look, the court won't go against public health recommendations. If a parent wants to follow what public health recommends, well, that's what will happen." So the notion of the child's best interests was not really taken into account. Nor was the question of free and informed consent. I saw the documents given to parents at school and they didn't really talk about side effects. Well, they were already saying firstly, that COVID is like having a cold. Good grief, even if it's serious, it will pass.

And then they specified the risks of catching COVID-19: the systemic syndrome, the pericardial and myocardial problems were all indicated as possibilities with COVID-19.

But when it came to the side effects of the injection, they talked about possible reactions, mentioning rashes, fever, chills—you know, fairly benign things. And on the consent form, there was a question about existing clotting disorders. But nowhere did it explain why that question was asked. Still, it was important. So I made a first attempt. In the course of a few days, on a Friday, I had to proceed with a case on the merits by the following Friday. And then fortunately I had the cooperation of Dr. Lavigueur to come and attend the hearing. They refused to recognize him as an expert because he hadn't produced an expert report. Okay, I'll try again. I said—

Samuel Bachand
Madame Bohémier, I'm really sorry, but at this rate, you won't make it. So what I'm suggesting—and you're free to accept it or not—is to propose to the commissioners the placement of your summary outline in the file, along with stable hyperlinked references to the judgments you intend to comment on in the next few minutes. May I suggest that you move on to the question of your disciplinary experience and then to the practical recommendations you wish to make to the Inquiry.

Myriam Bohémier
Okay, well, briefly, on the question of vaccinating children, I tried to get a doctor to testify but it didn't work. I tried to get a vaccine expert to testify but it didn't work. I tried to submit medical certificates from a doctor who did not recommend vaccinating children but it didn't work. Invoking the fact that there were hereditary heart problems in the family didn't work. At one point, I said, well, I'm going to contact Dr. Quach, who's the president of the Comité d'immunisation du Québec [Quebec Immunization Committee], to ask her some questions since we could only take into account public health recommendations. Well, the subpoena was quashed on the grounds that this is a case between two parents on a question of parental authority. So it was not relevant. So that's it: the notion of free and informed consent was eliminated and we couldn't allow the parents to hear anything other than what the government was saying.

Samuel Bachand
This is your summary of the relevant case law?

Myriam Bohémier
Yes, effectively it is.

Samuel Bachand
Okay. Continue.

Myriam Bohémier
And here I come to my own situation, which is that during this year, or 2022, I had three requests for investigation by the *syndic*'s office.

[00:40:00]

The first was following a video I made with Monsieur Stéphane Blais of the Fondation pour la défense des droits et libertés du peuple [Foundation for the defence of people's rights and freedoms]. I was questioning whether parents have the right to ask questions, to challenge public health recommendations, to disagree. And I had mentioned the name of an article which said that vaccinated people were a few weeks away from acquired immunodeficiency syndrome. I had just mentioned the name of an article. This earned me a request for investigation, and the *syndic* concluded with a simple warning. But he told me that I had no right to talk about science and that he was sure to win if he went before the disciplinary board. Because what I had said was like saying that the earth was flat, that was my—

Samuel Bachand
Is what you've just recounted the content of a written document or the content of a verbal exchange?

Myriam Bohémier
A verbal exchange.

Samuel Bachand
Can you also place it in time?

Myriam Bohémier
I made my video on February 10 and I read the response on February 25. Then, on July 14, 2022, I received a second request for an investigation. This was the result of, let's say, an emotional reaction I had to a judge who refused to recognize Commissioner Massie, present here, as an expert and his expert's report as an expert's report. As far as she was concerned, once the children's pediatrician had said that she recommended vaccination against COVID-19—that she recommended it and declared that there was no contraindication—the case was actually settled.

So I had an emotional reaction, but afterwards— At any rate one thing led to another: I asked for her recusal; I went to appeal; I filed a notice of appeal and a presentation. And the *syndic* criticized me outright for doing my job. I didn't even know what the problem was with my notice of appeal. He kept quoting me in bits and pieces but I asked him— Like, on September 29, 2022, when I spoke to him—I asked, "Listen, without admitting that I committed a fault, how could I change my notice of appeal to satisfy you?" And he never answered me. He referred me to a decision that had nothing to do with my situation.

Samuel Bachand
Do you remember what the decision was?

Myriam Bohémier
I'd rather not name it.

Samuel Bachand
Okay.

Myriam Bohémier
Following this, I have a good friend who's a lawyer and university professor—a full university professor in civil law—and as part of his teaching duties he organizes moot court competitions for his students in appeal courts. So I submitted my presentation to him; I submitted my notice of appeal to him, which I had modified; and he saw no problem.

Samuel Bachand
Listen, I think that for obvious reasons of admissibility and reliability, we should avoid invoking the expertise of a third party who cannot be questioned. Let's continue.

Myriam Bohémier
So anyway, all that to say that I had no intention of violating my code of ethics. And on November 15, the same day I did a video with Maître Fontaine on *Sam en direct*, I was served with a disciplinary complaint. Then on November 18, I received a third request for an investigation into the video I had made with Maître Fontaine.

Samuel Bachand
Excuse me, maybe I just had a moment of distraction, but the *Sam en direct* video, what exactly is that?

Myriam Bohémier
Well actually, Maître Fontaine and I represented a nursing assistant in front of his professional association because he had criticized government measures, and we went to *Sam en direct* to talk about the case and to ask for funding.

[00:45:00]

And on that show, we announced that we were subpoenaing Pfizer and McKinsey. I also announced that I intended to ask the board about their vaccination status. Because, in my experience, there are two camps now: there is no middle road. So I felt that for the sake of impartiality, it was a fair question to ask. And then just before the interview, which was about to begin, we got a warning from the *syndic* that he was keeping an eye on us. In fact, it was the *syndic* against our client, who had complained to our *syndic*. So I didn't—

Samuel Bachand
I just want to come back to this. I'm not sure I'm following you, there are several *syndics*, et cetera. Just—

Myriam Bohémier
Yes. Well, actually our client's *syndic*—representing the Ordre des infirmiers et infirmières auxiliaires du Québec [Order of nurses and nursing assistants]—he followed the video, he saw the video. So he forwarded it to our *syndic* for the Bar, who then warned us about the hearing, which was coming up on November 28. So we were under a lot of pressure.

I should also mention that before I made my presentation to the Court of Appeal for my other case, where I had had a disciplinary complaint, I had also been warned in advance to be careful about what I was going to say in my presentation. It was a lot of pressure to receive when you haven't even done anything and they are telling you, "Hey, I'm watching you because—"

Samuel Bachand
Were those written warnings?

Myriam Bohémier
No, it was verbal. Well, the one for my presentation was verbal, but the one for the nursing assistant's trial was in writing.

Samuel Bachand
In the case with verbal warnings, did you ask for a written version?

Myriam Bohémier
No, I didn't, but it [the warning] wasn't denied because I proceeded with the inquiry request just last week, the week of the 20th, from Tuesday to Friday of last week. And the *syndic* didn't deny it.

Samuel Bachand
All right. You have about five minutes left for everything.

Myriam Bohémier
Yes, okay. Anyway, all that to say that the nursing assistant's case, where we experienced the intimidation, was closed on January 10. On the other hand, I had to appear before my order this past week. I can't comment because it's under deliberation. But the members did have some interesting questions about what was derogatory about requesting a recusal or raising a reasonable apprehension of bias—because this is provided for in our *Code of Civil Procedure*. It's something you can do. It's even a fundamental right under section 23 of the Quebec Charter. So they were wondering where we draw the line between what we can do as lawyers in our job and the point at which it becomes derogatory. So there were some interesting questions, but the answer was rather weak.

Samuel Bachand
Whose answer?

Myriam Bohémier
The *syndic*'s.

Samuel Bachand
Right.

Myriam Bohémier
Now for the recommendations. I'm going to dare to address a taboo that bothers a lot of people. I've noticed that I'm naturally disturbing, I have red hair and I have a way of being. I mean, in one case, there was a journalist who attended the hearing; and since she was present at the hearing, I could summon her to testify, which I did.

[00:50:00]

I've sent formal notices to journalists about Patrick Provost's treatment and media coverage. I subpoenaed Pfizer, McKinsey, and they have tried to have the subpoenas quashed: I'm awaiting that judgment. I subpoenaed Dr. Caroline Quach, President of the Quebec Immunization Committee, to answer questions. In short, you could say I've got a lot of nerve. But I see it as part of my job. In front of my own disciplinary board, I asked about their conflict of interest and also their vaccination status. And the answer was: "It's a confidential medical act." I replied, "Can you please write that into your decision as there are an impressive number of people who have lost their jobs because that wasn't accepted." It's such a simple answer. And we're still debating the issue of the vaccination passport in the courts. And yet, before my disciplinary board, it didn't even take two-and-a-quarter minutes to reach that conclusion.

So, I am coming to the practical issues, and I dare to address the following taboo: money. Nobody has the means that the government, Pfizer, McKinsey, whatever, have. I defend people who have no money. And the financing of claims is a major concern. Also, we've had appeals rejected after considerable expense because they became theoretical debates after the measures were changed. We also have many, many appeals—for example, on tickets where the value in dispute is perhaps $1,500: we can't ask people to pay more than the value of the ticket. So it's complex because I have to eat too. I also have to live. I have to pay my rent. And people who lose their jobs, who don't have any money, finally have their means cut off.

So, how? How are we going to defend these people? It takes funding; it takes money. And, you know, for example: just to give you a written overview of all the measures, given the number of decrees, orders, and case law decisions, I could do that. But then again, I'm a full-time lawyer, one hundred per cent. It would again be pro bono work. And while I'm doing this, I'm not making any money. I'm self-employed. I don't have a job other than being a lawyer. And I'm not retired, I don't have a pension, I don't have anything else. So that's an important question because I want to help these people; and I don't want money to be an obstacle to helping them.

There are also legal notions that take precedence over human rights, such as the concept of the greater good. We have a decision on caregivers where Justice Brossard recognizes that caregivers and those being cared for are in great difficulty, that there is real damage, even potential death—but that the government is presumed to be acting for the greater good. Well, the problem is that the courts take so long to hand down decisions that, in the meantime, the debate has time to become theoretical. And people die and children are vaccinated and suffer side effects. The Court of Appeal has said that child vaccination is a matter of public law.

[00:55:00]

As for a public law debate today: None of them are heard on the merits, and it's 2023. On the other hand, I barely had ten days to prepare a trial on the children's injection issues. Neither works.

There's also the idea of unions. When a union agrees with the employer to apply measures and doesn't want to defend the employees, well then, the employees have no recourse.

There are charters. The notion of discrimination is limited to what is indicated in the charters. So vaccination status is not in the charters. On the other hand, gender identity is. So there's no protection against the discrimination we've experienced in relation to vaccination status. As for the notion of hate propaganda, which is contained in our criminal code, gender identity is there, but not vaccination status. So all the talk—

Samuel Bachand
Why, exactly, are you referring to hate speech?

Myriam Bohémier
Hate propaganda. Well, we've had such unparalleled media beating from—

Samuel Bachand
Okay, I know it's not an easy exercise but can you recollect an example of this kind of talk?

Myriam Bohémier
"Covidiots, ignoramuses, selfish, toothless, imbeciles; we should starve them."

Samuel Bachand
Who carried or relayed these words?

Myriam Bohémier
Journalists and columnists.

Samuel Bachand
Okay.

Myriam Bohémier
And, yes, you could say that even our government leaders in their press conferences didn't have very complimentary things to say about the unvaccinated.

Samuel Bachand
It's time to wrap things up, as you're running out of time.

Myriam Bohémier
Yes, and now I have a few fundamental and philosophical points. First is the issue of fear. I'm a lawyer who decided to be on the front lines. This has caused me difficulties, pressures from my professional order. And there are a lot of people and lawyers who don't dare to do what I do. A lot of professionals too. So fear is an issue. It's a very big issue. If we want a

different world, we're going to have to examine that and examine also the judgments that we make about each other. Because we're on the same team here, but some people fight people on the same team. It is not easy. But judgment is what kills. They are only ideas, not reality. They're just projections of one person's own thoughts onto someone else. So indeed, that has to change.

So we have to get out of the victim-persecutor-rescuer space and look at ourselves. Because change has got to come from each and every one of us. Love yourself first of all, as you are, then accept yourself. That way we leave others free to be who they are. Because the fundamental question here is: Why is this still important today? Our right to breathe has been attacked—our right to breathe. To breathe is to live. Our right to decide what happens to our own bodies has been attacked.

Samuel Bachand
Excuse me, how was the right to breathe attacked?

Myriam Bohémier
Through masking.

Samuel Bachand
Ah, right.

Myriam Bohémier
Through masking. They attacked our right to decide for our own bodies regarding the COVID-19 injection by attacking our very survival. You know, we were given the choice between our physical integrity or our survival through our work. We're essentially fighting for humanity—

Samuel Bachand
What you mean is subsistence.

Myriam Bohémier
Subsistence, yes. We're also fighting for our humanity, for life. And what direction can we follow in a world that has lost its bearings? Everyone has to make life choices. Life choices imply solidarity and loyalty to self-love and accepting that others are the way they are, that they have the right to be, without that affecting us in any way because we are in solidarity with that right to be.

[01:00:00]

Samuel Bachand
Thank you for your time. We'll stop now.

Myriam Bohémier
Yes.

Samuel Bachand
So if the Commissioners have any further questions.

Commissioner DiGregorio
Thank you for your testimony. I'll ask my questions in English and Dr. Massie will translate for people.

[In English] Across the country, we have heard other lawyers talk also about how the Charter of Rights has not protected people.

Commissioner Massie
Across the country, we also heard a lot of testimony from other lawyers who mentioned being disappointed that the Charter of Rights didn't seem to have adequately protected people.

Commissioner DiGregorio
[In English] And we've heard suggestions that perhaps the Charter needs to be amended to provide better protections.

Commissioner Massie
Discussions were held to suggest amendments to the Charter of Rights to provide better protection.

Commissioner DiGregorio
[In English] But because amending the Charter is such a difficult thing to do, some of the other suggestions we've had are to change some of the laws.

Commissioner Massie
But since changes to the Charter could be quite complex to achieve in our confederation, people suggested perhaps trying to amend other laws that would be less difficult to change.

Commissioner DiGregorio
[In English] And so I'm interested in your thoughts on which changes might be most effective. For instance, you have spoken today about government measures being removed before you get to court. And then when the court, it comes before the court, the court says it's moot or theoretical.

Commissioner Massie
So for example, what suggestions would you have on more accessible changes, such as the comments about the reasons that are presented and become obsolete when measures are no longer active.

Commissioner DiGregorio
[In English] Your thoughts.

Myriam Bohémier
Well, I think that in this type of case, the government should have to demonstrate the measure first, rather than us having to challenge it. That would reverse the burden of proof on the government to justify its measure before putting it in place.

Samuel Bachand
What does this mean in practice? The Commissioners have been told about the Oakes test before, but in practice, the burden of proof of the state or the public prosecutor does not operate in the same way, as I understand it. So perhaps you'd like to explain to the Commissioner what you mean procedurally.

Myriam Bohémier
Procedurally it would mean that before adopting an infringing measure, human rights must be discussed. Not just any rights. We're talking about physical and psychological integrity, the right to life. These are rights to which you are entitled simply by being born, they are intrinsic human rights. It's written in the Quebec Charter.

Samuel Bachand
The practical side?

Myriam Bohémier
Yes. To infringe these rights, the government would have to justify that the measure it wanted to put in place was justified within the framework of a free and democratic society. And it would have to meet the criteria of proportionality and reasonableness before imposing the measure; and then, I tell you, it would go to court very quickly.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen
[In English] The Prime Minister rejected truckers as anarchists while actively supporting Black Lives Matter.

Commissioner Massie
The Prime Minister called the truckers anarchists and protesters on the same level as people who protest in militant groups like Black Lives Matters.

[01:05:00]

Commissioner Kaikkonen
[In English] At the same time, the federal court is posturing, signalling to the populace that they are vaxxed.

Commissioner Massie
At the same time, the— [In English] Can you repeat with me?

Commissioner Kaikkonen
[In English] At the same time, the federal court is posturing, signalling to the populace that they are vaxxed.

Commissioner Massie
At the same time, the government is reporting that there are people who are recognized as vaccinated.

Commissioner Kaikkonen
[In English] The censorship bill C-11 was signed into law by the Governor General in record time.

Commissioner Massie
Bill C-11 came into force in record time and was quickly approved by the Governor [General].

Commissioner Kaikkonen
[In English] The lesser magistrates have climbed on board, deferring their decision-making power to public health.

Commissioner Massie
The judicial authorities quickly delegated their judicial functions to the government health authorities.

Commissioner Kaikkonen
[In English] We've heard testimony that our institutions are weaponizing the law to suit their own ideological agendas.

Commissioner Massie
Across Canada, we've heard testimony that institutions have used the law to implement their ideology.

Commissioner Kaikkonen
[In English] Particularly when they consider their own institutional view as the only acceptable view.

Commissioner Massie
Particularly when these institutions considered their vision or ideology to be the only acceptable one.

Commissioner Kaikkonen
[In English] And that the dissenting views of the citizenry are not accepted.

Commissioner Massie
And that any other vision of the world or other ideologies of citizens were perceived as unacceptable.

Commissioner Kaikkonen
[In English] So given where we are and your own experiences as a lawyer: Are we already living in a police state? And what constructive recourse do hard-working Canadians who love this country need to do to restore their God-given inherent rights and freedoms and, as you suggest, their birthright?

Commissioner Massie
So given the situation we find ourselves in, which is documented by a whole series of court cases that were quickly evaluated, as we've seen, as you've testified: Are we finding ourselves more and more in an authoritarian police state—one that is in fact eroding citizens' rights, fundamental rights, rights that are given at birth? And what can we do to try and re-establish the exercise of these essential rights, the fundamental rights of citizens?

Myriam Bohémier
Yes, in my opinion we are now in a totalitarian state. The last three years have shown that the courts have been powerless to prevent the infringement of people's fundamental rights, whether by delays or by strategy under the *Public Health Act,* where measures are changed a few days before the hearing. So there's no doubt that everything that's in the *Public Health Act*—those measures can't continue. And what's worrying—very worrying—is that the Charter statute is supposed to be higher than the measures and decrees of the *Public Health Act*. But that's not what we've seen in recent years.

So all the tools exist—they are there—but they're illusory. We haven't been able to use them. We've invoked them. We've gone to court to claim them. But there are concepts like judicial notice; it's a concept where it has been said that— Well, it's now judicial knowledge that there's a pandemic.
[01:10:00]

But it's never been proven that there was a pandemic. It was the government and the media that said there was a pandemic. But no demonstration has ever been made in a court of law that there was in fact a pandemic. So this concept: from the moment that everyone believes there has indeed been a pandemic and this premise goes unchallenged, well then, all else follows. The measures become justified, and everything can be explained on that basis. But that's why—particularly in a disciplinary case involving one of my clients—I questioned the notion of a pandemic because there was no excess mortality at that time. But since the COVID-19 injection, yes, now there has been excess mortality.

So in my opinion, you have to dare to question these false premises. And if we don't go that far for fear that the courts won't accept us going that far, or for fear of losing our credibility as a lawyer, well I mean, we won't succeed that's for sure. Because the basic premise isn't true. So you have to challenge it; you have to work through it; and then you have to dare to do it. I haven't seen much of that being done because it was deemed too difficult to question that premise.

Commissioner Kaikkonen
Thank you very much.

Samuel Bachand
Myriam Bohémier, thank you for your testimony on behalf of the Inquiry. You've always been free, but now you are free to go. Thank you.

[01:12:00]

Final Review and Approval: *Erin Thiessen, November 21, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 8: Éloïse Boies
Full Day 3 Timestamp: 07:15:08–07:52:14
Source URL: https ://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
Hello again everyone. I am Konstantinos Merakos from the firm Bergman & Associates. So we have our next witness. This next one is about social media. As you know, there has been a lot of debate between citizens and governments about the COVID measures. And these debates, or battles, have taken place not only in the street—through peaceful demonstrations, through courts of law—but also, and I would even say mainly, on the internet and more specifically, social networks.

I have with me on Zoom Madame Éloïse Boies. Madame Éloïse Boies, can you hear us?

Éloïse Boies
Yes.

Konstantinos Merakos
Okay. I'll swear you in, Madame Boies. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say: "I do" or "I do solemnly swear."

Éloïse Boies
I do.

Konstantinos Merakos
Could you please spell your name?

Éloïse Boies
É-L-O-Ï-S-E B-O-I-E-S.

Konstantinos Merakos
Okay. Thank you. Are you alone in the room?

Éloïse Boies
Yes.

Konstantinos Merakos
Okay. So Madame Boies—or if I have your permission, I'll call you Éloïse. Is that all right?

Éloïse Boies
Yes.

Konstantinos Merakos
Okay. So Madame Éloïse, I'd like to start by talking a little about you, your current career, your work, and so on.

Éloïse Boies
I'll be fairly concise. My career right now is paused because I'm on maternity leave for the whole of 2023. I just had my second baby in January. My career is actually in television. I was an actress before the pandemic, then I became increasingly involved in production as a production coordinator. Then I was production manager for a documentary just before I went on maternity leave. So I won't go into the details of how complicated it can be to work right now in our field, the television industry, which requires a whole lot of— In any case, during the peak of the pandemic, it was really very difficult to work. So that's it, I was an actress for a long time.

And now I've started my YouTube channel—which isn't just on YouTube, but it's simpler to say so. I'm very present on the social network platforms and I've tried to do journalism as professionally as possible. In fact, I don't consider myself a journalist but rather I create entertainment. I get people with expertise to give their opinions, whether they're scientists, lawyers or psychologists. I felt it was important to give a voice to people who weren't being heard in the mass media, to bring nuance back into the public sphere. And since I'd been in the entertainment business for a long time—as an actress and I'm also a singer, so in the communications field—I knew I had the expertise to do it. My partner also works in the same field—he's a director and cameraman—so we started out doing something really professional together and it proved to be successful.

Konstantinos Merakos
Okay. Thank you. You said it was difficult to work in the media industry during the pandemic. Can you share a few details or experiences that explain this difficulty?

Éloïse Boies
Yes. Well in fact, at the peak of the requirements, or mandates as we say in English, the Union des artistes [Artists Union] required three doses of vaccines, even though everywhere else it was two doses for the vaccination passport. In our field, in order to work in front of the camera, you needed three doses. And children—even children who

dubbed or worked on sets—needed two doses. I don't know, as of today, what it is. I just quit, and I don't work anymore, I don't audition anymore. Anyway, I quickly became an outcast. So that's it, I don't work in front of the camera anymore.

And even behind the cameras on set, masks and all that were required. The working conditions were really difficult. My partner experienced this because he continued to work during the pandemic; it was really peculiar. Suppose the actors had to do a scene where they had to get close and it was less than two meters, well there was someone on the set to time them. During the day, they were allowed just 15 minutes. If it was more than 15 minutes, they couldn't do the scene: it was postponed to another day. It was totally crazy. It wasn't about "stopping the spread of a virus" at all. It was just creating endless rules and rules and rules.

[00:05:00]

So working under conditions like that can be extremely anxiety-inducing. And I really had no appetite for it. I was a new mother; I had my daughter in 2020 at the start of the pandemic. So my priorities were my family and continuing to make online content to keep people as informed as possible.

Konstantinos Merakos
Excellent. Before moving on to the theme of the content, you talked about rules, rules, rules. Were there any exemptions to be made in your field, either religious or medical?

Éloïse Boies
No, not to my knowledge, with reservations. But I'm in contact with many people in the industry who don't dare say publicly that they're against the mandates, but who do tell me privately because I'm publicly opposed to what we've been through. At least I have a lot of reservations about what the government has done. Really well-known actors write me to say— I know one actress who got an exemption to return home in order to avoid getting her second dose because she had extremely serious side effects after her first dose. And she's one of the very, very few in the country who managed to get an exemption. In the industry, it's definitely talked about. I don't think it's interesting or relevant to bring it up because it's rumour, but exemptions were exceedingly rare.

Konstantinos Merakos
Yes, and just as an example of practice, I would be bound to ask you if you've applied for exemptions. But since your medical records are private, I'm not going to ask questions like that, just as an example to the world, because you didn't mention your vaccination status. That's between you and your doctor. So just as an example, to show the world.

Éloïse Boies
Exactly. But if I may just digress for a moment.

Konstantinos Merakos
Yes, go ahead.

Éloïse Boies
Because of my positions, people assumed my vaccination status, but I never mentioned it publicly. So in making assumptions about me, people also assumed my spouse's vaccination status. Then my spouse found out from people who usually hire him that they hadn't called him for contracts because, "Ah well, you're not vaccinated!" In principle, nobody knows that. Nobody knows that. They surely cannot know for certain: they just assumed. So my husband lost some work because of it and me too—because I publicly asserted my reservations. I've hosted scientists who criticized the injection. So people assume that we're not vaccinated; they stop calling and they don't give us work anymore. And so we're self-employed.

Konstantinos Merakos
Excellent. Thank you for this. Let's go with the content of your videos. Tell us briefly: What was the specific content during the pandemic? If you made any videos, what were they about? What were the themes and topics?

Éloïse Boies
I launched my channel by making two videos that had nothing to do with the pandemic—because I come from the entertainment field and already had expertise therein. I observed the presence of paedophilic themes in Hollywood or that sort of thing, where in entertainment we saw the normalization of the hypersexualization of young people, et cetera. Then I decided to do one on media misinformation, which was my first video that had more to do with the pandemic. I started explaining propaganda techniques, things I knew about because I'd done a lot of research on it before. As I say, I come from a background in entertainment. It's important for me to understand how the means of entertainment are also used to control people to think in a certain way, to create social currents, et cetera, so I made videos on that.

I made a video on censorship because I realized that people around me went about their lives with their little daily routine; people went to work—"commute–work–sleep"—and weren't really aware of the extent of the rampant censorship, the extent to which so-called "dissident" discourse was being stifled. So I made a video giving examples of the extent to which the media reported news in a very biased way, already telling us how to think about it. It was very pragmatic because I try to make all my videos in a very pragmatic way, and so my video on censorship was censored by YouTube. YouTube completely deleted it. And I have several videos that have been deleted—most recently, one of Louis Fouché that I had just put online privately because I wanted to publish it later, and then YouTube deleted that.

Konstantinos Merakos
Yes, excuse me. You're ahead of me. That's exactly the next question. Has the censorship video been censored, as well as other videos you've published? So tell us a bit about that. Which videos have been censored and why?

Éloïse Boies
Okay. Well, the censorship video was the first one. Then I made one that went viral called "Why Refuse Vaccination?" It was online for 16 minutes before it was suddenly deleted by YouTube, creating a wave of frustration.

[00:10:00]

And it went even more viral on Facebook; Facebook didn't delete it. And in my video, I used excerpts from scientists who explained details about vaccination—renowned people like Dr. Zelenko, Dr. Malone, people with international reputations who had the expertise to at least give their opinion—in order to bring a plurality of points of view into the public sphere so we could have a clearer opinion. If you want to receive medical treatment, you should have free and informed information. And that video was censored. And then I've just been through it more recently with Alexandra Henrion Caude, a geneticist I hosted last week. I'd reached 40,000 views after two days on Facebook, when Facebook deleted it saying it could cause physical injury.

So there's been a wave of censorship that is obviously not over yet. Right now, we're well into 2023, and I am still facing a lot of censorship. But basically, it was YouTube and Facebook. That's pretty much where I experienced the most censorship.

Konstantinos Merakos
Okay. And what reasons or justifications did they give you for censoring these videos? What messages did YouTube and Facebook send you after censoring you?

Éloïse Boies
Well, the lamest excuse, if you ask me, is probably algorithms that detect content and keywords. So I don't think there are actually humans who sit down and watch our videos before handling the request. So generally, they say it goes against YouTube Community Guidelines or Facebook Community Guidelines. I even had a comment deleted on a group that I manage. I'd said, "Thank you so much for this." I was replying to someone and said, "Thank you for taking the time to reply to me." It was just like a thank you, yet it was judged as "against." So you can see that algorithms sometimes get a bit mixed up. But if we appeal, it falls through the cracks.

As for Facebook, I usually don't get any feedback. And with YouTube, they usually respond in minutes to say, "We've reviewed your request but unfortunately, we're maintaining our position." And it often comes with sanctions: either they threaten to shut down your channel after three warnings or the algorithms completely stop us from working, which is what happened with my channel. For a year or two, I had no growth at all on YouTube. Now, I'm earning—I don't want to say my income because I'm not really making any money with "Élo veut savoir" ["Élo wants to know"]—but it's still my job and I invest a lot in this project. So it's important for me to reach a lot of people and to have a lot of subscribers. And when there's censorship like that, it also hurts my ability to have what I do be seen by people and perhaps affects my chances to partner with sponsors, that sort of thing. So I can tell from the developments surrounding my project that it's actually enormously detrimental to my career.

Konstantinos Merakos
Excellent. Have you received any personal or hateful attacks from other people on the internet for posting these videos, in your private messages, et cetera?

Éloïse Boies
Yes, all the time, that's for sure. Trolls are everywhere on social networks.

Konstantinos Merakos
And another question, perhaps more important: Have you been discredited or attacked, either by government agents or by the media?

Éloïse Boies
Yes, that's it; that's even more disturbing.

Konstantinos Merakos
Okay. Go on.

Éloïse Boies
Because whether you're on one side or the other, there'll be trolls. At some point, you learn to live with the hatred that's out there. But in fact, the problem arose when I was present in Ottawa during the Freedom Convoy: I went with my phone, I met truckers, I went live. Then it went super-viral because people were hungry for information that was neutral. I was just a normal person interviewing people. My goal wasn't to tell people how to think, as the mainstream media was doing when reporting the news by demonizing the Convoy. So at that time—it was January 2022—I exploded on Facebook.

It also goes back to what I wanted to say earlier. My other video that went viral was "Why Refuse the Vaccine?" When videos go super-viral on the internet, what I've noticed— I had the same thing happen with scientists I interviewed on a talk show I created called "Juste pour savoir" ["Just To Know"]. I had three scientists on: Bernard Massie, who is here today, Patrick Provost, and Christian Linard. They came to explain, to give another point of view, to give nuances contrary to what we always hear in the mass media. That video went extremely viral. I think we were up to half a million views.

[00:15:00]

That's when the media started attacking me regularly. The first time was the vaccine video. *Le Soleil* did an article on me to say that ultimately, it was a pack of lies. "Fact-check": it's become the most-used word in the last three years. But what I do is more or less 'fact-checking' because I give the floor to internationally renowned scientists who have the right to their opinions which are based on facts. And then we have a journalist straight out of journalism school who feels he can tell internationally renowned scientists that they don't know what they're talking about. And I experienced the same thing with my video featuring the scientists I've just named. This time it was more difficult, because Radio-Canada [CBC] actually did a program on *Décrypteurs*. Then came an article in which they debunked my video. Excuse the Anglicism but, hey, they "fact-checked" it and "debunked" it.

I was more or less attacked personally. I was just seen as this terrible conspiracy theorist. They didn't use the word "conspiracy theorist" though because I don't think anyone could label me that way when I'm just a host who interviews people. But in the article, they took the statements of the scientists I interviewed, one by one. In fact, I think they were the ones who received the tsunami of criticism. But what happened when Radio-Canada—which in the eyes of the general public is seen as a recognized, credible institution—attacked me, well afterwards, I definitely felt the repercussions in my private life.

Konstantinos Merakos
Thank you. So we are talking about censored videos, about the media trying to discredit you. In your opinion, is this an attack on your freedom of expression?

Éloïse Boies
Yes, it is crystal clear.

Konstantinos Merakos
Tell us about freedom of expression.

Éloïse Boies
You want me to talk about it?

Konstantinos Merakos
Yes, feel free to go ahead.

Éloïse Boies
Well, for me, it's the most important thing. That's why I'm suing Google and YouTube with my lawyer, William Desrochers, who contacted me during the pandemic. Because we were saying to each other, "This is serious, you know. We have a Charter that's supposed to protect our freedom of expression." My comments do not incite hatred nor do they incite anyone to commit a crime. I'm just trying to give a voice to scientists who have something else to say, and I get censored repeatedly. There's something extremely alarming—

Konstantinos Merakos
Excuse me, I'm just going to interrupt just to warn you not to talk about the court case with your lawyer. You can mention the theme, et cetera, but we won't go into detail. Politely, I ask you this.

Éloïse Boies
No problem. Anyway, I can't give you the details; it's not my expertise.

Konstantinos Merakos
Excellent. My apologies. Please continue.

Éloïse Boies
In fact, the point is quite simply that I think many of us felt that our fundamental rights were really being trampled underfoot during the pandemic. We even found a way of ridiculing a word that should never be ridiculed: namely "freedom." And, no, it's not all raving lunatics who say the word "freedom." It's so incredible that we've reached this point as a society. So for me, the battle is here: I'm a mom now, and we're in the process of creating a world. And when we bring children into that world, well, of course we ask ourselves what we're going to leave to that future generation. It involves me in a completely different way in society; to me, this is important.

I'm lucky to have a voice. I already had experience; I wanted to be an entertainer for a long time in my life. I had the opportunity to express myself publicly, to host people, to ask questions. What's more, as I said, I was also lucky enough to have the technical resources around me. A lot of people put their shoulders to the wheel for free, in the shadows, to make sure that our productions were really aesthetic, beautiful, and professional. But just to see the extent to which people didn't want their names mentioned in my projects shows just how much fear there was, as Madame Bohémier referred to earlier: that fear of expressing oneself publicly; that self-censorship; that fear of losing one's job; that fear of being judged; of losing friends. The social climate is really— I never thought I'd go through this in my life. And I intend to continue fighting as peacefully as possible, but as I see it, what we're going through as a society is extremely serious.

Konstantinos Merakos
Thank you. The next topic is more personal in tone, and you're free to answer as you feel comfortable. I'd like to talk a little about your family. You have a husband and a son and daughter? You have a young child?

Éloïse Boies
Two children: one boy, one girl.

[00:20:00]

Konstantinos Merakos
Okay. Congratulations.

Éloïse Boies
Thank you.

Konstantinos Merakos
So I'd like to talk about your family's situation, your family's quality of life. Did you suffer social rejection, ostracism, financial hardship? Tell us a little about what you and your family went through during this very, very difficult period.

Éloïse Boies
Yes, well, we've certainly been through the same thing as everyone else, you know. I'm here to talk about it today, but I have the impression— So many people wrote to me to share what they were going through, and so many of us went through it: it was violent. Let's say for example, Patrick Lagacé's article calling us toothless—that's where the term "toothless" began—making totally meaningless associations, like we were less educated if we opposed vaccination. If we went to Ottawa, we were transphobic, misogynistic—really, just denigrating labels that mean absolutely nothing in this context. It has nothing to do with anything but it's just repeating the rhetoric over and over: denigrating, degrading people who have chosen use their critical spirit to position themselves differently from what those in power want. So yes, we've been through it, and in my partner's case, a lot of friends have stopped talking to us. Some of his friends even took him aside because they were worried about his mental health after seeing the report about me on Radio-Canada—because they thought that he was probably under the influence of a conspiracy theorist—which is extremely hurtful when these are childhood friends you thought you knew well.

And where I personally really experienced— As I said, in February 2022, last year, Radio-Canada wrote the article about me right after—really, immediately after—my videos had gone viral. I had videos in Ottawa that had reached 300,000, 400,000 views. And I also had the video on the scientists, which was rolling at the same time that Radio-Canada ran the program on *Décrypteurs,* right afterwards. That's when my daycare called my partner to say that we no longer had a space at that daycare. It's a family daycare. It's extremely difficult to find a daycare centre. And we never found out why; she simply said she didn't like the way I talked to her, even though I'd never had any conflicts with her. So for sure, the timing of events was rather dubious. We'll never know for sure why we lost our daycare centre in February 2022, but it came at a time when I was very publicly exposed, when social pressure was enormous.

As I said, I never talked about my [vaccination] status, but just as a reminder: those who opposed mandatory vaccinations, those who opposed all of that, couldn't go to the SAQ [Société des alcools du Québec – provincial liquor store] anymore. If I wanted to go to my pharmacy, for instance, which was in a Walmart, I had to be escorted by a person to ensure I didn't go anywhere else in the big-box store—because I wasn't allowed to pick up my little prescription [alone]—and then return home. So the social climate made it okay for people to hate us. Monsieur Legault even talked about depriving us of healthcare if we weren't vaccinated, and this was picked up by the media. At the time, Denise Bombardier was repeatedly calling for war against the unvaccinated in the *Journal de Montréal*. I published her articles two or three times; she used that terminology, which is extremely violent, yet can be interpreted more or less positively by the people who receive it. So in my opinion, her freedom of expression should have been stopped right there.

And that's when it became really alarming. The day we lost our daycare centre, we had to downsize. My husband turned down contracts because we were now working full-time with one child. At the time, my channel was doing really well so I was trying to expand. I was also starting an independent media company called Libre Média. So everything was happening at the same time. My partner stayed home more to allow me to continue working. But to this day, I'm still pretty sure that we lost our daycare centre because some people must have reported that I was in Ottawa, and that *Décrypteurs* had done a show about me.

Konstantinos Merakos
Thank you. These attacks—or this situation between you and your husband: Did it affect or touch your children's lives or quality of life, whether at school or elsewhere? What was their reaction to what they saw Mom and Dad go through in the media or through friends, in the community, et cetera?

Éloïse Boies
Well, my daughter was born in 2020, so you could say she was protected because she was so young.

[00:25:00]

And I had my son in January. We were lucky enough to have grandparents around. And I make no secret of it, my parents were extremely present in the early years. I don't know how it's possible for those who followed the recommendations to not have their parents' help. That is why it is always said that it takes a village [to raise a child], especially for

young children. I thought it was important for my daughter to see faces; I thought it was important for her language. There are plenty of scientists, plenty of studies around the world, that have come out saying that when children do not see faces, it delays their language. In any case, we know that, but I won't go into that now.

But for me, putting my daughter through that was out of the question, so I made sure she kept seeing people. Of course, we didn't go out in public much. I wasn't really going to the grocery store with her; I didn't want her to see people wearing masks. It was important for me to protect her from that. So I think we did a good job of protecting our children. We succeeded: my daughter is almost three years old, and she speaks extremely well. And I'm very pleased about that because at the daycare centre, there are actually children who speak very, very little. In fact, I think it's my daughter who speaks the best. Even four-year-olds have problems with language delay. So you can see it all around us: where the mask mandates have been applied, well, the kids have paid the price.

Konstantinos Merakos
Okay. Then it's a good thing they were still too young to understand what was going on around you.

Éloïse Boies
Truly.

Konstantinos Merakos
Okay. I'd like to give you a minute to add anything if you want before we go to the commissioners for their questions.

Éloïse Boie
Well, I think we've skimmed through the most important part of what I had to say today. We can go straight to questions if you like.

Konstantinos Merakos
Excellent. So Commissioners, it's your turn. Oh, yes, before I proceed: they told me we need to swear in each individual. So we'll do it again if it hasn't already been done. They gave me the go-ahead, so I'll do it. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Please say, "I do."

Éloïse Boies
I do.

Konstantinos Merakos
So if it's [already] been done, it's been done now a second time.

Éloïse Boies
We did it.

Konstantinos Merakos
Okay, excellent. They gave me the signal. And when they give me the signal, then I clearly do it. I'd rather be 100 per cent sure than have a little doubt. So thank you very much for the gesture. We'll continue with the commissioners and their questions. So go ahead.

Commissioner Massie
Hello, Éloïse. I'd like to thank you very much for your testimonial. I understand that in your current situation it's not easy to free yourself up for this, so we really appreciate it—especially as your testimony was quite special, as it concerned both your professional and personal life and where the two are a somewhat intertwined. And as circumstances have it, you've been at the forefront of many phenomena, including censorship. It's quite paradoxical to have a video about censorship censored: it's a lesson in absurdity. And I'd like to ask a question about censorship in social media. I'm not young so I don't know much about social media. In fact, I'm a bit confused about it. And I find it hard to understand, let's say, the consistency of censorship assessments where a video is removed, not removed, put back. What's the mechanism whereby, for example, YouTube and Facebook decide that such and such content is okay or not? How does that work? I find it a bit anarchic.

Éloïse Boies
Yes, it is indeed anarchic and it is totally incoherent, as with absolutely all the rules we've had for the last three years. Don't look for coherence, you won't find any.

However, what I do understand is that they respect the WHO [World Health Organization] recommendations. This was stated by the CEO of YouTube, who said at the start of the pandemic: "Anything that doesn't respect WHO recommendations," for example, taking vitamin C, "will be removed," so deleted from YouTube. I included it in my video on censorship, by the way.

[00:30:00]

So unlike Facebook, which adds a banner— You can see it on Spotify too now, where it says "COVID-19: for WHO recommendations," and then there's a hyperlink you can click on—YouTube, on the other hand, removes it altogether; it's a much more aggressive approach. But then what I experienced this week was that Facebook became just as aggressive and decided to delete my video about the vaccine with geneticist Alexandra Henrion Caude. However, it's also hard for me to understand, because Alexandra Henrion Caude has been interviewed on Sud Radio, by André Bercoff, on several occasions. All the interviews are available on YouTube; none are censored. So I can't quite understand it, it's really multifaceted. I can't explain it because I don't even think they'd be able to give us a logical explanation; there isn't one.

Commissioner Massie
My other question has to do with all these stories of denigration and mud-slinging by social media, trolls, and institutions. You mentioned in your testimony that you were quite affected by being very vigorously targeted by Radio-Canada with *Décrypteurs*. Does it bother you on an emotional level to be attacked like that, or are you disturbed because an institution like Radio-Canada, which has an aura of respectability, seems to have lost its moral compass?

Éloïse Boies
Yes. Well actually, I don't think I've been personally affected from an emotional point of view. On the contrary, I expected it, I knew it. It happened on February 19; I remember because it was the last day in Ottawa and the trucks were leaving. Then I woke up in the morning and I had lots and lots and lots of messages. Everyone was saying, "Did you see it? Did you see it? *Décrypteurs* wrote an article about you." Then I just went, "I knew it was coming." Because I was too successful; it's called character assassination. It was only a matter of time before someone came after me. They had to destroy my credibility to make sure no one was going to take me seriously.

So as you say, Bernard, it's more disturbing to see an institution—that we also pay for, as taxpayers, with our taxes—that hasn't represented us, that hasn't given us a plurality of points of view, even though that was their mandate. And even today, as I said— Well, of course I'm changing, it was Facebook that censored me. But anything that goes against vaccination, no matter how watertight, factual, or evidence-based the argument, if it leads you to doubt about getting that injection, it's considered disinformation and shouldn't be broadcast in the mass media. In my view, that's the big red flag. It's absolutely abnormal. It's like listening to only one person in a conflict. It's totally illogical. Our parents taught us, as brothers and sisters, to at least listen to both points of view before making up our minds about a conflict or taking a stand.

So I can't understand why we're only allowed to hear "Oh, the vaccine, it's wonderful! It's absolutely fantastic!" But we can't hear about all the women who've lost their menstrual cycles. You can't hear all the other arguments that might make you doubt, especially as in my case where I wanted to have a second child. So there you have it. Basically, I think that Radio-Canada, like all journalists in the mainstream media—with few exceptions—have failed us. And I think people just wanted to keep their jobs. I know people who worked for Québecor who managed to write articles that gave the floor to pediatricians who had reservations, "In the case of children, is it okay to wear masks to school?" And then he was told, "You're not writing about the pandemic anymore." So that's how it was during the pandemic.

Commissioner Massie
My last question may be a little more personal, but anyway: How does someone like you find the strength to get through this? Not only are you weathering the storm, but it seems like you are even proactive.

Éloïse Boies
Thank you.

Commissioner Massie
What gives you this energy?

Éloïse Boies
Well, we've already talked about it together, Bernard, but we certainly have a sense of community. It's good to feel that we're not alone. And when I was on the front lines, I was lucky enough to have a lot of people writing me to share their distress—a lot of distress—and to share their appreciation of what I was doing. Because they were telling me that thanks to me, "I feel less crazy because at work, there's no one who thinks like me," and so

on. So it kind of gave me the feeling that someone was needed in the public sphere who was articulate, who had a command of French.

[00:35:00]

It sounds a bit corny but, for me, it's important to do it in a professional manner. It takes someone to do it, and I can see that not that many people have had the courage to go to the battle front because some people are afraid of losing their careers. As I was saying, I'm very close to the cultural milieu. Artists have been criticized for not speaking out but I can understand why they didn't want to, when you see how Guillaume Lemay-Thivierge was treated when he finally spoke publicly. We were getting our heads chopped off.

So to answer your question, Bernard, I think I've always had a very strong sense of injustice or justice; I'm very sensitive to injustice. For me, what we are experiencing is profoundly unjust. So given my personality, I couldn't just sit back knowing that I had the tools to do something in the battle. So I decided to go to the battle front. And also, I enjoy the interviews I do. I enjoy the human contact. It's intellectually stimulating. I was lucky enough to meet Oliver Stone, who invited me to his home in Los Angeles. So there are people who appreciate the work I do and who appreciate the work of searching for the truth.

Commissioner Massie
Thank you so much for your testimonial, Élo.

Éloïse Boies
Thank you.

Commissioner Massie
Questions?

Konstantinos Merakos
Any other questions? No? So Eloïse, by chance, you're my last witness. And we end on a good note, an important note for the future. These days, everything happens on social networks, on social media.

Before I say goodbye to this adventure, I'd like to thank you from the bottom of my heart for your testimony and your courage, on behalf of the National Citizen Inquiry. So thank you very much and good evening to you and your family.

Éloïse Boies
Thank you for doing what you are doing too. Have a nice evening.

[00:37:06]

Final Review and Approval: *Erin Thiessen, November 18, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 9: Luc Harvey
Full Day 3 Timestamp: 08:17:55–08:52:07
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Hello, my name is Samuel Bachand. I've been appointed to act as Inquiry counsel for your examination, Monsieur Luc Harvey. Please spell your name in full.

Luc Harvey
Luc L-U-C, Harvey H-A-R-V-E-Y.

Samuel Bachand
I will now swear you in. Monsieur Harvey, do you swear to tell the Inquiry nothing but the truth?

Luc Harvey
As usual, yes.

Samuel Bachand
So Monsieur Harvey, you're here to tell us about your experience and research in a legal case that began before the Court of Quebec in connection with the application of the *Youth Protection Act*. One of the parties called on you at the appeal stage, is this correct?

Luc Harvey
Exactly.

Samuel Bachand
So that you could help him gather evidence—new evidence— in this case, both as a researcher and thanks to your skills and experience as an investigator, correct? For the purposes of the court case?

Luc Harvey
Exactly.

Samuel Bachand
So you're here with us to explain a little bit about your career path, the obstacles you've encountered along the way, and what you've found.

Luc Harvey
Okay. Quite simply, to begin with, when you go before a judge, you have to have evidence. Part of the evidence is often based on documents or reports produced by specialists—or expert witnesses, as they say. The difficulty was that my friend had something like ten days to accumulate or find expert witnesses. In fact, he had found Dr. René Lavigueur, who had been willing to work with him; and two days later, René Lavigueur informed him that he could no longer speak to him and that he would not even be responding to emails. So my friend was left with no one to back him up in court.

This is where I came in. Yes, I'm an investigator for an international organization, but I'm also a former federal MP so I have a pan-Canadian network. I've also worked with international organizations based mainly in Europe and Eastern Europe; I've been working in Eastern Europe, the Middle East, and Africa for almost six years. So I have a relatively interesting and extensive international network.

In this instance, I quickly managed to recruit Monsieur Steven Pelech at the University of British Columbia, who was willing to become an expert witness in the case. He was the first expert witness. The second expert witness who was willing to come on board was Monsieur Eric Flaim from the University of Alberta.

Samuel Bachand
I'm going to stop you there. In fact, I'm going to slow you down a little, asking you for the contribution you envisaged for each of these experts.

Luc Harvey
Pardon?

Samuel Bachand
The contribution you had in mind: What were these experts you're listing going to say, one by one?

Luc Harvey
Well, it was about finding someone who had the capacity to ask, "Was vaccinating a child worthwhile? Were there any real gains?"

Samuel Bachand
Okay.

Luc Harvey
Because there are advantages and there are disadvantages. And what the governments of Quebec and Canada had produced via the INSPQ [Institut national de santé publique du Québec – public health] was too simplistic for making such a decision. So we went looking for international specialists, people who were indisputable in the debate. So Dr. Flaim's and Dr. Pelech's objective was to define: "Was the vaccination of a child valid and safe?" and "Was there a benefit?" That's what's in the document here in front of me; it's over 150 pages long.

Samuel Bachand
Do you perhaps have a reference, a title, anything that could direct the commissioners to these documents or to these experts when they consult the case you've just told us about if necessary?

[00:05:00]

Luc Harvey
Yes, of course. I could give it to you privately but I can't make it public. Given that the child has a disability, there are restrictions on publishing information publicly; it can be given to specialists or commissioners but I won't be able to share it publicly.

Samuel Bachand
I understand. So we'll see to that later. Continue.

Luc Harvey
But I have documents here. I can confirm that they're original and there's no doubt about that.

Samuel Bachand
Okay, continue.

Luc Harvey
The third specialist we've brought on board is Alexandra Henrion-Caude. Madame Caude is a specialist in clinical studies. So Madame Caude pointed out the biases surrounding how the COVID vaccine had been given special authorization for use in the population. There were in fact 15 major biases that would have forced the study to be repeated: just one would have been enough. And the study published by Pfizer alone had 15 of them. In spite of this, the vaccine was authorized for use in the general population. So that's what Madame Henrion-Caude's report says.

Other specialists we went looking for later—who are not a part of the proceedings filed with the Supreme Court—were added: people like Christian Perronne and Astrid Stuckelberger. They were participants in the case filed with the Supreme Court, should it be heard by the Supreme Court.

Samuel Bachand
And what contribution are they expected to make in terms of themes and subjects?

Luc Harvey
So it was a matter of finding the specialists and getting their consent to participate and debate the appropriateness of vaccination at the Supreme Court. And the basis on which the report was submitted to the Supreme Court was very simple: the ability to ask questions, the ability to get answers, the ability to have a debate; in other words, a full and complete defence and a fair and equitable trial.

Samuel Bachand
Very good. So just for future reference, perhaps when you say "to the Supreme Court," it is that there would have been an application for leave to appeal to the Supreme Court in this case file?

Luc Harvey
Exactly.

Samuel Bachand
Okay. That was ultimately denied?

Luc Harvey
That was eventually denied. The debate was denied.

Samuel Bachand
All right. Could you take a look at the proceedings and give us the number of the case you intervened in, I mean the docket number?

Luc Harvey
I'll give you that at the end, too. I won't make it public for the sake of protecting the identity of the child and the father, but I'll be able to provide it without any problem. I have the document here.

Samuel Bachand
Very good. So at this point, I'll let the commissioners ask any questions they may have.

Luc Harvey
I've got a copy of the document here, so I'll be able to supply it, no problem.

Samuel Bachand
From a distance, I'm guessing it's the Supreme Court decision—

Luc Harvey
Refusal.

Samuel Bachand
—dismissing the application for leave to appeal, correct?

Luc Harvey
The rejection, yes.

Samuel Bachand
Very well. Do the Commissioners have any questions?

Commissioner Massie
Hello, Monsieur Harvey. If you can shed some light on this case: Did you take any previous steps before ending up in the Supreme Court?

Luc Harvey
Yes.

Commissioner Massie
And now that you're basically blocked from filing or arguing your case in the Supreme Court—I don't know the judicial system—are there any other appeals, or is this the end of the road?

Luc Harvey
Well, we reached the end with a question we sent to CIUSSS [Centre intégré universitaire de santé et de services sociaux – Integrated university health and social services centre], which was simple: "Do you still intend to [vaccinate the child]?" Because in the entire proceeding, when we submitted our documents, CIUSSS responded with a two-page document.

[00:10:00]

CIUSSS's two main arguments were that, since the child had already been vaccinated once, the debate was moot, despite the fact that the vaccination had been given during the proceedings. So there was an issue of contempt of court over the child's vaccination; but it was secondary. And the second reason—

Samuel Bachand
When you simply say "there was contempt of court," was there a request for a declaration of contempt of court?

Luc Harvey
Yes. It was during the proceedings.

Samuel Bachand
Was there already a pronouncement or notice of contempt of court?

Luc Harvey
Yes because when we went to appeal—rather anecdotally—they didn't expect us to have specialists and expert witnesses. So we arrived with our three witnesses: Pelech, Flaim, and Henrion-Caude. And they said, "Oh, listen, can you give us a week to look at all of this and then come back?" We were pleased and said: "Okay, no problem." And two days later, our lawyer told us that they had already vaccinated the child. That was the first vaccination, and that was during the procedure. And after that—

Samuel Bachand
So just to make sure we understand, at that point you had already indicated to your opponent and to the court that you intended to ask for permission to produce new evidence at the appeal stage, right?

Luc Harvey
Yes. Well, yes, that's right. We were arriving for the first time with specialists.

Samuel Bachand
Which once again means that when you introduce new evidence on appeal, you need permission?

Luc Harvey
Yes.

Samuel Bachand
Because normally on appeal, no [new] evidence is presented. We use the evidence that was presented in the first hearing, right?

Luc Harvey
Yes.

Samuel Bachand
So you were taking steps to reopen and improve the evidence.

Luc Harvey
To enhance the evidence.

Samuel Bachand
So when you signalled this intention with the names of experts to back it up, the result was as you've just described?

Luc Harvey
They asked for a seven-day delay to analyze what we had, which we granted: no problem, no stress. And two days later the lawyer—I don't know, he was from the Centre jeunesse

[Youth Centre] or the CIUSSS—informed our lawyer that the child had been vaccinated after all. That had happened during the process. And well, then there were debates and everything. We decided to go to the Supreme Court too to resubmit the file. What was filed with the Supreme Court, here, was our complete file, with the questions I mentioned earlier: the right to debate, right to question, right to answer, and everything. It was denied. So that's it.

Commissioner Massie
So my question is: Is this the end of the line? From this point on, is there no other recourse?

Luc Harvey
They said that since the child had already been vaccinated once, the debate was moot; that's the argument they sent to the Supreme Court. The question we asked the Centre jeunesse and the CIUSSS: "Do you still intend to vaccinate the child?" So they were stuck. If they replied: "No, we have no intention of vaccinating the child," we win without being flashy, but we win all the same and without debate because the child is not vaccinated.

And if they answer "yes," well, we'll be able to go back to the Supreme Court and say that they lied to the Supreme Court by saying that the debate was moot because the child was already vaccinated. So they're in a bit of a catch-22 situation. Whether they answer "yes" or "no," it's pretty much the same thing for us. And so to date, we still haven't had an answer and I don't think we're going to get one either.

Samuel Bachand
I understand that what you're revealing or disclosing to us today, up to a point, has been authorized in full by the party you've been working with, has it not?

Luc Harvey
I don't understand your question.

Samuel Bachand
What you're telling us about the file and the party you helped, did they give you permission to tell us about it?

Luc Harvey
Yes, of course.

Samuel Bachand
Okay, that's good.

Luc Harvey
There's no problem with that, we're working very closely on this. The boy isn't my son but emotionally, he's really special to me. I always want to say his name because to say "the child" or whatever— But I can't. So it's not easy.

[00:15:00]

Listen, I have seven children, so I'm someone who's very open to children and all that. I understand the energy. I understand emotionally what it can mean to be a father in this circumstance. And the other thing is that to put pressure on the father, to take revenge on him—today, he doesn't even have the right to see his son. All his rights have been taken away.

Samuel Bachand
Perhaps you could go back a bit and tell us what happened initially, and then afterwards?

Luc Harvey
Okay. I have to tell you that before we met, I had planned to provide a history, but then we changed things a little bit.

So during the proceedings, they even sent a letter to the Supreme Court saying, "Listen, wait before you make a decision because the father is going to lose his rights over his child." They sent that to the Supreme Court! The institution itself is sending this to the Supreme Court in collaboration with the mother. So you understand the level of malice, the level of sentiment—

Samuel Bachand
I don't think it's necessary to lend intentions.

Luc Harvey
No, but that's the level— To have believed in the government—

Samuel Bachand
Go ahead, be factual. The Commission is capable of noting for itself.

Luc Harvey
Yes. So I'm going to avoid giving opinions. And this withdrawal of his relationship with his son gradually [worsened]. At first he could go out, but not out of the parking lot. Imagine, the child is in a youth center with children much more severely behaviourally challenged than him, so it's very noisy. For him, getting time away from the youth center is a moment of respite. So the child was allowed to walk around the parking lot. He likes to drive around in the car, so the father parked the car, backed up, drove ten meters, parked the car again, backed up, parked the car again, backed up, parked the car again. Imagine a child with the mental age of five or six saying to his father, "Dad, what's going on?" He himself found the situation so crazy that he couldn't understand what his father was doing, continually parking and moving the car.

After that, he was limited to visiting his son only in the Youth Center, under supervision. And now all his visits have been taken away. He cannot see him anymore; they just talk on the phone. That's the situation. Emotionally, imagine that you love your son, you love your daughter, that you're doing everything legally possible. And one of the things my friend is being criticized for is having questioned his son's vaccination against COVID—having

questioned it, raising questions about it, wanting to debate the subject. Emotionally, it's very heavy, even for me, even if it's not my son. And that's terrible. It's terrible that a government would do that to its citizens. I'm sorry, I'm a former politician and I'm ashamed to see what's happened today. I'm ashamed, deeply ashamed and disappointed to watch all these institutions. In the national anthem, where it says, "*protégera nos foyers et nos droits*" ["will protect our homes and our rights"], and in English, "on guard for thee,"— Okay, they've taken that away from us.

Samuel Bachand
Do the Commissioners have any further questions?

Commissioner Massie
Well, I'm still a little confused about what comes next. You seem to be at an impasse in terms of the development of legal remedies. But you mentioned that if there was a clear expression from the organization where the child lives not to proceed with further vaccinations, at that point, would that satisfy your friend given the circumstances?

[00:20:00]

Luc Harvey
We would win by default.

Commissioner Massie
But you have reservations about this eventuality? You don't know what's going to happen?

Luc Harvey
We don't have the answer. They could just as well vaccinate him without telling us. We don't know. My friend isn't even allowed to see his son anymore. You have to understand, they have gone too far; they have gone very, very, very far.

Commissioner Massie
And you wonder that if ever there were other vaccines administered—?

Luc Harvey
Other versions or a new wave, or whatever.

Commissioner Massie
The argument that the Supreme Court uses to say that it's moot would be null and void at that point?

Luc Harvey
Listen, even the child's lawyer— Since the child is in the DPJ [Direction de la protection de la jeunesse – Youth Protection], he can't make decisions for himself. He has a lawyer who is paid by the state, who is hyper pro-vaccine. And everyone's holding hands and saying:

"Yahoo, let's vaccinate!" So that's what's been happening all along. They've been vaccinating everyone with enthusiasm. So today, we're waiting to see how they respond. And so after all, we now have other information; we would have another way of going about things. But I have to tell you that the average success rate of anyone who wanted a debate on COVID is an absolutely zero. Despite the fact that we arrive with concrete evidence, no one wants to listen.

And I have a document here that might be of interest. It comes from the Ministère de la Santé et des Services sociaux [Ministry of Health and Social Services]: a letter addressed to Monsieur Mauril Gaudreault, President of the Collège des médecins [College of Physicians]. This was posted on the Ministry of Health website—I have the proof here—on September 17, 2021. The Ministry of Health informs the Collège des médecins that if any person in the health field requests an exemption, it will be thoroughly analyzed to ensure that no one is able to request a, quote, "unnecessary" exemption. So I have this document here with the screenshot. The Collège des médecins has been informed by the Ministry of Health that there will be no exemptions.

Samuel Bachand
Would the Commissioners like the document to be quoted separately?

Commissioner Massie
I think it would be easier to locate that way.

Samuel Bachand
So we'll assume it's QU-7: Exhibit QU-7. QU, capitalized, dash 7. We'll set it aside.

Luc Harvey
So I've got that here. And here's another document I'd like to share with you. This is from my good friend, Daniel Brisson, who works with me on this file: it's a coroner investigator's report. It's an autopsy report where the coroner clearly says, "There is a substance detected in the blood. However, given that the results must be taken with circumspection as there may be an appearance or overestimation of the substance in the case of death, it will therefore not be mentioned in this report." So a substance has been found; we don't know which one; we don't know if that's what killed him, but we won't talk about it all the same.

Commissioner Massie
Which case are we talking about here?

Luc Harvey
The deceased is Monsieur Pierre Paquette.

[00:25:00]

Samuel Bachand
The Paquette family gave you permission, is that right?

Luc Harvey
The Paquette family didn't just authorize us, they asked us—in memory of their father, brother, and husband—to file this so that if his death serves any purpose, it will serve the Inquiry or whomever. So an unknown substance appears in his blood, we don't know if it's what killed him or not, but we won't talk about it. Whereas a spectrometer can tell us what a flower from Brazil is made of.

Samuel Bachand
I propose to the Inquiry that this document be quoted separately.

Luc Harvey
[Exhibit] QU-8. Okay, it's done.

Samuel Bachand
In the course of your research, you came across information about a person involved in some of the work of the World Economic Forum, did you not?

Luc Harvey
Yes.

Samuel Bachand
I don't know if it's displayed on the screen or if you have it on your computer?

Luc Harvey
Of course. It's Madame Renée Maria Tremblay, Deputy Executive Legal Officer to the Chief of Justice of Canada, Supreme Court of Canada. I would like you to take note of this and read all the good things that are written about this lady, her influence with the Supreme Court and, above all, the arrogance that these people can indulge in.

Samuel Bachand
Listen, I'd like you to stay on the facts. So you're establishing a link, I believe, between a person and an institution, or two institutions.

Luc Harvey
Let's just say that Madame Tremblay is someone the [World] Economic Forum prides itself on having very close to them. As you'll read the whole thing, I won't comment further. But Madame Tremblay is perhaps just the tip of the iceberg of the meddling that a group like the World Economic Forum does within our institutions.

Our institutions have failed—and I'm speaking as a politician here—our institutions have failed.

Samuel Bachand
Does the Commission wish to mark the document separately? Yes, so it will be [Exhibit] QU-9.

Luc Harvey
Well, I don't mind, but this is on the computer.

Samuel Bachand
We'll print it together. That's not too much to ask. Any further questions?

Commissioner Kaikkonen
Bonjour. [In English] I'm not sure I have a question, I just have an observation, but maybe I can turn it into a question. When we think of the Supreme Court, we think of people with dissenting voices or various voices or diverse perspectives— Kind of like if you put seven people in a room and you have a bowl of jelly beans. As to which colour they're going to go take, some people might take two and some people might take different colours. And I'm sitting here wondering about family law. That's been an increasingly large industry for a long time over the years. I can go back in decades to see where family law has gone to.

But how does anybody get a fair and objective judicial decision if everybody is taking the same colour of jelly bean, or they're coming from the very same one-mind perspective that we've already seen across the world? I just wonder, even if you get into the Supreme Court, how does somebody, getting to that point, going through all the levels of law, finally get a decision that is fair and objective? Maybe that's my question.

Commissioner Massie
I'll try to summarize the question.

[00:30:00]

Janice mentioned that, to take an example, if you had [seven people in a room with a bowl filled with] "jelly beans"—I don't know how to say it in French; we understand each other— in the end, the people in the same room are concentrating on just one colour. No other colours are allowed. This raises the question of whether we won't have unanimity when examining the cases, which will mean that if we don't look at the different perspectives in the end, isn't there a risk that justice won't be exercised as wisely?

And so, I think if we return to the question: Do we have a challenge or an issue in terms of the practice of justice, starting from the level of the lower courts all the way to the Superior Court, if we systematically use the same approach—the same colour—without leaving room for other versions, if I've understood correctly?

Luc Harvey
If I understand the question correctly, as I said at the beginning: yes, I'm a former politician, a former federal MP. I'm an investigator, but I'm also on the UNF [United Nations Foundation], which is a small organization recognized by the United Nations for the protection of human rights. So when the question was filed with the Supreme Court for debate, I, on the other hand, sent a letter to the Supreme Court as UNF's ambassador to

Canada, saying: "What is your view on the loss of rights and freedoms, on COVID, on everything that's been done, the truckers, the right to demonstrate, all that? What is your point of view on that?"

To my great surprise—because in total, I had sent some twenty letters and only got three replies—the Supreme Court responded by saying: "Please note that all decisions regarding measures and precautions with regard to COVID-19 in Canada are made by the federal and provincial governments. The Supreme Court of Canada can only consider appeals of decisions made by the highest courts of the provinces and territories, as well as by the Federal Court of Appeal and the Court Martial Appeal Court of Canada. To date, the Supreme Court has not rendered any decisions related to COVID or its vaccines." That suggests that they had not had any questions, so they didn't have to answer. Here, I have proof that there was a question; and here, they tell me they didn't have any questions. [The witness shows the two documents that constitute evidence].

If you want, I can enter this as [Exhibit] QU-9.

Samuel Bachand
Well, I just want to make sure, I think we're at QU-10 at this point, because we started at [Exhibit QU-]07, which was the letter from the CMQ [Collège des médecins du Québec – College of Physicians]; [Exhibit QU-]08 is the coroner's report; [Exhibit QU-]09 was the excerpt from the WEF [World Economic Forum] website; and [Exhibit] QU-10 happens to be the Supreme Court response dated—?

Luc Harvey
Reply to myself, because it's sent to Monsieur Luc Harvey, UNF Canada, at my personal address, of course.

Samuel Bachand
Dated—?

Luc Harvey
Dated July 20, 2022. Because there's something special about the Supreme Court. You can send them questions, but they can accept or reject the question and they don't even have to justify their answer. And under normal circumstances, we were informed that the Supreme Court's response takes between four and five months but in the end, it took practically eight months.

Samuel Bachand
We are out of time. So on behalf of the Inquiry, I'd like to thank you for your testimony. You're free to go.

[00:34:12]

Final Review and Approval: *Erin Thiessen, November 24, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 10: Marc-André Paquette
Full Day 3 Timestamp: 08:53:03–09:32:10
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[0:00:00]

Samuel Bachand
Hello. My name is Samuel Bachand. I have been appointed by the Inquiry to act as prosecutor in this examination. Monsieur Marc André Paquette, please spell your name in full.

Marc-André Paquette
Paquette P-A-Q-U-E-T-T-E, Marc-André M-A-R-C A-N-D-R-É.

Samuel Bachand
I'm going to swear you in. Do you swear to tell the Inquiry nothing but the truth?

Marc-André Paquette
Yes.

Samuel Bachand
In a few words, what would you like to talk to the Inquiry about today?

Marc-André Paquette
As a kindergarten teacher and former medical student, I have had many email communications with pediatricians, public health physicians, and others. As such, my email communications reveal several elements that can help us understand what we've experienced.

Samuel Bachand
I would like to ask you in advance: Is there anything in your career path related to this theme that might be of interest?

Marc-André Paquette
Yes, from 1994 to 1999, I studied medicine at the Université de Sherbrooke, after which I obtained my bachelor's degree in elementary and preschool teaching. I've been teaching kindergarten since 2003.

Samuel Bachand
Just to make your testimony clearer—I'm not saying it's not clear, but to make it easier to understand—could you tell us what the main themes or sections of your testimony will be?

Marc-André Paquette
Yes, I'd like to touch on six aspects. Firstly, my e-mail communications with pediatricians, which clearly show at what point pediatricians were silenced or chose to remain publicly silent. Secondly, my e-mail communications with experts in pediatrics and public health—I had contacted 16 experts—show that they had no answers to basic questions about RNA vaccination, nor did they seek or find the answers. These communications also show that they had enough information to raise questions but they choose not to publicly defend the precautionary principle for children.

My third theme is about the APQ's [Association des pédiatres du Québec – Association of Paediatricians of Quebec] notice for the start of the 2021 school year. It's an announcement that was ignored and stifled by public health and the government. I'm the one who made it public and I'll talk about it in my testimony. And despite the fact that I made it public and sent it to 500 candidates in the 2022 provincial election, not one political party mentioned it. Nor did the vast majority of the media deem it necessary to inform the public. This is an important point. For my fourth point, I'd like to talk about how the media silence of pediatricians and other Quebec experts in the media has had a disastrous impact on all childhood environments. This is related to my expertise as a teacher.

As point five, I'd like to touch lightly, but with important references, on how the measures were excessive for children and detrimental to their development. Then I'd also like to present some documents for point six, which will help us better understand how misused data in Quebec created an exaggerated fear in the population; how this allowed the population to accept measures that were excessive and unjustified for the population as a whole, which included children; and how this exaggerated fear allowed the government and public health—this is the important point—to temporarily dismiss the concept of immunity that could be acquired by children and could serve as a shield for the entire population. This opened the door to the mass vaccination of children.

Samuel Bachand
Earlier, we added a voluminous, composite document to the Inquiry's electronic file: [Exhibit] QU-6.

Marc-André Paquette
Yes.

Samuel Bachand
In order to enable the commissioners to refer to it effectively, I'd like you to tell us what the primary structure of this dossier is.

Marc-André Paquette
Certainly. There are two documents, three folders. The first document explains how the folders work. I'm going to talk about the three folders first.

Folder A is my testimony folder. This folder is subdivided into other folders; and each deals with separate aspects and provides references. Each subfolder is independent, so if there's an aspect that's important to you, all the references are there.

Folder B consists of all the documents because, as you'll see, I've collected an enormous amount of paperwork over the last three years.

[00:05:00]

It's all the information that I have collected and referred to.

And folder C contains all my e-mail exchanges because I've had numerous exchanges with the media, with public health doctors, and also with a many other contributors. All my e-mail exchanges are there.

Then my second document is the authorization to use and share these documents if needed, to help understand what we experienced.

Samuel Bachand
Sorry, just a reminder not to speak too fast for the simultaneous translation.

Marc-André Paquette
Of course.

Samuel Bachand
So now that the plan has been announced and the documentation is available, you can go ahead with the first item.

Marc-André Paquette
Perfect. As a kindergarten teacher, I was already extremely worried about the impact of the measures that were being imposed on children at the very beginning of the crisis. I was also worried about possible excesses that we were already seeing. I felt it was important for people to speak out publicly and that's what I did. I wrote an article and then I was lucky. It was the only article that I published in the mainstream media, in *Le Devoir* and *La Tribune*; and I did an interview on Radio-Canada [CBC]. Both the article and the interview were on social distancing and its impact on the development of interpersonal relations in children.

I'm a kindergarten teacher and in my classroom, I work extensively on group cohesiveness by developing the children's interpersonal skills. In my classroom I had 27 images: 27 pictograms of relational gestures. There are many relational gestures, like inviting a friend to play, including a friend—as we saw during the crisis, everything was forbidden—consoling a friend, congratulating a friend, encouraging a friend, helping a friend: these are relational gestures. So I worked extensively on this with my students. When I returned from the first lockdown in May 2020, I went back to my classroom and found that 21 of the

27 relational gestures that I'd been encouraging in my students were now prohibited, impossible, or difficult to work on: 21 out of 27. That was sort of the trigger for me.

Samuel Bachand
Let's slow down.

Marc-André Paquette
Okay. So at the start of the 2020 school year, the mandates weren't in place yet and I went on sick leave. I was incapable of imposing measures on children that I felt were detrimental to their development. Then for the next two years, I opted for an unpaid leave of absence, so I'm on unpaid leave this year in terms of teaching. I chose an unpaid leave so that I could continue to speak freely: that's what I'm doing today. So I really have no conflict of interest. I've sacrificed a lot to be able to keep this freedom of expression.

For you to be able to assess the relevance of my interventions today, you need to know that as early as May 2020, I was contacting all the pediatricians, scientists, and others who were speaking out publicly and whose contact details I found: those who were speaking out publicly to question the public health discourse and the government discourse, the measures imposed, and the consequences of the measures on children.

In my opinion, what was being done to children was unacceptable. I invested energy and time—a lot of it—to encourage others to band together to speak out publicly and better defend children. It's later in my presentation, but it's important for the points you're about to see. In a sense, I have participated in the development of three collectives: the first was a collective of parents, grandparents, and caregivers concerned for the children; the second is the collective for fairer media coverage about the health crisis; and the third is the school staff collective for a return to normalcy in the schools.

This gives you an idea of how the other aspects came about. Can I move on to aspect 1? Okay. Regarding my e-mail exchanges with pediatricians: at the start of the crisis, I was really worried about what was being inflicted on children. As a teacher and a medical student—maybe that's what made me unique—I was aware of what was happening elsewhere in the world and I could see that children weren't vulnerable to COVID. That's why I immediately tried to get in touch with the pediatricians who were sounding the alarm because there were pediatricians sounding the alarm at the start of the crisis.

[00:10:00]

Through my personal e-mail exchanges and my involvement in the three collectives I mentioned earlier, I've had many e-mail exchanges with pediatricians who have spoken out, including the three APQ spokespersons: Dr. Marie Claude Roy, Dr. Jean François Chicoine, and Dr. Marc Lebel.

Samuel Bachand
What is APQ?

Marc-André Paquette
Association des pédiatres du Québec [Association of Pediatricians of Quebec]. It's going to come up a lot. I also had e-mail exchanges with Dr. Annie Janvier, Dr. Gilles Julien, and

several other pediatricians, but especially the pediatricians who really spoke up. I've made my e-mail exchanges public in a compilation document. My compilation document is entitled: *Abandon des pédiatres québécois: protection des enfants à l'égard des effets dévastateurs des mesures sanitaires* [Abandonment by Quebec Pediatricians: Protecting Children from the Devastating Effects of Health Measures]. You'll also find the e-mail exchanges on the USB key I gave you.

Samuel Bachand
Which folder will it be in?

Marc-André Paquette
Well now we're at aspect 1, so in the testimonial "Aspect 1" is where all my elements for this aspect are to be found. In this document, I've placed a chronology of the positions that the pediatricians were defending at the start of the crisis. I've also included the e-mails I exchanged with the pediatricians which show their support for those same positions. My e-mail exchanges make it possible to illustrate—and this is where I felt my participation was important in the Inquiry— My e-mails make it possible to see precisely when pediatricians stopped supporting and publicly defending children.

In the beginning, pediatricians were pleased with the support provided by our first collective of parents, grandparents, and caregivers concerned about children. Our collective supported the position that pediatricians and the APQ, had set out on October 5, 2020. This position was expressed in the letter, *[Deuxième vague:] la rentrée scolaire n'est pas coupable* [[Second wave:] Back-to-school is Not the Culprit], which became the APQ's official position and which was posted on their website. In this letter, the three APQ spokespersons talked about a "generational sacrifice." Our collective supported this letter; we had collected 402 testimonials by then. On November 25 and 26, 2020, we received an e-mail from Dr. Marc Lebel, president of the APQ, and an email from Dr. Annie Janvier, who were really speaking out publicly at the time. We also received an e-mail from Dr. Catherine Dea, a doctor specializing in public health.

The pediatricians were really happy with the actions taken by our collective— You'll see the emails on the USB stick. But the pediatricians' support for our collective fell off abruptly between November 26 and December 9, 2020. At that point, the pediatricians stopped defending the positions they had been defending publicly until then. Let me explain how it happened.

On December 7, we sent our open letter and the 402 testimonials in support of the pediatricians—these were the 402 testimonials from parents, grandparents, and caregivers who were concerned about the children—to 180 members of the media and all the MNAs [Members of the Assemblée nationale]. There was no media coverage at all: absolutely none. But that was to be expected given the single guideline that was imposed rather quickly at the media and political level.

I had already invited pediatricians to sign a second collective statement that I was working on; I was really active. I had worked with others in the previous collective—I wasn't alone—but this collective statement was about fairer media coverage of the health crisis. I had already invited them to sign this statement.

The day we sent out our open letter in support of the pediatricians, the APQ contacted me to ask me to retransmit the open letter about the other collective statement about fairer

media coverage. I did so. They wrote back to me and asked me to pass on the list of signatories that we had and would publish. Once again, I invited all the pediatricians with whom I was in contact to sign the collective statement.

Despite the pediatricians' initial enthusiasm for our approach with the first collective statement and the interest they showed—or seemed to show—in our second collective statement, not a single pediatrician signed this second statement. That's fine. But what's surprising and worrying is the response we received from Dr. Marie Claude Roy, who was a signatory to the pediatricians' position which our collective supported. Despite the fact that the 402 testimonials from concerned parents, grandparents, and caregivers were ignored by the 180 members of the media, Dr. Marie Claude Roy wrote to us, "On the contrary, I consider the media to have shown great objectivity and have made room for all points of view supported by science, whatever those may be."

[00:15:00]

Our collective was in support of pediatricians; we received no media coverage. This response is reminiscent of the June 3, 2020 opinion of the Collège des médecins du Québec [College of Physicians of Quebec]. My compilation document, which I mentioned earlier, clearly shows that pediatricians had abandoned the positions they previously defended. Between November 26 and December 9, 2020, the pediatricians quite clearly chose to remain silent or were forced to remain silent. I continued to write to the group of pediatricians because I wanted to encourage them to keep thinking, even though they were no longer replying to me. But in March, I sent them a paper that must have upset them—it's a French article called *"Impacts traumatiques de la politique sanitaire actuelle sur les enfants: un constat clinique alarmant"* ["The traumatic impact of current health policy on children: alarming clinical findings"]—because three of them wrote back to me, including Dr. Gilles Julien.

Dr. Gilles Julien passed on his reply to me and to the eleven other pediatricians I had contacted, including the three APQ spokespersons. Everything I say is important because you'll see the connection. Dr. Julien ended his e-mail this way: "We have a duty to bear witness and to act together as much as possible." It may be a coincidence but, the very next day, the APQ chose to no longer take a public stand in defence of children. And without fanfare—and this is important—without clearly informing the public of this reversal in the APQ's public position, the APQ discreetly published its new official position on its page: *Pandémie et mesures sanitaires chez les élèves du primaire – Position de l'APQ -2021[03]11* [Pandemic and Health Measures for Elementary School Children - APQ Position -2021 [03] 11]. The APQ chose to dissociate itself from the parent pressure groups that were denouncing the recent imposition of masks in primary schools.

If you look at my document where I set out all the positions of the pediatricians and see the e-mails, the pediatricians were initially fighting against the imposition of masks on daycare providers. When I spoke with them, they were concerned about the imposition of masks on preschool children; there were no masks for preschoolers, but there were for all the teachers. And at this moment, they disassociated themselves from that. Furthermore, in their letter on the position of pediatricians, the APQ specified that its role was "limited to maintaining the quality of its members' workplace conditions."

I've compiled another document entitled *Censure et autocensure des pédiatres et autres professionnels québécois* [Censorship and Self-censorship among Quebec Pediatricians and other Professionals]. In this document, there are several parts, but among them are my e-mails with Dr. Mathieu Bernier. Dr. Mathieu Bernier was one of the doctors who spoke out

publicly at the start of the crisis, denouncing the measures being applied to children and adolescents. He found himself under investigation by the Collège des médecins [College of Physicians], retracted his statement, and then stopped defending what he had originally defended. My e-mails are on my USB key. Maybe that concludes my aspect 1. How's that?

Samuel Bachand
We have about twelve minutes left. I know your first two points are longer, but just to let you know.

Marc-André Paquette
Okay. As a former medical student and father of three, I had questions about RNA vaccination for children. I wrote down my questions and passed them on to doctors. My questions were basic ones because I'd only been in medicine for five years and it's been 25 years since then. I wrote these questions with my teenagers. I forwarded these questions to 17 Quebec doctors, including 16 experts in pediatrics and public health. Most of these doctors held key [positions] in their institutions. Several of them had already spoken out in the public arena. I don't know if it's important—I know time is limited—but perhaps quickly, I'll name a few: Dr. Mélissa Généreux, specialist in public health and preventive medicine, director of public health in the Estrie region from 2013 to 2020, medical advisor to the public health department [of the CIUSSS] de l'Estrie and to the Institut national de santé publique [du Québec], professor at the Faculty of Medicine—

Samuel Bachand
You're going too fast. I'm sorry, but it's just not possible to translate at that speed.

Marc-André Paquette
Okay. Maybe I'll pass, but they were real experts in pediatrics: people who had spoken publicly or had roles in their institutions.

[00:20:00]

My article, "*Les médecins québécois 'experts' en pédiatrie et en santé publique ne semblent pas avoir de réponse au sujet des injections ARN des enfants"* ["Quebec's 'expert' doctors in pediatrics and public health don't seem to have any answers on the subject of children's RNA injections"], and my compilation document, *Mes questionnements sur les injections ARN* [My Questions About RNA Injections], both explained my approach to these experts. My exchanges clearly show that these experts in pediatrics and public health had no answers to my questions and that they did not seek and/or find answers to even basic questions.

I also have another document, *Vaccination ARN des enfants : les pédiatres québécois ont choisi d'ignorer le principe de précaution* [RNA Vaccination for Children: Quebec Pediatricians Choose to Ignore the Precautionary Principle].

In this document, I provide all the information that I've passed on to pediatricians and public health doctors. This one is for pediatricians and it shows that pediatricians had enough information to have doubts, but they did not defend the precautionary principle. If they were aware of the unanswered concerns—if there was any doubt—they too should have questioned the authorities in order to protect children. In the document I had sent them, there was an open letter—there were three open letters on child vaccination—but

there was one with 1,441 signatories. The pediatricians not only failed to defend the precautionary principle, but worse, one of the three APQ spokespersons, Dr. Jean François Chicoine, appeared on television in the presence of children to promote RNA vaccination of children on November 18, 2021.

On my USB key, I've filed all my communications with pediatricians, but I've also filed my communications with three public health physicians and my open letters to two of them: Dr. Mélissa Généreux and Dr. Yv Bonnier Viger. These two public health physicians ran in the 2022 provincial election under the banner of an opposition party. Despite the responsibilities incumbent on them—in terms of their considerable expertise in public health and also of the role of political representation they wished to exercise—they too did not answer questions. Nor did they seek out or find answers to our questions. They didn't publicly question the government and medical authorities. They didn't choose to assume this responsibility.

As for the principle of informed consent: well, it was completely swept aside during the RNA vaccination. While a vaccine passport was being imposed, fingers were pointed, people were publicly denigrated, and all those who questioned it were socially excluded—even if pediatricians and public health experts had no answers to the questions. And without answers to basic questions, when the experts have no answers, we can't talk about informed consent for the population, especially if the population doesn't know that the experts have no answers.

The public seems to have put their trust in doctors, perhaps believing that they had a responsibility to ensure the benefits and safety of vaccines. But my research shows that those who were questioned did not feel this responsibility. Doctors seem to have placed absolute trust in their institutions: the Collège des Médecins [College of Physicians], the public health department, the pharmaceutical companies, the government. It appears they didn't question themselves; it appears they didn't seek to validate the accuracy and validity of the information they were given; it appears they didn't question the sources of this information, or the presence or absence of conflicts of interest.

Samuel Bachand
Let me briefly interrupt. What you're telling us are opinions. And I understand that it's a summary of the lessons you've learned from your interactions with the medical profession.

Marc-André Paquette
That's why I also linked all the e-mail exchanges in easy-to-see documents, but they really have a lot of information. And I received several responses. But one of the open letters that was forwarded to many people was the open letter sent to Dr. Mélissa Généreux and Dr. Yv Bonnier Viger: *Demande d'intervention au sujet de la vaccination ARN des enfants dans un contexte où le questionnement et les inquiétudes des médecins, des scientifiques et des citoyens semblent interdits, ridiculisés, banalisés et censurés* [Request to intervene on the subject of RNA Vaccination of children in a context where the questioning and concerns of doctors, scientists and citizens seem to be banned, ridiculed, trivialized, and censored]. But Dr. Mélissa Généreux's answer to this question—we don't have much time—but to answer that—

Samuel Bachand
Yes, but even if we don't have much time, if you talk too fast, we're no further ahead. You're caught between a rock and a hard place. Just talk slower.

Marc-André Paquette
Okay. Well, she answered me. It was really a question about vaccination. It was the third open letter. I'd already sent in my questions.

[00:25:00]

I put her in touch with the scientists and doctors from all the exchanges that I submitted to you. These weren't inconsequential; these were issues where there were genuine questions raised by people other than myself. She replied to this last open letter, "On returning to the office this morning, I can confirm that my mandate as a public health physician is in Estrie and that decisions regarding the Quebec immunization program are made at the provincial level. I think you'd get more answers if you were to address the proper authority, such as the Minister of Health, Dr. Luc Boileau, the INSPQ [Quebec Public Health] or the Comité d'immunisation du Québec [Committee on Immunization of Quebec]." So looking through everything I have, you can see that there was never a response. It's not just supposition. There was no response. There was no feedback.

Aspect 3?

Samuel Bachand
We have five minutes.

Marc-André Paquette
Okay. In August 2022, I published an article entitled "*Les pédiatres doivent briser le silence"* ["Pediatricians must break the silence"] on the *Nous Citoyens* platform. Following the publication of the article, a citizen sent me photos of the APQ's notice for the start of the 2021 school year— a notice that had been sent to the government and public health by the APQ on August 9, 2021. The notice didn't seem to have been made public. It didn't appear—and it still doesn't appear—on the APQ website. The only reference to the notice was in an article in *Le Soleil: "Les pédiatres du Québec réclament une rentrée 'normale' pour les écoliers"* ["Quebec pediatricians call for 'normal' back-to-school for schoolchildren"] published the following day: August 10, 2021. But one day later, on August 11, there was a new article published in the same newspaper, which presented a totally different position: "*Les pédiatres 'globalement satisfaits' du plan de rentrée scolaire"* ["Pediatricians 'generally satisfied' with back-to-school plan"]. The APQ's opinion on the start of the 2021 school year is extremely important; the two spokespersons—Dr. Marie Claude Roy and Dr. Marc Lebel—signed this opinion. They didn't want primary school children to have masks on their faces, and they questioned the RNA vaccination of primary school children. The opinion was completely ignored, dismissed, and kept under wraps by the government and public health; it was I who made it public.

Samuel Bachand
I think at this point it's worth explaining how it was that you're the one who released the document.

Marc-André Paquette
Okay. I published my article, "*Les pédiatres doivent [briser le silence]*" ["Pediatricians must break the silence"]. A citizen sent me the photos. This citizen had obtained the photos because, following the article—

Samuel Bachand
Photos of what?

Marc-André Paquette
The notice. Following the August 10 article in *Le Soleil* which talked about this notice—it's the only reference we found—he contacted the newspaper because he was in proceedings with his ex-wife and children. He wanted to have the notice, so the journalist or the newspaper sent him the photos of the notice. When he saw my publication, he passed them on to me. With all the actions I had taken since the beginning of COVID, I got myself organized to make it public.

Samuel Bachand
What did you do afterwards to validate, or attempt to validate, the authenticity of this document, which is ultimately an image of a print?

Marc-André Paquette
Yes, well, every time I published something like this, I'd pass it on to the pediatricians involved—so to the two signatories and all the other pediatricians. I no longer get replies from the pediatricians but they never disagreed. This notice was widely circulated. The pediatricians knew about it because I had put them in touch with other people. So if it hadn't been a true announcement, they probably would have said so. Is that okay?

Samuel Bachand
I'm just going to interrupt you for a moment. You have one-and-a-half minutes left on the clock. The witnesses are of course entirely at the Inquiry's disposal. We still have two major topics to discuss.

Marc-André Paquette
Yes, but I think this point is more important than the other two.

Samuel Bachand
Okay.

Would you like to hear the witness for five minutes, let's say, so that he can finish his presentation? [This question is addressed to the commissioners, who give their assent]. Okay, go ahead.

Marc-André Paquette
To make the notice public, I sent it to the media. The mass media didn't publish it. I wrote an article, again on *Nous Citoyens*, which is an alternative platform. Then I was contacted by

Radio X, which is a somewhat alternative radio station; I did an interview. I was contacted by 107.7 FM, which is a more traditional radio station; I did an interview. I did a video testimonial that was seen by just over 10,000 people, but I also sent the notice to the 500 candidates in the Quebec elections—there were five main parties—that's almost all the candidates; we forwarded it to the candidates whose e-mail or Facebook address we had. Despite the fact that the notice had been kept under wraps for a year, no opposition party, in the middle of an election campaign, felt it important to inform the public.

[00:30:00]

And the content of the notice is quite crucial. For almost a year, the children were masked, and then vaccination began in November 2021. The existence of the notice also shows that contrary to what the media, public health, and the government have always said—that there was a scientific consensus—there wasn't one, even within the APQ. The three APQ spokespersons had signed the initial position which spoke of a generational sacrifice on October 5, 2020. But when it came to vaccination, Dr. Jean François Chicoine went on television to encourage vaccination, while Dr. Lebel and Dr. Roy signed this notice questioning vaccination.

As far as the scientific community is concerned, this has certainly had an impact. Because if the notice had been made public, more scientists or stakeholders probably would have spoken out publicly or would have had the courage to do so. In the case of Patrick Provost—indeed an expert researcher on RNA who was sanctioned by his university; he's still an expert researcher on RNA—he expressed reservations about vaccinating primary school children, as did the two pediatricians who spoke on behalf of [the APQ], except that he did so publicly, while they did so discreetly. When scientists, pediatricians, or doctors have questions, it's important for the public to know so that we are able to give informed consent.

I don't know whether I can go on to the other two points or whether I'll drop the other two.

Samuel Bachand
Ah, you have three minutes left. Use them!

Marc-André Paquette
Okay. This notice also shows that a public silencing had been imposed on pediatricians. Nonetheless, a number of pediatricians continued to defend the children in the political arena and in their institutions, as did Dr. Roy and Dr. Lebel in signing this notice. But the media silencing of Quebec pediatricians and experts has had a disastrous impact on childhood environments.

Let me explain. There's an open letter in which I explain this too. In childhood environments, educators, teachers, and caregivers who wanted to minimize the impact of the measures—who wanted to create a more humane environment for children—had no credibility. They were called out, dismissed, and ignored because they were few in number and because there were no public experts to back them up. On the flipside, managers and public speakers who were afraid of the virus, or afraid of public health measures such as closing classes and schools, had every possible latitude to impose their vision. Some managers and public speakers—probably thinking they were doing the right thing—even went beyond what was required in terms of measures. In this way, unknowingly and

unconsciously, they probably contributed to a vicious circle of fear in the childhood environment, which led to more drastic measures for children. So it had an impact.

Before I quit teaching, I was starting to see it. A letter had been written in the newspaper and I passed it on to the other teachers; I had started to be a little lax with the children. But with 18 or 19 students, you have 30 or so parents in front of you, and you can't afford to deviate when everyone is pointing the finger at those who do. You need experts to back you up and you need a dialogue, and there was none of that. So it was disastrous for the childhood environment. And in my e-mail exchanges, I challenged a lot of people by saying, "You've got to speak up; you have to because, in the childhood environment, there's nothing else we can do."

Is that okay?

Samuel Bachand
You have 30 seconds left.

Marc-André Paquette
Okay. About the impact of the harmful measures imposed on children, I'm just going to make one comment. I hope that my comment will help you to grasp the extent of the mistreatment that we've inflicted upon children. Five years before the crisis, in a time when there was no pandemic, if—and this is five years before the crisis— out of a personal and perhaps irrational fear of viruses, I had decided to impose the same measures on the students in my classroom and my children at home, I'm sure I'd have lost my job and probably the custody of my children. It's not because public health suggested the measures, or that the measures were imposed by the government, or that the media trivialized them that the measures suddenly overnight became less harmful to children's development.

[00:35:00]

The mistreatment inflicted upon youngsters was imposed on us—but as adults, we contributed to it for two whole years by participating in it. And then we made it even worse by agreeing to systematically insert it into our society and into every corner of our children's lives.

Samuel Bachand
We need to close on this.

Marc-André Paquette
That's fine.

Samuel Bachand
Marc André Paquette, thank you for your testimony on behalf of the Inquiry. You're free to go. Ah, there's one question, sorry.

Commissioner Massie
I'd like to ask you two quick questions as I know we're running out of time. First of all, I'd like to thank you for all the massive amount of work you've done documenting and trying to publicize all these exchanges to try and raise people's awareness. You've had some successes and then we've shut off your mic, if you like.

On a personal note, I understand you're no longer an active teacher. What's the reason you're still in this frame of mind of not returning to teaching, given that now, for all intents and purposes, the measures have been eliminated? Do you intend to go back to your milieu and do the job you used to love?

Marc-André Paquette
Yes, I intend to probably go back in August. I didn't return this year because we have to decide beforehand whether or not to take a leave of absence. So I took my unpaid leave last year when I knew there was an election as I was afraid the measures would return. I didn't want to find myself in a position where I'd have to resign. I wanted to keep the option of maybe returning, so because I had the right to a second year without pay, I chose that. I couldn't go back and impose the measures.

So now I'm going to return to teaching but if the measures come back, I'll leave again. During the two years I was without pay, I did other training. I became a carpenter-joiner; I'm an apprentice. That's the way I work now; I'll go back to being a carpenter-joiner. But I love my job as a teacher; otherwise I wouldn't have become involved like this.

Commissioner Massie
My second question is: Do you hope that with all the actions you're taking right now, you'll be able to see an impact, at least in the area where you intend to return next fall? Do you think that the teaching milieu, the parents, and students will be more receptive to the position you've tried to defend?

Marc-André Paquette
I don't think so. I don't have a lot of ties to that community. Some communities were a little more open than others. But I don't think so. Rather, I think they're going to pretend it didn't happen. And I'm going to be the best teacher I can be with my students. But above all, I hope that what we're doing today will have an impact.

Anyway, we haven't had the impact I would have liked to benefit my children, who were unvaccinated, discriminated against, and excluded. It made them grow up. But I hope that we'll have an impact at least for their grandchildren and that the next time—I don't think it'll necessarily be viruses—but the next time there is going to be malfeasance—whether ecological, health, or political—that there will be people able to stop them early on, and that more interveners speak up. We see a lot of people at the Inquiry speaking up. I think the people who are talking today are going to keep on talking every time there's something that's not appropriate for society and for human beings.

Commissioner Massie
Thank you very much, Monsieur Paquette, for your involvement.

Marc-André Paquette
Thank you.

[00:39:07]

Final Review and Approval: *Erin Thiessen, November 13, 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, and further *translated from the original French.*

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 11: Dr. Jean St-Arnaud
Full Day 3 Timestamp: 09:33:12–10:04:30
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Hello. Chantale Collard: lawyer and attorney for the National Citizens Inquiry today, Saturday, May 13. Today we have with us Dr. Jean St-Arnaud. First of all, Dr. St-Arnaud, I'm going to ask you to identify yourself by your first and last name, if you could spell that too.

Dr. Jean St-Arnaud
Jean St-Arnaud, J-E-A-N S-T-A-R-N-A-U-D.

Chantale Collard
And I'll swear you in. Do you affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say, "I affirm," or "I do."

Dr. Jean St-Arnaud
I affirm.

Chantale Collard
So first of all, thank you very much for agreeing to testify at the Inquiry. We've had the chance to talk together, and I think that what you're going to tell us will benefit us all. First of all, yes, you're an expert, but you're also a father and a grandfather. And of course, you studied medicine in Sherbrooke some years ago. You were a family doctor but you also had a specialty with an obstetrics component. After that, well, there's even a book that was written, I think, jointly with your wife: *Le médecin accoucheur que les femmes ont fait naître* [The obstetrician that women gave birth to]. You're going to tell us all about it. And as I was saying, you're a father of three, grandfather of seven grandchildren, and retired family doctor—but only for the past three years. Is that correct?

Dr. Jean St-Arnaud
Yes.

Chantale Collard
And I know how difficult it is for you to come and testify at the Inquiry. It involves a lot of emotions, one might say. So I'm going to ask you first: What motivated you to come and testify here today, your primary motivation?

Dr. Jean St-Arnaud
Before answering your question, if I may, I'd like to add that social medicine has been a key element in my professional development. During the years when I was doing my residency in family medicine, the Université de Sherbrooke was developing the social medicine approach, and this has been a common thread running through my entire practice. The essential thread was that, for me, the doctor is at the service of the patient and not the other way around.

So I was very reluctant to testify before you because I feel very small, vulnerable, enervated, and often powerless. What motivated me to testify is that I don't think I'm alone in Quebec in experiencing such feelings. My journey began in 2020.

Chantale Collard
I was also going to ask you, Dr. St-Arnaud, about your underlying motivation, which is to ensure that people don't feel alone. That's one of the reasons why you're here before the Inquiry. So tell us about your journey in 2020. When the pandemic broke out in March or April 2020, did you buy into the narrative? Tell us about that. What happened, and how did you get there?

Dr. Jean St-Arnaud
So yes, I did buy into the "scientific consensus" that I now put in quotation marks, and I've been vaccinated three times.

Chantale Collard
So three doses.

Dr. Jean St-Arnaud
Three doses. And then, oh surprise, I got COVID after that.

Chantale Collard
Oh, you did not have it before?

Dr. Jean St-Arnaud
That's it.

Chantale Collard
You had it afterwards.

Dr. Jean St-Arnaud
Fortunately, it was an Omicron episode, and a harmless one that lasted five or six days with few symptoms.

[00:05:00]

Chantale Collard
Didn't you have any symptoms after the first, second, or third?

Dr. Jean St-Arnaud
No, I was spared. I've had no negative or adverse reactions to any of the vaccines I've received.

Chantale Collard
And I want to ask you: Why wasn't there a fourth dose?

Dr. Jean St-Arnaud
Ah well, then there was a major change in my journey. One of my children, my daughter, had made the medically justified choice not to be vaccinated. My wife, Lise, and I were very supportive of our daughter's decision. Except that it was she who questioned us, who led us to change, who shared with us her convictions—and she has some solid ones—that led us to realize that vaccination was not as safe and effective as we'd been told. And that's when Lise and I went to the demonstration in front of the Collège des médecins [College of Physicians] organized by Réinfo Covid at the time.

Chantale Collard
So this was after the discussion you had with your daughter?

Dr. Jean St-Arnaud
Yes.

Chantale Collard
Essentially, you supported her choice not to be vaccinated; and in the end, she supported you in your choice to be vaccinated. But in the end, the roles were reversed, so to speak.

Dr. Jean St-Arnaud
Exactly. I remember my daughter's reaction when I told her I wouldn't be going for the fourth dose: "Yippee!"

Chantale Collard
Ah, okay, that's what we wanted to know; so your daughter's reaction was one of relief.

Dr. Jean St-Arnaud
She was very happy and relieved, yes.

Chantale Collard
Then you understood a little later why she was relieved? You went to a demonstration?

Dr. Jean St-Arnaud
Exactly. So there was a demonstration in front of the Collège des médecins and I had the chance to meet several people: René Lavigueur, Patrick Provost, Bernard Massie. And Lise and I allowed ourselves to be challenged by their message. I learned that René Lavigueur is a competent family doctor, and I learned that Patrick Provost is a recognized, competent scientist. I still don't understand why he's been deemed a conspiracy theorist all of a sudden.

Chantale Collard
Did you know them beforehand?

Dr. Jean St-Arnaud
No, not at all. They were new to me. And then I got a call from René Lavigueur who said, "Jean, would you agree to come and testify with us at the Collège des médecins?" This was following the two letters that had been sent—one in October, I think, and the other in February—asking the Collège des médecins to impose a moratorium, to stop vaccinating pregnant women and children.

Chantale Collard
So you sent this letter following your meeting with Dr. Lavigueur and Patrick Provost. Have you had any feedback on this letter? Did you receive an answer? In what year were the first letters written?

Dr. Jean St-Arnaud
That was last February.

Chantale Collard
That you sent this letter?

Dr. Jean St-Arnaud
No, the first letter was sent in October. I was not a signatory to that first letter.

Chantale Collard
What year, Dr. St-Arnaud? 2021?

Dr. Jean St-Arnaud
I'm having a bit of trouble with dates at my age.

Chantale Collard
Was it during the pandemic?

Dr. Jean St-Arnaud
Oh yes, it's October.

Chantale Collard
Probably 2021 or 2020.

Dr. Jean St-Arnaud
2022. And the second letter, which I co-signed with over a hundred others, led to a meeting with the Collège, which agreed to meet with us.

[00:10:00]

And so the aim of our action at the Collège des médecins was to ask that the precautionary principle be respected, and to call for a halt to the vaccination of pregnant women and children. And as this was an area in which I'd been involved all my professional life, I was interested. So I spontaneously replied to Dr. Lavigueur, "Yes, I'll gladly go along with you."

Chantale Collard
You were going to testify before the Collège des médecins directly?

Dr. Jean St-Arnaud
That's right.

Chantale Collard
Okay.

Dr. Jean St-Arnaud
We were received in a very structured way, with very limited time. And the main thrust of my testimony to the Collège des médecins was to talk about the scientific consensuses that had been debunked during my 45 years of practice. I'm not going to talk about the four consensuses I told them about. I'm just going to quickly tell you about the one that, for me, was the most important.

When I started work as a young doctor in 1975, there was only one way to give birth. It was called the surgical model: mom on her back on an operating table, legs in stirrups, sterile drapes, all the actors, including dad, who had only recently been admitted to the delivery room—before that, he couldn't go—disguised, excuse me, dressed up as if for surgery.

Chantale Collard
Okay.

Dr. Jean St-Arnaud
After that, I got a lot of requests from moms and dads saying, "Is there any other way to give birth?"

And then I went to train with Murray Enkin at McMaster University and I also went to train with Michel Odent in Pithiviers near Paris, to see how they managed requests for a different model, which we called the birth room. At that time, the big argument against abandoning the surgical model was: "You're going to have infections; it's going to be dreadful."

Chantale Collard
That was back when?

Dr. Jean St-Arnaud
Yes, in 1975, during the years '75-'80.

Chantale Collard
Okay.

Dr. Jean St-Arnaud
So we developed the concept of the birthing room, and it spread to many hospitals in Quebec. And there were no infections.

Chantale Collard
There were no infections.

Dr. Jean St-Arnaud
The big difference was that, while the medical authorities imposed a particular way of giving birth, which was always the same, we took this power and handed it over to the couples. And in the birthing room, it was the couples who decided how they wanted to give birth.

Chantale Collard
And now I imagine you're going to draw a parallel with the COVID period from what you're saying.

Dr. Jean St-Arnaud
Yes. I think I'll go there straight away, actually, because time's running out.

Chantale Collard
How did the Collège des médecins respond? Because, basically, what you're saying is that there had always been a certain way of giving birth, which no one had questioned. At that time, you asked questions; and in the end, it's just another way of doing things and there are no infections. So it's more or less the same thought process that's been going on here. In the end, maybe science is all about asking questions.

Dr. Jean St-Arnaud
That's right. Of course, faced with the facts that women died in childbirth and that premature babies died or remained disabled for life, certainly the surgical model—the medical model—had its place and so much the better. The problem was that the model was generalized to all women in childbirth, whereas it only applied to, what? Ten, fifteen, twenty per cent of all women giving birth.

Chantale Collard
I'm going to ask you, Dr. St-Arnaud: I understand the framework, time is flying, and so I'd really like us to get to the point. Did you have a response from the Collège des médecins after your testimony? You've talked a bit about the gist of your testimony—but was there any response?

Dr. Jean St-Arnaud
Well, we've had a recent response that isn't an answer.

Chantale Collard
So the response was—?

[00:15:00]

Dr. Jean St-Arnaud
We were told that the Collège des médecins was not a scholarly society and that they deferred to Public Health.

Chantale Collard
Meaning to the INSPQ [Institut national de santé publique du Québec]?

Dr. Jean St-Arnaud
Yes, that's it.

Chantale Collard
So in the end, it took a long time to get an answer, and the answer was no answer. That's where you are now. You personally haven't had any side effects, but do you see people around you who have?

Dr. Jean St-Arnaud
So yes, that's it. I came back from testifying at the Collège des médecins and I met people in my own circles who had.

The first news about this came the day after I returned from the Collège des médecins: it was that four women were suffering from severe menstrual disorders.

Chantale Collard
Did you learn that the next day?

Dr. Jean St-Arnaud
I found out the next day.

A mother told me that her 12-year-old daughter asked her on the way home from school, "Is it true, Mom, that I won't be able to have children later on because of my vaccine?" So here, there are two possible answers. If we believe the narrative, we'll say, "Don't worry, my daughter, there's no problem." But the real answer is that we don't know.

Chantale Collard
Exactly.

Dr. Jean St-Arnaud
And with the information that has been shared with us over the past three days, there are some serious questions to be asked. All the more if some women have experienced menstrual problems because this means that the vaccine is to be found in the ovaries. We also know that it can be found in the testicles. And, as has been shared here in great detail, Pfizer advised against vaccinating pregnant women even before the vaccines were put on the market.

I learned that two people in my circle had experienced shingles after the vaccines.

Chantale Collard
After the vaccines.

Dr. Jean St-Arnaud
Three people reported problems related to blood clots.

And here's one I can't quite grasp: an immunosuppressed person was advised by his cardiologist—because he'd just undergone surgery to change a heart valve—to get vaccinated, which was contradicted by his oncologist because this same person was being treated for two cancers. So the oncologist told him, "It doesn't make sense for you to have a vaccine, you're immunosuppressed. Your body can't make antibodies in response to a vaccine. You're immunosuppressed." And then, a few weeks ago, when I heard the WHO [World Health Organization] is still maintaining that immunosuppressed people are prioritized to receive the vaccine, I started to wonder.

Chantale Collard
You've seen a lot of people with side effects.

Dr. Jean St-Arnaud
That's it.

Chantale Collard
So roughly speaking, what you're telling us here is that the people you're talking about are all ordinary people that you know, people in your circles.

Dr. Jean St-Arnaud
That's right, they're people in my circle.

Chantale Collard
That's a lot of them.

Dr. Jean St-Arnaud
And maybe I can add another one here. Because when I went to get my hair cut on Tuesday to come here and look presentable, my hairdresser told me that she knew three people in Coaticook—the town where I live—who had died after the vaccine. And I'm sure it'll continue like that when I return home.

Chantale Collard
What do you think of the traditional media? You name it, we've heard about it throughout the Inquiry. What do you think of mainstream media?

[00:20:00]

Dr. Jean St-Arnaud
Well, the media aren't present. It's as simple as that. I forgot to say: what really shook me was the lack of acknowledgement from the Collège des médecins. Added to that, the media don't really inform people. And so I lost trust in our journalists—knowing that they can't talk about it because their management forces them not to, knowing that they are sometimes even dismissed if they do.

Chantale Collard
Dr. St-Arnaud, we often think that vaccinated people—at least from what we've heard—see a wall between themselves and the unvaccinated. They don't understand how the reality changes whether people are vaccinated or unvaccinated. What do you think of unvaccinated people? You are triple-vaccinated.

Dr. Jean St-Arnaud
Sorry, I misheard the end of that sentence.

Chantale Collard
You have been vaccinated three times.

Dr. Jean St-Arnaud
Yes.

Chantale Collard
I think you're sensitive— You have your daughter who is unvaccinated: How do you see them? Explain that to us. What were the consequences of your daughter not being vaccinated? Were there any activities she couldn't participate in?

Dr. Jean St-Arnaud
Ah yes, I understand. I'll give you an anecdote.

Chantale Collard
Go on.

Dr. Jean St-Arnaud
At one point, my daughter called me and said, "Dad, would you go with my son"—who is seven—"to the hockey game? I can't go with him because I'm not vaccinated." At my age, 81, I was asked and then I did it—I accompanied my grandson because his unvaccinated mother couldn't.

Chantale Collard
How did you feel?

Dr. Jean St-Arnaud
Angry.

Chantale Collard
Angry.

Dr. Jean St-Arnaud
What's more, in the reactions of the people I mentioned earlier and others, there was so much anger—I'd even say rage—in some people about the situation of the unvaccinated. And what we're learning about the side effects, it's worrying.

Chantale Collard
You have a lot of support. You can feel it, you can see it, and that's why you're here too. You're here before the Inquiry to show your solidarity with everyone. And this kind of split between the unvaccinated [and the vaccinated] should never have happened. And I'd like to ask you: If this could be done all over again, what could have been done differently?

Dr. Jean St-Arnaud
Well, to that question, I'd like to propose a ceasefire.

Chantale Collard
Go on.

Dr. Jean St-Arnaud
Let's bury the hatchet, get out of the trenches that were dug at the dawn of our absolute certainties, and spark a real scientific debate. But after three days here, I find myself saying, "Not just yet. The truth has to come out first." And that's why I'm so grateful for the work our commissioners and all the people here and across Canada who are doing at this Inquiry.

Chantale Collard
And you, Dr. St-Arnaud, how did you manage to get through this period of crisis? What was your best support?

[00:25:00]

Dr. Jean St-Arnaud
There were several. The first was my wife because Lise and I have been through this whole journey together. There are my children; I mentioned Paula earlier. And my grandchildren were also a motivating factor. And maybe I'll venture into the spiritual dimension—even though I know I'm on thin ice.

Chantale Collard
Go on.

Dr. Jean St-Arnaud
Every birth in my life has helped me to understand the Paschal mystery. How many mothers have I tended to who told me: "The pain is so intense that if the baby isn't born, I'm going to die"? And this suffering, this fear of death, gave life.

Chantale Collard
Was it also your faith that sustained you?

Dr. Jean St-Arnaud
The couples who allowed me to accompany them through childbirth revealed to me this central element of my faith.

Chantale Collard
Thank you very much. I think the main point has been made. I know you may have a chart if you need to present it following questions from the commissioners.

Dr. Jean St-Arnaud
Well maybe I can just put it up quickly.

Chantale Collard
You can put it up right now.

Dr. Jean St-Arnaud
I don't even know how to put it up. I have it here on the screen and I'd like it there. I don't know if there's anyone who can help me. Ah, here it is.

Chantale Collard
It's already there.

Dr. Jean St-Arnaud
So if there's anything I'd like to see done differently from what's been done, it's to choose the learning approach over the blame approach. And I've characterized what the blame approach is.

The blame approach assumes that everyone must be perfect. The learning approach assumes that no one is perfect.

In the blame approach: one mistake, one blame. In the learning approach: recognizing the possibility of a mistake.

In the blame approach: blame creates a feeling of guilt. In learning: make it a learning opportunity for yourself and others by checking the facts.

Reaction to blame: attempt to deny or find someone else to blame. Doctors are pretty good at this with nurses. And in the learning approach: find a way to fix the mistake if necessary.

When approaching blame, defence mechanism: discredit the person formulating the blame instead of looking at the content of the blame.

Chantale Collard
"Conspiracy theorist," for example.

Dr. Jean St-Arnaud
Yes, it's a trendy word.

Chantale Collard
Discrediting.

Dr. Jean St-Arnaud
Whereas learning reinforces the feeling of belonging to a group.

Consequences of blaming: injury, isolation, rejection, division, and conflict. Consequences of learning: avoids injury, isolation, rejection, division and conflict.

An eye for an eye, a tooth for a tooth on the blame side. Requires great strength—called humility—on the learning side.

And finally, a quote from one of our favorite poets: "Everybody's unhappy all the time" in the blame approach. Whereas in the learning approach, you never lose: either you win or you learn.

Chantale Collard
That sums it up very well. It couldn't have ended better. Are there any questions? No? I think everything's been said.

[00:30:00]

Dr. St-Arnaud, you have given us food for thought. You came here despite finding it difficult. You weren't sure, you hesitated, but you did the right thing and I thank you. And I would tell you that, yes, a doctor heals the body, but he also heals the soul. What we call a good doctor does both. And not too long ago, I was in my car and I heard a song that I had never heard before. And I will share part of it with you: "The body is the workshop of soul." So for the two to be united, you have to take care of both.

Thank you very much, Dr. St-Arnaud.

Dr. Jean St-Arnaud
Thank you for allowing me to speak.

[00:31:18]

Final Review and Approval: *Erin Thiessen, November 25, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 12: Dr. Patrick Provost
Full Day 3 Timestamp: 10:06:10–11:23:27
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
Good evening, everyone. My name is Louis Olivier Fontaine, lawyer. I'm acting today as attorney for the National Citizens Inquiry. And to conclude today's testimonies, we have Professor Patrick Provost. Good evening, Professor Patrick Provost.

Dr. Patrick Provost
Good evening.

Louis Olivier Fontaine
To begin, I'm going to ask you to identify yourself by saying your first and last name, please.

Dr. Patrick Provost
Patrick Provost.

Louis Olivier Fontaine
Now for the solemn affirmation. I'm going to ask you to solemnly affirm that you are going to tell the truth, the whole truth, and nothing but the truth. Say, "I do."

Dr. Patrick Provost
I do.

Louis Olivier Fontaine
So Professor Patrick Provost, I'm going to introduce you briefly, and you can tell me if all this is in order. Professor Provost, you are a full professor in the Department of Microbiology-Infectious Diseases and Immunology in the Faculty of Medicine at Université

Laval. You are also an academic researcher at the research centre within CHU [hospital affiliated with university] in Québec, and have been for the past 21 years.

Dr. Patrick Provost
That's correct.

Louis Olivier Fontaine
You run a research laboratory on RNA [ribonucleic acid] and on lipid nanoparticles.

Dr. Patrick Provost
Exactly.

Louis Olivier Fontaine
So Professor Provost, I know you have a presentation that will help you with your testimony. I would ask you to describe any additional personal experience that is relevant to your talk today.

Dr. Patrick Provost
Okay, if I can have the presentation on the screen, please. Thank you. So just to let you know that throughout my research career, I've been able to benefit from financial support from governments—to the tune of about six million dollars in the form of salary awards and grants of all kinds. So maybe this is the best way I become like *The Six Million Dollar Man*.

In terms of scientific contributions throughout my career, I have published a total of 97 scientific articles in 45 different peer-reviewed scientific journals. My articles have been cited more than 15,000 times with an h-index of 45. So 45 of my articles have been cited at least 45 times. I've been invited to six countries to give more than 61 presentations, and I've trained more than 60 people in research. And more specifically, since 2019, I have carried out more than 208 communication activities for the general public. And my research work in 2003, 2014, and 2021 earned the distinction of "Discovery of the Year."

So perhaps I'll present the next five slides, which I've taken from the slide sets of the presentations that I usually give, to give you an idea of why I believe I hold some legitimacy to speak.

This slide shows the nature of my research activities over the last 20 years, which have been aimed at understanding the regulation of messenger RNA function by smaller RNAs called microRNAs. And my first discovery of the year was that of the ribonuclease dicer: an original discovery at the time. In this slide, you can see in the left-hand box a bunch of dark squares: they show that the new RNA type that we discovered is much more abundant than the family of micro RNAs shown in the red box on the right, which earned their discoverer a Nobel Prize.

Next, on this slide I'd like to show you that we've developed a new PCR [polymerase chain reaction] method in the laboratory to quantify and detect these new RNA types, which are the shortest ever discovered.

[00:05:00]

Next to show you is that when we do PCR, we don't consider results where the CT [cycle threshold] is higher than 30 because of a sensitivity limit. Above 30 there is too much risk of false positives, whereas public health has recommended up to 45 cycles to detect whether a COVID-19 test was positive or not.

And finally, this slide summarizes our research activities over the past ten years, which have focused on lipid nanoparticles found naturally in the cow's milk we drink. So our particles look like the image on the top right—this is a cow's milk nanoparticle—and it's schematized on the left. We see the ball, which is the nanoparticle, and in its center is a kind of RNA.

So that's the nature of our research projects in the laboratory. And that's why I put forward the idea that I have a certain legitimacy to express myself publicly.

Louis Olivier Fontaine
Thank you for those explanations, Professor Provost. We'll now move on to another topic. I'd like you to tell us about your personal experience with COVID injections.

Dr. Patrick Provost
On July 5, 2021, I received my first dose of Pfizer-BioNTech's COVID-19 vaccine. And following this injection, I experienced five unusual side effects that I had never experienced before, including a disturbance in my diabetes.

I informed my doctor of these effects but he never agreed to report them to the public health authorities. And that really made me question not only my own situation, but the whole crisis we were going through. Obviously, it also shook my confidence not only in my doctor, but also in the institutions.

Louis Olivier Fontaine
Now as we all know: you've spoken out publicly about the COVID crisis. I'd like you to explain to the Inquiry why you decided to speak out publicly like that.

Dr. Patrick Provost
It was clearly the government's decision in the fall of 2021 to massively vaccinate children aged 5 to 11. I felt that this was going too far and that, in the case of this age group, the risk-benefit balance was not in favour of vaccination. So that's when I took action. I actually participated in a conference of doctors and scientists on December 7, 2021 to speak out about the risks or side effects that may be caused by COVID-19 vaccines in children, and to effectively sound the alarm.

Louis Olivier Fontaine
Have you spoken out in other ways?

Dr. Patrick Provost
Yes. It was my first public appearance—and that first appearance led to a few problems with my institution. At the time, our society was going through a great upheaval; and I took the initiative of sending an e-mail message to a list that I had put together of 1,750 professors at Université Laval. I appealed for reflection and mobilization so that they could speak out publicly; and as an example I presented my participation in the conference of doctors and scientists.

And then, out of all these professors, only one—who doesn't like me, by the way—decided to lodge a complaint with Université Laval.

[00:10:00]

And Université Laval—rather than trying to reconcile us or invite us to a meeting, a discussion, or an exchange—decided to polarize the debate and said, "Okay, we have an accused person and we have an accuser, so we'll have to decide." Even then I felt that Université Laval was deviating from its mission where, it seems to me, ideas should be debated and not sanctioned.

Louis Olivier Fontaine
Among the other professors—so you mentioned 1,750—what were the other reactions?

Dr. Patrick Provost
I had a few opposing reactions, but I had three or four times as many sympathetic reactions and support for my initiative. So that first complaint led to an investigation process in which Université Laval placed university professors in a position of authority over me. They were able to impose their opinion over mine; and the Université Laval then used this to suspend me without pay for two months.

After this, on July 14, 2022, I was invited to appear on CHOI 98.1 Radio X. And after my talk, in which I criticized some of the health measures on air, one listener of the tens of thousands filed a complaint. And once again, instead of inviting the listener to come and meet me so that we could discuss and explain, Université Laval chose to use a "cut and paste" process leading to another suspension, this time of four months without pay.

Then at the beginning of the year, in January 2023, I received the third complaint that would lead to my dismissal. It concerned an article I had published as a preprint in *Research Square* magazine. The complainant used several labels that I won't mention to denigrate our work, but this time Université Laval decided to reject the complaint. And why? Because the day before, Université Laval had received a letter supporting me, signed by 281 fellow professors at Université Laval. And I'd like to mention that several professors confided in me that they didn't want to sign the letter—which was only addressed to the Rector—for fear of reprisals. So that is simply to illustrate the atmosphere inside the University.

My career as a professor and researcher is now seriously compromised because of all this. At present, my two main suspensions are being contested by the union and myself; and now it's up to an arbitrator to decide whether the University was right to sanction me or not. This is a very lengthy process, with 19 days of hearings scheduled until December 2023 and the arbitrator's decision due in March 2024—some two-and-a-half years after the events. There have been two favourable decisions so far: the arbitrator refused

Université Laval's request for *in camera* proceedings to protect the identity and testimony of its witnesses; and the arbitrator also refused to grant expert status to the four university professors recruited by Université Laval to act as investigators on the inquiry committee. So that is all going on right now, and we'll see what happens.

Louis Olivier Fontaine
Another question I'd like to ask you is: What impact have these processes had on your life, your personal life, your family life?

Dr. Patrick Provost
The impact is major. My life has been turned completely upside down—well, notwithstanding a certain financial insecurity; obviously, anyone who would lose six months' salary is still losing a lot of money—but my whole life has been turned upside down.

[00:15:00]

My research— I no longer have access to my office. I can't get in touch with my students, who have been abandoned for months on end.

Louis Olivier Fontaine
What's stopping you from getting in touch with your students?

Dr. Patrick Provost
Well, because I'm suspended, I'm not allowed to report to my workplace. So if I did show up, I'd be violating the conditions of the suspension, and then I could be subject to other sanctions. So I have to respect the conditions.

Louis Olivier Fontaine
Any other impacts you would like to mention?

Dr. Patrick Provost
On a personal level, it's clear that the whole situation I've been through has led to a reshuffling, so to speak, of my circle of friends. Obviously, I've lost a number of friends. But I've also made a lot of new ones, and I see this as a positive change. You have to find the positive in such an unfortunate situation.

Louis Olivier Fontaine
Now, I'd like you to explain to the Inquiry the accusations made by your employer, Université Laval.

Dr. Patrick Provost
So as you can see on the screen, Université Laval is essentially accusing me of five things: demonstrating a deliberate confirmation bias in the choice of information; presenting biased interpretations or quotations used in a targeted manner; not treating the data with

all the necessary rigour, making a biased or partial collection, a non-objective presentation; delivering polarizing information; lacking responsibility towards the general public and not presenting the full body of scientific knowledge of the time.

So when you look at it from my perspective, all I can say is that it's a little like when children mirror everything. That's exactly what I feel inclined to do: tell them, "Look, all your accusations towards me can also be directed to the government, the professional orders, the professionals themselves, the experts, the journalists, and the media—all of whom have promoted vaccines in a quasi-advertising fashion without mentioning the risks of side-effects, which are furthermore poorly documented and grossly underestimated." But we'll get to this a little later.

So all these criticisms make me think that my academic freedom is in fact constrained by a doctrine. And that goes against Bill 32, which is supposed to protect academic freedom in universities. So if I can follow up on—

Louis Olivier Fontaine
Yes, so explain to us what the concept of academic freedom actually is.

Dr. Patrick Provost
Yes, okay. So you see on the screen: Bill 32 was passed on June 7, 2022. I had taken part in the public consultations on this bill, where I had spoken of my concerns about the influence of private interests on the university's mission. And in this law, article 3 defines the right to academic freedom in the university environment without doctrinal, ideological or moral constraint. And article 6 gives the Minister the power to intervene with an institution that fails to comply with Bill 32. So it's quite worrying to see that as things stand, the Minister has decided not to intervene in my case.

Louis Olivier Fontaine
So no intervention from the Minister?

Dr. Patrick Provost
None at present. She's decided to let the arbitration process run its course; except that in the meantime—for the two-and-a-half years it will have taken—well, the situation hasn't been resolved.

[00:20:00]

Other university professors see the way I'm treated and of course it totally discourages them from speaking out publicly. And so, academic freedom is in serious trouble here in Quebec and is clearly under threat, in my opinion.

Louis Olivier Fontaine
And tell us, Professor Provost, have there been any reactions at the political level, for example?

Dr. Patrick Provost
On the political front, not a single party represented in the National Assembly wanted to speak out. It's like a hot potato. Only Éric Duhaime showed support and put pressure on the Minister of Education to intervene, but she refused. *Québec solidaire* had dissociated itself from me as I was an ex-candidate myself.

So anyway, I'm very disappointed with politicians, who I don't believe really understand the importance of academic freedom for our society.

Louis Olivier Fontaine
And have there been other groups that expressed support for you, for example?

Dr. Patrick Provost
As a matter of fact, yes. La Fédération québécoise des professeures et professeurs d'université, the FQPPU [the Quebec federation of university professors]: it has a committee called COPLA, the Standing Committee on Academic Freedom, which looked into my situation. They analyzed my file; and in December 2022, they came back with the results of their analysis, which you can see here on the screen. You can enlarge the text in the box here.

And so the COPLA committee, which is made up of three jurists—so expert university professors—believes that academic freedom protects the right of any university professor to express ideas. They don't protect only those opinions with which everyone agrees. And so, an institution cannot start imposing sanctions on an academic for comments he or she has expressed if they do not contravene a law applicable in Quebec. As such, they mention that it's not necessary to conform to the consensus to be able to express oneself but rather, that academics have the right and duty to expose the pitfalls and falsehoods of a statement. And it is through refutation that professors involved in teaching and research must combat the statements of other professors according to recognized methods.

So clearly, it's the mission of the universities to let ideas circulate and to allow professors to debate, so as to gain the best possible comprehension of what's at stake in our society. And when we prevent these debates, obviously we no longer have the best picture possible. All we have is a distorted picture, which was distorted through the absence of the censored voices. And that leads us to confront Université Laval with its own contradictions.

So in February 2021, Université Laval adopted an institutional statement on the protection and development of freedom of expression at Université Laval. The text at the top of the red box is an extract I've taken from this statement. So the university talks about its essential role in the development of critical thinking in individuals; that any subject can be tackled; and in the face of controversial subjects, the establishment avoids censorship and encourages people to speak out. And as an institution, Université Laval is committed to: protecting the free flow of ideas—even controversial ones—in compliance with the law, collective agreements, and regulations; and providing an environment conducive to exchange, debate, and dialogue. So I didn't invent this.

And evidently, in my situation, Université Laval is doing just the opposite.

[00:25:00]

Université Laval does not respect Bill 32. It does not respect the collective agreement. It does not promote free speech and the free flow of ideas. It does not encourage discussion or debate. It does not foster the development of critical thinking. In short, it no longer fulfills its public-interest mission.

And of course you might ask yourself why Université Laval is doing this to me. Because we have a government that doesn't enforce Bill 32; the minister doesn't intervene; the media doesn't cover it. So why?

In response, I would put forward three hypotheses. One is that the current government wants to impose its political agenda by censoring academic scientists. So that's one possibility. The other is the influence of private interests. So at Université Laval, we know that pharmaceutical companies contribute to the Foundation and also to the funding of the university through research chairs, for example. And unfortunately—but curiously—the list of private donors to the Fondation de l'Université Laval was deleted from their website in July 2022.

Louis Olivier Fontaine
Excuse me, Professor Provost. What might we find on that list?

Dr. Patrick Provost
Well, you could actually see the identities of the pharmaceutical companies that contributed large sums of money to the Foundation. So the Foundation decided to hide this information to avoid becoming even more embroiled in controversy. And the information is also very difficult to access, even in the annual report. And as a third point, I wonder if there isn't some kind of retaliation behind this. Because in the summer of 2021, I published not one or two, but four opinion letters that were critical of the Université Laval administration because of the influence of private interests it was subject to. And it's quite plausible that they didn't appreciate my opinion letters published in the mainstream media.

Louis Olivier Fontaine
Okay, could you give the Inquiry more details about these opinion pieces?

Dr. Patrick Provost
Yes. By the way, my submission has been filed with the Inquiry—but I can do an overview of the four letters. So the first one is dated May 26, 2021, which I entitled *L'Université Laval et le Port de Québec: l'Absolugate* [Laval University and the Port of Quebec: Absolugate]. Why? Because there was an absolute confidentiality agreement between the two organizations, the very existence of which had to be confidential. And for a public institution, I found that unacceptable.

Then on June 4, I followed up with a letter to the *Journal de Montréal* about private interests and public universities, giving all kinds of examples of how private interests are interfering in our public institutions, including by way of research chairs.

Next, on July 29, *La Presse* finally published the letter I had submitted to them a month earlier, which I had entitled *Institution universitaire à vendre* [University Institution for Sale], in which I deplored the fact that Université Laval was actually selling the names of their buildings. That is why, on the Université Laval campus, there are buildings named in

honour of people, but now there is a Desjardins pavilion, there is a La Laurentienne pavilion. So we can clearly see who the sponsors are.

And then, in *Le Soleil*, I published an article on August 8, 2021 asking the question: Why don't we recruit Professor Alain Deneault to Université Laval? I should just mention that Alain Deneault wrote a book, *Noir Canada*, which was very critical of Canadian mining. And curiously, there's a research chair at the Faculty of Law that's funded by a mining company.

And so we see how private interests can influence the mission and decisions that can be made within a group of professors or within an institution, and thus compromise its mission.

Louis Olivier Fontaine
Okay, so you're not shy about voicing your opinion against your employer.

[00:30:00]

You also chose to write, again in the media, on the famous COVID subject. Could you explain to the Inquiry what you wrote on this subject and how it came about?

Dr. Patrick Provost
First of all, I'd just like to correct the fact that when I express myself publicly, it can be perceived as being against Université Laval: in fact, it's constructive. What I deplore about this situation is that I feel it needs to be corrected so that Université Laval can better fulfill its mission. But I did speak out publicly on COVID-19.

On June 22, I was under my first suspension, so instead of being at the lab, I was at home and started writing. And what I did was simply draw up what I considered to be the true portrait of COVID-19 in Quebec at that time. And what I did was simply an objective analysis of official government data, mainly from the Institut de la statistique du Québec and the INSPQ [Institut national de santé publique du Québec]. And in that article, I raised 17 questions that remain unanswered today. And why? Because the article was censored some 40 hours later and removed from all Québecor platforms. And, well, it can only be found on the Wayback Machine or in *Libre Média*, which agreed to republish my text. This followed a protest by Doctor TikTok and investigative journalist, André Noël, who demanded that my article be withdrawn.

Louis Olivier Fontaine
Sorry, did you say Doctor TikTok? For those who aren't familiar—

Dr. Patrick Provost
Mathieu Nadeau-Vallée. So these two people wanted Québecor to withdraw my article, but instead they were invited to write a review of my article. And two hours later, well, the text was finally withdrawn, so obviously— And in fact I was extremely disappointed, deeply disappointed by this censorship, because when I saw that my article was going to be published in the *Journal de Montréal*, I was hopeful. I said to myself, "This is it, we're finally ready to debate the issue in Quebec." And unfortunately, when I saw the censorship, I said—excuse me, but: "Shit, we've just turned the wrong way. And now we're headed down the road of censorship rather than debate."

And I wrote to the editor in charge of the *Faites la différence* column, the opinion column in the *Journal de Montréal*, Sébastien Ménard, whom I know. And I asked him, "But why did you remove my text?" If you look at the red box, he wrote back to me, "As I wrote on Twitter: 'after verification, we found that this text contained inaccuracies that could mislead the public.' I will not argue with you on this matter." So you can see that my article was withdrawn and I was given no explanation. So what I take from this is that debate is no longer allowed, that critical thinking must be conformed, and I see here the imposition of a single mindset.

Louis Olivier Fontaine
Tell me, Professor Provost, have there been other forms of censorship, other ways of preventing you from writing or expressing yourself that have affected you?

Dr. Patrick Provost
Yes. So you should know that in September 2019, I co-founded the Regroupement Des Universitaires, a coalition aimed to mobilize or inform the public about climate change, the environment, and biodiversity. And I succeeded in setting up a coalition that today includes 630 university graduates, mainly in Quebec. And we had a "*Tribune Des Universitaires*" that consisted of a full-page article every Saturday in *Le Soleil* and other newspapers in the *Coops de l'information* [a regional chain of daily newspapers].

[00:35:00]

And so, after 121 consecutive columns, Valérie Gaudreau, the editor-in-chief of *Le Soleil*, decided to end the column—suspend it actually—for the summer of 2022. But I'm still waiting to hear from her about a possible resumption.

So as you can see, for my initiative that was carried out in good faith, I was once again penalized in the media even though it was in the public interest. And I'd just like to add here that there were five of us coordinating the coalition and the other four left because of my public criticism of the management of the health crisis. And just to illustrate the division this has created, this coalition is currently on life support.

Louis Olivier Fontaine
Okay. Let's move on to another subject, which is the media's treatment, you might say, of the Patrick Provost case. How has the media reacted to this whole affair, this whole saga?

Dr. Patrick Provost
So I was the subject of media coverage. And I'd just like to remind you that journalists are bound by the *Guide de déontologie journalistique du Conseil de presse du Québec* [Guide to Ethics of the Press Council of Quebec]. So I've put together a few statements for you to read, and I don't want to go into too much detail. But what I've noticed over the past three years is that there have been many departures from good conduct and journalistic ethics, leading to media treatment that isn't entirely respectful of the people or the information conveyed.

Let me give you a few examples. So first of all, in *Le Soleil* on December 30, 2021, Jean François Cliche reported on our laboratory discovery of a new form of RNA—a glowing article, all in all. It was a "Discovery of the Year" in Quebec City. But six months later, after I

had spoken out critically against COVID-19 vaccines, Monsieur Cliche changed his tune and made certain assertions in his June 26, 2022 article reporting on my eight-week suspension without pay.

I had criticized the lack of an active monitoring system for side effects, which is true because the current system is passive and we can see that there are many problems, whereas Monsieur Cliche said that this was patently false. Then I said that we don't know anything about the long-term side effects of vaccines, whereas Monsieur Cliche said that was not quite true. Monsieur Cliche claimed that messenger RNA didn't persist for long in our bodies, whereas vaccine messenger RNA has been detected several months after injection in human body organs. So what did he mean by "not long"? And furthermore, this makes the possibility of long-term effects highly implausible.

So he's showing a biased reassurance that everything's going to be fine, whereas when there are unknown factors such as these, it requires caution and moderation in what is put forward so as not to close the door on possible major side effects.

Louis Olivier Fontaine
Professor Provost, when you see these answers in the media that you consider to be false information, what do you do?

Dr. Patrick Provost
There's very little we can do. The newspapers and journalists have the last word over us. No matter how much we write, e-mail, call, or demonstrate, they simply have the last word. It's really frustrating. And above all, we can't intervene, we can't correct. A journalist has the last word.

[00:40:00]

And if I decide, for example, to lodge a complaint with the Press Council, the Press Council can simply give a friendly slap on the wrist and say, "Don't do that again." But there is no sanction that can be imposed on a journalist who deviates from the Code of Ethics. So in the end, there's nothing we can do about it except contain our frustration.

Then on February 22, 2023, Monsieur Cliche repeated his disparaging remarks, calling me "Prof. Provost," a bit like Doc Mailloux. He attributed to me "ill-founded remarks" about messenger RNA vaccines, when in fact they were well-founded. He claimed that my methodological basis has convinced essentially no one in the scientific community. So I'd like to know where he gets his information from. Next, he attributed to me a largely erroneous position on messenger RNA vaccines.

I published three scientific articles in *IJVTPR* [*International Journal of Vaccine Theory, Practice, and Research*]— we will come to that—and instead of criticizing the content of my articles, he criticized the journal. So he had the audacity to call himself a science journalist. And so, anyway— He ended by talking about scientific consensus and when I hear people talk about scientific consensus, it makes my skin crawl. You can't reach a scientific consensus when you censor and vilify scientists who express dissenting opinions. You have to invite these people to the table and debate with them on the basis of scientific arguments; and that's how a consensus can emerge, there is no other way.

Then there is Québecor journalist, Dominique Scali, who doesn't actually reproach me with anything in the content, but rather in the titles of her articles—although she may not be the one writing them— Here, for example, where she says that I'm one of the professors feeding the disinformation. Again, "disinformation" here is a media label and is also used for political purposes. And Madame Scali keeps calling me a dubious expert. So if I may use her term, it's rather dubious to use such terminology when it is coming from someone who is much less qualified than I am on the subject. It's pretty frustrating.

Next, I'll conclude my examples with Isabelle Hachey of *La Presse* in an article from June 28, 2022, where she departed from journalistic ethics in several places in her text. So here she says that the effectiveness of Pfizer and Moderna vaccines based on messenger RNA no longer needs to be proven. This is quite astonishing coming from a journalist. So you have to wonder where she gets her sources. Then she says that the arguments I put forward have no scientific value and in fact that the scientific value is low, if not nil. So that's a nice way of saying that I'm talking rubbish. Then she says I've completely gone off the rails. And then she attributes her thoughts to others. So in her own words, she says, "You'll tell me: too bad for this researcher. After all, he is defending not a scientific point of view, but a lie." So she accuses me of telling lies and that I deserve what I get, and then she calls me irresponsible. Well.

So you can see how journalists handle the news. And given that I'm a critic of the health measures, they are much harsher; and they use arguments or terms to denigrate me and in fact disqualify me, to disqualify my remarks, because the people who know me don't recognize me in these articles. And the shame is that, unfortunately, I can't go out and meet the 8.5 million people in Quebec. But clearly, when those who know me read these articles, the treatment I am receiving allows them to see for themselves the bias of the media.

[00:45:00]

The question then arises as to why journalists and commentators deviate from their journalistic code. And the main reason is probably the government funding of the traditional media. Obviously in the crisis we were experiencing, the government wanted to control the message conveyed to the public—and it did so by heavily funding the media with advertising to generate and maintain support for the COVID-19 measures and vaccines. But at the same time, all those who expressed criticism or took a stand against the government's measures or decisions were discredited or censored in the media so as to once again promote a single mindset and avoid any debate. And so, in my opinion, this is not healthy. It's not the sign of a free and democratic society, and it's not the way to reach the best decisions.

Louis Olivier Fontaine
Earlier, Professor Provost, you mentioned the scientific publications you produced during the crisis.

Dr. Patrick Provost
Yes.

Louis Olivier Fontaine
Would you like to briefly present them to the Inquiry?

Dr. Patrick Provost
Yes, certainly. So the first scientific publication was published in August 2022 in the journal *IJVTPR [International Journal of Vaccine Theory, Practice, and Research]*. In fact, all three publications are in the same journal. This is a journal where you can submit and publish scientific observations and analyses that are critical of the management of COVID-19. In this publication, my co-authors and I presented a conscientious objection to using messenger RNA technology as a preventive treatment for COVID-19. The objection is based on two principles that are flouted by the COVID-19 messenger RNA vaccines, which are not genetic vaccines.

It is a pro-drug since the active ingredient is not in the vaccine. The active ingredient is produced by our body's own cells. And therefore, the dose of active ingredient and the biodistribution of the active ingredient are unknown. Whereas when you take a 325 mg aspirin, you know exactly what you're taking, when you receive a COVID-19 injection, you don't know which cells in your body will express the spike protein, or at what levels. And there can be more than a hundred-fold difference in the expression levels of the protein, which is the antigen that will stimulate the immune response. And there are studies that have correlated that a high level of spike protein is associated with myocarditis. So there are concerns here that justify a conscientious objection.

The second publication is a retrospective study using pharmacy records: patients' pharmacological records. In fact, what's interesting to know is that at the INSPQ, which analyzes side effects following COVID-19 vaccines, they use a window of only six weeks following injection. So if there are symptoms or manifestations that occur beyond this period, they are not considered. I got confirmation of this from a nurse who called me personally about my own side-effects. So in this article, we observed that three-quarters of the complications in patients' pharmacological records occurred beyond the six-week period following their last injection of COVID-19 vaccine. So what this suggests is that vaccine-related adverse events are underestimated by a factor of four. All right?

And finally, I published this article. The message here is that the under-reporting of adverse reactions to COVID-19 vaccines represents the pandemic's blind spot.

[00:50:00]

It was based on the study of two clinical cases in which we were able to list some 40 constraints on the reporting and analysis of adverse effects, and these were of a clinical, systemic, political, and media nature. Obviously, even before COVID-19 we knew that side effects were under-reported by a factor of at least ten. And with the testimonies we heard a little earlier during the Inquiry, we can see that doctors or healthcare personnel are not reporting side effects. And so in my opinion, this factor of ten—which had been estimated before the crisis—is even higher since COVID-19. And combined with the factor of four that I put forward: we can think that the undesirable effects following COVID-19 vaccination are perhaps underestimated by about a hundred times.

And so when the authorities assess the risk-benefit ratio of a vaccine, it is absolutely essential to know not only the benefits but also the risks as accurately as possible—in order to arrive at an assessment that is also as fair as possible. What I'm saying is that the risks associated with vaccination are grossly underestimated, which leads to a significant bias in the risk-benefit assessment. So at present, the authorities may have recommended vaccination or judged this balance to be beneficial and favourable to vaccination, whereas if they had had the real figures, these vaccines probably shouldn't have been authorized.

Now, this slide summarizes the messages of the three publications. So that brings me to a conclusion— I think there are three or four slides left— So the whole saga that I've been living since I went public on December 7, 2021 has enabled me to analyze the pandemic from a rather unique perspective. What I've been able to observe is that differences of opinion are now subject to legal proceedings, even within universities, which is quite incredible. Debates are forbidden. I asked the University to meet with the plaintiffs and they never granted it. So they're really going against their mission. And if we can no longer debate or even express our ideas in our universities, well, where will we be able to do so? So I think that the current fight for academic freedom is crucial because if we lose it, the freedom of an entire population is at stake.

Of course, we can go along with these interpretations depending on our values, our knowledge, and our intentions, good or bad. But what I'm experiencing at the moment leads me to see the situation in the following way: I have the impression that it is private interests that are attacking the last bastion of democracy and public protection, which academics represent. Because, in fact, university professors have that freedom; they have a unique function within society that enables them to express themselves on social issues and raise problems when no one else can do so.

And when this last bulwark falls—as it has in the past in other political regimes in other countries—then it gives free rein to private interests, who will be able to impose their agenda. And we can see that the level of capture and corruption of our institutions is at such a level that it's shaking the foundations of our society and our democratic life. And, well, I don't want to say any more than that because we heard quite a lot during the Inquiry. But I'd like to end with a few recommendations for the Inquiry members.

I think it's very, very important to defend academic freedom.

[00:55:00]

And to do that, we need to ensure the immunity of the professors who exercise this freedom, and not allow for them to have their heads chopped off as soon as they exercise it or speak out. So we need to encourage public speaking. And that's always in the public interest.

We must ensure compliance with the rules of ethics and good conduct in research. At Université Laval, I've been criticized for failing to comply with the policy of responsible conduct in research. But what I've done are public interventions for the general public; that's not research. In short, we have to apply the principles and rules of ethics and deontology in research and clinical practice, and not depart from them because of an emergency. Because these principles and rules were established precisely so that when a situation like this arises, these rules can help us remain respectful and not lose our minds. And that's what we heard earlier at the Inquiry: that emotions make us lose rationality, rational thinking, and then thinking becomes emotional. And that's when we allow ourselves to blow up our reference points, skip over the markers, and impose measures that are no longer in line with the ethical and deontological principles that otherwise have always guided our activities.

Personally, I'd like to be able to analyze the contents of COVID-19 vaccine vials. Okay? We have the expertise to do it. We have protocols already in place in the lab to analyze lipid nanoparticle and RNA content; and we can collaborate with other teams to evaluate other aspects of vaccine content. And above all, when you consider that these vaccines have been

repeatedly administered to billions of people all over the planet, to be at all responsible or accountable, these vials must be analyzed. And this has to be done by independent university scientists, free of any conflict of interest and influence, and also free of any reprisals for what they report from their analyses. I think this is absolutely critical. I appeal to the government to give me the money and the freedom to do this, as well as access to the samples.

Well, I've used the term "whistleblower." It's not a term we usually apply to university professors because they have academic freedom; we don't need whistleblower status. On the other hand, in my situation where my academic freedom is constrained, I claim whistleblower status because that's what I've done. Since December 7, 2021 my public interventions have been aimed at sounding the alarm, at saying, "Just a moment, these injections must be stopped because in my opinion, the risks outweigh the benefits for a larger part of the population." I will continue to maintain this position; and I demand to be able to debate it publicly with the experts, the people in positions of authority and decision-making. And it's thanks to these confrontations that we'll get to the truth, or at least to the best understanding of the situation. And it is essential that public interests be defended.

So if I speak publicly, it's because I truly have the public's best interests at heart. I have four children. I care deeply about their future and want to be able to defend their interests; and to do that, we have to allow public debate. Otherwise, we can't do it. And if we're not allowed to have public debates or speak out, then we're talking about censorship and decisions that aren't necessarily in the public interest. And I'm always going to speak out against that kind of behaviour. So really, I'm here to defend the public interest at the very cost of my career, which I know is currently in jeopardy. But anyway, I think I'll stop here. Thank you.

[01:00:00]

Louis Olivier Fontaine
Thank you, Professor Provost, for that excellent presentation. Now I'll leave the floor to the commissioners if they have any questions for you.

Commissioner Massie
I realize it's getting very late but I can't resist asking Professor Provost a few questions. My first question has to do with the climate we're in. Your description is so detailed, so accurate of all the steps that have been taken. What we're seeing in Quebec is not unique. We've seen the same thing in every other city in Canada. We've seen similar censorship in Europe, in the United States.

And my question is: When you mention, for example, Bill 32—which clearly states what the protection should be for academic freedom—and we see this discrepancy in what's happening in your case and others who are perhaps self-censoring to avoid having the problems you're facing, how can we imagine that the accountability necessary to enforce the law might eventually manifest itself? The institutions don't seem so willing to do it, even the justice system. Do you think it's going to take political reforms with a real willingness to enforce the laws? Because we seem to have the regulations in place.

Dr. Patrick Provost
Well first of all, Bill 32 has no teeth, okay? So Bill 32 is toothless, to use the term. So there's no penalty if an institution doesn't comply with Bill 32. And the fact that Bill 32 doesn't take precedence over a distorted disciplinary process is extremely worrying. I've always seen laws as taking precedence over administrative processes.

And that's when a political decision was made not to intervene with Université Laval. And I know that the Minister herself says that she is in contact with the university rectors, but I tried to contact the Minister to no avail. I went to see my MNA [Member of the National Assembly]. I wanted to meet the Minister of Higher Education but it's impossible. I've never heard back. So how can a minister be in contact with the management of Université Laval but not with me? We have to be able to talk to each other. I get the impression that the Minister of Higher Education doesn't understand the scope of Bill 32 and the importance of academic freedom for society, for our democratic life, and that's really deplorable.

Commissioner Massie
The other question has to do with the hope you had when you published your article in the summer of 2022, which seemed to show a certain openness that closed, I'd say, violently given all the backlash that followed. Today or yesterday— I can't remember, I'm tired—Monsieur Hamel came to testify about his career. I was surprised to learn from him that even radio stations that were more open to criticism of health measures—for example Radio X, where I know you are associated because you do weekly columns—hardly seem to be motivated or interested in talking about the Inquiry, for example. As you have contacts there, what is your assessment of this state of affairs?

Dr. Patrick Provost
It's really disappointing the way the traditional media—even media like Radio X—cover events. I think the National Citizens Inquiry is extremely legitimate and essential. It should have been a government-initiated public inquiry. Unfortunately, in Quebec, there has never been the will to do so and I deeply regret that. The fact that it's a citizens' initiative doesn't disqualify it at all; the Inquiry is highly relevant.

[01:05:00]

And I don't understand why any self-respecting media outlet doesn't cover your work because what we've been through over the past three years is really quite unique. It's going to go down in history. There has not been such a devastating event in our society for a very long time. And so, the fact that we don't even want to do a kind of *post mortem* to review everything that's been done—in order to draw lessons and establish recommendations or change our policies; so that if a similar crisis occurs in the future, we can react in a much more appropriate way—it's very worrying that the media aren't interested in this. And we can see it from the testimonies and from the people who attend the hearings: this crisis has had a major impact on all spheres of activity in our society.

So why aren't mainstream media covering this? For me, it's a mystery; and I'm outraged by it. I am outraged because, as a citizen, I ask to have access to complete information about what is happening in our society. And the work of the Commission is unique in that sense; and it should have filled the room with traditional media. And the fact that we simply want to pass over the Commission and the work of the Commission in silence, well, that says a lot to me. But what it tells me is that, ultimately, the traditional media don't really seek to

know the truth because that's what we are doing here. That's what the Commission's work is for: it serves to [reveal] all the truths that we no longer see in the traditional media.

And in any event, hat's off to the Inquiry's commissioners and organizers because it's really essential. Your mission is essential and I hope that people will take an interest in listening to all the witnesses who have testified before the Inquiry, and that the recommendations you make in your report can be widely disseminated in the media or to the public. Because given the way governments have handled the situation over the past three years, there are clearly many things that need to be changed and improved.

Commissioner Massie
As it's getting late, I'll limit myself to one last question. I think there's a landmark event in your journey during the COVID crisis, which is the famous conference organized by Réinfo Covid on December 7 [2021]. And I realize from your presentation that you had a bit of an obstacle course before that. And I must admit, I was surprised to see your participation in that conference because I anticipated that it might cause problems. I don't think you went in there innocently either but did you expect such a reaction?

Dr. Patrick Provost
Not at all. Maybe I was a bit naive but I never thought it would result in all the consequences that followed. It's all a bit beyond belief. But if you were to ask me if I'd do it again, yes. Yes, I would do it again; and all the months that followed proved me right. Today it's clear that I was right to sound the alarm and I'm going to continue to sound it wherever I can. Even if the decision-makers don't listen, that won't stop me from intervening whenever I see fit. But it's not just a responsibility, it's a duty for someone in my position to intervene publicly when I deem it necessary.

[01:10:00]

And I find odious the fact that I'm being punished for doing so. especially the way it's being done: where I'm being deprived of the chance to debate.

So if I can take advantage of this opportunity, I'd like to call for a public debate in front of the cameras. Bring in the experts, we'll bring in as many from my side: we'll debate and the public will be able to form an opinion. But until that happens, we're going to have this one-track thinking imposed on us, along with a very worrying future for society and for our children.

Louis Olivier Fontaine
Thank you very much, Dr. Provost, for your testimony to the Inquiry.

Commissioner Drysdale
[In English] Dr. Provost, thank you for your testimony. Isn't what you've experienced here at the university really the crescendo of a wave that's been coming for decades? You know, in the social sciences, for years now they've been imposing certain thought processes on students and professors. This has been going on for years at the university, has it not?

Commissioner Massie
Do you want to translate?

Dr. Patrick Provost
Quite simply, is what I'm experiencing right now in fact the result and culmination of a whole succession of changes that have occurred in our university education system over the past few years or decades?

I wasn't necessarily aware of this possibility, because I thought these changes weren't going to affect me. I thought it was restricted to the use of words like "nigger" or words that are very loaded, but I didn't think they would attack hard science and censor scientists and prevent them from making their concerns known to the public. I didn't think it would go that far.

Commissioner Drysdale
[In English] The other item I would like you to comment on is: You were expressing concern and surprise that law 32 had no teeth. What we seem to have heard across the country in testimony is that the Charter of Rights and Freedoms has no teeth, that the Ethics Commissioner has no teeth, that the courts have no teeth. So I guess I'm not giving you a lot of hope here, but do you want to comment on that in comparison to what you're experiencing?

Commissioner Massie
Can you translate the question?

Dr. Patrick Provost
I don't remember the wording.

Commissioner Massie
Okay, well, I'll do it then. Our colleague mentioned that, yes, according to your comment, Bill 32 didn't have any teeth. We also see that the courts don't seem to have many teeth either; the Charter of Rights doesn't seem to have many teeth; and under these conditions, obviously, it presents a rather bleak picture. But he would still like to hear your comment on this situation.

Dr. Patrick Provost
Actually, if I had just one comment to make, well, it would be that toothless people aren't who you think they are. Unfortunately, it does take teeth to assert our rights. And that's why a lion roars: it's to bare its teeth and really claim its rights.

Commissioner Drysdale
[In English] This just seems to be a lesson to us all in that when we think that we're immune because it's not knocking on our door, it's knocking on our neighbor's door, but it will soon be knocking on ours.

Dr. Patrick Provost
The point is, if we don't pay attention to what's going on around us, sooner or later it's going to affect us.

[01:15:00]

So yes. But again, in the current situation most people will only be inclined to act if they're directly affected. And personally, I was motivated by what I experienced after my first injection. I dare not think, for example, that if I hadn't had any side effects, would I still be asleep today? It's possible. So it's hard to blame people who aren't awake yet, but it's up to us to go and find them. But to do that, we have to open up, not resent them, and be positive in our approach, urging them to join us in building a society that's much more cohesive than the prospects we're presented with.

Commissioner Drysdale
[In English] Thank you, Professor.

Dr. Patrick Provost
Thank you.

Louis Olivier Fontaine
Professor Provost, in conclusion: on behalf of the National Citizens Inquiry, I would like to thank you for your testimony. Professor Provost, you belong to a very, very select club of Quebec scientists who have spoken out and demonstrated their integrity. So I recognize you for that and I thank you once again.

Dr. Patrick Provost
Thank you. Thank you to the Inquiry.

[01:17:17]

Final Review and Approval: *Erin Thiessen, November 19, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Closing Statement: Dr. Robert Béliveau
Full Day 3 Timestamp: 11:23:40–11:41:41
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Dr. Robert Béliveau
Why don't you do a little stretching? I was tempted to inundate you with— but it's 8:28 p.m., so— I've called the title of my speech: A Call for Ordinary Heroism. But I think that we have some people here who are already extraordinary heroes. So first of all, I'd like to start by thanking the committee and the commissioners from the bottom of my heart for this initiative, which is absolutely essential to the survival of freedom of thought and freedom of speech too. And also for the inspiration I've found through the contacts and the testimonies, which have all been so very rich.

There was nothing futile; the three days were a great success. For my own part, I'm leaving tired but full of hope that there are still people out there who are caring, honest, generous, intelligent, and committed.

I talk a lot about commitment. We're all interested in what's going on and there are a few who get involved, but rarely are there those who fully commit themselves. So I'd like to invite everyone to embrace heroism: to bring to life the heroes and heroines within us. This is a golden opportunity and we must not miss it.

And I'm going to start with a little quote from Pierre Dac, a French comedian who died quite some time ago. He said: "Predictions are difficult, especially when they concern the future." I thought it was brilliant. And here I am: retired, dreaming of a life of tranquility, calm, and serenity. And now we are plunged into a crisis that is also a gift—a gift for everyone, a gift that we can perhaps pass on to our children and grandchildren—which is to stand up against the ignoble, against things that are unbearable, that are no way to live.

The table that has been set for us over the past three years is something that should outrage us—in fact, more than outrage us. Stéphane Hessel, who said, "Indignez-vous!" ["Time for Outrage!"] when he was 93 years old, long before the COVID crisis, also said, "Engagez-vous!" ["Get Involved!"] And for me, that's what makes all the difference!

And for three days, we were lucky enough to see through a kaleidoscope: lawyers, statisticians, some doctors, a variety of brilliant people. People who have been affected in

one way or another by the crisis and who came to testify courageously, to speak out, to dare to speak out. And it moved me on every level. I shed tears, many tears. If you haven't shed a tear in the past three days, you haven't witnessed the same thing that I have and you're not as sensitive as I am. Maybe I am hypersensitive, I am getting older. I'm an aging being; it seems that as we age, we become different, men and women are more alike. So maybe I'm becoming more feminine, more feminist even.

[00:05:00]

So I'm going to ask you to make a little effort. I'm going to start at the end because I never get to it. And the end— I have picture in my mind that you can't see. It's a picture I took in the neighbourhood I grew up in: in Hochelaga Maisonneuve. I'm from Hochelaga Maisonneuve, and we used to walk down Ontario Street, past a funeral home that's still there today. And funeral homes don't die: people die, but they always have business. And it was called T. Sansregret. As little boys, we thought it was absolutely hilarious. T. Sansregret, you know: "You're going to display your father or your mother and—'you're without regret.'" Then, as I got older, I asked myself: But isn't that exactly how you should die? Without regret? Knowing that I lived my life: I committed myself to it; I gave what I had to give; I took what I had to take; I lived it intensely; I lived it with awareness and with dignity. And I'm leaving a legacy. They won't get much, but they will perhaps receive a little wisdom that I will have bequeathed to them.

Anyway, I hope I won't bequeath to them the world we've been living in for the past three years, which is being established. You can see the threats. You know as well as I do that they don't always come to pass, thank God. I have a few words of advice.

I know that our Premier, Monsieur Legault, is an intellectual so he likes to read. I have a book to recommend to him: Alan Watts' *The Wisdom of Insecurity: A Message for an Age of Anxiety*. He is a man who is relentlessly generating fear and security as a means to an end instead of accepting that in life, there is something called risk. Wall-to-wall security is death: the death of life, of that which is important in life, of what gives value to life—namely the connections. Connections, encounters, trust, awareness, creativity: all of these are suppressed in his fear-generating thought system.

What I also want to leave him with is a little quote because I know he's someone who's very fond of vaccination: "With the vaccine, you still die, but without the vaccine, it would be worse." When I read that, I thought, "That sounds exactly like what's going on." So what are we left with? Fear. And what, do you suppose, is the way out of fear? I feel that if we face our fears, they will no longer be able to direct and control us. I was listening to François Amalega. What makes it that he is not afraid but we are? It's an extremely important question and I think it's food for thought.

And by the way, if you want to think about it a bit more—because I'm going through this very quickly; I won't go through all my seven pages because you'll go to sleep—we'll get together again near here on Sunday, [May] 28. Anyway, on May 28 at the Domaine des Maizerets—somewhere near Quebec City—there will be something going on with the Réinfo Québec group, which used to be called Réinfo Covid, and you're invited to join in. And it will be an opportunity to share, and to be out in nature too. We'll be doing meditative walking, lots of practices that will help us nourish what's been forgotten, which is called the inner life, or living.

And for me, it's something that's absolutely essential. [Blaise] Pascal said, "All human evil comes from a single cause—man's inability to sit still in a room." So maybe that's the first

thing we need to master: to be at ease with ourselves and to know that there's a place of rejuvenation. If we've learned to be at ease with ourselves, to welcome what's going on inside us— And it can sometimes be anger or sometimes all kinds of energies, because we're connected with a complex reality which is not always pleasant, not always easy, and sometimes warlike. We're not the ones who've provoked a warlike state but we have suffered and experienced it; and it affects us and our relationships, as we saw.

[00:10:00]

Everyone was hurt during this episode. Our bonds were damaged. Some of the bonds we had were completely dislocated, if not completely fractured. We'll have to work on convalescing and getting back to— In any case, because everything needs to be revised, there may be relationships we'd do well to keep and there may be others we'd do well to let go. So we have to be very careful not to get hung up on the relationships that can be a source of distress rather than a source of satisfaction and gratification. We need to see what we're paying attention to, who we're paying attention to, and be aware of what we need in the here and now.

I just wanted to share a little: in a crisis, you have to know that there is both danger and opportunity, occasion. And if we're going to live through a crisis, let's live through a fruitful one. We need to determine what is in my interest to change within myself and what is in our interest to change collectively: in our organizations, in our professional orders, and so on. We need to clean house. The healthcare system is completely sick: it's a healthy system of sickness. So we have to change that. And it won't be changed by the people in charge; the people on the outside will change it. Some people have too much interest in keeping things as they are. So the change will come from you; it will come from me; it will come from each and every one of us. And what I've heard over the past three days is a fabulous collective wisdom. And what makes it so wise is that we're able to welcome everyone and let everyone speak.

And my spiritual father, Thich Nhat Hạnh, who died at 95 years of age, used to say the next Buddha will be a collective Buddha. What does that mean? It means we will learn with others. Doctors will learn from their patients, who will sometimes learn from their doctors, but that's rarer. And patients need to be patient with their doctors, but active too to get them to change, to make the type of relationship we have—which is often a complementary relationship, but completely asymmetrical—a little more symmetrical. May patients stop being patients and become architects of their own lives and health, and take back their power; and may doctors let go of some of that power. And so I think it's important to regain a little power when we've been powerless for three years. Power belongs to us, and will always belong to us.

We have to realize that the decisions we make affect us. And it's up to us to make decisions based on what's right for us. Society and the individual make up an environment that can sometimes have extremes. The individual can crush society, as we're seeing at the moment: some individuals are trying to impose their own agenda on society as a whole. Society can also crush the individual. Both are unhealthy. So what we need to do is find the centre again—that's the individual—and take care of him so that he can then take care of the community. It's not one against the other, it's one with the other; and one depends on the other. So I think it's important to recognize this, and to simply participate in it. In fact, be what you need to be in order to live. "Be the change that you wish to see in the world." You want to see honesty and integrity? Be honest. Have integrity. It's already a full-time job.

So it's on ourselves. And I invite everyone to work first and foremost to rediscover that power to achieve something called "celebrating life." So for those who want to know a little more, we're going to give you some meeting places. Personally, I think being together is essential: it's sharing, it's creating bonds, it's breaking the isolation. It's the only way to get through this—and it's not over yet.

[00:15:00]

I'm reminded of Mark Twain's words: "I'm an old man—" Where I'm at— It's: "I am an old man and have known a great many troubles, but most of them never happened." So we have to be careful about our tendency to sometimes demonize the future, to see only the troubles and not the changes, the transitions, or the transformations. There can be difficult moments of transition, moments of turbulence: that's inevitable. But eventually, they may lead to a more satisfying balance, and that's something we can work on.

How will this happen? One day at a time. Well, I'll stop here; it won't take long. You have to be able to commit without locking yourself in; you have to be able to have roots without neglecting your wings. Wings are extremely important. So stay fluid: fluid in both your mind and your habits. Don't cling to your habits. Be open to what life has to offer, and come back to immortal values. [Johann Wolfgang von] Goethe said, "Whatever you can do, or dream you can do, begin it. Boldness has genius, power, and magic in it."

I'd like to invite my other half to come, and then I'd like you to stand up. There's something about standing up! We'll close our eyes and then assume a posture of strength, dignity, and courage. And there are people around you, so take the hand of the person around you. I've got my other half, Chantal, with me. Nineteenth-century poet Alfred de Musset said, "I don't know where my road is going, but I know that I walk better when I hold your hand." . . .

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[00:18:01]

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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, and further translated from the original French.

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