# VOLUME THREE

## Witness Transcripts

Part 5 of 9: **Red Deer, Alberta**

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

Commissioners: Kenneth R. Drysdale
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Thank you to the thousands of volunteers across Canada who worked tirelessly to make the hearings possible.

# NATIONAL CITIZENS INQUIRY

## EVIDENCE
### RED DEER HEARINGS

**Red Deer, Alberta, Canada**
**April 26 to 28, 2023**

# ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Opening Statement: Shawn Buckley**
**Full Day 1 Timestamp: 01:00:03–01:31:04**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Welcome to the National Citizens Inquiry as we begin day one of three days of hearings in Red Deer, Alberta.

Commissioners, for the record, my name is Buckley, initial S. I am attending this morning as agent for the inquiry administrator, the Honourable Ches Crosbie.

For those watching that are not familiar with the NCI, the NCI is a group of volunteers that have organized to send a set of independent commissioners literally across the country. We're going province by province before we return to the nation's capital to hear testimony to find out what exactly happened during our COVID adventure and, more importantly, to hear the voices of just ordinary Canadians: to hear what happened, to hear their experiences, hopefully, so that we can come together and heal.

Now because we're a volunteer organization, I'm always asked, "Ask for this, ask for that," at the very beginning because people are watching, and it is important. We don't have a single major donor that makes this easy for us. We truly rely on your small, little donations. And so every time we ask, please go to our website, sign our petition so that it's clear that there's a movement behind this, and donate. It costs us about $35,000 each three sets of hearings, and I'm pleased that we are still here now in Winnipeg [sic], and I'm trusting that we will be in Vancouver next week. But we're literally funding as we go, so your donations are very much appreciated.

We also have a need for real-time translators in two weeks when we're in Quebec City. Most of the evidence is going to be in French, and we need real-time translators—a whole team. You can't have just one or two people do that, it's so exhausting. And so if there are any of you out there that have that skill, then if you want to contact our email at info@nationalcitizensinquiry.ca, put in bold letters in the subject line, urgent French translators.

Now, I'd also asked last week, we're clipping videos and we're posting like crazy on social media because the mainstream media is ignoring us, so I ask everyone every time, push us out on your networks. But we need to have content for French speaking Canadians. And so

**we actually need people that are bilingual, who are not willing just to watch a clip and do a translation but also if they don't have the skills, willing to learn how to put the text on the video and actually do the whole thing. So if you're out there, please contact the NHPPA [sic] [National Health Products Protection Association, https://nhppa.org, info@nhppa.org Note: Mr. Buckley is president of NHPPA] and put in the subject line an explanation that that's why you're contacting us.**

**And then we are in need of bilingual lawyers for the Quebec City hearings. We probably need a team of about five. So if you can contact us about that, we would appreciate it. If there's any lawyer out there that has nothing to do next week, we'd also certainly welcome your help as we move to Vancouver.**

I want to speak about precedents this morning. Whenever a nation faces a crisis, the nation has to choose how it's going to react to that crisis. And I want to say sometimes the nation will choose to do things it hasn't done before, although it seems to be that every crisis becomes an excuse for governments to do more and more, and we've heard the phrase from officials that there's no point letting a good crisis go to waste. So we went through a crisis, or at least we were told it was a crisis and it was hyped up as a crisis.

Let's ignore that the overall death rate really wasn't any different than a bad influenza season, but we have all gone through a crisis. And as a nation we had to choose how we were going to deal with that crisis, and we did some new things. And by doing a new thing, we set a precedent.

I mean, we locked the citizenry down. I've had clients under house arrest that were freer than we were. We basically forced medical treatments on people.

[00:05:00]

We forced people to mask. We did new things, and so we set precedents for going forward.

I mean, precedent is just an example of things you can do the next time, and it's easier the next time because we've been conditioned to accept it. We've been locked down. So if we're told another pandemic is here, we're actually going to expect to get locked down. We're going to expect to have a treatment forced on us. We're going to expect passports. We're going to expect masking.

Have you considered that for our children, this is normal? This is what they will expect to happen if a pandemic comes through. Let that sink in for a second. For our children, masking is normal, and the long-term effects of that are going to be with us for their entire lives.

**Now, I want to speak about three precedents that we have set and get us thinking about them. The last one that I speak of is of tremendous importance, and it likely shows us a way forward.**

**The first one I want to speak about is how basically we have set a precedent where we don't have rights in a crisis, and perhaps going forward, even when we're not in a crisis, but that we're just in a hard spot. We went into this pandemic believing that we had fundamental rights. In fact, Canada was, you know, a poster child of free Western liberal democracy. We had this *Charter of Rights and Freedoms*. I don't think you could become a new citizen without learning about it, about this Constitution with this Charter and all these protections we had. And that turned out just to be a piece of paper with words on it.**

We had James Kitchen testifying last week in Saskatoon, basically saying, "Well, it only lasted 40 years." It came out in 1982, the *Constitution Act* of 1982. It's a British statute. Our constitution is just British statutes, by the way. So yeah, it's probably a record for the death of a constitutional document and definitely the death of a constitutional document that purported to give fundamental rights.

Here we had the largest government-encroachment upon our rights and freedoms that any of us had ever experienced, even in wartime. And we would expect that there would be case after case after case, evaluating this encroachment and putting some breaks upon the government. But I can't think of a single case that puts a break or a check on the government going forward, and every lawyer that has taken the stand that I have examined, I've asked that question. And, you know, I welcome Leighton Gray who's here today as a volunteer lawyer to help us call witnesses, but he testified last week, and I asked him, "Can you think of a single case going forward that puts a break on government action?" And no one can think of a single case.

So we've had the largest government-encroachment in our lifetime. And going forward, the precedent we set is, this is okay. It's okay if we think we're in a crisis, and perhaps even if we're not in a crisis, for the government to take away our rights. So we've allowed a very dangerous precedent to be set. And our relationship with the government because of this has changed dramatically.

Pre-pandemic, I expect that most of us were not afraid of our government. I think most of us felt that even the government was there to protect us and that we were comfortable with the balance. We likely felt like we were equals with the government. We recognized the government had a lot of power, if we stepped out of line, if we killed somebody or stole or whatever, broke the law, we would expect the government would come down on us and exercise its power.

But we also felt that we had a lot of power, in the form of personal freedom, to basically do what we want to do, go where we want to go, without restrictions.

[00:10:00]

But we learned that that wasn't the case. So if we were in a situation at the beginning of the pandemic, where there was a balance of power between the citizen and the government, we very quickly found ourselves in the situation where the government had almost all of the power.

And that has set a precedent. We now have a precedent in Canada where if we're facing a crisis, the government has almost all of the power over us. And now what has changed is that for many of us, we are now afraid of the government, and you know what I'm talking about.

We're afraid that they're going to do it again. And it doesn't even matter what side you're on. If you supported the government measures you didn't like being locked down, you didn't like having to get a treatment because the government said so even if you supported it. You didn't like masking, and you didn't like having to show identity papers as if you were in a Stalinist roadblock in the Soviet Union. You didn't like it, and you're afraid that it might come back. And clearly for those that opposed what the government was doing, that didn't agree with it, they didn't like it at all either.

**Now, we're being told by different world leaders that we're going to have another pandemic, that there *is* going to be a next time, and the danger for us is that it's going to be much easier for the government to impose these restrictions on us. And help me out. Once the government has taken powers, when is it that they don't go further? And the reality is—and listen carefully because you get to choose how free and how not free you are, and here's the measure—governments will, going forward, as they have in the past, keep taking more and more and more, until you reach the point where you say, "That's it. I'm standing up. Here's my line in the sand." Regardless of the consequences, you can't take any more.**

**That's where you'll find yourself. And so if you move that line forward, where you're still free and you start standing up while you have real freedoms, instead of when you don't, things will go a lot easier for all of us.**

We're going to be calling a witness during these hearings who served a year of jail for her involvement in the Solidarity movement in Poland. And she's going to tell you that at the beginning, there was hardly anyone in the Solidarity movement. There was hardly anyone standing up. And it's obviously hard to get a movement going when there's no one standing up. And she says, "People only stood up when the bread ran out, when they were hungry." That was their line in the sand, when they were hungry. But you are going to be pushed—and I promise you—to that point where you won't take any more. And so you should decide that you're not going to take any more, sooner than later. It'll be much easier for you.

The second precedent that I want to speak about are these vaccine mandates. I mean, anyone out there who is naive enough to pretend that we had a choice in Canada—and regardless of whether you supported getting vaccinated or you didn't support—there really wasn't a choice. We didn't make it a law, but that's just a nuance that's really meaningless, isn't it, when we're being told that you can't work, you can't go on a plane, you can't go on a train, you can't go to your kid's hockey game, you can't go to a restaurant, when the social pressure is intense, where there's editorials in the *Toronto Sun* [sic], I think, that's entered as an exhibit in these proceedings: "Let the Unvaxxed Die. They Shouldn't Get Health Care." [*Toronto Star*, August 26, 2022]

And we all heard things like they should be put in camps. There was pressure, we didn't have a choice, and witness after witness will say that they felt coerced. A lot of them took the vaccine so that they could keep their job: "I have kids, I have a mortgage, I had no choice." I have personal friends that did that.

Now, here is the precedent. If you allow—and we allowed the government to basically dictate to us that we had to take a medical treatment—so we set a precedent where we don't have sovereignty over our own bodies. And actually, the term "sovereignty," a lot of people don't understand,

**[00:15:00]**

**and it's probably more appropriate for me to use the term "ownership."**

**Somebody might go, "Why is he using the term ownership?" Understand that when we use the term ownership, all we're describing is that somebody who is the owner has control over what is going to happen to what is owned.**

**So if you own a car, as the owner, you can decide who drives the car. If it gets painted, you get to pick the color. Ownership just is our way of explaining who gets to decide what happens to something, who has control over something. And if somebody else has control**

**over your body, then ownership is an appropriate term. We gave up ownership over our bodies. And understand that having sovereignty, the right to decide for ourselves, having ownership over what happens to our bodies, is one of our most fundamental rights.**

**Whether you like it or not, you're living in a body. You can't escape the feelings. If somebody walks up to you right now and punches you in the nose, there's nothing you can do. You're going to experience pain, your eyes are going to water, maybe you're going to feel blood running down your face. If somebody jabs you with the COVID-19 vaccine and you don't have an adverse reaction, that's going to be your experience; if you do have an adverse reaction, that's going to be your experience. But it's personal. People can empathize with you, but they can't share the experience.**

When you feel good, it's your feeling alone. When you feel bad, it's your feeling alone. And because you are the one that experiences your body, we have as a fundamental principle that each one of us should be the sole decision-maker over what happens to our body. We used to consider that as sacrosanct. But we gave that up by allowing the government to dictate to us, and we participated in this. We got enthusiastic about forcing other people to get vaccinated. We gave up ownership over our bodies. We gave up sovereignty. We've set that precedent.

Now understand, there are only two groups of beings that don't have ownership over their bodies. And the first group is slaves. Slaves do not have ownership over their bodies because they're owned by the slave owner. And so the slave owner gets to decide whether or not the slave must take a medical treatment. The other group that has no control over whether or not a medical treatment will be imposed on them is livestock, which again involves ownership. So in that case, we'll have, for example, a rancher of a herd of cattle, and that rancher who owns the cattle has the sole discretion over what medical treatments those cattle have.

And I can't think of a principal difference between slaves and livestock when it comes to this sovereignty issue over their bodies because both of them have no choice. A slave cannot refuse a treatment because the slave does not have ownership over the slave's body. A cow cannot refuse treatment because the cow does not have ownership over the cow's body. You cannot refuse COVID-19 vaccines during our pandemic because the reality is that you did not have ownership over your own body.

You know, I was wondering as I was putting this together, whether or not it would be more honest if we got ear tags like we put in cattle, and then I quickly remembered that that's not how we mark humans—that we mark humans by either marking them on the wrists, their foreheads, requiring vaccine passports, or—coming to a theater near you—a digital passport. We have set the most dangerous precedent, not just for ourselves but for our **children because how are they going to do this going forward because this is the country we're passing on to them?**

**The third precedent that we set, which is the most important,**

**[00:20:00]**

**and likely the way out of this, is that we stepped away from the legal foundation of Canada as a liberal Western democracy— And that is that our legal system, both criminal and civil, is based on the second commandment.**

**And I had explained the second commandment at the Saskatoon hearings, but it's basically that you are to love your neighbour as yourself, which means you are supposed to treat your neighbour exactly how you want to be treated. Our entire legal system, criminal and civil, is based on this.**

**You know, no law student can get through law student [sic] without learning about the great Lord, and how he basically changed our civil tort law with the great question, "Who is our neighbour?" Who is the neighbour that we owe this second commandment responsibility to? All Western democracies—every single one, to a T, a hundred per cent—have based their legal and civil societies on the second commandment. And it's because if you base your society on the second commandment, it's the way to ensure the maximum amount of liberty for your citizens and the minimum amount of oppression, and I will** explain this. And it's also the second commandment is the measure by which you can tell whether a law is a true law, or if it's a false law.

And to explain this to you, I actually have to go back and share the story of where the second commandment came from in the first place. It goes back to Jesus, and He's living in a time where the society was very rule-based, it was law-based. In fact, they referred to their religious system, which was very rule-heavy, they referred to it as "The Law." And it had become onerous, although that wasn't the intention. And I mean, we're familiar with a lot of their rules. I mean the Ten Commandments. That literally was the start of it, where Moses comes down from Mount Sinai with two clay tablets and Ten Commandments from God, with things like don't murder, don't steal, don't commit adultery, these rules.

Now, they had become very oppressive in Jesus' time, so right to the point where the people were feeling that the law was working against them and oppressing them. And that sounds familiar, doesn't it? And the problem was, is that the religious leaders—because the religion was such a major part of their society, the religious leaders owned the religion. They interpreted it, they enforced it, they basically had ownership over it, and so it became oppressive instead of free.

Now, they had a problem though. They had been running things, tickety-boo, having ownership of what was going on, and then this upstart shows up. This Jesus character starts walking, literally walking from village to village, teaching—teaching about the law in a different way that wasn't oppressive, and sharing parables. And this is getting back to these religious leaders, and they're just going crazy because the crowds were so much that actually, it became an inconvenience for Jesus. He couldn't go anywhere without the crowds following Him. And, you know, add in the reports that would have been coming back to the leaders in Jerusalem about, "Wow, and He's healing the blind, and the lame walk." The crowds were going crazy, and they clearly had to do something about this person.

**He had to be dealt with because they were losing ownership over the religion. And so they thought, "Well, we need to trap Him. We need to show the crowd that He's really no different than anyone else and no smarter than us. So why don't we ask Him, 'Jesus, what is the greatest commandment?'" Because there's so many rules, He's going to pick one, and then they can start a legal argument with Him and get Him bogged down and just show the crowd He's not as clever as the crowd thinks, and in that way trap Him.**

**So they try this. They go to Him and they say, you know, "Teacher, what is the greatest commandment?" And Jesus saw the trap right away, and He gave an answer. And He could have stopped there because He got out of the trap with, you know, His first sentence.**

He said,

[00:25:00]

"Well, the greatest Commandment is to love the Lord your God with all your heart, all your soul, and all your strength." Well, what are the religious leaders going to do about that? Because, yes, it's a rule-based system, but I mean, even the first commandment that Moses brought down was, you know, you serve no other Gods but Me. So they couldn't argue with that. Jesus was out of the trap, but Jesus then gave us the second commandment to get us out of the trap.

And so He added something He didn't need to add, and He said, "And the second commandment is to love your neighbour like yourself." So that is treating your neighbor exactly as you would want your neighbor to treat you. And then Jesus said, "These two, that's all the law." You've got all this whole rule-based system, but that's it. Love your neighbor like yourself. And if you start unpacking it, all these rules, and this is why this is the touchstone of how you're going to judge whether a law is a true law, one that you should support or not: if it follows the second commandment, it's a true law.

So you know, I had mentioned murder, theft, and adultery as just examples of the Ten Commandments. Well, we don't murder our neighbor because we don't want our neighbor to murder us. And so if we both treat each other as we want to be treated, then we're free of murder. We don't steal from our neighbor because we don't want our neighbor stealing from us. And if all of us follow this then we're all free from theft. We don't sleep with the spouse of another person because we don't want another person sleeping with our spouse. And if we both live by that then we have peaceful marriages. We're free to have that. And so Jesus, by doing this, actually freed us from laws becoming oppressive by just pointing out, well, the whole point of us collectively having laws is so we can love each other. It's that simple.

Now, the second commandment and the reason why every single Western liberal democracy has been founded on the second commandment, is because it brings freedom. Societies that are based on the second commandment, their legal system, and it's taught as their culture, they don't hurt each other because if we are all in the habit of treating each other like we want to be treated, we behave nicely. We don't, in those societies, control or oppress their citizens because that is inconsistent with the second commandment. We don't want to be controlled and oppressed, so we're not going to control or oppress others.

Now, we contrast that— And that's what we were based on, and our problem is we have left our philosophical roots. We could have, when the COVID pandemic happened, we could have chosen to love each other. And how different would it have been if all of our actions were guided by treating people like we would want to be treated? And we can use this measure to judge our institutions and their actions during COVID.

Our media did not follow the second commandment because if you're a journalist, or you're an editor controlling journalists, and you want to treat your neighbour like yourself, well obviously you want to be told the truth. You want balanced reporting. You want fear tampered down instead of ratcheted up. You want people to understand that there's a scientific debate. You don't want voices censored because you understand that that leads to tyranny. And do you see then, is if our media had been following the second commandment, we would have all had a different experience.

**If our Public Health Officers were following the public Commandment, if the Colleges of Physicians and Surgeons— So in Alberta, my understanding is they basically directed to doctors during COVID that they were not supposed to treat early COVID. That is not following the second commandment.**

**The second commandment gives us basically our guide points for our posts,**

**[00:30:00]**

**for evaluating what happened with our institutions, what happened with our laws because we experienced the opposite. I mean the second commandment is about loving your neighbour, but what we experienced was hating our neighbour. And we did. There is so** much hatred in this country, there's still witnesses dropping out of these proceedings at the last minute because they're afraid of testifying. They're afraid of retribution. And we still can't have honest conversations with each other, whether we're family members, whether we're friends because of the hatred because we stepped away from our philosophical foundation.

We lost our footing. And, so for going forward, we have to stand on our footing again. And I think it's the only way forward.

So that ends my opening remarks. I'd like to call our first witness to the stand.

[00:31:01]

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***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 1: Joelle Valliere**
**Full Day 1 Timestamp: 01:31:24–02:02:56**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Now, Joelle, this is awkward because we can't really see each other. We'll be looking at each other on screens. But can you please state your full name for the record, spelling your first and last name?

**Joelle Valliere**
My name is Joelle Valliere, J-O-E-L-L-E V-A-L-L-I-E-R-E.

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

**Joelle Valliere**
I do.

**Shawn Buckley**
Now, you are a wife and a mother of three?

**Joelle Valliere**
Yes.

**Shawn Buckley**
And you're also a funeral director and an embalmer.

**Joelle Valliere**
Yes.

**Shawn Buckley**
You've been embalming since 2008 and you have 15 years' experience as a funeral director.

**Joelle Valliere**
Correct.

**Shawn Buckley**
Now, you're here to testify today about being injured by the vaccine. I wanted to start by asking you why did you take the vaccine? What was going on that led you to take it?

**Joelle Valliere**
I felt I needed to take it because of my work. I didn't know if COVID remained on a deceased human person. I needed to protect myself. I needed to protect my colleagues, my family, my community. We were caring for my 92-year-old father-in-law at the time. I didn't want to cause any harm to him. We like to travel. And so that's why I chose to be vaccinated.

**Shawn Buckley**
Now, when you went to get vaccinated what were you told? So were you told about side effects? Do you think you were properly informed about the risk?

**Joelle Valliere**
No, what I was informed about was just given to me on a sheet of paper. And, you know, the typical sore arm and possible site redness and inflammation.

**Shawn Buckley**
David, can you pull up what's on my computer screen, just so that the witness and the commissioners can see.

So you provided me, actually, with a copy of the form that you were given when you went to get vaccinated. And so at the top there's a heading, "Side Effects," which lists redness, warmth, swelling, bruising, (going below) feeling tired or unwell, headache, fever, chills, body aches, feeling sick to your stomach, swollen lymph nodes—things that really don't sound very significant. And then there's a list of "Rare" for AstraZeneca, but you didn't get the AstraZeneca, so those wouldn't apply to you. So do you remember that this is basically all you were told, were these rather minor side effects?

**Joelle Valliere**
Correct.

**Shawn Buckley**
Okay. Now, my understanding is it was April 28, 2021 where you received your first shot of the Pfizer vaccine. Can you tell us what happened?

**Joelle Valliere**
So my husband and I both went in on April 28th to be vaccinated. We went together, and the very next day my left leg was inflamed. I had swelling in the left leg. I went to the hospital in Drayton Valley. They examined. There was no blood clot—that was my fear.

**Shawn Buckley**
So I'm just going to stop you. So when you say your legs were swelling, they were swelling so much that you felt the need to go to the ER [Emergency Room].

**Joelle Valliere**
Correct. Just my left leg, though.

**Shawn Buckley**
Okay. So what happened at the ER?

**Joelle Valliere**
They examined. They determined that there wasn't a blood clot, and I was sent on my way.

**Shawn Buckley**
So in the following three to four weeks, what was your experience?

**Joelle Valliere**
I started to get quite tired, a lot of fatigue, loss of appetite, not sleeping well or sleeping too much. My feet began to swell a bit. And a lot of vomiting, for no reason that I was aware of.

**Shawn Buckley**
Now, you were still working at the time. So when you came home after a day's work, how were you doing?

**Joelle Valliere**
I was exhausted.

**Shawn Buckley**
Okay. Now something happened on your birthday. Can you tell us about that?

**Joelle Valliere**
Yeah. My husband and I, every year we go golfing for my birthday. We finished a round a golf, and I recognized that my feet were getting a little tight in my shoes. But at the end of the round, I looked down

[00:05:00]

and my feet were swollen right over my shoes.

**Shawn Buckley**
Actually, swollen right over your shoes.

**Joelle Valliere**
Yeah.

**Shawn Buckley**
So what did you do?

**Joelle Valliere**
I sent him home to feed the kids and I went to the hospital.

**Shawn Buckley**
And was there a diagnosis this time?

**Joelle Valliere**
Dr. Van Der Merwe did some blood work and determined that my kidney function had dropped to 34 per cent.

**Shawn Buckley**
And now, that actually went down as time went on, right?

**Joelle Valliere**
Correct.

**Shawn Buckley**
So what was it down to by the end of July?

**Joelle Valliere**
Nine per cent.

**Shawn Buckley**
Nine per cent. And, what's the cutoff level where, in the medical system, you're typically slotted for a kidney transplant? At what level?

**Joelle Valliere**
Fifteen.

**Shawn Buckley**
Okay.

David, if you can let me, I'm just going to take control over the screen. I'm just going to show you some photographs. And, now, I'm not going to get them all in order, but am I correct that this photo is just basically a photo of your feet when they're not swollen [Exhibit RE-3]? This is normal feet.

**Joelle Valliere**
**So that was at the U of A [University of Alberta] after they had they had given me some diuretics and controlled my edema, at that point.**

**Shawn Buckley**
Right. Now, just going to move to the next picture. That's an example of your feet being swollen [Exhibit RE-3a].

**Joelle Valliere**
Yes.

**Shawn Buckley**
And we've got a couple of pictures that we'll enter as part of the record. But basically, the point being is when you're saying your feet are swollen; this is actually a physical representation of the difference [Exhibits RE-3b, RE-3c].

**Joelle Valliere**
Yes.

**Shawn Buckley**
Thank you David. So what did the hospital do? You went to the hospital and they're finding that your kidney function is at 34 per cent. How did they treat that?

**Joelle Valliere**
So in Drayton Valley, what they were doing was trying to control my blood pressure. My blood pressure when I went on the first of June was 190 on 145. They couldn't believe that I had no chest pain, no headache, at that point. So just controlling my blood pressure was their main focus, but it was not successful.

**Shawn Buckley**
**And literally a few days later, on June 4th, you had to go back to the ER. What was happening on June 4th? There was something with your hand.**

**Joelle Valliere**
**My left hand. I was driving the children to town. We live about 20 minutes east of town. So I was taking one to work and one to school. I noticed that my left hand began to tingle and I looked down. And from my wrist down, it was eggplant colour—a deep purple.**

**Shawn Buckley**
Now, you ended up going to the University of Alberta. Can you tell us what happened?

**Joelle Valliere**
I was admitted to the Nephrology Unit after they couldn't determine exactly what was happening. But I was in emergency there, and then admitted to the Nephrology Unit.

**Shawn Buckley**
And what diagnosis did they give you?

**Joelle Valliere**
So I was admitted on the 4th of June, and on the 7th of June they did a kidney biopsy. And I was released on the 9th of June without a diagnosis at that time. On the 14th of June, the doctor of nephrology called me, and I was diagnosed with dense deposit disease.

**Shawn Buckley**
Now, the day you were admitted, Dr. Courtney told you about other admissions. And can you speak to us about that?

**Joelle Valliere**
He said that aside from myself, four other people had been admitted—so five of us—, and four of us had just been vaccinated within the month.

**Shawn Buckley**
And, am I correct that he basically voiced that he was suspicious about the number of people being admitted that day?

**Joelle Valliere**
Yes.

**Shawn Buckley**
And the connection to the vaccine.

**Joelle Valliere**
Yes.

**Shawn Buckley**
So now my understanding is that on June 24th you were started on immune-suppressant drugs?

**Joelle Valliere**
Correct.

**Shawn Buckley**
And were you given an explanation as to why?

**Joelle Valliere**
So what they told me was that the vaccine had likely put my immune system into overdrive. And in doing that, I developed an autoimmune disease. So by giving me immunosuppressant therapy was to stop my immune system—was to kill it—and hopefully stop the disease from progressing.

[00:10:00]

**Shawn Buckley**
And can you share with us going forward the types of things that you went through medically?

**Joelle Valliere**
I had eight surgeries and procedures in eight months. Aside from the medications, and in addition to the medications and the edema, I gained about 40 pounds, which I've lost now. I began hemodialysis on the 10th of August—emergency—because I couldn't walk or hardly breathe at that point. So it was an emergency to get me started before it got worse.

On the 27th of August 2021, they placed a peritoneal dialysis line. I had to let that heal for about six weeks before I could use it. And then, so I went from hemodialysis to peritoneal dialysis, which I could do at home.

On December 3rd of '21, I had my first hemodialysis line removed. December 8th of '21, my peritoneal dialysis line failed. December 9th, I had to have a second hemodialysis line placed.

Just infection after infection and it was, just— It was tough.

**Shawn Buckley**
And my understanding is that you were on dialysis for six months, but you were eventually able to get off dialysis.

**Joelle Valliere**
Correct.

**Shawn Buckley**
And I'm just going to show— You shared a picture. (So David if you could pull my screen up.) This is a picture you shared with us of you actually having a dialysis treatment [Exhibit RE-3d].

**Joelle Valliere**
Yes.

**Shawn Buckley**
This would also be the time you described to us you'd put on a lot of weight.

**Joelle Valliere**
Yes.

**Shawn Buckley**
So just looking at you on the witness stand and this photo, I see the difference. (Thank you, David.) So if you were to— Well, I'm asking you now: What is your current condition now? So you're off dialysis, and you've been off dialysis for a while. What are you experiencing now?

**Joelle Valliere**
So I actually had blood work done yesterday, and my kidney function is at 21 EGFR [Estimated Glomerular Filtration Rate]. And my creatinine levels are in the 256 range.

**Shawn Buckley**
And what does that mean?

**Joelle Valliere**
So my EGFR is the measurement of your kidney function. So in a healthy person, it should be above 60. And mine's at 21, so it's kind of like a percentage of what your kidney function is at.

**Shawn Buckley**
Right, and at 15 percent or below, you're eligible for kidney transplant.

**Joelle Valliere**
Yes.

**Shawn Buckley**
Are there any other things, perhaps affecting your mind or your concentration?

**Joelle Valliere**
So with my creatinine levels being high, it does affect your mind, your brain function. I do forget a lot of words. Foggy. I'm very tired. I work a lot because that's what I love to do, but I suffer for it. I have severe insomnia. My appetite isn't great. I have to watch my diet and my fluid intake so that I don't end up with fluid retention. I'm on nine different medications at this time, which is a great improvement compared to the about 40 pills I was taking, in the beginning, a day.

**Shawn Buckley**
**Now, I'm going to the transplant issue. So today you're at 21 per cent, and some days you're lower than that.**

**Joelle Valliere**
**It fluctuates.**

**Shawn Buckley**
**Yeah, and my understanding is that you're actually concerned about it going below 15 per cent because you may not be eligible for a transplant?**

**Joelle Valliere**
That's right, because I don't have my second vaccine. Although I did receive documentation that, as of April 20th, I could be eligible, but I would have to have some education on what COVID might do to me.

**Shawn Buckley**
So in April of 2023. So until recently, you weren't eligible to be on the kidney transplant list because you had to be double vaxxed. Am I right about that?

**Joelle Valliere**
That is correct.

**Shawn Buckley**
So here you are. You can't get another shot because your kidneys are failing because of the first shot—and the doctors agree with you on this—but they were still expecting you to then get a second shot before you would be eligible for kidney transplant.

**Joelle Valliere**
That's correct.

[00:15:00]

**Shawn Buckley**
**And now you could be eligible, but you need to be educated about the dangers of COVID, presumably to convince you to get your second shot.**

**Joelle Valliere**
**That's right.**

**Shawn Buckley**
**Have you submitted a claim for your injuries?**

**Joelle Valliere**
I have submitted a claim with vaccine injury benefits with the federal Government of Canada.

**Shawn Buckley**
And how long ago did you do that?

**Joelle Valliere**
September of 2021.

**Shawn Buckley**
Okay, so I imagine that's been totally processed and you're now receiving compensation?

**Joelle Valliere**
Absolutely not.

**Shawn Buckley**
Has anything happened?

**Joelle Valliere**
Nothing.

**Shawn Buckley**
And can you share with us what the complication might be?

**Joelle Valliere**
The complication might be that they're still trying to access documents from all the doctors that treated me since my injury.

**Shawn Buckley**
Okay, and is there also a concern that you might have had a pre-existing condition that would basically disqualify you?

**Joelle Valliere**
Correct.

**Shawn Buckley**
Can you share that with us?

**Joelle Valliere**
When I was 16, I had a strep infection. And by the time I was 19, I had decreased kidney function because of that infection.

**Shawn Buckley**
Were you ever treated for that?

**Joelle Valliere**
I was given diuretics—so a water pill—and that's all.

**Shawn Buckley**
Okay, and that was for a short period of time.

**Joelle Valliere**
Yes.

**Shawn Buckley**
So since you were 18 until what you've just shared with us getting vaccinated in 2021, did you have any kidney issues at all?

**Joelle Valliere**
From the age of 19 to 2021, I had no kidney issues.

**Shawn Buckley**
And you had actually had your kidneys checked out in 2012 just out of curiosity.

**Joelle Valliere**
Correct.

**Shawn Buckley**
Can you share with us the results?

**Joelle Valliere**
I saw Dr. Kym here in Red Deer, actually—I was living in Sylvan Lake at the time. And he felt that I was likely misdiagnosed, because there is no way, in his opinion, that somebody with MPGN, membranoproliferative glomerulonephritis, could maintain perfect kidney function with no treatment at all.

**Shawn Buckley**
Right, so that doctor who— And again, you just deliberately went in, you didn't need to go in, but you were curious about your kidney function. And you're basically told, "No, you never have had kidney function problems."

**Joelle Valliere**
That's correct.

**Shawn Buckley**
Now, you were off work because of this from May 2021 to January 2022, so basically for seven months. Can you share with us the economic impact of being off work?

**Joelle Valliere**
So for myself personally, as a partner of the funeral home, I remained on payroll because I did not qualify for disability benefits. So they did keep me on payroll. But we did have to hire help as I was the only embalmer there. So we had to hire out help.

**Shawn Buckley**
Right, so you're a co-owner of the business?

**Joelle Valliere**
Correct.

**Shawn Buckley**
And so basically, the economic impact is somebody had to basically replace you, and those wages had to be paid.

**Joelle Valliere**
That's right.

**Shawn Buckley**
Now, how has this affected you emotionally, having gone through this experience?

**Joelle Valliere**
I don't even know where to start with that. There was a time where I considered medically assisted death, which I don't know why because as a Christian it's totally against everything I believe in. But I just couldn't do it anymore.

**Shawn Buckley**
So you were finding this so difficult that you were actually considering having your own life taken through the government program for assisted suicide.

**Joelle Valliere**
Yes.

**Shawn Buckley**
What types of thoughts were going through your mind when you were at that place?

**Joelle Valliere**
I was told that the only way off dialysis was kidney transplant or death, but kidney transplant wasn't an option—just all the infections. My kids— I just— It's just too much. I really, really enjoy the work that I do. I'm so privileged to be able to walk alongside families in their darkest times, and I couldn't do that. I had to fight to go back to work.

[00:20:00]

And even now, I don't have the strength that I had physically. It was just tough.

**Shawn Buckley**
And my understanding is that you even had a discussion with your husband about entering the MAID [Medical Assistance in Dying] program. And for people internationally, that's the government program for assisted suicide.

**Joelle Valliere**
Correct.

**Shawn Buckley**
So it had gotten to the point where you were discussing it with your husband.

**Joelle Valliere**
Yes.

**Shawn Buckley**
Now, you just spoke about really enjoying your work and being able to assist families that are experiencing a time of crisis. You've been an embalmer for 12 years.

**Joelle Valliere**
Correct.

**Shawn Buckley**
And you started in the funeral business earlier at 2008.

**Joelle Valliere**
Yes.

**Shawn Buckley**
To qualify as an embalmer you actually have to do 50— I don't know what you call it when you embalm somebody.

**Joelle Valliere**
So in the province of Alberta, I took a two-year program. And in order to become a licensed funeral director and embalmer, you have to put in, much like an apprenticeship, you have to put in your 18 hours of experience. But I also had to log 50 embalmings and 50 funeral arrangements with families.

**Shawn Buckley**
Right, just to qualify before you started. Now, my understanding is once the vaccine rollout started, you worked till May of 2021. So you're roughly there for about the first five to six months of the vaccine rollout.

**Joelle Valliere**
Yes.

**Shawn Buckley**
And then you were off work for seven months, but you started back in January of 2022?

**Joelle Valliere**
Yes.

**Shawn Buckley**
Did you see changes when you were embalming people that you had not seen ever in your career before the vaccine rollout?

**Joelle Valliere**
I did. Yes.

**Shawn Buckley**
Can you share those with us, please?

**Joelle Valliere**
I found that the drainage— So the blood that would drain was very thick and sludgy. I found that it was almost like a sandy texture in some cases. And then I have— Personally, I have experienced calamari-like—

**Shawn Buckley**
Now, you use that term, and that's just what embalmers are now calling these new things that are being found?

**Joelle Valliere**
Yes. So in my experience, I had never seen that before.

**Shawn Buckley**
(And David, can you just pull up my computer?) So this is a photo that you provided [Exhibit number not available]. This is an example of one of those things you referred to as calamari.

**Joelle Valliere**
Yes.

**Shawn Buckley**
That you pulled out of a body when you were embalming.

**Joelle Valliere**
Yes.

**Shawn Buckley**
And my understanding is basically these things are complicating the embalming process because it's harder to pump the embalming fluids into the body. These are plugging either the venous or arterial systems.

**Joelle Valliere**
That's correct.

**Shawn Buckley**
So does it take longer to do—to embalm a person now?

**Joelle Valliere**
So I'm finding it's taking longer. I'm finding that I'm having to build up pressure in order to release anything that might be causing restraint in the circulatory system.

**Shawn Buckley**
And more specifically, you mean these things that you're referring to as calamari.

**Joelle Valliere**
Correct.

**Shawn Buckley**
Just so that we understand your evidence, so you are actually putting pressure inside the body to try and force these things to move so that they can be taken out—so that you can actually flush the body with the embalming fluid.

**Joelle Valliere**
Correct.

**Shawn Buckley**
So it's a complication that you had never seen prior to the vaccine rollout.

**Joelle Valliere**
I had not experienced that myself, no.

**Shawn Buckley**
Now, what happened when the vaccine boosters came out?

**Joelle Valliere**
Well, that's when I started to experience these.

**Shawn Buckley**
Okay.

**Joelle Valliere**
Although, I was away from work for quite some time, so I don't know what was happening in that time, either.

[00:25:00]

**Shawn Buckley**
Thank you, Joelle. I don't have any further questions for you, but the commissioners may have some questions.

**Commissioner Massie**
Thank you very much for your touching testimony. So there's a lot of things to unfold in what you've been through. I was wondering about how the doctors and people that were treating you were trying to understand what happened to you. I've heard discussion about previous conditions from a strep infection that are known to induce autoimmune conditions. In your case your kidney was affected, but it had been resolved after the strep has been controlled, and you had no incident whatsoever after that.

**Joelle Valliere**
So when I was first diagnosed at 19, which was likely a misdiagnosis according to Dr. Jim, he told me that I would require a kidney transplant within 10 years, that I would never be able to have children. And I went on to be fine for 27 years without issues to my kidneys. No edema: nothing. I've had two babies, you know, without complication.

I just don't understand why all of a sudden— So it was actually Dr. Courtney who said— Because I didn't know— Like I thought maybe, okay, so they said 10 years. Maybe I was

lucky and it took 27. But it was Dr. Courtney that said it was likely from my immune system being— I do forget a lot of words because of my creatinine levels being high— So likely because my immune system being in overdrive, it is what caused this dense deposit disease.

We were concerned that— You know, there's literature that states that MPGN and dense deposit disease are the same thing, but that is not the case at all. When I was 19, it was an inflammation of the glomeruli. So they said that the inflammation kind of, I guess, turned my glomeruli inside out. I was keeping the toxins in, releasing all the good stuff. But this is entirely different. This is an entirely different disease, and it's very rare. I'm one in 1.6 million.

**Commissioner Massie**
Are you aware of any situation where you might have been infected by COVID before the vaccination, with symptoms or without any symptoms?

**Joelle Valliere**
I don't think so. I don't know.

**Commissioner Massie**
So it was your first encounter, if you want with them—

**Joelle Valliere**
Yes.

**Commissioner Massie**
You mentioned there was four people that seemed to have a similar condition about the same time. Do you know what happened with these people in terms of their further treatments?

**Joelle Valliere**
I don't know. So Dr. Courtney, when I saw him, he did let me know that four other people had been admitted. And he was suspicious of vaccine injury. He said— But I was by far, of all the patients he'd seen, the worst.

**Commissioner Massie**
Did anybody suggest to you to use some sort of treatment that are being currently developed in order to get rid of spike protein, in case this could have been still present in your system?

**Joelle Valliere**
Not on a medical level, no.

**Commissioner Massie**
Okay, thank you.

**Commissioner Kaikkonen**
Good morning and thank you for your testimony. I'm just wondering. You mentioned you have children. How are the children affected as you continue through this journey?

**Joelle Valliere**
It's been very difficult on them. I think one of my most memorable conversations with my son—I had a little bit of trouble with him and he was better at this point—and he came outside and he sat beside me and he was crying. I said, "What's wrong?" He said, "I'm just so sorry, mom." And I asked him, "Why?" He said, "I feel like I took a little bit of life out of you. Now, look." And I said, "That's okay. My purpose was to make sure that you're okay, then my job is done." So—

[00:30:00]

**Commissioner Kaikkonen**
Thank you.

**Commissioner Drysdale**
Good morning, and thank you for your testimony. I think you said in your testimony that, originally, you were not eligible to get a kidney transplant because you were not double vaccinated. Is that correct?

**Joelle Valliere**
Correct.

**Commissioner Drysdale**
Were you eligible for the MAID program?

**Joelle Valliere**
I didn't look into it. It was just simply discussion.

**Commissioner Drysdale**
You also mentioned that you believe that in the compensation program that they're considering a pre-existing condition. And my question to you is, when you got the vaccine, did the doctors inform you that if you had a pre-existing condition, this could exasperate it?

**Joelle Valliere**
No.

**Commissioner Drysdale**
Thank you very much.

**Joelle Valliere**
You're welcome.

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

**Joelle Valliere**
Thank you.

[00:31:32]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 2: Catherine Christensen**
**Full Day 1 Timestamp: 02:03:03–03:20:48**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Leighton Grey**
Good morning, my name is Leighton Grey. I'm a lawyer here in Alberta, also licensed to practice in Alberta and Saskatchewan. I appear formally as an agent, as my friend Mr. Buckley indicated. It's my pleasure to be here. I'm going to have the opportunity to question the next witness.

It's a lawyer named Catherine Christensen. Just to set up her testimony, she is going to be giving evidence in a way of an expert, a legal expert. She is going to provide expert testimony concerning the impact of COVID-19 measures on Canadian military members, which is a group of Canadians that's probably not talked about enough in this context, especially those coerced into taking the vaccine as well as those who refused the vaccine.

And she's going to give evidence about the abuse of power that she's witnessed by the Chief of Defence Staff and the chain-of-command, which she will indicate, is shocking. So firstly, Ms. Christensen, welcome to the National Citizens Inquiry. Thank you for being here today.

**Catherine Christensen**
Thank you.

**Leighton Grey**
Okay. Could you firstly state your full name for the record?

**Catherine Christensen**
Certainly. It's Catherine Mary Christensen. C-A-T-H-E-R-I-N-E M-A-R-Y C-H-R-I-S-T-E-N-S-E-N.

**Leighton Grey**
Alright, are you prepared to swear an oath to tell the truth?

**Catherine Christensen**
Yes.

**Leighton Grey**
Okay. Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Catherine Christensen**
I do.

**Leighton Grey**
Ms. Christensen, I understand that you are a lawyer with several years of representing military members and veterans, and that you have special knowledge, expert knowledge of the military policies, legal process, and procedures. In that capacity you've represented hundreds of military members and continue to do so, who are adversely affected by the ongoing mandate of the Canadian Armed Forces. Is that correct?

**Catherine Christensen**
That's correct.

**Leighton Grey**
You're also the founder of something called the Valour Legal Action Centre [Valour]. I know that you have a presentation that you're going to give, but just to set that up, I understand you've founded this Valour Legal Action Centre, which is a non-profit organization providing access to legal services for members and Veterans of the Canadian Armed Forces, is that right?

**Catherine Christensen**
That's correct.

**Leighton Grey**
And there's actually a board that's part of Valour, if we can call it Valour going forward, and the board accepted the challenge of representing military members facing threats and sanctions related to the COVID-19 mandate implemented by the Chief of Defence Staff in October of 2021. Is that correct?

**Catherine Christensen**
That's correct.

**Leighton Grey**
And this is kind of an interesting point and I think would be unknown to most people, and that is that members of the Canadian Armed Forces are actually prohibited from speaking negatively about the Canadian Armed Forces or about the chain-of-command and the Government of Canada.

**Catherine Christensen**
That is correct.

**Leighton Grey**
And so they're effectively censored or gagged from telling the Canadian public about what has happened and continues to happen within the ranks of the Canadian Armed Forces.

**Catherine Christensen**
That's correct. Fortunately, I'm not in the chain-of-command, so I can speak for them.

**Leighton Grey**
Right, and this is where you come in. So with that, I know that you have a presentation. Are you prepared to enter into that now?

**Catherine Christensen**
Yes, I am.

**Leighton Grey**
All right, please do so.

**Catherine Christensen**
First of all, I'd like to apologize to the commissioners because I know that my brief was about a thousand pages, so I apologize for the reading, but that's just the small tip of the iceberg, actually.

**Leighton Grey**
I read it too and there's no need for an apology.

**Catherine Christensen**
Thank you. Commissioners, thank you for the opportunity to appear on behalf of Canadian Armed Forces, military members and veterans that were affected by the COVID-19 policies brought in by the current Chief of Defence Staff, General Wayne Eyre.

A few housekeeping matters before I begin. My clients have signed releases allowing me to testify today. As I said, I'm not in the chain-of-command and the Code of Service Discipline does not apply to me, which is allowing me to speak on behalf of currently serving members and newly released veterans. The documents in support of my brief and my presentations today are all publicly available or were received through Access to Information and Privacy requests, and I currently represent almost 360 men and women who proudly wore the uniform of Canada. There are thousands more that my team and I have spoken to over the past two years.

I am a lawyer from St. Albert, Alberta. I was a registered nurse before I went to law school. In law school, while taking military law from two JAG [Judge Advocate General] officers,

**[00:05:00]**

**I identified that military members needed legal services, which recognized their unique circumstances and way of life. My professors encouraged me to pursue a legal career associated with the Canadian military, as I understood it so well for a civilian. Upon being called to the bar, I hung my own shingle and began my representation of members and veterans of the Canadian Armed Forces. I wouldn't trade my practice for any other clients. I'm honoured to stand with these men and women who have served and continue to serve Canada.**

**By the fall of 2021, I was keenly and personally aware of the pressure to vaccinate to keep a hard-won career. I also knew from years in our courts that any attempt to question** vaccination policy was going to be a big challenge despite the court being our last bastion of democracy to hold government overreach to account.

In October 2021, I was approached by hundreds of Canadian Armed Forces members about the directive from the Chief of Defence Staff mandating the injections. I was fully prepared to tell them that it was likely to be an Afghanistan of fights. And then I began to be told the stories of what was happening in the ranks, of what commanding officers were doing to their own people. These members asked me to bring my skill set and knowledge to their fight, and I couldn't let them stand alone.

If there's one thing that the best of the Canadian military is known for, is taking on a tough fight while undermanned, under-gunned, and under-equipped. Telling this dedicated group that what needed to be done in the face of adversity was all they needed. We got organized, we created teams, we equipped for the legal skirmishes, and we prepped for small advances and setbacks.

The members and veterans who voiced concerns about a mandated COVID-19 vaccination program are an outstanding group of people. They're highly decorated, they're exceptionally trained and experienced, and they have a moral code that has withstood the ultimate test of "just following orders" mentality that was supposed to die after World War II. I would put my life into the hands of any one of them. They are the finest Canada has to offer, and they've been sacrificed on a political altar.

Our military members were used to set an example for the population of Canada for a one hundred per cent vaccination rate come hell or high water. Let's be clear: the directives from the Chief of Defence Staff were not about stopping the spread or mitigating risk to the ranks or operational effectiveness. The Chief of Defence Staff stated the purpose is to show, quote-leadership-unquote, to Canadians. That's not the purpose of our armed forces, nor should it be.

**The two Chiefs of Defence Staff ahead of this current serving Chief of Defence Staff did not bring in a mandate. The documentation shows they were very aware it could not be done and no doubt understood the risks of a medical treatment decimating the entire Canadian military if something went wrong. Setting up these men and women to be guinea pigs for an experimental medical treatment and then hiding the damage from it would be a war crime if it was done to prisoners of war. It certainly was a war crime in World War II, yet General Eyre did it to his own people, and he thinks he's untouchable to answer for it.**

**A military with leaders who see themselves above the law is a dangerous thing. History teaches us that, and it's a lesson not to be forgotten. And this experiment has gone wrong. A weakened military already suffering from not enough people in the ranks then lost**

**thousands more to the mandate and likely thousands more to come who were permanently damaged from the injections. The count will only rise as time moves forward.**

**And what happens to those who followed the orders and took the injections and are now permanently disabled? Veterans Affairs Canada is telling them, "No, not service related." Once again, veterans will face a procedural system that fails them and are forced to go to the court for deserved compensation. Is it any wonder that the Canadian Armed Forces has a significantly accelerated recruitment problem under the current leadership?**

**Why have the people of Canada not heard what the Canadian Armed Forces did to some of their best people in the name of COVID-19? As has been said, it's because members of the Canadian Armed Forces are gagged from speaking out by their own Queen's Regulations** and Orders. The Armed Forces haven't caught up to call them King's Regulations and Orders yet. They can't speak out, which made them the perfect population to control.

The Chief of Defence Staff has shown that

[00:10:00]

he is willing to sacrifice the entire military and their families under his command for political gain. Indeed, he received a promotion immediately after the mandate was brought in. Vice-Admiral Topshee was promoted to Commander of the Navy after he forced a third booster mandate on the Royal Canadian Navy. These were political appointments for a job well done at the expense of the members they are expected to lead and whose well-being should be paramount for them to protect.

In Canada, it should be noted that we have an additional check for our military that no one even thinks about: Soldiers, sailors, and aircrew do not serve at the pleasure of the Prime Minister, in this case Justin Trudeau. He has no power over our military. They serve at the pleasure of the King of Canada. Technically, the King can turn the military on the government or the police. Keep in mind, the King has the power to dismiss the Prime Minister or dissolve Parliament through the Governor General. His Majesty is the last line of defence. To King Charles, I would say, "Your Canadian military is in deep distress, and your troops need you to intervene before it is too late for Canada."

The Oath of Service upholds the mission of the Canadian Armed Forces. Quote-to defend our country, its interests and values while contributing to international peace and security-unquote, as well as assist in times of true emergency such as extensive flooding or forest fires. It is a myth that putting on a uniform for military service strips a member of all rights of a citizen and removes bodily autonomy. Members who understood they were still Canadian citizens with high legal protections were vilified by an ignorant and misinformed **chain-of-command who pushed an agenda that all legal avenues are closed to the member when the oath is taken. This is categorically not true.**

**The Chief of Defence Staff under the *National Defence Act*, section 126, can order members of the Canadian Armed Forces to receive a vaccination. Yet General Eyre chose not to use this legislated power to implement the COVID-19 mandate. Instead, he issued Directive 1 in October 2021, which was poorly written and did not follow the Canadian Armed Forces' own policies. Chaos ensued with implementation as each commanding officer put their own interpretation on what was to be done. Yes, you heard that correctly, the Chief of Defence Staff failed to produce a force-wide directive that could be acted on in one clear manner.**

**So then we had Directive 2, which addressed some blatant errors of Canadian Armed Forces policy in Directive 1. Still not clear enough, though, and we ended up with Directive 2 amended, which was issued.**

**Thrown into this mix was an *aide-mémoire* regarding remedial measures leading to what is called a 5F release, and then the Chaplain General's direction on religious accommodations trying to justify why nobody was going to get a religious accommodation, no matter how sincere their belief. Remedial measures or punishments were being handed out before accommodation requests could be applied for or granted. There was no intention to allow for religious or medical reasons to not take the injections. The right to refuse did not exist in the Canadian Armed Forces according to the chain-of-command.**

By the time Directive 3 came out just over a year later in 2022, the carnage and inconsistencies were blatant. Make no mistake; Directive 3 did not remove the mandate from the Canadian Armed Forces. The mandate still exists, even as the rest of the world's militaries have been removing their mandates.

The chain-of-command can order troops into situations potentially fatal or have life-changing risks. That is without question. However, the presence of COVID-19 was not one of a deadly battle of bullets and missiles against an enemy on a battlefield. The members of the Canadian Armed Forces were at very low risk from the virus, as demonstrated, for example, by their service in high outbreak environments like nursing homes with zero Canadian Armed Forces fatalities. To date, there has been no COVID-19 death in the Canadian Armed Forces.

The true damage to the Canadian Armed Forces has come from the injections themselves, the consequences of an experimental gene therapy and the mandate. COVID-19 did not decimate the Canadian Armed Forces. The leadership did it from within.

What has been the cost of COVID-19 mandates on the Canadian Armed Forces?

[00:15:00]

I could quote you the statistics that the Government of Canada would like you to have. To say those are inaccurate is a diplomatic evasion from the reality. From a financial perspective, the cost to the Canadian taxpayer is estimated to be at least three billion dollars in lost training, experience, and expertise. Plus, there have been significant administrative costs to implement the mandate and its consequences.

The cost to members and their families add to the total. Years of service gone, benefits gone, pensions gone or reduced, injured members denied earned benefits of a medical **release, denied unemployment insurance benefits, and blocked from some forms of employment due to the release category of 5F. The true cost in dollars may never be fully known.**

**Institutionally, the Canadian Armed Forces have lost people. Thousands of people are pouring out of the service since 2020, and they are not being replaced by new recruits. Where few recruits do join, who's left to train them? It isn't generals and admirals who train the ranks. It's the non-commissioned officers and the junior officers, and their ranks have been essentially wiped out. Some of the finest battle-experienced members were driven out of the Canadian Armed Forces when they need them the most.**

**The media has covered the gutted state of our military ranks where even the best sound bite from the defence officials cannot hide the sad state of our military.**

**How do I even begin to explain the human cost of COVID-19 mandates on the people and families of the Canadian Armed Forces? Do I talk about the young soldier made to stand in the bitter cold of a Canadian winter for three months while his fellow troops taunted him?**

**Do I talk about pregnant women in uniform, hounded in their homes and charged with AWOL after being hospitalized, even while the leadership had a policy to not vaccinate a pregnant member with any vaccine?**

**Do I talk about young, healthy people wanting nothing more than to serve their country** being driven out and told they were morally weak and no better than alcoholics, drug addicts, rapists, and domestic violence abusers?

Do I talk about previously healthy men and women now facing medical emergencies and injuries that have left them disabled for life?

Do I talk about the member who was only weeks from a full pension after 35 years of service, including multiple deployments without a single blemish on her record, who lost it all while her husband was dying of cancer?

Do I talk about the shunning and ejection of some of our finest snipers and special operations soldiers that the Canadian Armed Forces was only too happy to brag about to the media a few years ago and now discard like yesterday's garbage?

Do I talk about the young women who have been sexually assaulted but stayed in uniform only to find senior leadership forcing them into yet another physical assault? To quote one of them, "Being forced to take this into my body by a superior officer was like being raped over a desk at basic training all over again."

Do I talk about the jeering taunts of non-commissioned officers bragging about coercing another member into taking the shot? "Got another one, boys."

Do I talk about chaplains who are punished for trying to speak up for the religious beliefs of their members? Do I talk about young mothers who desperately need their careers who are terrified that they have put their babies at risk just so they don't lose their place in the ranks?

Do I talk about the chaplain, now denied his role as a chaplain as punishment for standing up for his people, whose family in Poland were victims of the Nazis, and who could not **stomach the coercion and forced experiments on unwilling bodies?**

**Do I talk about the doctors who asked how to report vaccine injuries and were ordered not to report or stay silent or to report the symptoms as something else other than a vaccine injury?**

**Do I talk about pilots, already isolated from their peers, who were denied attending the funeral of a close colleague after his suicide even though the funeral home had no restrictions in place?**

**Do I talk about members who have given 20, 25, 30, 35 years of their life to the Canadian Armed Forces and were denied a depart with dignity ceremony like their peers?**

**Do I talk about the commanding officer whose staff were told to leave a room if he entered it, thereby handcuffing his ability to lead?**

**And finally, do I talk about the vindictive postings now being handed out as punishment for those who somehow managed to avoid the purge?**

**[00:20:00]**

**The list goes on and their voices have been silenced until today. Canada needs to know that the men and women of the Canadian Armed Forces did not let Canada down. All they wanted was to serve in order to protect the freedom and rights the Canadians hold dear, and their predecessors fought for, in the past.**

The blame lies in the current leadership of the Canadian Armed Forces, the Chief of Defence Staff, the Surgeon General, the Chaplain General, and the Judge Advocate General, who determined there was nothing wrong with offering the Canadian military up to a medical experiment with no value to operational readiness, and with a cost the members have only started to pay.

The members affected by the mandate tried to use the processes open to them. They have filed thousands of grievances that will all end up on the desk of the Chief of Defence Staff as the final authority. What are the chances of fairness when the one giving the order is the one who decides if it was reasonable or not?

The Ombudsman's office, which has no power to hold the chain-of-command to account, has refused to even speak to anyone concerning the mandate. There is a covenant between the chain-of-command and the members of the Canadian Armed Forces that those in command will look out for the well-being of those who serve under them. That if ordered to surrender their life, the member does so knowing that it was a just cause for the sacrifice. It is the foundation of trust necessary in any chain-of-command.

That trust is gone in the Canadian Armed Forces due to the actions of the senior leadership in reaction to COVID-19. When that trust is gone, there is no military. Canada sits defenceless. I can tell you about what has happened. I can relay their stories. But you should meet some of Canada's best, who are subject to the draconian political agenda of the Chief of Defence Staff.

I have a video that will introduce some of these who have stood up to the unlawful order and paid a heavy price. There are some images you will note are blurred to protect those still serving from a guaranteed retaliation, because there is no safe place for unvaccinated members within the ranks of the Canadian Armed Forces under the command of General **Wayne Eyre.**

**[Video] General Wayne Eyre [Exhibit number unavailable]**
**At the heart of everything we do is our people. You are key to our operational effectiveness, and if we are to succeed as an organization, to be the Military Canada needs and deserves, every member of the Canadian Armed Forces and broader Defence Team must feel welcomed, supported, empowered and inspired to bring their very best to the table each and every day.**

**Catherine Christensen**
**You have just heard the Chief of Defence Staff, General Wayne Eyre, stating that the Canadian Armed Forces are inclusive and progressive. Yet when members stood up for their religious rights, medical rights, and human rights, they were met with fury and derision from the chain-of-command.**

**[Video] General Wayne Eyre**
**So I'm not going to talk specifics about this one case. What I will tell you, we have absolutely no time for those that do not hold the values of the Army and the Canadian Armed Forces and the values of Canada close to their heart. So the values of diversity, inclusion, respect for others, teamwork, that's who Canada is. That's who we are protecting. And those that do not embrace those values, those that do not protect those values have no** place in this organization. So when we find out that there is a case, we act decisively. We don't act rashly because another one of our values is respect for the rule of law, and due process is part of that.

**Catherine Christensen**
In October of 2021, the Canadian Armed Forces brought in compulsory COVID-19 injections. What followed was chaos, uncountable losses, and the decimation of what little morale there had been in the ranks. Despised by their own leadership, after exemplary careers voluntarily serving Canada, they have taken a stand and paid the price. Let me introduce you to the men and women the Chief of Defence Staff says are unsuitable for further service in the Canadian Armed Forces, the ones whose moral code said "no" to an unlawful order and continue to step up a fight for a free Canada.

**Canadian Armed Forces member testimony read by Catherine Christensen**
My choice was taken away from me. I did not want to leave. I gave everything to the Military and made it my life and they threw me away like I was nothing when I gave everything.

[00:25:00]

I just had to get my second shot.

I feel abused and violated. I hope you can use me as an example of what they still do to people who complied. It doesn't stop the hatred.

**Canadian Armed Forces member testimony read by Catherine Christensen**
My ECG [Electrocardiogram] looked normal, but I insisted on a cardiac MRI [Magnetic Resonance Imaging], which was able to confirm the myocarditis.

**Canadian Armed Forces member testimony read by Catherine Christensen**
**I was in an explosion at Comox and two days later, they were disciplining me for the COVID mandate. They didn't care that I had a fresh traumatic brain injury, and that I was still trying to comprehend what had happened.**

**Canadian Armed Forces member testimony read by Catherine Christensen**
**There are men in uniform downstairs demanding I sign papers. My family is terrified. What do I do?**

**Canadian Armed Forces member testimony read by Catherine Christensen**
**This upcoming meeting with the Lieutenant Colonel feels really threatening to me. Is there anything I need to be worried about or prepared for? I was terrified for my safety yesterday.**

**[00:30:00]**

**Canadian Armed Forces member testimony read by Catherine Christensen**
**What I see more, are people who walk on eggshells who seem like they regret. They followed an order in haste and now feel the consequences of a broken trust.**

**Catherine Christensen**
I have asked military members and veterans what they would do to repair the damage in the Canadian Armed Forces. I received pages of ideas from non-commissioned members and officer ranks: really productive, positive ideas because there was no fear of consequences for speaking up. It is unfortunate that there is so little faith and trust in their own chain-of-command that the Chief of Defence Staff cannot do the same. For the purposes of this inquiry, here are their top changes.

Bring in an Office of the Inspector General. Grievances and remedial measures move to this office outside of the chain-of-command, which has shown their willingness to abuse authority during COVID-19. Set up explicit and hard timelines for each stage of the grievance process with penalties for chains of command that do not adhere to them. Currently, as a note, it can take anywhere from four to ten years for a grievance system to get a final decision before we can have it sent for judicial review.

The Inspector General would have the power to investigate and lay charges of any rank, including the Chief of Defence Staff. The Inspector General's authority over the Chief of Defence Staff would remain if there was proven wrongdoing. This precedent has already been set with the revamping of the current military justice system.

The second suggestion is to strengthen whistleblower legislation. Under the Canadian Armed Forces disclosure process, the Chief of Defence Staff has designated the Chief Review Services as the proper authority for purposes under the Queen's Regulations and Orders. But who is the proper authority if the Chief of Defence Staff is the one behind the wrongdoing?

Third: Comprehensive health care for all Canadian Armed Forces members regardless of the component or subcomponent and class of service for life, with the ability to have full access to outside specialists for the care of vaccine injury.

**Number four: The members I've spoken to want an apology. They want an apology from the Government of Canada. They want an apology from the Chief of Defence Staff. They want one from the Surgeon General, Chaplain General, the Judge Advocate General, and every commanding officer, and regimental sergeant major who pushed the mandate.**

**Fifth: Mandatory injury or illness reporting, tracking, and investigation with explicit timelines, with serious penalties for chains of command that neglect the required steps.**

**Sixth: Mandatory training for all commanding officers prior to assuming command. They should be able to review and test policy knowledge from the *National Defence Act* through all of the necessary policy, various administrative and health services instructions. They**

should have instruction on procedural fairness, they should have instruction on safety and risk management, and there should be a transparency of directions and commands.

[00:35:00]

Back-channel orders shall be deemed to be unlawful. For example, accommodations were supposedly offered, but in reality, they were denying them all.

Seven: Review the *National Defence Act* and remove section 126. It's too vague and not used when it should be. It is bad law. Canadian Armed Forces members and Veterans should not have to sue to have bad law removed.

Eight: Revise the Chaplain Service. Chaplain Service badly failed members of faith. Each religion should answer to its own while respecting the long-standing duty to help all members as best they can be achieved under emergency or battlefield circumstances.

Nine: Implement a robust safety officer cadre at every level within the Canadian Armed Forces.

In conclusion, to paraphrase Robert Kennedy Jr., "Why do I choose to fight for those nobody else wants to?" Because that's who needs fighting for—the members and veterans of the Canadian Armed Forces who love what they did in service to Canada—deserve no less than to be heard. Thank you. This concludes my presentation. I'm now prepared to take questions.

**Leighton Grey**
Thank you, Ms. Christensen. That is a shocking and compelling and simultaneously heart-wrenching and heart-warming presentation. I thank you for providing that. I understand that you're prepared to have your presentation and the other exhibits entered in this proceeding?

**Catherine Christensen**
Yes.

**Leighton Grey**
Thank you for that. I have one arising question before I hand you over to the panel, I'm sure are eager to ask you some questions. I have the pleasure of representing many Canadians who, although not in the armed forces, were subjected to vaccine mandates through the operation of federal orders. And of course, they have this in common with the members whom you represent.

It was very clear in that case that there was a directing mind in Ottawa behind, for example, the Minister of Transport order, which required everyone who is in the public service in those industries to be vaccinated. You mentioned at the outset of your presentation this historical, and legal, and, indeed, constitutional line of distinction between the Prime Minister and his cabinet and direction of the Armed Forces. However, based upon what you've learned, based upon what we've seen in your presentation, do you have reason to believe, to suspect, or indeed to conclude that there is a political direct in mind? In other words, that this vaccine mandate is actually coming from the same source as, for example,

the Ministry of Transport order or the other federal such orders directing other people in the public service, the Federal Public Service to be vaccinated?

**Catherine Christensen**
Yes, I do. I have no doubt in my mind that this came from the Prime Minister's office. Part of the evidence or the support to that belief is that we seem to have a real trend where General Vance was Chief of Defence Staff when vaccines first emerged. He didn't bring in a mandate, and as you recall, he was removed under the cloud of a sexual misconduct allegation.

Admiral McDonald then took his place. Within a few weeks, he was under a cloud of suspicion for sexual misconduct—because I've seen his briefing note, and it clearly states that he could not bring in a mandate.

General Fortin was in charge of vaccine rollout in Canada. I suspect that he also said you couldn't bring out a mandate, which through the sworn testimony from the Peckford hearings, the Prime Minister's office was clear that this was coming from the Prime Minister, who was angry at being heckled and demanded that a mandate be brought in. That's sworn testimony from his Office. So then we get General Fortin accused of sexual misconduct.

We then have General Eyre come in as Acting CDS [Chief of Defence Staff] at the time. He is given a briefing note from General Cadieux that you can't do this, basically, and General Cadieux is then accused of sexual misconduct.

There's a real pattern there. And then he brings in the vaccine mandate; he goes from being Acting Chief of Defence Staff to full Chief of Defence Staff and gets a promotion that I see as a reward for being obedient to higher powers.

[00:40:00]

**Leighton Grey**
So that answer sort of flies in the face of what the Prime Minister said publicly yesterday, that he never forced anyone to be vaccinated.

**Catherine Christensen**
Yeah, well, then he shouldn't have had his office provide emails in sworn affidavits to Mr. Wilson, who represented Brian Peckford and parties in that lawsuit, because that is filed evidence with the federal court that indeed, it was a direction from the Prime Minister's office, and then they were struggling to justify bringing in a mandate.

**Leighton Grey**
Thank you, before I hand you over to the panel, the last thing I'm going to do is I want to share a quotation that was part of your presentation to the panel from our late Majesty Queen Elizabeth II, who said that "No institution should expect to be free from the scrutiny of those who give it their loyalty and support, not to mention those who don't."

Thank you. So I'll hand you now over to the panel, I'm sure they have questions, who would like to go first? Go ahead.

**Commissioner Massie**
Well, thank you for your testimony. And I must say I'm not very familiar with all of the administration of the army and so on. So I got a little confused about who's in charge in the end because you mentioned that it's not the Prime Minister— What I understand from the States is the President is the Chief of the Army, so he can call—

**Catherine Christensen**
Mm-hmm.

**Commissioner Massie**
He can send the order. In our system, it's not the Prime Minister, it's the Governor or the King or the Queen. But in reality, if I understand how it would work based on incentive, the army gets the budget from the government, right?

**Catherine Christensen**
Yes.

**Commissioner Massie**
So there is a potential at least to incentivize people in the chain-of-command to follow what the government seems to want.

**Catherine Christensen**
Correct. By the time you're getting to the level of that senior command where you've got Chief of Defence Staff, Commander of the Army, Commander of the Navy, and Commander of the Air Force, we're talking about politicians at that level. They may wear a uniform but they're politicians, and the Department of National Defence does have influence with the politicians that these officers are. And so I suspect that there are lots of meetings that go on between either the Assistant Deputy Minister or the Minister herself between these senior levels. And whether they comply or not is kind of up to them because the Commander in Chief of the Canadian Armed Forces ultimately is the King.

**Commissioner Massie**
So it's independent from the government to some extent.

**Catherine Christensen**
Yes, and this is why public service mandates or any kind of public service policies are not applicable to the Canadian Armed Forces. Members of the Canadian Armed Forces do not actually have what we would understand to be a contract of employment with the government. They serve at the grace of His Majesty the King, which is why they are actually completely independent, and they have a completely different applicable legal system that applies to them as well as the general legal system for a Canadian citizen. So they've got two systems working from a legal perspective.

**Commissioner Massie**
**So are you aware of other situations in history where vaccines were mandated for the military forces?**

**Catherine Christensen**
**So they did bring in, when it was still, what they were told was voluntary— The only vaccine they were giving them was Moderna.**

**Commissioner Massie**
**I'm talking about previous vaccine.**

**Catherine Christensen**
Previous vaccine? Yes. So under section 126 of the *National Defence Act*, they can indeed order the members to have a vaccine, the caveat being that if they do not take the vaccine and they have a reason not to take it, they would be charged under section 126. They would go to court martial and then an independent decision maker, a judge, would then decide if they had a reasonable excuse not to take the vaccine. This time, they didn't use section 126. I believe they didn't do it because I don't think that someone with a sincere religious belief that wanted an accommodation, I think they would have been successful challenging that in a courtroom, and they couldn't risk having success in a courtroom turning down their mandate. So instead they circumvented that whole court martial legal system of failing to— They quoted, chains the command have said to people "You're not following a lawful order."

[00:45:00]

But a directive is not an order. And how I best explain this is an order is "take that hill"; a directive is "this is how we're going to take the hill". So in a sense, they were never ordered to have a mandate, even though that's how the chain-of-command interpreted that directive, that this is an order, and you must follow. That's to be determined in a court.

**Commissioner Massie**
There was no coercion per se, only incentive?

**Catherine Christensen**
Well, I would like to say that there was no coercion, but there was coercion, definitely.

**Commissioner Massie**
**My other question has to do— We've heard from other experts in the commission that it's very difficult to assess the actual level of vaccine injury in the population because the system doesn't seem to be able to do a proper monitoring. There's all kinds of obstacles. I guess that in the Armed Forces they must have had a reasonably good medical system in place that would track the health of the people. So they gathered data that would allow to follow untypical issues with the health that could actually eventually be linked to a vaccine injury.**

**Catherine Christensen**
You would like to think that. First of all, the medical system is another system that needs revision in the Canadian Armed Forces. However, I have military doctors who provide sworn evidence that they were told not to report vaccine injuries, or if they asked how, they were told, "just be quiet." They were told to diagnose them as other things, such as Guillain-Barré syndrome. When young men were collapsing in the shower after injections: "Oh, you've got Guillain-Barré syndrome, we'll release you on a medical release," if they were vaccine-injured.

It would have been an ideal group, and I think they did not track them on purpose, because they would have very quickly shown what was happening to an eighteen to forty-five group that were the most affected by vaccine injuries. That showed up really quickly.

The official statistics right now being issued for vaccine injuries in the Canadian Armed Forces, I can tell you I have more people in my files with vaccine injuries than are officially listed as vaccine-injured. The other thing I can tell you is that the best comparison I can make is to the population of the United States military. They seem to have had more recording of vaccine injuries. There was a base surgeon in Alabama who completely grounded all of her pilots because they were dropping dead in the sky from being vaccinated.

**Commissioner Massie**
So are we aware of any instances in the Armed Forces where people were actually killed by the virus following vaccination?

**Catherine Christensen**
I'm waiting for some of that information. I know of healthy young men who died in their sleep, but they are not releasing the autopsy results.

**Commissioner Massie**
So is there a chance with the current level of data gathering that we could actually in the future investigate what happened and find out exactly what was the extent of the issues?

**Catherine Christensen**
I believe so. Only in the last few weeks have I gotten someone to have doctors confirm that they were even vaccine-injured and put that in writing, who is a member of the Armed Forces. That was the first time in three years.

**Commissioner Massie**
Do you think that the level of vaccine injury in the Armed Forces was similar to the general population, more, less?

**Catherine Christensen**
I think it was more because of the age group that we're dealing with, of Canadian Armed Forces, that the vaccine injuries are high in that age group.

**Commissioner Massie**
Thank you.

**Commissioner Drysdale**
Good morning and thank you for your testimony. Over the course of the committee hearings, one of the themes that I've been hearing over and over and over again is that the fundamental tenets, the fundamental beliefs of our society have been attacked, and I'll give you some examples from previous witnesses.

In the medical profession, we seem to have abandoned the tenet of informed consent. In other words, they didn't tell their patients prior to having them take an injection what the consequences might be. Also in the medical profession, the sanctity of the doctor-patient relationship has been attacked because the Government has stepped between the two,

[00:50:00]

and the doctors are no longer able to, or directed not to, report injuries, to discuss honestly with their patients what their side effects were.

We see the same thing in our justice system where the equality, in my understanding the very basic understanding in our justice system is that there's equality under the law. So in other words, whether you're Ken Drysdale or the government, you have equal standing before the courts, and they're supposed to rule equally.

Now what I think you've described here is also a basic attack on the fundamental footings of our military, and that is that the members must trust the commanding officers because if you have mistrust between the members and the commanding officers, why would they follow an order? Can you comment on that or other observations with regard to the fundamental tenets in our society that you may have seen?

**Catherine Christensen**
Yeah, I absolutely agree with you that once that trust is broken, you can't have a military. Because what I'm hearing from the ranks is that, "We don't trust them anymore. They weren't looking out for us, they didn't stand up for us when they should have."

And even the ones who tried to protect members as best they could, didn't in the end. And there was an encouragement to humiliate, abuse people who didn't necessarily want to comply. And then at the same time, we get Directive 3 comes out last fall. And anyone who didn't manage to be released under the first directives was told to come back to work. And if I told you that they entered unfriendly territory by not having the vaccine but still being allowed to come back to work, there was a lot of resentment there.

Because there were so many members of the Canadian Armed Forces who opted to take the vaccine because they needed their job or they were close to a pension. Or they couldn't get promoted, they couldn't deploy. So now those people who complied have even less trust in the chain-of-command because why should they— "Now why should I follow an order? Because now they've allowed people to come back who you say didn't follow an order." It's a mess. When I say chaos, I mean there was chaos.

On the informed consent issue, that is a near and dear issue to my heart, having been a registered nurse for 22 years before I went to law school. I have dealt with angry surgeons

**being called out to redo teaching with a patient before they would sign a consent for surgery because the patient told me they didn't quite know what was going on. And when I went to law school, I did independent legal research in informed consent. So I can tell you that there is no such thing as informed consent in this entire COVID-19 episode. There is not a single definition, legal, medical, moral, otherwise, that said anybody truly had informed consent.**

**And I think the more and more documentation that's being revealed by the pharmaceutical companies reinforces that they knew things that they didn't tell people. The general consensus for me is, as a lawyer I was horrified by what happened during the COVID-19 years. I was always taught that bodily autonomy was sacrosanct—as was described this morning—that people had the right to say that they wouldn't do anything medically unless** they wanted to, that they had a right to be fully informed of what was happening. And there was none of that. We did lose our rights.

And my own profession of law, which is supposed to be the ones that stand up and say, "Hold on a minute. We have a constitution. You cannot do this." I know when I tried for an injunction that I was beating my head against the wall, we were basically told, "Well go use the grievance process." Sure, we'll use the grievance process. And in 10 years, when the Chief of Defence Staff who made the order decides that he made a good order, then we can go to the court.

[00:55:00]

But the other thing was that the stories that I heard from members who approached me in October 2021 had actually gone to some other lawyers, a few of them. They were told, "Don't call my office again. Don't come near my office." They wanted nothing to do with them. And as a lawyer I can tell you that there are cases that I may not want to take. And there are diplomatic ways of saying you're not going to take the case: I don't practice that kind of law. My practice is too busy. You don't have to turn people away in a way that makes them sound like they're criminals or lesser citizens. So I was highly offended for my own profession that that was the response people were getting.

They were asking fair questions. They were asking for legal advice. Whether you gave them positive or negative advice isn't the point. The point is you won't even talk to these people. You won't even let them in your office. Yeah, so I was very disappointed in my own profession for turning people away who wanted to challenge it.

Our American friends are much better at challenging their government. They've had about 200 years more practice, and they just keep challenging. Even when things go wrong in the court, they just bring another case. And they just keep going.

**And I think Canadian lawyers need to wake up and start sticking up for this Constitution. I took constitutional law for a year. I never imagined I was going to have to use constitutional law in what I was doing. But thank goodness I did. And I had a great professor because all of a sudden, all those cases and the concepts of our Constitution are very, very important.**

**Commissioner Drysdale**
**If I understand you and your testimony earlier, you said that the Canadian Armed Forces brought in the mandates in October was it, of 2021?**

**Catherine Christensen**
Yes.

**Commissioner Drysdale**
So that's two years ago. Do you have any idea how many members have either quit, been thrown out, retired early, or in any other way been removed from operational ranks?

**Catherine Christensen**
I can tell you my best guess, just from how many have talked to me or I've heard through the grapevine— There's a very good chain of communication in the Armed Forces and veterans community. I would estimate anywhere between three thousand and five thousand people were lost, and when you've got a military as small as ours, we're talking a huge hit. If you were a business and you lost ten to fifteen per cent of your people in one fell swoop, you'd be out of business and truthfully, in my opinion, the Canadian military right now is out of business. We couldn't mount a defence of our own country, let alone send people to NATO-involved [North Atlantic Treaty Organization] conflict right now.

**Commissioner Drysdale**
Well, I want to try to put that in perspective from my own understanding. So you believe that the numbers were somewhere between three and four thousand members, which is about 10 per cent of the operational force. Do you have any idea how many people we lost out of operational readiness when we participated in the Afghanistan war for 20 years?

**Catherine Christensen**
I believe it was 53 deaths in Afghanistan.

**Commissioner Drysdale**
So let me understand that. So after 20 years or so of military operations in Afghanistan against an identified foreign enemy, we lost 60 or so, 57 people in 20 years. And then we self-inflicted three to four thousand essentially operational casualties to our military ourselves.

**Catherine Christensen**
Yes. Yeah, we decimated our military with this. We are already undermanned badly. We should have close to a 100 thousand regular force and reserve force people. That's about the size of the military that Canada says that it needs. And from speaking to sources, we're down to about 40 thousand people right now.

**Commissioner Drysdale**
So our self-inflicted damage to our Canadian Armed Forces was more than Afghanistan.

**Catherine Christensen**
Way more: thousands more.

**Commissioner Drysdale**
I can't imagine you know this answer: How far back in our military past do we have to go before we find a comparable hit on our Canadian Armed Forces operational personnel?

**Catherine Christensen**
At a guess, World War II.

[01:00:00]

**Commissioner Drysdale**
What civilian or judicial overview is there of these command decisions?

**Catherine Christensen**
Well, we can go into the Federal Court and challenge— Sometimes we can do what's called a judicial review, or we can actually bring a claim. Interestingly enough, I was in Federal Court in February, not on a matter related to the vaccine mandate, but I had the Crown stand up and say to the Justice, "In Military matters, the court has no jurisdiction over the Chief of Defence Staff." The look on the Justice's face was priceless to me because our rule of law, which you heard the Chief of Defence Staff saying he follows the rule of law, means no one is outside the law. Certainly, even our King is under rule of law, and for the Crownto have this position that anything the Chief of Defence Staff is—he doesn't have to answer to our courts for—is something that I look forward to challenging.

**Commissioner Drysdale**
Can you make a brief comment about the availability of justice to the regular Canadian when it comes to these organizations? And I want to talk a little bit about or I'm going to preface that with, I read a report recently that the RCMP [Royal Canadian Mounted Police] were involved in an action, I think it was over 10 years ago, and that the commission investigating it finally came out with recommendations and essentially, the RCMP said "nope" to all of the recommendations.

And when I look at the civil courts in Canada, for instance, if your employer forced a mandate on an individual, the ability for that individual to access justice is almost impossible given the financial realities and the time periods. Have you got any suggestions for us on that?

**Catherine Christensen**
Well, the access to justice issue is huge, and especially if you're going to take on the Government of Canada, because one of their favourite strategies is to run you out of money. Over the years, because my practice has been military and veteran, I have seen things that are very concerning about the Canadian Armed Forces, but usually it was one or two people. And when it's one or two people, it can be written off as bad apples or people with issues.

But when I had hundreds of people come to me in October 2021 with this going on that was like wait a minute, they've got to pay attention now. And I happened to have listened to an American lawyer who did constitutional and government challenges all the time. And I had written to him and said, "How do you fund this? Like how do you constantly take on the

government and being able to have the staff and the people that you need to do it?" And he said, "Non-profit."

And this is why I created Valour Legal Action Centre, and we run on donations, and this is so that these people can bring these challenges forward because there's a long road to go.

Holding another commission, we've had a commission on the sexual misconduct issue. We've had a commission on the grievance system; it's four inches thick. I believe it was in my brief with four hundred and some pages Justice Fish did, said the grievance system is completely broken.

I honestly think that we need to use the American model of an Inspector General that goes outside of the chain-of-command and allows for more answers from people. And it would also allow challenges to some of these commands or some of these policies without requiring people to come up with half a million dollars to challenge the government.

**Commissioner Drysdale**
My last question: There's a popular saying that an army runs on its stomach. I don't believe that.

**Catherine Christensen**
Well, this Army doesn't because apparently, they're not feeding their troops.

**Commissioner Drysdale**
Well, what I believe is that, in my experience, and I've had fairly extensive experience with the Canadian Armed Forces, the Canadian Armed Forces runs on honour. It runs on a belief in the higher purpose, and it runs on the trust in the chain-of-command. We've talked—You and I have talked together about the 3,000 to 4,000 essentially casualties from the Canadian Armed Forces due to these mandates. Can you talk a little bit about the effect that these mandates have had on these basic fundamentals of honour, higher purpose,

[01:05:00]

and trust in command?

**Catherine Christensen**
I agree with you on the honour, and this is why I did say that I would trust my life with any one of these people. I know I'm sitting here with a big green wall behind me of people who are so happy that we're able to talk about this.

Without question, we lost the cream of the crop of the Canadian Armed Forces with this mandate. These were the people who are willing to stand up and say, "This is not a lawful order. You cannot do this and I'm not going to follow this order."

We used to have in the military what was called a strategic corporal, and Canada is well known and throughout the world for having the people on the ground who could think for themselves and think ways out of situations, and quite often with a good outcome. The Americans can tend to have a reputation for "shoot first and ask questions later." Our

military did not have that reputation. They could be in a firefight with a group one minute and the next minute act as peacekeepers and move on.

There was a reason the people of Afghanistan didn't want the Canadians to leave: because the reputation of our troops. So I would say morale was already bad. I already knew from talking to so many people because I only do military, so I get lots of information from all kinds of sources all the time. I already knew morale was bad and then this happened, and it's pretty much destroyed.

It almost is to the point where we need to start over because people don't trust orders anymore. People see the command as being against them. Like, "If I step out of line, I'm going to be gone." And the fact that they chose to use what's called a 5F, I've referred to that. That's a release category that was only made honourable not so long ago. There were lots of people serving that remember 5F as a dishonourable discharge. It has implications. You can't have a job in the public service if you've been released 5F. If you decide you want to go back in you can't get in unless the Chief of Defence Staff allows you in if you've had a 5F.

What are the chances Wayne Eyre's going to let people who were 5F back in? It's not going to happen. So the fact that they chose that one, when they could have chosen a medical release, or didn't fit the requirements of service because you weren't vaccinated, completely different categories, completely different connotations to it. And there were people who "voluntarily" released to avoid that 5F stigma that was going to be handed down to them.

**Commissioner Drysdale**
Thank you very much.

**Catherine Christensen**
You're welcome.

**Commissioner Kaikkonen**
Good morning.

**Catherine Christensen**
Good morning.

**Commissioner Kaikkonen**
When you refer to the fairness among federal institutions, are you aware of any examples whereby a Veterans Affairs employee coming to the end of their career lost their personal pension because of a personal and autonomous decision to be vaxxed?

**Catherine Christensen**
So do I know of anyone, a veteran who lost—

**Commissioner Kaikkonen**
A Veterans Affairs employee.

**Catherine Christensen**
No, I'm not aware of anyone in Veterans Affairs. In fact, it's looking like— Because Veterans Affairs is refusing to cover vaccine injury as a service-related injury, that has to then go through a system of the veteran applies, they're denied, it goes to an appeal, and if that's denied, then they can come to me. And within two years, we can bring it to the Federal Court for judicial review.

The reality is that the judicial reviews tend to go in the government's favour, but in my opinion, if they took Moderna as ordered, that's a service-related injury and there should be no question that they're covered for life, for any medical care that they need.

**Commissioner Kaikkonen**
And my second question, it is my understanding that both religious and medical accommodation are tenets of our democracy. So given your testimony and testimony of others prior to you, where do we stand now? Or is this just another example of the duty to accommodate being trampled by our federal government, in the Charter?

**Catherine Christensen**
I believe the duty to accommodate was trampled. Certainly, the case law coming out of the Supreme Court of Canada was completely ignored about accommodations.

[01:10:00]

There has been some suggestion that anyone with the rank of colonel and above was allowed an accommodation.

The public service employees had high percentages of accommodations granted. There are hardly any accommodations in the Canadian Armed Forces. In fact, it was rare, and it usually happened within those first few weeks of the mandate coming in, and then they were done.

I have lots of people who, in sworn affidavits, will say that their chaplains said, "Yes, their religion was sincere, they were sincere in their belief and should be accommodated," only to be turned down by the chain-of-command and said, "No, we're not going to accommodate you." That happened to a Catholic priest who was a chaplain. He was told his belief wasn't sincere enough to get a religious accommodation. Now if a chaplain who is a priest who is in uniform isn't an example of someone with sincere religious belief, nobody was going to get an accommodation, in that case.

**Commissioner Kaikkonen**
And my final question has to do with educating the public on the responsibilities and duties of the head of state. So as I understand it, the King, soon-to-be King, has the right to dissolve Parliament and to dismiss the PM [Prime Minister].

But how can this be done when the Governor General, for example, is appointed by the PM, albeit I believe through a nomination process, but ultimately the final decision rests with the PM? How do we change that?

**Catherine Christensen**
That's a good question. Honestly, our Governor General does need to become more politically independent because they are the last result of the legislative branch because laws don't become laws in Canada until the Governor General signs on behalf of the King.

To show how politicized that office has become: when one Governor General was dismissed rather quickly because she had abused her staff, the temporary Governor General they brought in was the Chief Justice of the Supreme Court. So for several months, Canada had the Chief Justice of the Supreme Court of Canada in charge of our judicial branch was also in charge of our legislative branch, and nobody said anything. And I'm going "What? This can't happen. How did this happen?" But it was a political appointment obviously.

So do I think our judicial branch also needs revamping? Yes. I do agree that we don't have a justice system. We have a legal system, and it does need to be held to account. I was very pleased to hear the justice of Manitoba saying that he was disappointed in his fellows of the judiciary that did not step up and say, "Hold on, we don't follow judicial notice just because the Government says it was true."

So that's a good question. How do we remove the Governor General's position from being political? Do we have a King that could do that? I don't know, because he has the power to refuse the recommendation for who's going to be Governor General and say, "No, that person cannot be Governor General, it's going to be this person." I mean, at one time, the monarch would usually have a son-in-law or a son would be appointed Governor General rather than a political suggestion.

**Commissioner Kaikkonen**
Thank you very much.

**Catherine Christensen**
You're welcome.

**Commissioner DiGregorio**
Good morning and thank you so much for being here today. I've heard both yourself and Mr. Grey earlier this morning, speak about this rule where service members are unable to criticize the chain-of-command or the armed services. And I'm just wondering, what's the source of that rule, what are your thoughts on that, and whether you have any recommendations on whether there need to be any particular exceptions to it or whether it is a good rule to have in place.

**Catherine Christensen**
Do I think it's a good rule? No, because I think it's been abused. This is where the suggestion came from to improve whistleblower legislation. I think that would help people feel protected to bring forward issues that should be brought forward. The problem is, if the issues brought forward is anyone going to do anything about it? Because that's a

**chronic problem and not just in the Military. But it is part of their Code of Service discipline, *National Defence Act*, where you cannot, as a serving member, speak out against the Government,**

**[01:15:00]**

**or the Canadian Armed Forces themselves.**

**I have had someone who is a client of mine, posted an interview that I did without comment, good or bad, on a social media site. And they threatened to charge him with a service offence for speaking negatively about the Canadian Armed Forces, even though the opinion was mine, and he didn't say good or bad about it.**

That's the vindictiveness that is in the chain-of-command right now to come after people. I'm sure they'll be watching to see if anyone posts my testimony today as part of that I would call a witch-hunt.

**Commissioner DiGregorio**
Is it applicable only when they are members of the service? What about after they've been discharged?

**Catherine Christensen**
When they're a veteran, they are allowed to speak out, and you're getting more and more veterans speaking out. Certainly, Veterans for Freedom is becoming more vocal since the Convoy and starting to voice opinions, so that's hopeful as well.

The challenge can be that if they don't know what's currently going on, if they happen to lose touch with people who are serving. But the other reality is that right now, the only chance they have of challenging anything is to hire lawyers, and lawyers are expensive. Trying to challenge something in a court is an expensive enterprise. Even if the lawyers do it pro bono there's still a lot of costs involved. If it wasn't policy that was closing their mouths, cost would be a factor as well.

**Commissioner DiGregorio**
Thank you.

**Leighton Grey**
**Listen, I want to thank you for your passionate advocacy on behalf of members of our Canadian military. As a colleague I have to say I share your lament about the lack of response from members of our profession, but I know they're very grateful, all of them who've heard this, not the least of whom is a very distinguished retired colonel who's here today, and he's going to testify later in this proceeding. Thank you very much for your testimony.**

**Catherine Christensen**
**Thank you for giving me the opportunity and thank you from the members and veterans that are silently all standing behind me.**

**[01:17:45]**

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 3: Daniel Bulford**
**Full Day 1 Timestamp: 03:36:35–04:46:17**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Welcome back to the National Citizens Inquiry in Red Deer. I'm pleased to announce our next witness who is going to be attending with us virtually, former RCMP [Royal Canadian Mounted Police] Corporal Danny Bulford. Danny, can you hear us? So I'll ask again Danny, if you can hear us, and we can't hear you yet, so we'll work out that technical difficulty.

**Daniel Bulford**
I can hear you perfectly. Can you hear me?

**Shawn Buckley**
We can hear you now, so we'll commence. I'll ask if you can start by stating your full name for the record spelling your first and last name.

**Daniel Bulford**
Daniel Joseph Bulford, D-A-N-I-E-L B-U-L-F-O-R-D.

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

**Daniel Bulford**
I do.

**Shawn Buckley**
**Now, I've already indicated that you are a former RCMP corporal. My understanding is that you worked for the RCMP for 15 years and that your last eight years of that was on Emergency Services Support Team protecting the Prime Minister of Canada.**

**Daniel Bulford**
**Yes, that's correct.**

**Shawn Buckley**
**Now, you're here today to share some of your experience as an RCMP officer and to voice** some opinions that you have concerning the RCMP and the police, and so I'm just going to perhaps start by asking you whether your trust in that institution changed and if you can share your experience with us.

**Daniel Bulford**
Yeah, definitely. Throughout the course of my career, it was a progression: you know, very proud to receive my Red Serge and my badge, get out into the field, work on detachment as a general duty officer. You quickly learn, and it's common knowledge within the force, that you'll quite often hear the expression that you're just a number. Senior management doesn't really care about you.

But the colleagues, your brothers and sisters that you're going to calls with, and you're doing the job with, that's who's supposed to have your back, and that's who you go to work for, and that's, you know, for the public and for your fellow colleagues. And it's just kind of accepted that if you get into any kind of trouble, even if you do exactly what you were trained to do, if there's an opportunity for a political win for senior managers, they're happy to sacrifice a member, even if the member did nothing wrong.

And so over time, I lost a great deal of trust in our senior managers. I was fortunate to have some good leaders throughout my career. And then, of course, with the implementation of COVID mandates, and then my departure from the RCMP for opposing those mandates, and then what I saw during the Freedom Convoy, and COVID enforcement, and then the testimony from our commissioner for the Mass Shooting Commission in Nova Scotia, and then her testimony for the Public Order Emergency Commission regarding the *Emergencies Act*— Unfortunate to say that I have very little, if any, trust in the Royal Canadian Mounted Police.

I know there are good members that are still in the organization that joined for the right **reasons, that want to be there to do good work, but at the senior management level I don't have any trust that they will apply the law equally to everyone in Canada.**

**Shawn Buckley**
**Okay now, just pulling you back. So early in 2021, so the vaccine is being rolled out. It's in short supply so different groups are being prioritized. My understanding is you were actually a little surprised when your unit became eligible for the vaccine. Now can you share with us what your thoughts were about the upcoming vaccine rollout and then kind of the journey you took and how your thoughts changed.**

**Daniel Bulford**
Yeah, so for most of 2020 I wasn't really questioning anything. If I wasn't at work, I was spending my time on our own home construction project,

[00:05:00]

and I had stopped paying close attention to mainstream media years previous. I had my trusted sources regarding COVID information, a big one being the DarkHorse Podcast hosted by Dr. Bret Weinstein and his wife, Dr. Heather Heying. They're both evolutionary biologists in the United States, so they were kind of my go-to for credible information regarding COVID-19. My wife started to express some concerns to me about the new technology, specifically the mRNA [Messenger Ribonucleic Acid], and I hadn't given it a whole lot of thought.

But then early 2021, my team was organized for a mass group of police and other first responders to go and receive kind of like a mass group inoculation session, and we were expected to just show up and get it done. And so I asked my supervisor at the time if it was mandatory. And at that time, he said, "No, but maybe in the future. And so I just made the decision at that time, to pause and wait until I could find out more about it, based on some concerns I'd heard from Bret Weinstein and from my wife.

**Shawn Buckley**
And then you started into an investigation just to—

**Daniel Bulford**
I did and I was I was definitely surprised that my team, or our unit, was selected to kind of get priority access because we were not a high-risk category. By that time, we knew very well who was vulnerable and who wasn't. And we were probably one of the lowest risk categories next to young healthy children in my team. Because we're all strong, fit, healthy men in our 30s and 40s—very low risk—, and so I was surprised. I thought, "That's odd. Why would they prioritize us when, you know, we're supposed to be the people who are willing to take risks so that other people can be safe first?"

Some of the rationale was given that if we were providing protection to the Prime Minister and other VIPs [Very Important People], we wouldn't want to be a risk to them. I also thought that was strange because it had been public knowledge already that COVID-19 had gone through his household, and also in the role that I was performing I was never in tight close to him. I was either a few vehicles behind him in his motorcade or I was up on a rooftop somewhere working with one other person.

But yeah, so essentially that was a little bit of a, not a major red flag, but a little bit of a twinge in my mind, like that doesn't make any sense to me. So then anyways after I made the decision to hold off, I started my own open-source investigation. I wanted to give it a fair, objective analysis, or as fair as I could.

I went to the official government websites first, specifically Health Canada, and then I even tried to get whatever I could from the FDA [Food and Drug Administration] and from the CDC [Centers for Disease Control and Prevention]. I found that it was very lacking in any kind of specific information that would satisfy my questions about safety and efficacy. The only thing I could really find was like a product monograph which really, I wasn't able to decipher, it's outside of my wheelhouse.

But what I did notice was just the consistent themes of repeated talking points, like general vague statements like "safe and effective," "benefits outweigh the risks," and cartoonish graphics, which I kind of found a little bit insulting to an adult's intelligence, but moving on. And then there was also the inappropriate analogies: like comparing it to helmets or seat belts or, in the police case, body armour.

So then after I was relatively unsatisfied with the government sources, I went looking at the pharmaceutical manufacturers themselves. There was no publicly available trial data at that time but I was able to find fact sheets for the big four: AstraZeneca, Johnson and Johnson, Pfizer, Moderna. And even on those fact sheets for the DNA-based [Deoxyribonucleic Acid] viruses, or pardon me, vaccine,

[00:10:00]

there was an acknowledgement of thrombosis-related or blood clotting-related adverse events. And then in the Pfizer / Moderna fact sheets, there was an acknowledgement of an observed increased risk of myo- and pericarditis.

Then I went to independent media sources, such as Dr. Weinstein, and he was expressing concerns about the new technology, and he was referencing a doctor by the name of Geert Vanden Bossche, who I believe is in Belgium or the Netherlands. And he is a vaccine specialist. He was trying to ring the alarm saying that, "You do not mass vaccinate into a pandemic, and especially with a product that is a non-sterilizing vaccine," and he further explained some concerns of his about how the function of this technology—

**Shawn Buckley**
We'll just wait a second Corporal Bulford. You've frozen for a second so we're just going to see if the Zoom call will catch up with us or whether or not we'll have to log back in.

So we are currently frozen so what I suggest we do is that we have Danny Bulford re-log in and in the interim we have a clip of some of what we experienced earlier in Alberta during the COVID issues. Now, can we do both of those at the same time? So yeah, so we'll just wait for Danny Bulford to log back in and while we're waiting for him, we'll watch this clip.

[**00:12:12–00:21:09:** Several video clips of government officials, public health officials, and newscasters speaking on pandemic measures and vaccines were played while the hearings were paused for Mr. Bulford to regain his internet connection.]

**Shawn Buckley**
Okay, so we have Daniel Bulford back. Danny, can you hear me again?

**Daniel Bulford**
Thank you. Sorry about that. Frequent power outages here.

**Shawn Buckley**
We were talking about your journey and I was hoping that you would get to speak about your brother because you were kind of talking about kind of how your mind changed on COVID, or the vaccine.

**Daniel Bulford**
**Yeah, so like I had said before, what I ended up discovering was not very much detailed information at all, just a lot of generic talking points like you just saw in the video, overwhelming evidence. Well, where's the overwhelming evidence? I have yet to see any of it.**

**But I did find many medical science professionals all around the world, some who specifically design vaccine technology, including Dr. Byram Bridle here in Canada, raising concerns about the injection not staying at the shoulder and bio-distributing throughout the body and concerns about interference with the innate immune system.**

And then you had cardiology specialists like Dr. Peter McCullough, and now Dr. Aseem Malhotra in the U.K., expressing concerns about cardiac injuries. All of these things were starting to mount as we were approaching like spring, early summer of 2021, and then my older brother who is a member of the RCMP took two doses of Pfizer and experienced three weeks of intense stabbing chest pain after his second dose, any time he tried to do anything physical at all. And when I discussed this with him, I told him, I said, "You need to go to your doctor, you need to get checked out."

And he did, and he received no diagnosis regarding his heart and he ended up getting a prescription to help him sleep through the night. And so fortunately, with connections that I've made now through speaking out and becoming a little bit more public, we've helped him align with a doctor who was willing to take that issue seriously and help him. So by summer, I had made my decision that no, I'm not taking this, and I really hoped that very few members of my family will take it either.

**Shawn Buckley**
I'm sorry, when the mandates were announced, what actions did you take?

**Daniel Bulford**
Okay, well, so I'd just like to add one more element here. So in July of 2021, the Prime Minister himself, at an infrastructure announcement in New Brunswick, made the admission on camera—you can still find it on YouTube I'm sure—that even double vaccinated people can still get infected and transmit the virus. And then he kind of paused and caught himself and said, "But it is much worse for unvaccinated people." And that was a cue to me that like, okay, there's no way that this will be mandatory.

The following weeks, early August, it was either August 6th or 8th, the CDC director, **Rochelle Walensky, admitted to Wolf Blitzer on air that the COVID vaccines did not prevent infection or transmission, but they are still staying with the claim that it prevented serious illness and disease.**

**August 13th of 2021 it was announced publicly that the Government of Canada was seeking to make COVID-19 vaccination mandatory for federal employees, specifically including the RCMP.**

**Shawn Buckley**
**So this is after our Prime Minister admits on television**

**[00:25:00]**

**that vaccinated can still catch and transmit the virus, and this is after Rochelle Walensky, the CDC director, announces publicly that the vaccines don't prevent infection or transmission. It's after that that you were mandated as a federal employee to take the vaccine?**

**Daniel Bulford**
**It was after that that the intention to make mandates, or to implement mandates was announced, but then of course he ended up calling a snap election.**

Prior to that, I was having discussions with people at work. I specifically tried to get my one supervisor to listen to a podcast interview between a podcaster from the U.K. and a high-profile doctor in the United States who was expressing concerns about the COVID-19 vaccination safety and lack of efficacy. And specifically, I was trying to get this supervisor to listen to me because I knew that they were just about to authorize for the 12 to 17-year-olds. A lot of my coworkers had children in that age demographic that played competitive sports. And his response was, "Nope, I don't want to hear it. I don't want to hear anymore. I just want to move on with life."

And so that was kind of a first taste of being ignored. And then right after the official announcement was made that they were going to implement mandates on August 13th, I emailed my commanding officer who, at the time, was a highly experienced investigator who had managed the national security side of the RCMP for a long time—very switched on, capable, competent investigator, complex issues. And I pleaded with him to look at some of the information that I had concerns, about and I sent him a couple of links. I know they're very busy, so I wanted to keep it brief and concise. I included a bunch of the doctor's names for reference, and a couple of links for something that he could reference for information, pleading with him to investigate before any further harm or any mandates were to further potentially harm Canadians and his own employees. And I was ignored: no response.

So I joined Police on Guard. And then through Police on Guard, I learned about Mounties for Freedom and that's where I focused most of my attention. And through that, we came to a consensus, in speaking with other Mounties that were in my position, no one was listening to us, and no one was taking us seriously.

Our union didn't want to take up the fight for us because they had advocated for priority access to vaccine, and some people had even been told by their union rep that, "If you weren't double vaccinated, you wouldn't even be allowed near my child." And so that was **the kind of mindset that some people in the RCMP were dealing with at the time.**

**And I know other people who worked in higher profile units, like homicide investigation, that were made to feel like they were a conspiracy theorist, anti-vaxxer, like all the derogatory labels that you were seeing in the media. This was shocking to me, knowing that police know that the media lies about everything and that they twist and manipulate everything. Within my own unit, I was probably one of the least vocal people about the incompetence and ethical issues with our current federal government and so I couldn't believe—**

**Shawn Buckley**
**Can I stop you for a sec because you're talking about, you know, basically serious crimes people and many of the people watching wouldn't appreciate that these really are the cream of the cream of investigators, like these are the people with incredibly, I guess, critical minds. These people are trained to be looking at the other side and to be considering all things and basically not to get into that tunnel vision where they ignore things. And you're telling us that that basically, to a person, you were running into it; you might as well have been talking to a brick wall?**

**Daniel Bulford**
**Well, there was basically three categories: people who didn't agree that anyone should be** forced to take it, but they weren't going to say or do anything; people who thought that it was absolutely necessary and that anyone who didn't take it wasn't doing their civic duty,

[00:30:00]

even though there was already plenty of evidence out there that it did not prevent infection and transmission, and so it's basically a personal choice based on a personal risk assessment; and then there was people who just didn't want to hear it at all and just wanted to— "No, I'm done. I just want to move on with life."

And yeah, the investigators and serious crime or national security sections, they are the most highly qualified investigators in the mounted police.

**Shawn Buckley**
And they should have been the ones investigating this matter?

**Daniel Bulford**
Well, they're trained to look at evidence, and from my basic open-source investigation, I couldn't hardly find any evidence supporting the mandates, and there was loads of evidence, if you just barely scratched below the surface, to raise concerns about a lack of efficacy and safety concerns.

**Shawn Buckley**
Right. So my understanding is the Mounties for Freedom, on October 21, 2021, sent a letter to the RCMP Commissioner Brenda Lucki.

**Daniel Bulford**
**That's correct. Yeah, because we decided that we had to apply public pressure, both with the open letter and myself volunteering to speak out on behalf of the group, to draw attention because internally, we were having no success. No one was even willing to entertain our concerns or listen to us in any way, and we certainly were not getting any success in trying to get any kind of investigation.**

**Shawn Buckley**
Now, we've entered that letter as an exhibit for the commissioners and the public to view; it's Exhibit RE-4. Now, following that letter, the mandates were still imposed, and can you share with us basically what that caused you to do?

**Daniel Bulford**
Well, after I was interviewed, I had a series of interviews, but really after the first one or two interviews, as soon as that was public, I was contacted. I had to go to the office and turn in my building pass and my keys to the building, you know, thereby my security clearance was under review and eventually revoked. I knew that that was the end of the career for me, even if I wasn't terminated at the time, that my career would be completely sidelined, at best.

**Shawn Buckley**
Right, and I'll just step in so that people listening to your testimony understand when you say interview, you're talking about speaking publicly against the government narrative.

**Daniel Bulford**
Yeah, specifically against the mandates; so I was speaking against the vaccine mandates. But another major issue, which was the biggest red flag for me during my whole, let's call it investigative process, was while investigating concerns about the vaccination. I started to learn more and more and more about doctors and scientists who were being silenced about early treatment protocols that were being used very effectively all around the world to help prevent hospitalizations and death.

And that, to me, was the biggest red flag. That, to me, was the biggest criminal activity that our public health and government and media could have been contributing to—was if there is treatments that are safe, that have been around for a long time, and doctors all around the world are trying to raise the alarm— "Hey, we found something that works and it helps keep people out of the hospital, and it helps prevent people from dying." And our officials and our media are actively trying to suppress that, that, to me, is at the low-end criminal negligence, criminal negligence causing death, possibly even more serious, possibly culpable homicide.

**Shawn Buckley**
Right, okay. My understanding is you ended up resigning?

**Daniel Bulford**
Yes, I made the decision to officially resign in December of 2021. My reasoning for that was when I was exploring my options about what was going to happen to me—whether I was terminated or placed on leave without pay or suspended—I found a clause in our pension act or superannuation act that said that if I was terminated for misconduct I would only be entitled to my contributions,

[00:35:00]

which would have cut that number drastically. And it was ultimately up to the discretion of the Treasury Board, the final amount that I would be paid out if I was terminated for misconduct, so I know how vindictive the RCMP can be.

The previous witness talked about the vindictiveness of the chain of command in the Canadian Armed Forces and the RCMP is no different. I had had almost zero communication from anyone within the RCMP professional standards units. Actually, I had zero communication from any of them. I had very brief communication from my direct supervisor from the time that I initially spoke out in October until the time that I actually resigned in December. And I spoke with my father about it who is a 38-year RCMP veteran, and we both agreed that they're strategically trying to determine how best to hammer you without creating a public relations problem. And so I figured that my time with the RCMP was done. I should just cut my losses and try and set my family up for a new start.

**Shawn Buckley**
Now, you were speaking earlier and you used the words culpable homicide in connection with some of the things that you had learned. Is it fair to say that you're not aware of a single RCMP investigation into criminal activity that would be connected to COVID-19 and government directions or actions of other people?

**Daniel Bulford**
I'm not aware of any such criminal investigation. I have seen videos of people presenting evidence packages to different detachments, but I don't believe that anything was actually investigated seriously because I'm fairly certain I would have heard about it.

**Shawn Buckley**
Now, we've heard in other contexts like, for example, medical doctors that seem to have been publicly disciplined so that other medical doctors would see them as an example of what happens if you speak out. Can you tell us about detective Helen Grus, who she was, and what her investigation was about, and what happened to her?

**Daniel Bulford**
Detective Helen Grus is a member of the Ottawa Police Service. She is currently facing disciplinary action from her police service. I think she's charged under the *Police Services Act* for discreditable conduct and for conducting unauthorized investigations into a spike in sudden infant death syndrome in the city of Ottawa. I think it's roughly a four-times increase of the annual sudden infant death that would be typical for the city of Ottawa.

Detective Grus, from what I understand, was trying to determine whether there was a correlation with the vaccination status of the mothers and the increase in sudden infant death syndrome. And she worked in the SACA, I believe it's called, so Sexual Assault and Child Abuse Unit. She was suspended. I believe she's back to work now, but under strict restrictions about what she can and cannot do and can and cannot say.

Her next disciplinary hearing is set for this coming Friday, April 28th in Ottawa, and there still has been no decision made. Actually, if you want to read all about a very quality chronicling of that entire saga with Detective Grus, DonaldBest.ca has done an excellent job, kind of independent media reporting on it. He's a former police officer himself, former Toronto police, I believe.

**Shawn Buckley**
Okay, so my understanding is she's in the Sexual Abuse and Child Abuse Unit and that unit actually has a responsibility in Ottawa that any time there is an increase in infant deaths, they actually have the responsibility to look into it. So she was basically doing her job, she was just looking into whether the vaccine was the cause for the increase that they were seeing?

**Daniel Bulford**
Yeah, she's being punished for being a good investigator for following potential leads.

**Shawn Buckley**
Right. Now I had asked you if you are aware of a single RCMP investigation into any matter related to COVID.

[00:40:00]

Are you aware of an investigation by any police agency other than this one that was stopped by the Ottawa Police Department with Helen Grus?

**Daniel Bulford**
No, I'm not. I'm not aware of any police investigation into anything regarding COVID restrictions and mandates.

**Shawn Buckley**
Right. Now, as a police officer or you became a former police officer, you watched the police protest— People that basically were protesting the mandates, and you watched them not ticket BLM [Black Lives Matter] protesters. Can you share your thoughts on that and what you think is going on there?

**Daniel Bulford**
Well, obviously it's completely hypocritical, but also, I think it's a sign of the culture that we've created where it's safe to discipline some— Socially it's acceptable to discipline some and not others and to champion some causes and not others.

You know, for example, by comparison, I was working the day of the BLM protest in Ottawa, in downtown Ottawa, where they marched down to the U.S. Embassy. I was in the U.S. Embassy doing overwatch from an elevated position, watching over members on the ground. The crowds were there, they were loud, they were very aggressive towards the police officers on the ground. They were throwing items at them, specifically water bottles is what I really remember. There was no condemnation about that behavior and the Prime Minister even came out and knelt with them. And that was in the middle of one of our most restrictive lockdowns, if I recall correctly, in the city of Ottawa or in the province of Ontario.

And all the COVID restriction rules were cast aside for that specific protest, and even the police officers on the ground, the vast majority of them, took a knee when the protesters demanded that they take a knee. I can only remember one on the ground that I saw that didn't. And yet, if you contrast that with the actions of the police during the clearing of the

**Freedom Convoy, there were protesters who did nothing more than just stand there and allow themselves to be pushed back, who ended up being assaulted by the police.**

**Shawn Buckley**
**Why do you think the police exhibited this behavior?**

**Daniel Bulford**
**In regards to the BLM protest or the Freedom Convoy clearing?**

**Shawn Buckley**
No, no. In the Freedom Convoy. I don't know if you're aware, but we watched a video of a decorated veteran at the war memorial. The veterans had told the police there that they were not going to be violent, they were not going to resist, but they were not leaving. This veteran was actually a wounded veteran, and we watched the police throw this decorated, wounded Canadian war veteran to the ground and then start kicking him.

This video was provided to us by Tom Marazzo. I think I can speak for most Canadians that in watching what happened, we were shocked. And we didn't understand how it would be that police officers in Canada could be engaging in that type of conduct, and I'm wondering if you can comment.

**Daniel Bulford**
Well, I'm aware of that video as well. It's Chris Deering in the video, and he testified at the Public Order Emergency Commission. There's two things that I think may have contributed to that, based on tactics that I saw during the clearing of the Freedom Convoy.

I suspect, somewhere in the briefing process, police officers on the ground were led to believe that protesters may be armed and violent even though that was clearly not the case. But, I mean, we saw a lot of that type of rhetoric being used in the lead-up to the clearing of the Freedom Convoy including from Interim Chief Steve Bell from the Ottawa Police Service at the time.

And then, coupled with the large amount of people that were at the Freedom Convoy protest when the police were taking action

[00:45:00]

**to clear the people and to clear the roads. I think there were probably some police there that were pretty scared at what might happen if the crowd had decided to turn, even though the crowd never really gave any indication that they were going to.**

**And so I think that kind of comes down quite often to a lack of, maybe a lack of training or a lack of experience, when they overreact based out of fear. We saw the leaked WhatsApp messages that were being circulated amongst RCMP officers who were staying at the Fairmont Hotel—talking about jack boots on the ground and wanting to practice their maneuvers with the horses after seeing the video of the person being trampled—so there's also likely some that probably enjoyed using that level of force against the Freedom Convoy protesters.**

**Shawn Buckley**
**Right. Now, you and I had dialogue before your testimony, and you sent me an interesting paragraph that I'm going to read where you're defining what the problem is, and so I'm going to read this paragraph and then ask your thoughts on basically the way out of this. But you sent me a paragraph where you wrote, "The major concern for me, after a long period of reflection, isn't so much the disgust of what the government did to drive a wedge between people and dehumanize millions of Canadians for political gain, it's the fact that so many people went along with it, either actively cheering on the authoritarianism or keeping silently safe, even when they knew it was wrong." And I'm wondering if you can explain that to us, and if you have any suggestions on how we get out of this and do this better, we'd certainly appreciate them.**

**Daniel Bulford**
Yeah, well, I think that's the biggest issue I'm trying to reconcile personally right now. My wife and I are trying to determine where we're going to make our next permanent home. We've left the Ottawa Valley, and, I'll be frank, I'm not sure if Canada feels like home anymore. There's a lot of people that have said things to me in private or when it's safe to do so like, "Oh, thanks for doing what you're doing," and "Thanks for standing up for us," but they remain silent. That's a hard pill to swallow for us because, you know, a few took a vocal stand and sacrificed everything, like their careers and their relationships and were completely ostracized by their communities, and even people who were supportive—the silent majority is what I refer to there.

There's a lot of people who know what happened was wrong, but they just went along with it. And that's exactly what has gone wrong throughout history when authoritarian systems of government have rose to power. It's because so few people refused to say or do anything, even when they knew it was morally unjust and it was wrong.

I guess my only real practical solutions that I can think of is: tell the truth. If something is wrong and you feel that it's wrong and you know that it's wrong, say it. Yes, it takes courage. Yes, it's hard to do because you're afraid of what might happen to your reputation. But when you don't, every time you actively suppress what you believe the truth to be, a little bit of you dies, and I think you feel like a coward. And I knew that's how I would feel if I just went along with this.

Make yourself as financially independent from government as you can, so that you're not so vulnerable to future restrictions and mandates and just, along with telling the truth, it's do not comply with something that you know is unjust, undemocratic.

I mean, the vitriol in the language that we saw directed at unvaccinated Canadians because **people were still operating under the false assumption that to take the vaccine was to protect other people.**

**[00:50:00]**

**It was false: admittedly false. That it didn't prevent infection, and it didn't prevent transmission. Yet people in our mainstream media and our government still kept pushing that agenda. And people went along with it, and no one said anything when people were forced out of their jobs, when people were arrested for not showing a vax passport at a hockey rink just because they wanted to watch their kid play hockey. No one said, or I shouldn't say no one, but very few people said or did anything. I guess all that to say people need to learn how to stand up for themselves; have some courage.**

**Shawn Buckley**
Thank you, Danny. Those are my questions. I'm going to turn you over to the commissioners and ask them if they have any questions for you, and they do.

**Commissioner Massie**
Thank you very much for your very courageous stand you took in this crisis and your testimony. Do you have any training in science or medical practices before you started to investigate this thing?

**Daniel Bulford**
No. No, I just, and I've said that many times, I'm not a doctor, I'm not a scientist, but I know what good quality evidence looks like compared to no evidence, and so that's how I made my assessment. You know, you need a certain quantity of evidence to support a decision and a quality of evidence and so when I was making my assessment from the official sources, I found nothing but general vague statements without any significant information to back up what they were saying to support their talking points.

And yet when I found these other doctors and scientists who were being censored, they would provide detailed, high-quality information. They were highly qualified and they would always, always source and reference the documentation or the studies that were supporting what they were saying.

**Commissioner Massie**
So how hard was it and how long does it take to educate yourself to a level that you feel comfortable to raise questions or at least try to communicate to your colleagues or authority that there was something that was unusual, let's put it this way?

**Daniel Bulford**
I would estimate I probably spent at least three months looking, for myself, before I started to kind of have debate-style conversations with colleagues.

**Commissioner Massie**
And given your background and education, do you think that what you've done is something that is also accessible to other people in the general population? Or do you have a special way of looking at a situation that gives you this ability to self-educate yourself on an area where it's completely outside your expertise?

**Daniel Bulford**
No, there's nothing special about my abilities. It's just how I was trained, that when you investigate something, you are trained to look at both sides of the story. That's what I was taught right from the very most basic call I would respond to as a general duty officer: there's always two sides to a story. And so it's very accessible.

Every time I spoke publicly, I always referenced my highest quality sources of information that were free for anyone in the public, anyone who listened, to go look at for themselves. I think it just came down to a willingness to look. It's not that I had any kind of special

**investigator abilities; it was just a willingness to look and to actually try and read—have the patience and the determination to look and take the time to educate myself.**

**Commissioner Massie**
**Did you experience pushback from people surrounding you that you were talking about something you had no training or expertise to really raise questions about the issue?**

**Daniel Bulford**
**Some, yes, not in a malicious way, but there'd be conversations where it'd be like, "Well, my siblings are in healthcare and they say that we need to get this vaccine," or "the**
unvaccinated people are the most likely to produce variants,"

[00:55:00]

which I believe a doctor like Byram Bridle could also refute.

And I mean, the problem was that the real debate amongst the qualified professionals wasn't being allowed to happen but I know I had other people say things to me like, "What, you think the FDA is lying?" And I said, "Yes." Specifically, regarding the suppression of the ability for ivermectin, for example, to be used as an early treatment drug.

**Commissioner Massie**
Do you think given the magnitude of this sort of information that was communicated to the population that people just couldn't believe that they could actually be deceived at such a large scale, and that's the reason why they were probably just folding back on their intention to ask questions or to question the authority because it was so big, and it was all over the world?

**Daniel Bulford**
Yeah, I will accept that that is likely a major factor, I'll say for the general public. I don't think that's acceptable for police officers; we are trained to look for evidence.

**Commissioner Massie**
Thank you very much.

**Commissioner Kaikkonen**
**Thank you for your testimony. For those of us who rely on police security clearance and background checks for working with vulnerable populations and youth, for example, how would you reconcile that one's entire historical background and their life experiences can be eradicated by an authority figure's stroke of a pen or. as you alluded to, for speaking publicly?**

**Daniel Bulford**
**Well, it's had a major impact on my professional future. I'm pretty much essentially blacklisted for ever pursuing a similar career in Canada or even in the private sector abroad. Specifically, after the CBC [Canadian Broadcasting Corporation] published an**

article claiming that an OPP [Ontario Provincial Police] report had documented information from the RCMP that it was believed that I had leaked the Prime Minister's schedule months before the Freedom Convoy, which is a complete lie.

But, now that it's out in the public sphere, they take your security clearance, that's a major strike against me if I was to try and pursue private sector employment in security and intelligence. And with that article—it's very damaging—I have to completely start over essentially, in a completely new field.

**Commissioner Kaikkonen**
And we've all heard commentary from different people, not just your colleagues, who allude to just moving on with our lives. Do they really believe that this is a move on from your life if you allow what has happened to stand without question?

**Daniel Bulford**
I think, for many, the desire to just stay in the comfort zone supersedes the desire to know the actual truth.

**Commissioner Kaikkonen**
Thank you.

**Commissioner Drysdale**
Good morning. Thank you for your testimony this morning. I am trying to understand a little bit about what's going on in the RCMP. In your testimony, you talked about your father's, I think you said 38 years of service. Your brother is in the service, or was, in the service, and you had 15 years in the service. You also talked about a proud day that you had when you graduated, and I think you used the term Red Serge, and I could still feel that pride in you, believe it or not. Can you tell me, you know the military, the RCMP, a lot of what they do and a lot of what their culture is based on honor, it's based on tradition. Can you tell me who, as an RCMP officer when you graduated, who did you swear allegiance to? Was it the Canadian people?

**Daniel Bulford**
Our oath is three parts: the Oath of Office, the Oath of Allegiance, which is to the Crown,

[01:00:00]

and the Oath of Secrecy. The Oath of Office includes the oath you're swearing to apply the law equally to every citizen without fear or favour. You don't specifically swear an oath to the Charter or to the Constitution like other police services do.

**Commissioner Drysdale**
The RCMP, one of their main focuses or one of their main duties is to investigate crime and report it, is it not?

**Daniel Bulford**
Yes.

**Commissioner Drysdale**
At what point are the RCMP compelled to investigate a crime? Let me help you out with that. The reason I'm asking that is because in your testimony, you talked about a number of things. You talked about whether something may be manslaughter or worse. So that made me think that if you're saying that, and we've heard a lot of testimony about it, we've heard testimony about breaches of ethics, we've heard testimony about people being coerced to do things, it's almost sounding like there was an organized crime committing in Canada. And yet you said the RCMP didn't act, or you don't believe that they've investigated, so my question is when are the RCMP compelled to act and launch an investigation?

**Daniel Bulford**
For something of this magnitude, and as sensitive as it is because it would involve investigating government, I don't know if I can provide a clear answer to that. But my impression is that an investigation will take place when the political will exists for one to take place.

**Commissioner Drysdale**
If the Canadian public can't turn to our federal police force, the RCMP, who can they turn to?

**Daniel Bulford**
I don't know. I've said before that if the police didn't go along with this, none of this would have happened. If the police didn't agree to enforce these restrictions, then none of these, the Freedom Convoy, none of this would have had to occur. I think I'm somewhat hopeful, you know, skeptical optimism, that maybe the Supreme Court will be the last stand.

**Commissioner Drysdale**
You used a terminology a couple of times that I just wanted to briefly talk to you about. You used the term open-source investigation.

**Daniel Bulford**
Mm-hmm.

**Commissioner Drysdale**
I've heard that terminology used in policing, and can you briefly tell me what open-source investigation might mean?

**Daniel Bulford**
It's just gathering intelligence or gathering evidence from sources that are publicly available. So quite often it's from media outlets or government websites, social media. You just basically mine information from what's available in the public sphere. So it's open source. It's not closed in. It's not protected information that's encrypted or anything like

**that or that would be confined within a specific organization. It's all publicly available information if you just go looking for it.**

**Commissioner Drysdale**
**So it's information that's available in the public, if I'm hearing you correctly, for instance Facebook posts, those kinds of things. Can you comment on what kind of an effect it might have if the Canadian people believe that the RCMP is monitoring and data mining all of their social media; what kind of effect might that have on the people's perception of freedom of speech?**

**Daniel Bulford**
Well, I think we fall into the same issue that we saw throughout the last three years. In that there are some people that will be very concerned and very outspoken about it, and there will be other people that choose to ignore it

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because they don't feel it directly impacts them.

But my concern is we keep seeing these incremental steps of invasions of our privacy and our fundamental rights. If we continue to just concede and act like, "Well, it's no big deal, it's no big deal. It's just, I have nothing to hide." I've even been guilty of that myself in the past, "I have nothing to hide. I don't care if they monitor what I say." Eventually we'll get to a place where the authoritarianism will impact you.

**Commissioner Drysdale**
One of the reasons I asked that question is because I believe you made a comment with regard to how the upper management of the RCMP are very smart at targeting members and putting pressure on them; I'm sure I haven't got your words quite right, but that was the general gist of it. So in your opinion, is it not possible that these same people are using the intimidation of RCMP open source investigations into chilling the public discourse in our country?

**Daniel Bulford**
Well, yeah, I think that's definitely possible. People will self-censor themselves to avoid attracting attention.

**Commissioner Drysdale**
**You know, that is one of the most chilling things that I've heard you say in your testimony, and I know I don't want to minimize what your family has gone through, but that our federal police force, potentially, is having a chilling effect on the exchange of freedoms and exchange of ideas in our country. And that citizens are thinking twice about what their police might be doing. Of course, they're not calling it investigations, they're calling it open-source investigations. To me that sounds very similar to a lot of other things we've heard renamed over the last two years, you know, relative versus absolute, and I have a list of them that I've asked other witnesses prior to you. In any case, that must be frightening for you and to all other Canadians. Can you comment on that just a little bit?**

**Daniel Bulford**
Well, I know that's why we, as a family, are actively looking for a new home. I don't know— My job earlier in this was to try and raise awareness amongst police officers; that was my goal, was to raise the alarm. I worked with many people, I know many people within the RCMP and other police services. I was hopeful that if they saw me speaking out about my concerns and providing sources of information that they could go look for themselves to corroborate what I was saying for themselves, that it would rally enough police to take a stand against what was happening in Canada, and it didn't work.

**Commissioner Drysdale**
Is there a point where a police officer's inaction becomes a crime?

**Daniel Bulford**
Yeah. Yeah, there'd be a— Well, definitely, within the RCMP Code of Conduct you can be disciplined for neglect of duty.

**Commissioner Drysdale**
Has the RCMP neglected their duty?

**Daniel Bulford**
I believe they have. Yes.

**Commissioner Drysdale**
Thank you, sir.

**Shawn Buckley**
I believe that is all the questions that we have for you. Danny, on behalf of the National Citizens Inquiry we sincerely thank you for joining us today and giving us your testimony.

**Daniel Bulford**
Thank you very much for having me.

[01:09:42]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 4: Dr. Gregory Chan**
**Full Day 1 Timestamp: 05:31:52–06:39:35**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Welcome back to the National Citizens Inquiry as we continue with day one of our three days of hearings in Red Deer. I'm pleased to announce that our next witness is Dr. Greg Chan. Dr. Chan can you state your full name for the record, spelling your first and last name?

**Dr. Gregory Chan**
My name is Gregory Keen-Wai Chan. My first name is spelled G-R-E-G-O-R-Y and last name is Chan C-H-A-N.

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

**Dr. Gregory Chan**
I do.

**Shawn Buckley**
Now, you are a family doctor in Ponoka and you have submitted a bunch of adverse reaction reports?

**Dr. Gregory Chan**
That is correct.

**Shawn Buckley**
And you've been practicing family medicine in Ponoka for 13 years?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
And you also regularly work in the emergency department in Ponoka?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
Now, you've sent me a CV [Curriculum Vitae]. We're not going to look at it, but I'll just advise we've entered it as Exhibit RE-1F. Now, I wanted to ask— My understanding is that as a doctor, sometimes when you're prescribing a drug, you need to know that the drug is contraindicated for a pre-existing condition, is that correct?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And basically, you know, we—meaning society—we learn that a drug is contraindicated for pre-existing conditions often by learning after it's on the market and adverse reports being filed?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So it's very important to learn with a new drug if any pre-existing conditions are reacting to a drug.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
Now, can you tell us about your experience with submitting adverse reaction reports?

**Dr. Gregory Chan**
Well, as the vaccine, or the injection, was being rolled out to the public— This is a new technology that hasn't been used in the general public, so I thought it would be important for physicians that are seeing patients in the emergency departments and family practice to be recording any adverse events that occur.

We only had a small amount of data from the product monograph, so I thought it would be important to ask patients whether they have had a vaccine or injection prior to their presentation to the emergency department or to my family practice. And, interestingly, it was difficult to actually get the information. You know, you go through your standard history and physical. You ask them if they've had anything new in the last three to four weeks, and the patient would say no, and you actually have to specifically ask whether they had the COVID injections or not. And then they would remember, yes, I had it within X number of days or weeks from the presentation in the emergency department or the clinic.

**Shawn Buckley**
So that's interesting, as you were expecting that they would volunteer that information, but it appears when you're doing the interview to see if they had actually been vaccinated, that it's not even in their point of consciousness to consider that their condition could be related to the vaccine?

**Dr. Gregory Chan**
That's correct. I would actually have to specifically ask about the COVID injections, and then I had to change my usual standard practice to incorporate that in my history taking.

**Shawn Buckley**
Right, the specific question; so you started asking people that were presenting at the emergency ward about their vaccination status and what followed after that?

**Dr. Gregory Chan**
Well, I actually had COVID in April 2021, so I was just coming back to work at that time. The emergency room was busy, but I started asking patients the question, whether they had an injection within four weeks of having presented with these new symptoms. And it was not clear on how to document or how to submit these adverse events in Alberta.

**Shawn Buckley**
And when you say it wasn't clear, what do you mean? Because, we're not doctors and my understanding is that doctors are actually under an obligation to submit adverse reaction reports in Alberta.

**Dr. Gregory Chan**
That's correct. With the rollout it wasn't clearly communicated how to submit adverse events. I initially thought that we were supposed to do it through the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System], through the Health Canada system. But when I was initially trying to submit the adverse events online, you'd click on the link and they would go back to another link and then it would return back to the link of the original page, and you would just go into this endless loop of trying to click

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to find out how to submit the information. So eventually I just printed the forms and then filled them out by hand but that was a cumbersome job to do.

**Shawn Buckley**
I just want to make sure that people understand what you're saying. So you're a medical doctor, you have a degree in medicine?

**Dr. Gregory Chan**
Yes.

**Shawn Buckley**
And you likely have either a degree or some years of university prior to getting into medicine?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And so you're deliberately going to try and submit an adverse reaction report on these vaccines on the government site and basically, it's impossible. You aren't able to navigate the site so that you could fill in a form online and submit it online?

**Dr. Gregory Chan**
That's correct. It would take an inordinate amount of time to try and submit the information. And after clicking for 10 or 15 minutes and getting nowhere, I ended up printing a blank form and then filling it out by hand. But that's not feasible for a busy emergency department.

And you have to remember that this occurred in May, the vaccine had already rolled out since December of 2020, January 2021, so this is five months into the rollout, and at that point, the vaccine adverse event system was operating in this manner.

**Shawn Buckley**
Right, so and you've already indicated in your testimony this was a new technology. It hadn't been used on a wide scale in the human population before, and five months into using this technology you're reporting to us that basically, it was very difficult for doctors to report. And also, that doctors did not know how to report?

**Dr. Gregory Chan**
That's correct. Actually, through talking with my colleagues about looking for adverse events, one of my colleagues pointed me to the Alberta Adverse Event Following Immunization Program or AEFI for short. So that was an online form that was much easier to submit. So then my speed of entering adverse events increased after using this format.

**Shawn Buckley**
Okay, and my understanding is you ended up submitting 56 to the AEFI system?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And can you tell us— So first of all, like these would be 56 separate individuals that you as a medical doctor formed the opinion, that they were having a reaction that was in response to a vaccination for COVID-19?

**Dr. Gregory Chan**
That's correct. They have specific criteria on the AEFI website, so they have to have either a new symptom; it could be a pre-existing symptom, but it has to have changed either in intensity or frequency, and it has to occur within a certain time frame, within four weeks of receiving the injection.

**Shawn Buckley**
And actually, David, can you just pull up my screen and put it on. So Dr. Chan, I don't know how well you can see that screen, or I think it'll be on your computer in front of you, but you sent me a copy of the AHS [Alberta Health Services] website requirements. I believe this is what you're referring to, of what can be reported. So they're saying there it basically cannot be attributed to a pre-existing condition as basically the second one following immunization?

**Dr. Gregory Chan**
Correct. And then if you look further down, if they "require hospitalization or urgent medical attention," then that would qualify as an AEFI.

And I'll point your attention to the second last button where it says, "Has been previously identified, but has increased frequency." So I mean, you can see that there's already a contradiction in the statements, but I mean, you would think if a person had a rash and the rash got significantly worse after receiving this product, that that should count. So that's what I was going off of.

**Shawn Buckley**
Right, right, and it is interesting. I mean, when we had spoken earlier, I'd asked you that, I mean, basically the way we learn whether a drug is contraindicated for pre-existing conditions is by medical people reporting an adverse reaction to a pre-existing condition, but for the Alberta reporting form, they're basically excluding pre-existing conditions as a criteria. So what happened to these 56?

**Dr. Gregory Chan**
According to my statistics, about half of them were

[00:10:00]

not acknowledged as far as an adverse— And I didn't receive any feedback. And half of them I received feedback on whether it was accepted or rejected as an adverse event.

**Shawn Buckley**
Okay, so half of 56 would be 23, So, in half of the of the 56 there was feedback, whether it was accepted or rejected or even, you know, whether the fate was unclear you had some correspondence or dealings with AHS?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So what can you tell us about the half that you did have feedback on?

**Dr. Gregory Chan**
Of the half that I received feedback on, most were rejected.

**Shawn Buckley**
Okay, would I be correct in saying that six were accepted as adverse reactions of this 23?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And that eight were rejected for various reasons such as there was a pre-existing condition or otherwise didn't meet criteria?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
For nine of the 23 you have no idea what happened except that they did contact you so you know that there was some acknowledgment?

**Dr. Gregory Chan**
That's correct. They would send me feedback, but it wasn't clear whether the person should receive another dose or not.

**Shawn Buckley**
What do you mean?

**Dr. Gregory Chan**
They would just say that the submission was acknowledged, but there was no clear information as to whether the person should receive another dose. Often, they'd phone and

they'd want to speak to me when I'm busy seeing patients, so my medical office staff would take the message.

**Shawn Buckley**
So I just want to make it clear that I'm understanding what you're saying. So this group that receives these adverse reaction reports that you sent in, would be calling you on an adverse reaction report. So you're of the opinion that the vaccine caused an adverse reaction and they're calling you to, in some cases say, "Yes, but the patient should get a second dose?"

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
Do you have any idea how many times that happened?

**Dr. Gregory Chan**
Sixteen times they said that the patient should receive another dose of the COVID injection.

**Shawn Buckley**
And this would be in relation to the half, the 23, that they've had communications with you?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So with 16 of these 23, so all of these you're of the professional medical opinion, as the patient's physician, that they've had an adverse reaction of enough of a severity that you felt the need to send in an adverse reaction report. And yet for 16 you're specifically getting called to be told that in somebody else's opinion they should be vaccinated again?

**Dr. Gregory Chan**
That's correct, even though it was accepted as an adverse event they were told to get another shot.

**Shawn Buckley**
What was your professional opinion about whether any of these 16 should get another shot?

**Dr. Gregory Chan**
Well, looking at the wide range of adverse events, as I said at the beginning, I was just trying to document what sort of adverse events would occur after receiving this new product, and this is post-marketing analysis in my opinion. We saw a wide range of adverse

events from rashes to diarrhea to chest pain, shortness of breath, even a stillbirth, so these events are wide and varied.

With some of the ones that they told the patient to get another shot, in my professional opinion, I felt that that was inappropriate. I'll give one example of a young man who was playing hockey, and he was playing to the point where he was doing skating tryouts. I'm not sure what the right term is for that, but he was he was competing at a professional level. He ended up having COVID, and he recovered from it to the point where he was going to compete again. He was told to get his shot, and once he had his shot, within 24 to 48 hours, was unconscious at home. He was brought to the hospital in an ambulance, and he was told that he shouldn't have another dose of the injection. Yet, curiously,

[00:15:00]

the AEFI program told him that he should have another dose.

**Shawn Buckley**
My understanding is that this young boy had to see a cardiologist and is no longer able to play hockey?

**Dr. Gregory Chan**
That's correct. He stopped his hockey career and he's moved on to something else.

**Shawn Buckley**
And my understanding also is that basically he could not exercise for three months after the shot because he would get dizzy?

**Dr. Gregory Chan**
Well, yeah, he was visibly unwell. His physical reserve was very poor. He was pale. Anytime he tried to exert himself, he was short of breath, and he had chest pain. So I mean, clinically, that sounds like there's some adverse event or condition that he was having. He was a high-performance athlete previously, so I had to walk with this patient until he recovered to the point where he could do something.

**Shawn Buckley**
Right, and so you've got a patient, it sounds like you would be strongly of the opinion that the last thing that this young man should do would be taking another dose?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And am I correct that whoever is phoning you has basically not seen this young boy to do a medical assessment before making the phone call that this person should be vaccinated?

**Dr. Gregory Chan**
With this particular case the person investigating from the AEFI team had got the details incorrect. They thought that this person was having problems with long COVID. But I specifically asked a detailed history to determine what was his exercise capacity from pre-COVID, after he had COVID and he was recovering. And then what his physical capabilities were after having the injection, and they seemed to get the details incorrect.

**Shawn Buckley**
Right, so did this young man get a second shot?

**Dr. Gregory Chan**
No.

**Shawn Buckley**
Now, you also told me one about a nurse that had numbness in her body. Can you share with us about her case?

**Dr. Gregory Chan**
Yes, this patient ended up having numbness to half of her body—from shortly after having the injection—it was very strange. Physically, there was not much to find, but she clearly stated that she had numbness to one half of her body after receiving the injection.

**Shawn Buckley**
And this persisted for months, am I correct about that?

**Dr. Gregory Chan**
That's correct. It persisted long enough that we could do investigations, and I referred her to see a neurologist and to have electromyographic studies done and eventually the symptoms faded.

**Shawn Buckley**
Right, but this is another one where you were phoned, and she was told to get a booster shot?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And my understanding is you also had one with an officer who, within a week, developed chest pain. Can you share that story with us?

**Dr. Gregory Chan**
Yes, it's very similar to the first case where this person was in a high-performance job. He had to be physically fit, took the injection, and then had chest pain shortly afterwards. And, to this day, it has not resolved. And he had the injection in late 2021, due to employment requirements.

**Shawn Buckley**
So we're about a year and a half on and his chest pain and shortness of breath is continuing?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
And my understanding is that the AEFI group has taken the position that he could not be injured by the vaccine because the symptoms have gone on for a year and a half?

**Dr. Gregory Chan**
That's correct. They said it does not meet the criteria for myocarditis; I'm just reading the notes that my staff wrote when they took the phone call. All cardio tests were normal. They were asking that I review the criteria on the AHS website. They were basically telling me I should read their instructions again.

**Shawn Buckley**
Right, and these are just examples out of the 23 for which you received some feedback. Do you have any idea at all what happened to the other half, the 23 for which you did not receive feedback?

**Dr. Gregory Chan**
I don't have any knowledge about what happened afterwards.

**Shawn Buckley**
Do you have any confidence that there is fair reporting

[00:20:00]

of vaccine adverse reactions in the province of Alberta?

**Dr. Gregory Chan**
I have very low confidence that these are being documented appropriately. I even received a letter back from the AEFI program educating me that I had incorrectly submitted many submissions and that I needed to look at the criteria again to determine what is an appropriate AEFI.

**Shawn Buckley**
And just so you know, we've entered that as Exhibit RE-1E and the earlier thing that I pulled up from AEFI we entered as Exhibit RE-1A, and we've also entered your CV [Exhibit RE-1F] as an exhibit so those will be available for the Commissioners and the public to review. I'm wondering if you can tell us now, about a young man named Nathanael Spitzer?

**Dr. Gregory Chan**
Nathanael was a 14-year-old boy who— Maybe I'll just start with what happened in the news.

**Shawn Buckley**
Sure.

**Dr. Gregory Chan**
The medical officer of health had identified a 14-year-old boy as being the first child to pass away from COVID in Alberta.

This boy had terminal brain cancer and I was his family doctor. I was looking after him after he had his brain cancer; he had two surgeries for it and there was no more medical treatments that were available for him. I was doing home visits for this child, visiting the family, and it came to the point where the tumor had progressed to the point where he was very sick. He was vomiting and he was unable to be at home. He ended up losing consciousness and he had a seizure. The amount of pressure from this recurrent brain tumor had been to the point causing enough pressure that he lost use of half of his body, and he was blind, and he needed total care; so he had to be admitted to hospital.

**Shawn Buckley**
And just so that I can maybe emphasize some things for the commissioners is my understanding is he had undergone a couple of surgeries but the cancer persisted?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And that the tumor kept growing, and so that it was actually sticking out of Nathanael's head?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So and we were talking just about a very difficult and sad case of severe brain cancer?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And when he is admitted to the hospital, he is not being admitted to the hospital for treatment, he is being admitted to the hospital for palliative care?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So and palliative care is just basically keeping people comfortable until they die.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
So he's entered the hospital, you're his doctor, he's there strictly for palliative care and what happens?

**Dr. Gregory Chan**
Well, when patients were admitted at that period during the pandemic, patients have to be tested for COVID before they enter the hospital, so he tested negative, even though he was vomiting and having some B symptoms of COVID. He required total care, so he needed someone to help him with his, you know, basic daily living activities. He was fed. He faded in the course of week to week, so it wasn't a quick thing. He was admitted August 25th and he ended up passing away on October 7th.

So each week he was weaker and required more assistance, and needed pain control. And in the last few days prior to his death he ended up having a fever, and then he had diarrhea, and he was tested and tested positive for COVID.

So when he passed away, I thought it would be important to clarify with the Medical Examiner's office to determine what the cause of death was. I'm fairly confident that it's from his terminal brain cancer that had recurred,

[00:25:00]

and that would be the cause of death, but because he tested positive for COVID, I thought it would be important to verify with an external source whether I'm correct in filling out the death certificate.

**Shawn Buckley**
And, just for clarification, so the Medical Examiner's office in Calgary, these are pathologists. These are pathologists that do autopsies and their expertise is determining cause of death?

**Dr. Gregory Chan**
That's correct. The way the Medical Examiner office works is that there's a pathologist or pathologists that work in the office and they have medical investigators that take phone calls from outside the region and they also investigate local cases.

**Shawn Buckley**
And so what ended up being the cause of death on the death certificate?

**Dr. Gregory Chan**
Well, I explained the events leading up to his death, and they, specifically, told me to not write COVID on the death certificate.

**Shawn Buckley**
Right, so basically the cause of death is complications from the type of brain cancer that he had?

**Dr. Gregory Chan**
That's correct; complications from his glioblastoma.

**Shawn Buckley**
Okay, that's the medical term for the brain cancer that he had?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
And is it even remotely possible, remotely possible that he died from COVID?

**Dr. Gregory Chan**
In my opinion, no.

**Shawn Buckley**
Okay, so now when you talked about the Chief Medical Officer, just to fill in the blanks you're talking about Dr. Deena Hinshaw?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And this was an announcement on October 12, 2021.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And she's holding a press conference; it's on the news all across Alberta.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And she's basically announcing, without using Nathanael's name, that a 14-year-old is the first child death by COVID in Alberta.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And your impression of the news story was that it was deliberately calculated to generate fear?

**Dr. Gregory Chan**
Well, it's quite curious as to why his death was announced. I know they were announcing deaths weekly, like I was following the news and listening to the reports, but it's curious that his death would have been announced, and I did not write COVID on the death certificate. I did not even mention COVID as part of the most responsible diagnosis on the discharge summary. So I followed the advice of the Medical Examiner's office to leave COVID out of the diagnosis. So then, lo and behold, within a week, his name and his case is announced on the news.

**Shawn Buckley**
As Alberta's first COVID death for a young person?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And the death certificate did not mention COVID?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
The discharge summary did not mention COVID?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
You were not interviewed?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
And the family was not interviewed by Ms. Hinshaw?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
And when I said you weren't interviewed you weren't interviewed from anyone, let alone Dr. Hinshaw?

**Dr. Gregory Chan**
Correct.

**Shawn Buckley**
So how would you characterize then her news conference that Nathanael is the first case of a young person dying of COVID in Alberta?

**Dr. Gregory Chan**
Yeah, it's very curious as to how they got the information because the family were not interviewed, I was not interviewed, and none of the documentation points to COVID. So how did they find out that COVID was part of his medical care in his time in Ponoka?

**Shawn Buckley**
Right, okay, so your thoughts are: very curious?

**Dr. Gregory Chan**
Yeah, I mean it was upsetting. It was distressing that this information was somehow found out by the Chief Medical Officer of Alberta, that this information was used at the time when there was a Delta surge, and they were telling people to take the injections. And this was

just before they were going to release it for under 12-year-olds, so you know this type of information being released at that particular time, is very suspicious.

**Shawn Buckley**
And how did the family, how did Nathanael's family react to this?

**Dr. Gregory Chan**
Well, Nathanael's sister had posted on social media that he did not die from COVID.

[00:30:00]

**Shawn Buckley**
And did the family pressure eventually lead to any retractment from Dr. Hinshaw?

**Dr. Gregory Chan**
I believe Dr. Hinshaw had apologized for the hurt that she had caused, for announcing his death in this way; and that occurred too within days of the family putting out the truth on social media.

**Shawn Buckley**
Now, Dr. Chan, it's clear from the fact that you were apparently diligent in trying to report adverse reactions to the vaccine to AEFI. You did another investigation concerning the vaccine and that involved a stillborn child. Can you tell us about that investigation?

**Dr. Gregory Chan**
Well, I had a patient that was previously successful with having pregnancies. They had several children, and they had become pregnant in 2021. She had received both injections when she was pregnant, had a 20-week ultrasound that was normal. The anatomy was normal. All the usual tests and prenatal visits were unremarkable, and at approximately 24 or 25 weeks it was noted that there was no heartbeat at the prenatal visit. And an ultrasound confirmed that there was a stillbirth. The timing of the stillbirth was eight weeks approximately from the second dose.

**Shawn Buckley**
Now, this child was delivered at the hospital, and the hospital, at your direction I expect, retained a sample of the placenta?

**Dr. Gregory Chan**
Yes, this patient was already at a facility to do the ultrasound. So that facility had obstetrical services, I consulted the specialist and they helped the patient with the management and aftercare after having a stillbirth. I had spoken to the patient over the telephone asking her what she wanted to do next, whether she wanted to investigate any further whether there was a relationship between the injection and the stillbirth. She declined having the baby tested, but she agreed to having the placenta tested for the spike protein.

**Shawn Buckley**
And what happened after that?

**Dr. Gregory Chan**
Well, I made a request to the local lab and pathology department to have testing done on the placenta. That is a usual practice if there's a stillbirth, or if there's some unusual event that happens with the delivery that you can ask for the placenta to be tested. And there's general testing that can be done. They take the placenta; they do histopathology on, it they look at it under the microscope. That'd be a general term to describe that. So I asked specifically to test to see if there was the presence of the spike protein in the placenta, but after much communication back and forth and some unclarity as to what I was asking for, it turns out that it's not possible to do that testing in Alberta.

**Shawn Buckley**
So can I ask you, when is this happening? When did you send this placenta sample to the lab to be tested for spike protein?

**Dr. Gregory Chan**
It was somewhere around the end of September 2021.

**Shawn Buckley**
So we're in the middle of a global pandemic. We have rolled out a vaccine now nine months ago in Canada, which we are told has the body manufacture spike protein, and in September of 2021 it is not possible for a doctor in the province of Alberta to have a tissue sample analyzed for the presence of spike protein? Is that what you're telling us?

**Dr. Gregory Chan**
That's what I understand, yes. And I have a science background. I know that you can do histochemical testing for various proteins, and in my reading of papers up to this point, I mean I know that the spike protein can be tested for. They talk about it in published papers.

[00:35:00]

So we're trying to see if there is a link between receiving the vaccine and what happened with this terrible event. The pathologists were wondering whether I was looking for the presence of COVID in the placenta when I was asking for the spike protein, and I had to clarify: "No, I'm not looking for COVID in the placenta, I'm looking for the expression of the spike protein."

And if you just look at how the vaccine is designed, it's asking your own cells to make the spike protein. They tell us it should just be located in the arm where you do the injection but other information that's come out, has shown that it can move away from the site of injection.

So eventually, with the back-and-forth it turned out that I would have to either ask the University of Alberta or the University of Calgary to partner with a researcher to do this as a research project. I have no experience in doing that.

The second option was to send this placenta to the United States, but that would have to be done out of pocket, you'd have to pay for it privately, so that was the option that we went with.

**Shawn Buckley**
And my understanding is the hospital ended up sending it to a lab that could not do that test in the United States?

**Dr. Gregory Chan**
Yes, and I should clarify that I wanted to be very clear as to what we were asking for. So I asked the patient to sign a consent form asking for testing the placenta for the presence of the spike protein, and it was sent to a university in the United States that tested for the nucleocapsid protein.

If we know the COVID virus there are various proteins on the outside surface, and obviously with the COVID injections they should express the spike protein. If you take the vaccine you'll only develop antibodies against the spike protein. The spike protein is the only thing that's being produced if you were to receive COVID injections.

However, if you see the real thing, if you saw COVID, then you'd have antibodies against the nucleocapsid protein. So the nucleocapsid protein is a natural protein that's found on COVID. I don't understand why this university would have tested for the nucleocapsid protein. It's not even part of the vaccine.

**Shawn Buckley**
So you tried to get this done at the hospital in September of 2021. It is now April of 2023. Have you succeeded yet in having this placenta tested for spike protein?

**Dr. Gregory Chan**
No, I haven't.

**Shawn Buckley**
You're still working on it though, am I correct?

**Dr. Gregory Chan**
Yes, I've been encouraged to find my own lab that can do this testing, so I'm waiting for another lab in the United States to get back to me.

**Shawn Buckley**
And that would be Dr. Cole's lab?

**Dr. Gregory Chan**
Yes, under the advice of other colleagues, they've suggested that I reach out to a pathologist that works in the United States. His name is Dr. Ryan Cole, so I'm waiting for direction from his clinic.

**Shawn Buckley**
So and again, I think it's very important for the people of Alberta to understand. So you're a medical doctor, you're trying to find out the cause of a stillbirth, and we're in a situation, as you've made it very clear, where the population is being vaccinated with a vaccine that makes the body manufacture a spike protein. And you, as a medical doctor, in basically a year and a half, have been unable to get a tissue sample analyzed for spike protein so that you could determine whether the vaccine was a cause or contributing cause to the stillbirth?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
I feel like asking if we're in a first world country or a third world country. Now, my understanding is that this mother who had— She was a mother of three, so she had a good history prior to her vaccination of delivering. My understanding is that since this stillbirth she has had two additional miscarriages?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
What are your thoughts about having this vaccine given to pregnant women?

[00:40:00]

**Dr. Gregory Chan**
I think it's a new product, and it's unclear what the effects are on pregnancy and on the baby. Prior to COVID, it's almost as if pregnant women are protected. You're not supposed to test things on pregnant women because of the effects on mom and on baby. So these products, we still have a very short history with them, and I would be very concerned about providing these to pregnant women.

**Shawn Buckley**
Okay, and just so that we understand, so pre-COVID-19 vaccines the practice was actually to protect pregnant women from new drugs, to protect both the mother and the baby. So they were treated with caution?

**Dr. Gregory Chan**
That is my understanding.

**Shawn Buckley**
But that policy changed dramatically. In fact, it was a 180-degree reversal for the COVID-19 vaccines where basically there was a push to get pregnant mothers vaccinated.

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And is it also true that in the hospital system that doctors were being basically deliberately told that pregnant women were a higher risk for hospitalization and death from COVID than the general population?

**Dr. Gregory Chan**
That's correct.

**Shawn Buckley**
And you did research and basically this is not true in any meaningful way?

**Dr. Gregory Chan**
Yeah, that's correct. I mean, there is no usable data from Canada as to the risk of COVID to a pregnant woman or to her baby or compared to a woman who's not pregnant, compared to pre-COVID. There is no data available.

**Shawn Buckley**
And is it fair to say that the U.S. data does not support what you were told?

**Dr. Gregory Chan**
The U.S. data, and that's the best— When the COVID injections are being rolled out— I have a prenatal practice, so I'm trying to determine how do I counsel patients on what to do with these injections. They're being told that they must get it because they're at higher risk, and I wanted to give them real numbers to determine what is the actual risk of COVID to themselves and to their babies.

So the only place to get information easily was to look at the CDC and the United States data, and looking at the data, the risk of maternal mortality, that's the pregnant mom dying from COVID, was 0.11 per cent.

**Shawn Buckley**
Which is a very low risk?

**Dr. Gregory Chan**
That's correct, and comparing to pre-COVID numbers of maternal mortality, like from 2017, that risk is about 0.017 percent.

**Shawn Buckley**
Right. So on an absolute risk basis, you just had no concerns as a physician about your pregnant women patients dying of COVID?

**Dr. Gregory Chan**
Well, the way I would counsel my patients is that I would say, "Well, these are the numbers." I had actually had some numbers then to show patients and I'd say "Well, here are the numbers and you decide for yourself. I'm not going to tell you to get it or not to get it but here are some numbers that you can work with." And the patients had to decide themselves. I mean, there are some non-material things you'd give for advice. "We don't know what the long-term effects are of receiving these injections for you or for your baby but these are the risks of dying from COVID in your particular situation, then you'll have to decide." That's the route I took in advising my patients.

**Shawn Buckley**
Right, so you weren't trying to encourage or discourage, you just had to do your own research to actually be able to give these patients some semblance of informed consent.

**Dr. Gregory Chan**
That's correct. I mean, they're walking into my office asking me for my opinion. If my opinion was just telling them to go get the shots, then that's really not an opinion. That's me telling them what to do. And, you know, patients really have to look at the information and decide for themselves. I'm not here to tell them what to do. I have to present them with information and they need to decide for themselves.

**Shawn Buckley**
Right. Dr. Chan, I have no further questions for you, but the commissioners likely will.

**Commissioner DiGregorio**
Thank you, Dr. Chan, for coming today and giving us your testimony. Hopefully you can help me understand a little bit about the fact that there are two reporting systems, CAEFISS and AEFI.

[00:45:00]

Is that two parallel adverse event reporting systems?

**Dr. Gregory Chan**
That is my understanding.

**Commissioner DiGregorio**
Okay, and so CAEFISS is a federal government reporting system and AEFI is the one for the province of Alberta, is that right?

**Dr. Gregory Chan**
That's correct.

**Commissioner DiGregorio**
Okay, and do you know if other provinces have something similar to AEFI [Adverse Events Following Immunization]? Is this parallel system running across the country, or is that unique to Alberta?

**Dr. Gregory Chan**
My understanding is that each province has their own reporting system and my understanding is that these adverse events are supposed to be uploaded into the CAEFISS system. That was my impression when I was submitting these documents.

**Commissioner DiGregorio**
Okay, so the AEFI, you believe that that information then feeds into CAEFISS?

**Dr. Gregory Chan**
That was my understanding.

**Commissioner DiGregorio**
That's your understanding. Okay, but they have separate portals or entry points at which you would make a report? Is that right?

**Dr. Gregory Chan**
Yes, they are separate, so CAEFISS has their own system of entering information, and the AEFI program in Alberta has their own system of entering information.

**Commissioner DiGregorio**
On the screenshot that we showed earlier, sorry, I'm pointing at the screen, it's not there anymore, but it was the one you showed for the purpose of showing what were the criteria for meeting the AEFI. But I noticed a little bit of text up at the top that was kind of cut off that said, yeah, there it is now. Right up at the top there that says, the Public Health Act mandates that any healthcare practitioner who becomes aware of an adverse event following immunization must report the event to the AHS provincial AEFI team. So is that a mandate that you were aware of as part of your practice?

**Dr. Gregory Chan**
I was not aware of that until the COVID injections came out. Adverse events from immunizations were not very frequent prior to 2020, so I became aware of this AEFI program and then, reading that, I learned of this in 2021 that it was mandatory for me to submit these. So that also encouraged me to look and submit because it's our duty to do so.

**Commissioner DiGregorio**
Okay, so is it fair to say then that as part of your training to become a medical doctor, you were not made aware of that mandate?

**Dr. Gregory Chan**
I was not made aware of that mandate.

**Commissioner DiGregorio**
Okay, thank you. When it came to making an adverse event report did you need to form an opinion on there being causation between the vaccine and the adverse event or was it more just if there's an adverse event following injection that you would report it? Do you have any understanding of that?

**Dr. Gregory Chan**
I believe my role was to link whether there's any chronology between a vaccine and an event, and if there is then I'm to detail what those symptoms were that were new and to properly document that, and then submit that. So I'm not to make causation; I think causation would be very difficult to do, but I can at least say that there's a chronology. This person that didn't have these symptoms prior to the injection, they had the injection, and then now they have these new symptoms; so if those two fit then then I'm to submit and document as much information as I can.

**Commissioner DiGregorio**
Okay, and so when you make the report, I think you just said you don't have to put an opinion on causation in it, and it goes up for review with, I assume, somebody at Alberta Health, and there's a review there, and they form an opinion on causation, and they either accept or reject it as an adverse event?

**Dr. Gregory Chan**
That's what I believe.

**Commissioner DiGregorio**
Okay, and do you know what the process is that they go through when evaluating your report?

**Dr. Gregory Chan**
No.

**Commissioner DiGregorio**
No, you just get the call at the end of it.

**Dr. Gregory Chan**
No, and based on the letter that I received back from the AEFI program there appears to be a second set of criteria that they use to determine whether something is an adverse event or not. So I'm following the criteria on the website and I'm submitting the information as I see it, and then they have a separate set of criteria to say that that is an adverse event or it isn't, and I don't know what that criteria is; they just determine and I don't know how they determine that.

**Commissioner DiGregorio**
Do you know if they reach out to the patient personally or is it solely based on the report?

**Dr. Gregory Chan**
They reach out by phone call, so usually my patients are contacted.

**Commissioner DiGregorio**
Okay. And are you aware of the numbers of reports that are made, maybe the overall numbers, the accepted numbers? Are those published anywhere? Is that public information?

**Dr. Gregory Chan**
Are you referring to COVID; the COVID injections?

[00:50:00]

**Commissioner DiGregorio**
For the adverse events that are reported following an injection, yes.

**Dr. Gregory Chan**
That was, and I believe that still is, reported on the Alberta COVID webpage, that they talk about the number of adverse events.

**Commissioner DiGregorio**
But that would be the number that they've approved as adverse events?

**Dr. Gregory Chan**
I believe that they're the numbers after this second process.

**Commissioner DiGregorio**
Okay. Thank you. Those are my questions.

**Commissioner Massie**
Thank you very much, Dr. Chen. I had a question about the time at post-injection that is considered to be reasonable for assessing adverse events. I noticed that in other jurisdictions this time could be a little bit different. Are you aware of the medical or scientific basis to establish this four-week cut-off in Alberta?

**Dr. Gregory Chan**
I'm not aware of any scientific basis for that. I believe that's just the number that we're told fits the criteria. I think that there could be adverse events that occur later, but the four-week criteria, I believe, is just an arbitrary number.

**Commissioner Massie**
Could it be because with other types of vaccine in the past, this was a general observation? Are you aware of the reporting of adverse events for other types of vaccine?

**Dr. Gregory Chan**
That, I am not aware of. I think four weeks is probably a generous timeframe to say there is a chronological association between the treatment and then an adverse event, but that's all I know. I'm not sure of the history behind the timeframe.

**Commissioner Massie**
So given that with these new technologies, we now realize based on a number of studies that the spike protein can actually be found in tissues for—there are studies saying two months, there are other studies like almost a year. Would it be reasonable to expect that the expression or the presence of spike protein in different tissue could actually trigger adverse events way past these four weeks, in your opinion?

**Dr. Gregory Chan**
I believe it's possible and we won't know unless we look.

**Commissioner Massie**
I'm a little puzzled with this difficulty you've been through in terms of getting, I would say, a relatively simple histological assay for spike protein within the medical system in Alberta.

Is it something that you've experienced in the past for other types of assays, or although it's a new protein, histology is a pretty routine test that can normally be done in any medical system. Are you aware of that issue because of all kinds of, I don't know, administration, or other reason that happened in your experience of having difficulty to do a simple routine test like that?

**Dr. Gregory Chan**
I have not had difficulty previously. Previously, you would just phone and ask for a special test and then it would happen after the request was made. But you'd often have to phone and ask, but it wouldn't be difficult, it would be done.

**Commissioner Massie**
Thank you.

**Commissioner Kaikkonen**
I'm just following up to get some clarity on a question and a response that you made. In terms of pre-existing conditions, they're excluded on the AEFI form, and then the health authorities follow up with the patients with a phone call. I'm just wondering, do you believe that they're actually reviewing the patient's personal health files as well, in terms of collecting data and information for making their determination?

**Dr. Gregory Chan**
I believe so. In Alberta we have Alberta Netcare. So a lot of information can be found like tests, diagnostic imaging, the dates of when the vaccines occurred, or the injections were given. That information can be found on Netcare, so I believe that they are looking through chart information: if they presented to a hospital, if they had tests done. So I believe that they were accessing other information.

**Commissioner Kaikkonen**
So then my follow-up would be: Do you know if there are any protections for personal health care information in Alberta?

[00:55:00]

**Dr. Gregory Chan**
I believe on the AEFI document they do state that they will be looking through the chart and looking through additional information and that it would be part of the process. But I'm not sure about the security of that. It does say that they do follow the Health Information Act as far as collecting that information.

**Commissioner Kaikkonen**
Thank you.

**Commissioner Drysdale**
With regard to the form that you put up from Alberta Health, did I understand it correctly that if you were trying to evaluate an adverse event that you had to preclude the ones where there was a pre-existing condition as being an adverse event?

**Dr. Gregory Chan**
Yes, well partially. If you look at the form it says if it was a pre-existing condition it doesn't count, but then if you look on the form it says that if the condition has increased in frequency then it counts.

**Commissioner Drysdale**
I mean the reason I ask that is— Wasn't the vast majority of people who died from COVID, didn't they have pre-existing conditions?

**Dr. Gregory Chan**
That's correct.

**Commissioner Drysdale**
So a pre-existing condition with COVID equalled a death by COVID but a pre-existing condition with an adverse reaction from vaccine were maybe or maybe not counted because of the pre-existing condition?

**Dr. Gregory Chan**
**That's correct. You're saying that they blame the pre-existing condition for an adverse event, but when they had a pre-existing thing like obesity or high blood pressure then they died of COVID? That's an interesting link.**

**Commissioner Drysdale**
**Well, I understood that I think it was 75 or 80 per cent of all deaths by COVID-19 had at least three or more pre-existing conditions.**

**Dr. Gregory Chan**
That is my understanding as well.

**Commissioner Drysdale**
I also noticed when you were talking about the injections that often you said vaccine and then you corrected yourself and called it something else. Could you tell me why you did that?

**Dr. Gregory Chan**
So in my medical training I understand a vaccine to either be: a dead virus or infectious agent, or it's broken up parts of the infectious agent, or it's an attenuated version of that infectious agent. So that's a traditional vaccine. A traditional vaccine you get a standard dose of that antigen, so whatever that is, and it's deposited in your body, and then you develop a reaction to it.

This is not like that, so this is delivering messenger RNA to your body, and then the amount of spike protein that's being produced is not known. How long it's produced for is not known. So this does not fit the traditional definition of a vaccine.

A vaccine is giving you some protein or fingerprint of the infectious agent, and then you develop an immune response to it. This is a completely different delivery system, so it doesn't fit the traditional definition of vaccine.

And I know that the definition of vaccine has changed in the last three years, where the original definition was what I described, and the new definition is anything that generates an immune response. I'm paraphrasing, obviously.

**Commissioner Drysdale**
**I also thought I noticed something else in your testimony. You talked about something that you called long COVID, and we heard from previous testimony that the real name for this was spike protein disease, I believe it was.**

**I'm just wondering why spike protein disease, which more effectively or more articulately says what the problem is, why the name would have been changed to long COVID disease when, to my mind, that's a little mis—and maybe perhaps I'm wrong with this—is that misleading? Do you want to talk a little bit about that?**

**Dr. Gregory Chan**
Yeah, and I'm not well versed in long COVID and how they define it. I mean, before COVID, you would see, occasionally, patients that had some serious illness:

[01:00:00]

whether it's from a virus or other infectious agent, and they would have persistent fatigue for a long time. I mean, the most common one that I would encounter as a family doctor is Epstein-Barr virus. So a person who has infectious mononucleosis, they could have fatigue that would last for months. That's not always the case, but that has been observed. So I mean, this long COVID business, I'm not sure how they characterize that.

**Commissioner Drysdale**
And I'm curious about the process by which the screeners, if I can call them that, the people at AHS who would look at your reports of adverse reactions, considering your testimony that this was a new technology not used on humans before, how would they determine what an acceptable adverse reaction was or was not when they had no experience in the population with this particular injection?

**Dr. Gregory Chan**
That was my point with trying to submit all this data, is because we don't know what the effects are from these injections. We don't know if it's going to be mild like a rash or if a person's going to have chest pain and myocarditis or if they're going to have a stroke. We don't know. We just don't know.

The only way to know is to gather all the information and see what adverse events actually fit chronologically with taking these injections and then seeing which ones are more common. If you see that there are common side effects, then you can properly advise people going forward.

Let's say, for example, myocarditis is a common side effect, then you'd see a large number of myocarditis reports, and then you can say, well, then that's something we should be telling people now. Lo and behold, that is what happened through COVID. Before you couldn't get an exemption except for having anaphylaxis to the first shot. Now they've changed their tune saying that if you had myocarditis, well, now that qualifies as an exemption. They've recognized that that's something that's being observed.

Look at the Scandinavian countries in 2021. They observed this because they were paying attention to it. Another way to say this is that the adverse event program is a way to pay attention to what the side effects are from a new product. If we automatically throw out a whole bunch of adverse events because they didn't fit the criteria, how do we know what's actually happening, and we don't.

**Commissioner Drysdale**
Okay, I have two other shorter questions: With regard to the 14-year-old that was your patient and was admitted to hospital. I think I remember your testimony being that when he was admitted to the hospital, he was checked for COVID and it was negative, but some weeks later, after having been in the hospital all this time, he tested positive. Given my assumption that medical staff were wearing PPE [Personal Protective Equipment]—their

prescribed PPE—how did he contract COVID in the hospital when he was in this protected environment?

**Dr. Gregory Chan**
That's a very good question. I mean, he was in the palliative care room, which is in the far corner of our hospital. He never left the room. He was in the bed the whole time. We didn't have to use PPE to give him day-to-day care before he had COVID, so we were just going in and providing usual care. But most of the staff was vaccinated, and none of his family was symptomatic. I wasn't symptomatic. None of the nurses were symptomatic or sent off due to illness. So it's very curious how he had actually picked it up.

**Commissioner Drysdale**
Prior to 2019, was it common for doctors to make diagnoses of patients without ever having seen the patient? Was that ethical?

**Dr. Gregory Chan**
No.

**Commissioner Drysdale**
But if I understand properly, the people who were screening your reports of adverse reactions and then giving a recommendation that a patient take another injection, is that not diagnosing a patient without seeing the patient?

**Dr. Gregory Chan**
That's correct.

**Commissioner Drysdale**
Thank you

**Commissioner Massie**
I have a few additional short questions. The first one is in relation to the line that says that normally you are expected, as a doctor, to report an adverse event. So you seem to have been doing it quite thoroughly in your practice. What about your other colleagues? Do you know whether your colleagues were as thorough

[01:05:00]

in terms of reporting adverse events, in your hospital or in people that you know in the practice?

**Dr. Gregory Chan**
I believe some of my colleagues were submitting them, but we never had a discussion as far as how many they were submitting compared to what I was seeing.

**Commissioner Massie**
So my follow-up question on that is, what was the incentive from the system to the medical doctor to actually be proactive in reporting these adverse events?

**Dr. Gregory Chan**
There was no incentive to submitting these. There was no financial compensation. It takes time to submit these and to submit them properly. So it actually required an investment of time from the physician to submit these adverse events.

**Commissioner Massie**
Based on what we've heard from other witnesses and what you've presented here, it seems that to do a diligent reporting of adverse events seems to be an important element, especially when a new technology like the mRNA [Messenger Ribonucleic Acid] vaccines are being deployed on a large scale. What would you recommend from the health authority to do differently in order to improve the process?

**Dr. Gregory Chan**
My recommendation would be that an adverse event program would be set up before that product is rolled out so that those who would see people in the front, in hospital settings or in clinics, those who are providing the injections or vaccines or medical product, that they would be aware that there is a process and it is legally binding, that they must report information to the health authorities if there's an adverse event. It should be a program that's running very well, even before the product is released.

**Commissioner Massie**
Thank you.

**Shawn Buckley**
There being no further questions, Dr. Chan, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

[01:07:43]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 5: Sünje Petersen**
**Full Day 1 Timestamp: 06:39:55–06:58:33**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Leighton Grey**
Leighton Grey, appearing as agent here at the National Citizens Inquiry. I'm going to have the pleasure of asking some questions of a witness named Sünje Petersen. Ms. Petersen, can you hear me?

**Sünje Petersen**
Yes, I can.

**Leighton Grey**
Welcome to the National Citizens Inquiry. Thank you for being here today virtually to give your testimony. I understand that you're prepared to swear an oath to tell the truth.

**Sünje Petersen**
Yes.

**Leighton Grey**
Alright. And could you please, for the record, state your full name and spell it.

**Sünje Petersen**
My full name is Sünje Petersen, and I was born in Germany, and I'm commonly called Sunny.

**Leighton Grey**
Hmm. [speaks a sentence in German]

**Sünje Petersen**
[responds in German]

**Leighton Grey**
Do you promise to tell the whole truth and nothing but the truth, so help you God?

**Sünje Petersen**
Yes.

**Leighton Grey**
I understand that you are joining us from Whitehorse, Yukon. Is that correct?

**Sünje Petersen**
Yes, that's correct.

**Leighton Grey**
In reviewing the notes of what you proposed to give as your testimony, you want to talk about how business closures and lockdown restrictions, or non-pharmaceutical interventions by another name, affected you and your family's business. Is that correct?

**Sünje Petersen**
Yes.

**Leighton Grey**
Okay. Do you want to talk about that? I understand that you have a tourism business that was impacted by COVID restrictions in the Northwest Territories [NWT].

**Sünje Petersen**
Yes. So we live in Whitehorse, but our outfitting area or tourism operation is in the Northwest Territories. And mainly, our clientele comes from overseas, or at least from the United States, so 95 per cent of our clients are from outside the country. So with all the border closures, our business was zero. So not only could we not have our American clients, but because the NWT also closed its border to the rest of Canada, we weren't allowed to take Canadian clients, either.

**Leighton Grey**
Ms. Petersen, would you mind turning your camera on for us?

**Sünje Petersen**
Oh, let me see. I'm not really good at this stuff. Video, it is on, but it shows not "Start video." I don't think it will work.

**Leighton Grey**
All right.

**Sünje Petersen**
Yeah, I'm really sorry. It says everything is on, but it does have a slash through it, and it said, yeah, and I'm not good at this, and the husband isn't here.

**Leighton Grey**
Can you click the button with the slash?

**Sünje Petersen**
Yeah, but then it says, "Start video," but nothing happens. I have it. It's an external one. I have it in, Logitech webcam, then I open that. "Cannot start video; failed to start video camera. Please select another camera setting."

**Leighton Grey**
All right, we can hear you really clearly, so we'll just carry on. Okay?

**Sünje Petersen**
Yeah, I'm sorry, though.

**Leighton Grey**
No, there's no need for an apology. I understand that you lost about one and a half years of income in your business. Is that right?

**Sünje Petersen**
Yes, that's right, because the borders did not reopen until— So we lost the entire business year in 2020, and then we lost almost half our season in 2021 because the borders opened late. Our business usually starts in the middle of July. So we were set to start July 15th, but the border didn't open until August 9th, I believe, for Americans, and September 7th for the rest of the world.

**Leighton Grey**
And I understand even after you were able to reopen that, in fact, you had to apply for a special permit to fly into your remote fly-in camp and that this is very problematic for you. Is that right?

**Sünje Petersen**
Well, yeah, it's a very remote camp, and this is where all the silliness really comes in. So everybody wants it to re-open. But first of all, in 2020 nobody was allowed to go to the NWT. Our family had to apply for a special permit in order to go to our area. We fly in, I should really say that. So almost everybody who comes to our area comes in directly from Whitehorse, Yukon, so they don't even travel through the NWT. And so in 2020, we need a special permit for our family to go there and just check up on things.

**And then in '21, everybody actually had to apply for a separate permit and had to state that they are self-isolating in camp.**

**[00:05:00]**

**And also, everybody was supposed to phone in every few days and state their COVID symptoms. I believe that was in 2020, maybe not so much in '21. But yeah, so it was a special permit for tourism operators to bring in their clients. And like I say, we're totally remote. Those people never touch ground in populated NWT.**

**Leighton Grey**
I also understand you brought your concerns to the attention of a health officer by way of a series of emails, but that the health officer was worried about some sort of possible cluster or superspreader event?

**Sünje Petersen**
Yes. So I was writing back and forth with Dr. Kami Kandola, the Chief Public Health Officer of the NWT. I tried to state to her the following points: We are in a remote location. Our people don't go and meet anybody in NWT. They will not stay in base camp. It's one-on-one guiding, so one client with one guide. They are staying 14 days. And in case of emergency, we are set up for a direct flight back to Edmonton, or the Yukon if we had to. But everything— There was no touch with anybody. We couldn't infect anybody.

But Dr. Kandola got back to me. Her main concern supposedly was that there could be a cluster outbreak in a remote location. Now, I don't know how you get a cluster when you have two people. And her other thing is best-laid plans might not work out, and our healthcare system will be overwhelmed when your one client will use it, which we weren't intending to. And so I kept going back and forth with her on all these things. I said, "Why is there no testing? If you come in Frankfurt, Germany, there's a COVID test, and they are allowed in." Also, the Yukon, for example, allowed clients to come in if they went to a remote location. And Dr. Kandola didn't. We had only five Canadian clients booked for the 2020 season, and we really, really wanted to take those clients. It would have made a huge difference to us.

And so I asked her, "So what are your epidemiological reasons for not letting these people in? Five people, what is that? And they are coming one by one compared to a supermarket or a Walmart full of people in downtown Vancouver." I wanted to know a number. I said, "What would be the infection rate? What is your real problem? Why are you blocking me?" And I did not get an answer to that. I never got a proper answer to my questions. And **furthermore, there were 84 NWT doctors who actually wrote a letter to Dr. Kandola and said, "What you're doing, your lockdowns, it's killing people. It's causing huge disruptions in the communities. We can't do that." And she blocked that, too. So on the one hand, she was telling me, "Oh, I talked to other people, and this is our reasoning, and I talked to other doctors, and this is what we've come up with." But on the other hand, her own doctors in her own territory didn't agree with her. And she shut them down. So this is what happened.**

**Leighton Grey**
**Many small businesspeople in urban settings were frustrated by the circumstance whereby places like gyms and restaurants and retail outlets were shut down during COVID, while big box stores—I won't name them, we all know who they are—were left open. And many of**

them actually had restaurant counters and things like that operating inside. You had a similar situation or a similar frustration in your case because at the same time that all these things were unfolding for you and these lockdowns were affecting your business, there were in fact, mining operations taking place in the southern part of where you live and camps that are much larger than yours. And yet those were all allowed to continue to operate. Is that right?

**Sünje Petersen**
Yes, that's correct because I wrote that to Doctor Kandola. I said, "There are workers who are going into mining camps. On top of that, there's also truckers coming and going; there were nurses coming and going." Like, there was all kinds of workers. But she said those were essential, and I was not.

**Leighton Grey**
So you spent a lifetime really over 20 years building up this business, right?

**Sünje Petersen**
Yes.

**Leighton Grey**
And it was only by being very resourceful and resilient that you were able to save your business from bankruptcy.

**Sünje Petersen**
Yes, if we wouldn't have been in business for almost 20 years,

[00:10:00]

and if we wouldn't have had savings, we would have gone bankrupt. Because we lost one and a half years of income. Just think about anybody out there, anybody listening here or even— that's what I said to Dr. Kandola, too, "How about we slash your income for one and a half years? When are you going to do that?" So this is our life. This is not just the job I go to, it's our lifestyle, it's our business.

And it goes further than that. It's our family that's impacted. But it's also our guides. It's the aviation companies that fly people in and out; it's hotels, restaurants. We make roughly 1.5 million dollars revenue every year and on top of that, that's all money that comes from overseas. So it's a good income for Canada. So we have 1.5 million revenue. We ourselves of that make maybe four to five hundred thousand for our family. Our kids work with us. So the rest of the million goes to other people within here, within Canada. All that is blocked; all that is shut down.

**Leighton Grey**
Well, all of that sounds incredibly stressful. I'm curious, though, how was your mental health impacted by this? Obviously, your civil liberties were suspended. But leaving aside the economic part of it that you've talked about, what about the personal side? Were you able to see family overseas? Or I understand that you had a family member actually who

**passed away during this period; you were not able to attend for that family circumstance. Can you talk about how all this affected you and your family personally?**

**Sünje Petersen**

**Yeah, so when it first started, we were in complete uproar. I mean, they closed everything down in March. At first we were hoping they would open up, for our season to be normal. By the time May rolled around, we were like, "Oh my God, what are we going to do?" We have emails every day coming in: people like, "Are we going to be able to come hunting? When will the border open?" So our work impact was a lot larger than it usually would have been. There was the stress to deal with and then just thinking what— All our life basically fell apart. Okay. Like, this is what we do. That's what we live for. And none of that** was happening.

Our oldest daughter was trained to be a downhill ski racer. She had to come home in tears because they shut the ski hills and sent her home. She wasn't allowed to run races. On top of it, the following year, she wasn't allowed to train because she couldn't go up Mount Norquay unless she was injected with a COVID-19— I don't want to call it vaccine because it doesn't immunize.

My stepfather got sick the day after his second shot. EMS [Emergency Medical Services] had to come and pick him up. He was in the hospital for two or three months. He wasn't able to make red blood cells anymore and he died, and I couldn't go home. My father died while the travel ban was still in place. So I couldn't go and be with my family then. My mother is in hospital now. Her liver is giving out on her, organ failure. Now I can go and visit. But I just want to put it in this order because that's three parents out of four, seeing as I have step-parents. All of them are injected with a COVID-19 vaccine. I mean, the thing that we didn't know when we would be able to operate anymore. The fact that we couldn't go on a vacation, that we couldn't go overseas, be with family when they needed us.

The fact that our children were really impacted because they are 21, 18, and 16 now, so they were a little bit younger. Our oldest, her dreams fell apart. She couldn't go to a university or any such a thing. She works for a company now where the COVID-19 injection is not required. It's a trucking company. Then our next daughter, we usually homeschool. But the next daughter, she went to school in Whitehorse for half a year. It was a special program. It's theatre, music, and dance. Her heart was hanging in there. She really wanted to do that. There were all kinds of problems there. They were not attending to that school properly. They didn't let the kids do their arts, music, dance, and drama. She went back. The next year, she had to wear a mask while everybody else didn't have to wear one anymore in the Yukon.

**In reality, it affects you on absolutely every single level. There wasn't one thing that was proper. I couldn't go to a restaurant because in the Yukon, they blocked everybody. My kids couldn't go sports. All the kids in the Yukon couldn't go unless they were injected for COVID-19. They weren't allowed to go and participate**

**[00:15:00]**

**in sports and restaurants and social life. We weren't allowed to have company over because we weren't injected. What is this? I can't even invite my friends over? This is not right. It really hit me on every level, professional, personal, friendship.**

And then, on top of it, because I stood up within my community—I was in the Tagish Advisory Council—I stood up and I talked against this injection. Well, I don't want to go into it, but anyways, I'm not a doctor. You just heard everything from the other doctor. I tried to stand up within my community and warn people and say, "Look at it. This is a new technology. Maybe you want to check this out. This is wrong and this is wrong and this feels like Nazi Germany to me."

I'm sorry, I know it's an overused term, but this is what happened in East Germany. This is what happened in Germany in the 1930s. I could see the parallels. I was treated as a Jew here. I had to show my health passport, which I didn't have, so I couldn't do anything, right? There are people who don't talk to me anymore, friends, neighbours. That's fine, but it's not nice. Somebody even sent social services on me claiming I hit my child five years ago at the community hall. This is how evil people are when you don't do what they think.

**Leighton Grey**
But the comparison you draw to Nazi Germany is striking. It's a little-known fact that actually the Nazis did require people to carry health passes during that time period in history, you probably know that.

Obviously, this has caused irreparable damage to your family. I hope that you've been able to restore your business to some level of profitability.

My last question for you is, if you could say something to the Government of Northwest Territories or the Government of Canada or to this panel, the people listening, about what you think could be done better, or could have been done better in terms of the response to the COVID-19 pandemic, what would you say about that?

**Sünje Petersen**
It's actually really simple. Don't lock up the world. Go and quarantine those people who are actually sick so that the rest can't get sick from them. But don't make the entire world into a hospital. This is not how it works.

**Leighton Grey**
Well, you've obviously read the Great Barrington Declaration, so bravo for that.

**Sünje Petersen**
I signed it.

**Leighton Grey**
With that I'm going to turn you over to the panel for questions. Who would like to go first? No questions.

Is there anything else you'd like to tell us, Ms. Petersen?

**Sünje Petersen**
No, maybe just that this is just me talking here. But there are eight other outfitters in the NWT and there's a lot more in the Yukon: there's tons of tourism business. This was a big

deal for a lot of people, and it has cost Canada and Canadians a lot of income. But an income is really what keeps you alive and keeps you moving. It's tanked the economy so bad. I don't think anybody actually knows how much.

**Leighton Grey**
Thank you, Ms. Petersen, for your testimony here today.

**Sünje Petersen**
No, thank you guys for doing this. I'm sorry you couldn't see me.

**Leighton Grey**
We're sorry, too.

**Sünje Petersen**
Thank you.

[00:18:38]

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***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 6: Tracy Walker**
**Full Day 1 Timestamp: 06:58:33–07:13:25**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Tracy Walker. Tracy, can you state your full name for the record, spelling your first name and last name?

**Tracy Walker**
Yes. Tracy Walker, T-R-A-C-Y. Walker, W-A-L-K-E-R.

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

**Tracy Walker**
Yes, I do.

**Shawn Buckley**
Now, you are a hair stylist. You've been doing this for 36 years.

**Tracy Walker**
Yes.

**Shawn Buckley**
You're also a mother of two grown kids, and you have two grandchildren.

**Tracy Walker**
Yes.

**Shawn Buckley**
**Now, you're here today to tell us about some economic things that happened to you with regards to the COVID lockdowns. My understanding is that you had a studio in your house in 2020 when the COVID pandemic hit.**

**Tracy Walker**
Yes.

**Shawn Buckley**
**Can you tell us what happened once the government locked us down in 2020?**

**Tracy Walker**
Well, it's very obvious. If you're in a self-employed position where you're mandated that you cannot work—that and my husband, as well—it put a very huge impact in my life. I am a diabetic, so let's keep to work.

I work out of my home. I had a private entrance: a door locked from my household, its own bathroom. So, there was absolutely no one that would be in my household. So it was a private everything. I only was taking, at that point in time, one to two clients a day, depending if there was a family. So if there was a larger family, I would allow all of them to come. But generally, I would keep it pretty casual. But then when the lockdowns came in and I was not allowed to work, I really was at a loss. Both my husband and I were at a loss of what to do and how we were to maintain just the basics of our lifestyle, not necessarily our "lifestyle." Because we really didn't have much.

**Shawn Buckley**
Can I ask, was your husband able to continue working when the lockdown was imposed?

**Tracy Walker**
He was also shut down for a time being because well it was an office environment. And until they established that they brought all the equipment— He was able to work out of my home. Except for, I'll get to my next point, where we did not have a home for a time being. And I'm not too sure where you want me to go with that.

**Shawn Buckley**
**Well, actually, tell that story because you obviously did have a home. You had a hairdressing suite in your basement.**

**Tracy Walker**
**A beautiful home. No, it was on the main floor.**

**Shawn Buckley**
**That was isolated from the rest of the house. What happened to that?**

**Tracy Walker**
Well, I actually— At the exact same moment that we were in this, "What do we do?" Sheila Gunn Reid from Rebel News had put out iwillopen.com. or stayopen.com. and said reach out to us if you are not going to stop working, and you're going to try and work through this. So I reached out to her. Unbeknownst to me, I was the first one that did. So the next morning, I actually got a call. Instead of watching Sheila on my phone, she was in my house. And so we had an interview about that very thing, where— I had bylaw officers come to my house because of that, sadly. But not sadly because I got literally phone calls from across the world: France, Italy, all through Canada, all through Canada, for the support in this.

Now, I had reached out— This is when the government had offered the mortgage deferral program. And so, I reached out to my broker and said that, "Really, we're at a loss of what we can do, and our options are nil and none. So, I'm going to have to apply for the mortgage deferral program." And she said to me that, "I'm sorry, the government did not state anything about brokers. It only applies to banks and credit unions. So you are responsible for your payment at the first of the month."

[00:05:00]

And I'm like, but I have no income. My husband has no income. There is no subsidy coming from anywhere. She told me that I would have to do whatever I could to get this payment. Otherwise, your house is going to be going into foreclosure.

We were not in any default. I think, maybe two years, we were late one payment, if I want to bring everything onto the table. But only by a couple of days. Like it was not even a long period. It was just a couple of days. So there was no real just cause for them to deny us grace of any sort. I explained this to her. She said that, "Simply, it's not my problem." She goes, "You see, I work for the company, the broker company, not for you. I am here to collect the money for them. It is your problem." And I said, "Well, the last I checked, it was the world's problem." And she said, "No, it is your problem only." And within a month and a half, we were served with foreclosure papers. In a month and a half. There was no recourse. There was nothing.

So in this time that they put our house up for sale, we had to find ourselves a new home. And I was there for 15 years. So it's not like two or three years in this house. It was a long period of time: grandchildren growing up, as everybody knows that's had a home for any length of time. So expecting it to be my retirement home, in my home that I was going to live for the rest of my life in.

Then, we could not find accommodations because I have two big dogs. We could not find accommodations, so we were actually homeless for almost two months. We lived in our trailer. And my husband got this special smart hub that we could use for that area that he could continue to work from his computer, and well, remotely. So, we were off grid for that length of time. And again, begging the broker company, if we could, please— We will pay to stay until we can find a home. They said, "No. You have to be out by a certain date."

There is a lot more that goes with that. As I was working, I have my very best friend in the entire world. My mom and her mom were best friends, and they were pregnant with both my girlfriend and me. So we're only a few months apart. But she's a nurse. And she came in for her haircut. It was the day that I had the interview with Sheila. So it was exciting. I've never experienced anything like this. And I was explaining to her what I was about. And she basically told me that I was an anti-vaxxer, anti-masker, A-hole. And that I was the reason why this society is where they are. I have yet to ever speak to her again. So to lose a lifelong

friendship that's probably— Even though losing my house was very heartbreaking, but that was probably the most scarring in the entire world. And still to this day. And knowing what she must know now, she's a pediatrics' nurse. So I'm only going to assume that she must have heard something. But that I just wanted to add in there. I don't know if there's any more questions.

**Shawn Buckley**
There's a couple of things I wanted to ask you questions about. So you're living in the trailer. You're off grid. Obviously, you can't work anymore because your hair studio was in the house. And you told us you were a diabetic.

**Tracy Walker**
Yes.

**Shawn Buckley**
Am I right that you actually were in such financial straits that at times you guys couldn't eat and you had no insulin?

**Tracy Walker**
Yes, that is a fact. Yeah. So insulin is not covered, even when you have Blue Cross. And of course, when you're having no money and no means to work, our food was very minimal. But that's how you stay slim. No, just kidding. It's the worst way to get skinny.

[00:10:00]

It's the worst way. But yes, it affected both my husband and I. My husband lost 35 pounds over that time, and I lost about 15 to 20 pounds. But it could have been because I had to stretch my insulin, so that instead of the full amount, I would take portion amounts, which is so wrong to do. But it was the only thing that I could do to make it stretch till I could make enough money or my husband could make enough money to pay for some more insulin. So yeah, I was in dire straits for a while, and it did affect my health greatly.

**Shawn Buckley**
This would have been in Alberta, Canada likely in 2021?

**Tracy Walker**
That's correct.

**Shawn Buckley**
So you told us that after your interview— So you're still at your home, you haven't been foreclosed on yet, that you had visits from the bylaw officer. Can you share that with us?

**Tracy Walker**
So okay. Yes. So the foreclosure. On their end, it took a while for them to get the For Sale sign on my front lawn. But the bylaw officer that first came by— Of course, I was like, okay,

here we go. I'm going to jail. My client literally ran into the bathroom. And so he handed me a warning, not a ticket. It was a warning. But when I explained to him, and I said, "Sir, you have to understand that I have no other means to survive. I'm a diabetic, and I need— It's not that I'm doing this out of rebellion. I'm doing this out of pure survival. And I have no choice but to break the law." Or this mandate because it wasn't a law. And I clarified that with him that it was a mandate, not a law.

And I said, "Look at my studio. There is no way that I am more contagious or more at risking people than Walmart or Superstore." And he agreed. He nodded his head. He didn't say yes, but he nodded his head. And then, he had come back, probably three times since then. He was told that— He said, "Okay, so I have to hang this notice— 'Do not enter, forbidden territory,'" if you may, for lack of better words. And he said that, "I was supposed to nail this to your front door or to the door to your studio." Well, I have a glass door. So he looks at the glass door, and he looks back. And he says, "Apparently, that's not going to work." So he just said, "Here you go, I'm handing it to you. And just so you know, I'm going to be off for the Christmas months. And there will be another gentleman that's going to be stepping in. He's going to be driving in a black SUV. He'll be driving up and down your back alley and in your front yard watching for people to come and go."

Now, this is at Christmas time. As a hairdresser, that's the busiest money-making time. And all he told me, God bless his soul, he said, "Just keep your blinds closed and try and keep it as minimal congestion and all." And I don't have a lot of clients that come all at once, so it wasn't a big deal. So, I just carried on. And then I did get a call after Christmas from the same bylaw officer and said, "Thank you so much for abiding by the rules," which I didn't. And he said, "It was reported that they saw no reason for suspicion that you were doing anything wrong," and that he wanted to thank me for that. So I don't know if one talked to the other, and one said, just whatever. I don't know, but I had grace. And I'm very grateful for that.

**Shawn Buckley**
You were shown kindness.

**Tracy Walker**
I was shown kindness, I was.

**Shawn Buckley**
Thank you. Now I have no further questions. I'll ask the commissioners if they have any questions for you.

There being no further questions, Tracy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.

**Tracy Walker**
Thank you for the opportunity.

[00:14:52]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 7: Judy Soroka**
**Full Day 1 Timestamp: 07:13:25–07:22:04**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
Our next witness today is Judy Soroka. Judy, can you state your full name for the record, spelling your first and last name.

**Judy Soroka**
My full name is Judy Soroka, S-O-R-O-K-A.

**Shawn Buckley**
Judy, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Judy Soroka**
I do.

**Shawn Buckley**
Now, you are a retired nurse.

**Judy Soroka**
Yes.

**Shawn Buckley**
And in connection to your nursing practice, you sustained a back injury back in 1992, which is now chronic?

**Judy Soroka**
Correct.

**Shawn Buckley**
But that injury resolved and you were able to keep working as a nurse.

**Judy Soroka**
Correct.

**Shawn Buckley**
Now, over the years and into your retirement in 2017, you basically were able to keep things going and in check by doing things like having chiropractic, massage, physio, and other things. Can you tell us about that? Tell us what you were doing, and then tell us what changed once the lockdowns came.

**Judy Soroka**
After the injury resolved, I really didn't need any regular health practitioner services. I was able to exercise, maintain a healthy lifestyle with running and hiking and doing gardening. I love gardening, and the like. And then as, of course, aging happens, I was having some discomfort and went to my doctor, and she suggested I see a sports medicine therapist.

This was in 2009. And he recommended a prolotherapy, which is a different kind of therapy. It's not cortisone injections, but they use a 10-inch needle on a 10-millimetre syringe and inject a sugar solution in the back just to stimulate the healing of the back. And that worked very, very well. I was able to go back to do whatever I was doing. And then when the lockdowns came, I was able to go to the gym. I was lifting weights. I was probably the healthiest person, for a nurse. For a nurse, we always sustain injuries. I was doing pretty good. And then when the lockdowns happened, I could not go to the gym. I could not swim. And I began to have more pain. So I went back to my doctor and again referred me to the same sports medicine specialist. Fortunately, he was still around. He hadn't retired. And again, I had the same prolotherapy treatment in the other side.

And just so you know, those treatments are not covered by Alberta Health Care. They're about $250 a shot and looked about— Usually about 10 injections into the site. That did not really resolve the problem. The first one was successful. This one was not quite successful. I finished the treatments in 2021. In conjunction with this therapy, I also was to go to a physiotherapy. There are special exercises to do to help with the healing and the strengthening and endurance. And I was not able to do that because of the lockdowns. Moreover, I chose not to get the gene therapy based on my research. And of course, there's repercussions from that. So when the lockdowns were lifted and we needed the vaccine passport, I was disallowed from participating in society as other people did. I was not given the privilege.

**Shawn Buckley**
And just so we're clear. So you weren't able to go swimming again. Which was necessary for you to keep your back problem in check?

**Judy Soroka**
Yes, and to go to the gym to do the exercises that I had to do. I was not able to do that. So consequently I still had more pain. I went back to my doctor, and I said, "I think I've got a new normal going on here." She says, though, "There's no new normal for you." And I've

been with her for over 30 years. And we did the x-rays, and the x-rays have shown that I have deteriorated in my spine. I've got a bit of a curvature and my spine is now twisted where it's impinging on my spinal cord. Surgery is not an option; risks outweigh the benefits. If I'm unable to maintain some sort of mobility I could end up in a wheelchair.

**Shawn Buckley**
Am I correct that if it twists any more, there's a danger of paralysis?

**Judy Soroka**
Yes, that's correct.

**Shawn Buckley**
You were telling us that you were very active prior to the lockdown. My understanding is,

[00:05:00]

and you mentioned garden, but basically you would also hike. You were a White Hat Volunteer at the Calgary Airport, so you'd be walking a couple of k [Kilometres] a volunteer shift. Basically, you were extremely active prior to the lockdowns.

**Judy Soroka**
That's correct.

**Shawn Buckley**
How are you now?

**Judy Soroka**
I've had to give up a lot of things, which is very, very hard for me. People accuse me of "the moss doesn't grow under my feet." My husband can attest to that. But I've had to give up gardening. I cannot go back to the airport at Calgary. I cannot walk long distances. I cannot sit for lengths of time. My height is actually shrunk two inches, and I am short and that doesn't help matters.

I've got beautiful grandchildren. I cannot play with them like I'd like to. It's not a day that goes by that I don't have pain. I have declined to go on strong painkillers, like narcotics or using cannabis or anything like that, because I could not function that way. So I live with pain pretty much every day. I bought a new mattress, three thousand dollars for a new mattress, to see if that would help. I've done everything I can. And in discussion with my doctor, she didn't really intimate that it was because of the lockdowns, but she has recognized there was a change in my physical status before and now.

**Shawn Buckley**
Now, how has this affected you socially, the lockdowns, and then also not being to attend in different places because you're not vaccinated?

**Judy Soroka**
There has been a huge division. I've lost, as a previous lady mentioned, I've lost long-term friends. They're afraid to be around me. My mother passed away in September of 2021. She was admitted to the Peter Lougheed Hospital, diagnosed with one condition, but she died with COVID. And there's an accusation that I gave her COVID because I was not jabbed, if I may say so. And that was really hard. The remarks were very, very cruel. And my mother had not been vaccinated, injected, until she was into the hospital, and she died within a few weeks. Socially, yes, I've lost long-term friends. I will be celebrating my 45 nursing-year reunion in June. And I cannot go to that because there have been comments made from my classmates—who I thought better of, as critical thinking nurses open to debate and dialogue—that the unvaccinated essentially should not be part of society, and it would be okay if they just died.

**Shawn Buckley**
And how do comments like that make you feel?

**Judy Soroka**
It's very hurtful, very cruel, and I do acknowledge that and I do mention that. But it just doesn't seem to sink in that those remarks are very cruel and very hurtful and that it's not true.

**Shawn Buckley**
Judy, I don't have any further questions. I'll ask if the commissioners have any questions for you. And there are no questions. Judy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.

**Judy Soroka**
Thank you for your time.

[00:08:39]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 8: Dean Beaudry**
**Full Day 1 Timestamp: 07:34:37–08:47:35**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

[No audio until 00:01:14]

**Dean Beaudry**
My name is Dean Beaudry, D-E-A-N B-E-A-U-D-R-Y.

**Leighton Grey**
Mr. Beaudry, do you promise to tell the truth, the whole truth, and nothing but the truth in this proceeding?

**Dean Beaudry**
I do.

**Leighton Grey**
All right. Sir, I've mentioned earlier your education and your background. I'd like to go into this a little bit more before we dive into your presentation. I understand that you spent about 30 years working for Syncrude in Fort McMurray, working on multibillion dollar projects in terms of managing risk assessment and mitigation methods. Is that right?

**Dean Beaudry**
That's correct.

**Leighton Grey**
You retired about seven years ago, and you now live in Cochrane?

**Dean Beaudry**
Right.

**Leighton Grey**
**Okay. So I understand that you've developed a presentation called Quality Decisions in High-Stakes Situations. Before you delve into that, I wonder if you could just give us an idea of what caused you to create this presentation. What was your motivation? Inspiration? Your muse?**

**Dean Beaudry**
**Well, I was asked to present, so I had to find something to present. I volunteered to be part of this initiative, and someone picked up that I had background in risk management. So when I was asked to talk about it, I had to do a lot of homework. If I'm honest about this, I've been working pretty hard on this for about a month. I made many more slides than I'm** actually going to present today, and I had to pare it down. So I'm going to not only talk about risk management but a little bit of management in general. And I'll also say that within my career—at least a dozen times—I've been the lead investigator in major incidents and had to produce reports for that. What I'm presenting is kind of like that work, that I'm quite familiar with.

**Leighton Grey**
I wonder if you wouldn't mind then going into your presentation [Exhibit RE-5-Beaudry-Presentation re NCI Red Deer-Final], and then I'll have a question or two afterwards once you've completed that.

**Dean Beaudry**
Sure. Okay, this is kind of like a movie where the movie gives you the end. You get to hear the end part of the movie first. I framed it this way because I think what I have to present will be more understandable in the context of this.

This diagram is a root cause analysis. When you have an event like we've had where Canadians have suffered, basically, you ask the question, "Why?" There's lots of detail in here you can look at as I'm talking; I'm not going to go into it in great detail. But what you'll see in the next two pages is I get these down to what we call in investigations "the root cause."

So just as an example. We'll start with, Canadians suffered severe social, emotional, educational, mental and physical health, and economic consequences as a result of federal and medical governance and COVID actions. So you ask, Why? Why did that occur? So on the left-hand side: The priority was higher for

**[00:05:00]**

**COVID over equally important health and national issues. Well, why was the priority higher? And there's two roots below that. They are, procedures that balanced priorities were dismissed as well as international experts and Canadian stakeholders calling for balancing of priorities, were dismissed.**

**We'll go over to the right-hand side and look at another "why" Canadians suffered. Well, there was high levels of social isolation, division, and fear. Why did that occur? Well, the unvaccinated, unmasked, and dissenting opinions were vilified; COVID mitigations caused isolation; and fear was used to drive compliance. So I'm just going to leave it there. But I'm going to talk to the roots that are highlighted.**

So one root was, scientific process was not followed. So when you follow a scientific process, ideally, you get to what's true and right. And then, on the right-hand side, there's a root there, "The vision and values that once defined us as Canadians has waned." We're not quite the same nation we used to be. If you have good vision and values, you have the conviction to do what's right. So in essence, you could stop there. If we know what's true and right and we do what's true and right, we don't have this fairly terrible outcome.

But there's other reasons. And another root that I end up on this page with is a "Broken consequence model," which we'll elaborate on further. And just to carry on and finish the root cause, one of the roots was "Unchecked and inadequate governance action." Well, why did that occur? Well, there was public trust. And why did public trust occur? Well, I think there was some naivete. And also you get down to "The government has a lot of influence on media."

I think, probably the biggest root for unchecked governance action was "Undue authority." And why did that happen? Well, there was a suspension of Charter rights and that provided the authority for general lowering of ethical and privacy standards, coercive vaccination requirements, vaccine passports, travel restrictions, lockdowns, all the bad things that happened. But also it eliminated the requirement for critical thinking and difficult decisions.

So I was a manager for 20 years. I had management peers, and the easy answer was always, "Give me more money. I got a problem. I need more money." Well, when you give a manager some more money, they just spend it rather than critically think. And so sometimes we have to have a pause to cause ourselves to think harder.

**Leighton Grey**
Sorry, did you say manager or cabinet minister? I didn't catch that.

**Dean Beaudry**
I was a manager. So when we do a decision, it's not that complicated. There's priority, information, alternatives. You do a deliberation, and you come up with a decision. In my experience, high-stake decisions always have tension. This isn't a new thing. Any business that has risk in it is doing this all the time. So we in Canada, we end up with a big risk. Those decisions have tension. And that tension can be good or bad. So to push it on the good side, there's some guideposts that we use. And the first one is around emotion.

Emotion has really no place in a high-stakes decision. We need to detach from emotion. I'll give you a personal example. So about 30 years ago my wife and I took a rock-climbing course, and I found myself 20 feet above the ground many times. But this one time, I had worked out really hard before I climbed up 20 feet. I got 20 feet up, and my muscles started failing. And my hands start shaking, and my legs are shaking. And then fear begins to grip me. I was paralyzed with fear. I had full fall protection. I could only fall six inches. But I was paralyzed with fear. So reality and my emotions were not connected at all.

[00:10:00]

And so, we have to disconnect from our emotions. You also have to disconnect from other people's emotions.

**So there is a number of decisions that I've made in my career where I've actually had people right in my face telling me I was trying to kill them. And that's a pretty tough spot to be. We need to honour those emotions. And in circumstances that occurred like that, I would sit down with the individual and give them the background to the decision, all the data that was used in the input of the decision to help them get more comfortable for what we're going to do. In fact, on one occasion, I had an individual in my office making a declaration like that. I said, "What time are you doing the job?" "Why?" "Because I'm going to come out and stand beside you." And he said, "Okay. That's good enough." I didn't even have to give him an explanation. I'm willing to do what I'm asking you to do.**

**The second emotional thing is cognitive dissonance. So we all develop our own opinions, and sometimes we get new data that conflicts with what we think. When we are dismissive** of that data, that's called cognitive dissonance: where what we feel and the information actually are in conflict. So that's why emotion is a really bad thing to use in a difficult decision.

The next guidepost is around authority. So authority needs to come from knowledge and sound judgment. People have positional authority. That's a bad place for decisions to come from. A person in a positional authority should be ensuring that knowledge and sound judgment is used versus just making the decision. I see that failure occurring too often. Another important guidepost is your character. So there's ethics and accountability. On the ethics side, if there's a conflict of interest you need to declare it and take yourself out of the decision. Or, at least, declare it so that people know what your bias is. And then accountability, which is people's ability to count on you. If you're not willing to put yourself in the position of someone who might suffer a negative consequence as a result of your decision, you are not accountable. If you're not willing to take negative consequences yourself when you make bad decisions, you are not accountable.

And then competence. It's funny that competence is the lowest one on the list; it's important, but it's not the most important. So you have to have the competence to ensure that you've got the right priority and the right information and the right alternatives. And typically, that doesn't exist in one or two people. Typically, you don't do well unless you have people with different biases involved.

So the strategy for minimizing failure points is to bring everybody on the same side, which can be really hard when you've got strong biases. In order to make that work, you need some ground rules—guiding principles or values—and you need a process. I'm a trained facilitator in situation appraisal, problem-solving and decision-making, risk assessment, and management. There's tools—they call them instruments—that help guide groups with dissenting opinions to a good answer. So if you've got ground rules and a process and a group facilitator, you've got a better chance of achieving a good result.

**Consensus is what you're trying to achieve. And that's not necessarily agreement, but the participants can live with and support the priority and the information, the alternatives, and the decisions. Once they support it, they're bound to support it publicly. So you can't be involved in this and agree in the group and then go outside and say, "I don't agree with what everybody said or did." You might not like it. But you understand, and you find it acceptable, and that's really what consensus is.**

**Applied science is a process. So we didn't do applied science: The only reason not to do this is when control is prioritized over doing what's right. And that's a values failure.**

**So here's—from where I used to work—most of our guiding principles. I'll just read a couple of them to you. I think you might agree that it's easy to get agreement on these types of principles.**

**[00:15:00]**

**"We have the courage and conviction to do what is right: we achieve our results with courage, wisdom, and integrity, being ethical in all of our endeavours, principled in our decisions, and accountable for our actions.**

**"We interact with care, honesty, and respect: we uphold the dignity and worth of our colleagues and everyone we interact with in our communities."**

So really, these principles—I'm not going to read them all—but they answer things like priority. They answer things like stakeholder engagement, character. And then they answer where we get our authority to make a decision.

So now we're into the meat of things. This colourful table is called a risk matrix. When we do risk assessment—when we evaluate risk, when we evaluate mitigations—we use a risk matrix. Lots of people believe that risk is consequence: I'm going to suffer death. That's only half of the equation. We also need to put probability into that. So there's some tables on the right that show probabilities, and really, probability is just a number. We've got some word descriptions like "it's a 'likely' probability; it's an 'unlikely' probability, 'rare.'" But those all translate to numbers, and the numbers are on the page there. And then consequence—we've talked about death as a consequence—that's also on the table, on the right.

So just to put this in context, I've got an example. In 2020, there were 15,000 accidents that were fatal in Canada. So the probability is grade four math; I'm an expert in grade four math: 15,000 over the population of Canada gives you a number, and that's a Probability 2. See over here. So a Probability 2. And it's a fatal accident, so it's a C4 [Consequence 4]. When we put it on the matrix, it looks like that [generalized Medium Risk 8].

When we've got a new risk coming up, we should be comparing it to a risk we're familiar with. Because new risks are— They get into your emotions if it's something really unfamiliar. So accidental death in Canada: it's a generalized Medium Risk. It's an everyday risk we're at peace with and we all tolerate. We apply diligence to it, but we're not stressed out. I drove from Cochrane today: I wasn't stressed out driving here; I could have been in an accident. So it turns out that the generalized COVID risk is exactly the same as accident risk. And I'll show you that a little bit later.

**What is risk mitigation? Risk mitigation is putting a barrier in front of the hazard. So ones we're familiar with are seat belts and airbags, and they address consequences. They aren't helpful if you're not in an accident. But if you're in an accident, they reduce the probability that you will be harmed more than you would if you didn't have those mitigations in place.**

**Probability mitigations are those actions that you take to reduce the probability of something happening. So attentive driving is a good example: if you're paying attention to your text, your cell phone, your probability of being in an accident gets higher.**

**Mitigation effectiveness assessment: In risk management, when you add a mitigation, you have to evaluate it. Does it cause a change to the risk position on the risk matrix? So if we go back [Risk Matrix Table]— If I'm going to mitigate, say, something up here, it should**

**cause a change in position. It should be down and to the left. So that's what it means, that we need to change the position in the risk matrix.**

**Does it introduce new risks? Because, sometimes, mitigations do. And airbags are a good example of that. So airbags introduce a new risk to small children. That's why they had to add a mitigation on the mitigation. That's why when I've got my grand puppy in the seat beside me, the airbag is not deployed because the dog weighs less than what's safe for that airbag to deploy. And then, is there cost benefit?**

**[00:20:00]**

**And, again, if there's new risks, are they mitigated?**

So let's get into a little bit more detail. This table [COVID Risk Factors], the first column is age group. All the data that I will use relative to COVID comes from Government websites. So the first column is the age group. The third column is the number of deaths that occurred in Alberta in those age groups. The fourth column is the number of people in that age group. What we see is that the average age of COVID death is 79, and 99 per cent of deaths were over 40-years-old. And nine one-hundredths of one per cent [0.09 per cent] were in the under-20 age group.

So I heard a little discussion earlier about pre-existing conditions. I pulled this off of the Alberta website. You can't find it anymore. I just happened to get it before it was taken down. And we can summarize some things from this. The average number of pre-existing conditions of a COVID victim was 2.6 or more. You'll see this red part of the chart here; it says three or more. So that's why when I average it, I say 2.6 or more. Ninety-six per cent of COVID deaths had at least one pre-existing condition, and four per cent of COVID deaths had no pre-existing condition at all.

I also took another snapshot down. It is now disappeared, but it came from the Alberta Health website. In the four months leading up to early June 2022, there were 868 COVID deaths: 79 per cent of those were vaccinated; 21 were not vaccinated. At this time, Alberta's vaccine–unvaxxed ratio was 77–23. So vaccination didn't stop anything: infection, transmission, or death. I'm not saying vaccines didn't have some impact for some people. I'm just saying this is a factually correct statement.

So now let's put these age groups on that colourful risk matrix. If you look at this table over here [Probability vs Reference Risk], each of the age groups is labelled with a letter designation. If you look on the matrix, I've had to add boxes for D and E, so the people under 40 aren't even on the risk matrix. I want to make sure I'm clear: I've added those boxes; they aren't on the risk matrix. So if you're in a business and you are good at **managing risk, you do not put a mitigation in for something that's not on the risk matrix. It's illogical.**

**Now, there were 32-and-a-half million vaccinated Canadians: that's from the Canada Health website; that's people that had two jabs. There were 10,685 serious adverse events. We just do our grade four math, and we get a number [10,685/32.5 million = 0.00033]. So we're not talking about death here; we're talking about a serious— So we're in this column [C3, Significant] and this probability [P2, Unlikely].**

**Okay, so what are these serious adverse events? This is again from the Canadian website: 427 deaths reported; 1,500 cardiac; 1,500 clotting; 87 spontaneous abortion; 468 paralysis and stroke. And we've got a safe vaccine. So if we look at just the deaths and we do 427**

**over 32-and-a-half million, we end up with 1 in 75,000, which is also off the risk matrix. So from the perspective of death as a result of the vaccine, it is an acceptable risk.**

**So this analysis is more like an autopsy; it's based on what's already happened. Health Canada statement says, "The benefits of all COVID-19 vaccines continue to outweigh the risks of the disease."**

**Well, what about the risk of vaccine injury? So for the under-20 age group, 670,000 people would have to be vaccinated to save one life, and that would probably result in a vaccine injury to 221 people,**

**[00:25:00]**

including nine deaths. So the harm far outweighs the benefit. So I don't know what risk matrix they're using, but the one I have 20 years of experience, or close to 30 years' experience in, wouldn't support some of the statements that they've made.

So when we talk about moving on the risk matrix, you'll see the people in age group A would move with the mitigation down and to the left, which is what we want. The people in group B would move to the left, which is what we want. The people in groups C, D, and E would all be moving into a worse position on the risk matrix.

This isn't new information. This was in the Great Barrington Declaration, which states, "We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza." So I looked at the influenza results for Alberta this year. There's been three influenza deaths in the 0-19 age category; that's higher than the annual rate of COVID.

So let's talk a little bit more vaccine risk benefit. I'll explain this table a little bit. The age group is in the first column. The number of people that have to be vaccinated depends on the efficacy of the vaccine. If you want to save one life in the under-five age group and the vaccine efficacy is 50 per cent, you have to vaccinate 1.5 million of these children. If the efficacy is 25 per cent, you have to vaccinate 3 million. But when you do that, if you apply the injury and death rate, you can see that anything that's in the red, you just don't want to do it. So Health Canada implies that vaccines are safe at one death per 75,000 vaccinated—two-jab people. Using the same criteria, you are safe from COVID in the red shaded area without vaccination. So we have this data available to us, and it would been available within the first six months. They would have been able to see the stats rolling in. Perhaps we could have had a health care practitioner that could use tables like these to provide vaccination guidance to individuals or groups based on age, pre-existing conditions, risk **tolerance, and vaccine efficacy.**

**It's interesting that 10 countries didn't have a pandemic. So Nigeria, Republic of Congo, Tanzania, Niger, and there's six other countries like that that have deaths in the 15 people per million population as a result of COVID. Of the 10 countries that had a population of 438 million and compared to G7 countries, they did between 1 and 200 times better. So I heard someone say earlier: "We're not a third world country." I kind of wish we were a third world country. For Canada, the results would have meant about 98 per cent reduction or 50,000 fewer deaths. So my question is, Wouldn't science or just due diligence want to know why 10 countries did not have a pandemic? And didn't we have the money to assess this? We built up half a trillion dollars in debt. Couldn't we have sent someone to**

**investigate this and understand it? Ironically, all 10 of those no-pandemic nations have endemic malaria, so they use anti-parasitics.**

**Lockdown effectiveness. So Sweden, they delegated down in their bureaucracy to the state epidemiologist who said, "The cost of locking down would be horrifyingly high." He's a prophet. So the Swedish population had a few restrictions, but most COVID measures were entirely voluntary. And this chart compares the U.K., or Britain, to Sweden. Britain had fairly severe lockdowns. Sweden had none. If you look at the two traces,**

**[00:30:00]**

**they're pretty close to on top of each other. And if you look at the data, when we had the** data, you look at these first two bumps. This line [green line] represents the end of 2020: at this point, you could write a master's thesis on this data and make decisions from it. So Sweden, without locking down, achieved better COVID results than other G7 nations, such as USA, Italy, U.K., France, who had some of the most stringent lockdowns. And the question, doesn't science have curiosity? Don't we want to understand how an alternative approach was working? Didn't we have the money to research this?

And then, one more little point: South Dakota was the only state in the USA that had zero lockdowns. Twenty-one lockdown states had higher COVID deaths. South Dakota was right in the middle of the states in terms of their COVID deaths. So just another mitigation effectiveness point.

Another point here is if we'd applied lockdowns when death rates were going up and taken them off when death rates came down—reapplied, took them off—we would have convinced ourselves that we were doing something of value. Very good correlation here. No causation whatsoever.

So Alberta ICU [Intensive Care Unit]: two weeks to flatten the curve. So the blue line here is ICU capacity; the pink shaded area down below here is how full is the ICU. So in 1100 days, the ICU was overfull for 17. And it got to about 10 per cent overfull. Again, you can see the blue arrows up and down related to lockdowns increasing or decreasing. And there's one more flag on here: This flag is, by the time we reached mid-July 2021, all the over-age-40 people or 99 per cent of the vulnerable people had been provided vaccine opportunities. I don't know the rate at which they were vaccinated, but they were all provided the opportunity. And the peak in ICUs came after that. We, again, added half a trillion dollars in debt, and we didn't build any more ICU capacity.

So masks, I just took one piece of information from the organization called Cochrane, and it's got nothing to do with where I live. Its reviews have been considered the gold standard. **And this is their statement: "There is just no evidence that masks make any difference. Full stop."**

**Now, let's talk about priorities. The legal priority of the Government is to uphold the Constitution, and within the Canadian Constitution is the *Charter of Rights*. The *Charter of Rights* protect freedom of association, expression, religion, et cetera. "In order to suspend these rights, section 1 requires that there must be evidence that either the state is in peril or the existence of the state is in peril." So that's words from Brian Peckford. And I was told also, to state that "Canadians are in peril." Okay. The onus of proof on section 1 is on the person seeking to justify that limit, which in this case was the Government.**

**So here's the top 10 leading causes of death in 2020. When we do our probability math, we see there's actually two buckets on this page. Below the red line is Probability 1. Above the red line is Probability 2. And I also want to talk right now about what an emergency is. An emergency is an urgent, sudden, serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property.**

**So if we go back to our accident example—on an individual basis when there's an accident—someone might be bleeding, they need emergency assistance: we need an EMT [Emergency Medical Technician] there, lights and sirens, et cetera.**

**[00:35:00]**

But when we're talking about national, we're not talking about that. We're talking about the national risk and the national harm.

So the national harm— And this is really cold and unemotional. People die from COVID; people die from accidents. That's really crappy. But we need to approach decisions like this without emotion. The national harm is death of four one-hundredths of one per cent [0.0004%] of the Canadian population each year. That's what accidents are. It's the same for COVID. And it continued to be the same for three years, and now it's declining. This year it looks like it'll be about 11,000. So it's going to fall below the red line this year.

Which is more peril? Accidents or COVID? Accidents pick on everyone: COVID picks on the aged and infirm. Accidents are normalized: COVID is fear-producing. Accidents and COVID produce about the same number of deaths. Accidents produce 225,000 injuries a year: long-COVID, I don't know. I couldn't find data on that. For accidents, the mitigations are harmless to individuals and harmless to society, and are subject to proper legislative process. The mitigations for COVID cause loss and suffering to individuals, cause loss and suffering to the nation, were subject to coercion through unjustified emergency powers and medical ethical violations. Accidents are easily characterized: COVID competes with 2.6-plus other potential causes and pre-existing conditions.

So they're the same. There is equal justification to suspend human rights to mitigate accidental deaths as COVID deaths. And I would say a mitigation that would be effective on accidents is to close highways to all but essential traffic. That sounds a bit absurd, doesn't it? So when you're looking at this, if you go back to the previous table [2020 Top 10 leading causes of death] and on the left-hand column, those were all labelled A, B, C, D, E, and you didn't know where COVID was, you wouldn't think it was an emergency because you got so much evidence that it's not.

**For a nation, the logical priority is to protect what underpins our needs. Same with a business. I worked where we had a goose that laid golden eggs, and business is the goose that lays the golden eggs: it pays for all basic needs of all individuals and is a source of all Government revenue and social security. And the hierarchy in business is production. Production underpins all business: the production of lumber, the production of wheat, the production of cattle, the production of minerals, the production of automobiles. That's what our economy is built on. And thriving business leads to affordable food, energy, and housing, and supports the tax base.**

**So we've got legal priorities and we've got logical priorities. Let's put those mitigations on the matrix [Mitigation Results]. I'm not going to go through what vaccinations and the**

**mitigations did not do; I've already done that. But on the financial side, it didn't take much homework to see some really disturbing things.**

**So per taxpayer, we're going to be paying about $3,300 in debt servicing compared to 2019. So a two-income family, that's $6,500. If someone has a $300,000 mortgage and they didn't have a fixed rate, they're going to be paying about $8,300 more. Rents are $2,000 a year or more. Food for a family of four—that's from Dalhousie University—is up $4,000 since 2019. Heat and fuel is up $2,000. And I want to be really conservative in this number, and so I picked a conservative number: there's 15.3 million households, works out to about $170 billion a year extra that Canadian families are going to have to pay.**

**[00:40:00]**

And that's not including paying down the debt, which really is just deferred tax. So our mitigations moved our national risk—which was a medium risk—to extreme.

Accountability—This chart shows a business here in the light blue, and at the top of the chart is the C-suite: the CEO [Chief Executive Officer], the CFO [Chief Financial Officer], Chief Medical Officer. In a private and publicly owned business, that suite of people have legal and personal accountability. If they make very bad decisions, they can go to jail. If they make poor business decisions, they can lose compensation. It's what real accountability is about. Without consequences, there is no accountability. Immediate and certain consequences are strong; those can be as simple as a pat on the back or a boot print. Future and uncertain consequences are weak. I've probably done 2–300 performance appraisals in my career. And about 80 per cent of people really don't connect with those very much. They don't relate to them. It's only once a year, and they don't know what the outcome is going to be. So can you imagine if there's an election every four years? That's a really, really weak consequence.

So we have a broken consequence model [from slide].

Pfizer and Moderna had unprecedented revenue increases: Pfizer's up 70 billion a year for at least two years now; Moderna is up 19 billion a year for at least two years. Moderna's income was zero four years ago, and now they're making 19 billion a year. The federal government contractually transferred liability for vaccine injuries from Pfizer and Moderna products to the Canadian taxpayers, and those contracts are unavailable for taxpayer review.

The federal government bureaucrats received $191 million in bonuses and raises throughout the pandemic. The MPs [Members of Parliament] received their automatic raises. The Canadian public received $170 billion worth of cost-of-living increases, and **total deferred taxes went up by $566 billion. And that's more than $50,000 per Canadian. So if you're a family of four, that's more than $200,000 in deferred tax that you will eventually have to pay.**

**The vaccine injured received pain, suffering, stigma, long waits, and claim scrutiny. Vaccine approvers and safety claims have not been publicly scrutinized.**

**Mainstream media news generally aligned with government narratives. CBC [Canadian Broadcasting Corporation] receives $1.2 billion in tax funding and received $85 million in raises and $99 million in leader bonuses over three years. Other mainstream media received $600 million in taxpayer-funded corporate welfare, while mainstream media shareholders received dividends.**

**Individual lawsuits aimed at holding the government to account have to secure independent legal financing. The government chooses the arbiters of these suits and uses taxpayer funding to defend its actions.**

**Medical governance has disciplined doctors for non-compliance to approved therapies. Have they disciplined doctors who advised further vaccination to the vaccine injured? (I don't know.)**

**There are laws to ensure accountability of officers of private and publicly traded businesses. There are laws that indemnify elected officials.**

Leadership—What we had was a reaction, and I would say an emotional reaction. What we want is vision. We want our basic needs met, and we don't want them met by the government. We want them met by a good economy. And vision looks like freedom and opportunity. What we had was bullying, gaslighting, and emotion. What we want is knowledge and capability, and that looks like seeking and acting on wise counsel. This nation is filled with wise people. What we had was lack of transparency and "cover your butt." What we want is commitment and accountability:

[00:45:00]

consequences commensurate with the result. What we had was division. What we want is unity and compassion, focusing on what brings us together. I took a cultural diversity course—I don't know—15 years ago. It was a three-day course, and I took away one thing: we're all 90 per cent the same. Why do we focus on a 10 per cent difference?

So I'll end with my prayers. God keep our land, glorious and free. You can look the other one up [II Chronicles 7:14]. Thanks.

**Leighton Grey**
Thank you, Mr. Beaudry. I wonder if you could turn to, I believe it's the fourth slide in your presentation. It's the one that has a strategy for minimizing failure points at the top. It talks about applied science as a process. That's the one. I wonder if you could put in that little part at the bottom right-hand corner? Yes. [Graphic reads: "The only reason to not do this is when control is prioritized over doing what is right—a values failure."]

I want to take what you said, and I want to put it in the form of what lawyers call "a hypothetical." And when people hear the hypothetical, it's going to sound hauntingly familiar.

**So it turns out that what happened in this province, in Alberta, was that our government had no interest in a consensus process like you've described here. What we did instead is, under section 29 sub 4 of the *Public Health Act*, a Public Health Act dictator was set up. One person: Deena Hinshaw, Chief Medical Officer of Health. It seems to me that's the beginnings of where we went wrong. But you say there, in the bottom right-hand corner of that graphic, "The only reason to not do this is when control is prioritized over doing what is right."**

**I want to present you with a little hypothetical, and then I want to get your opinion about this.**

**Most people who have done any management training or taken an ethics course are familiar with something called the "dilemma of the trolley track." It goes something like this. Trolley dilemma is an ethical thought experiment where there is a runaway trolley, a train, moving down railway tracks. In its path, there are five people tied up and unable to move, and the trolley is heading straight for them. People are told that they are standing some distance off in the train yard next to a lever. If they pull this lever, the trolley will switch to a different set of tracks but will kill only one person who is standing on the side track. People have the option to either do nothing, allow the trolley to kill the five people on the main track or pull the lever, diverting the trolley onto the side track, where it kills only one person. It seems that this has been presented many times all over the world. Results show that—over-ridingly—historically, people in Europe, Australia and the Americas (that's us) were more willing than those in Eastern countries to switch the track or to** sacrifice the man to save more lives. But in Eastern countries, such as China, Japan, and Korea, there were far lower rates of people likely to support this morally questionable view.

Let's bring this closer to home. I actually put this trolley dilemma in some form to our Chief Medical Officer of Health when I had the opportunity to question her. I said to her, "Look, you knew that when you were imposing lockdown restrictions, you were suspending, violating the human rights, the civil liberties, you were destroying or upending their businesses, the economy, schools, all these things. You knew that. And you did it anyway." Her answer was that, on balance, the lockdown restrictions and other public health measures were justified in the public good. So in her hierarchy of needs, in Alberta, we needed to preserve the healthcare system.

So my question to you is this: Seeing how our Chief Medical Officer of Health sorted out her own form of trolley dilemma,

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would you agree with me that that proves your conclusion? That the only reason to do what she did was in the hierarchy of needs to prioritize control over doing what was right? Would you agree with that?

**Dean Beaudry**
I think we put her in an awkward position when we didn't put her with a team.

**Leighton Grey**
Right.

**Dean Beaudry**
**So there's a lot of things to protect, and this isn't an unusual situation. You encounter this in high-stakes business all the time. There's always things that need to be balanced. There's a lot of things that I feel went wrong.**

**When you put in mitigations and you don't assess their impact or where they land on the risk matrix, that's a big problem. When you have dissenting opinions and they're qualified people and you don't bring them in, that's wrong. There were so many things that went wrong: the level of competency is either really, really unbelievably low, or what's going on is intentionally trying to mess up our economy. It's hard to believe that the incompetency**

could be that low. This isn't that hard, and there's lots of expertise: we have lots of expertise in Canada; we are a brilliant nation. I can explain how to do it right based on 30 years of experience. I can't explain how anyone can possibly do it this wrong. I have no explanation.

**Leighton Grey**
Thank you, sir.

**Dean Beaudry**
I would say, though, that when we get to be a nation that doesn't protect our children, it sickens me. It's just unbelievable.

**Leighton Grey**
Well, I'm sure on that point we can all agree.

Thank you for your presentation. I'd like to open up to the panel now. Who would like to go first?

**Commissioner Massie**
Well, thank you very much, Mr. Beaudry, for your excellent presentation. I'm kind of familiar with these kinds of matrix risks. We used to do that all the time for our research projects.

One of the challenges as you do that is the assessment of the risk level because some of that are not that precise in terms— I mean, there's a value judgment in all of these risk assessments. I understand that in order to come up with the best possible level of assessment, you need to probably get the opinion from different people. And what I've seen as we were doing that, typically, is that the opinion varies with the individual. But also a very important factor in this variation of opinion is the further away people are from the operation—people that are really high up and not doing the stuff very often—would have either completely low, low, low level of assessment or extremely high because they are not connected.

So what would you suggest in order to practise that in a more meaningful way? Because you know, health is a big thing; it's not that easy to define. But what would you suggest, within government health institutions, to really come up with the best practice to do that?

**Dean Beaudry**
Well, it's called stakeholder engagement.

I was in a business. I worked in 13 different roles; I worked in many different departments. And every department thought the other department was stupid. And that's almost like human nature. That's why you bring people together because once you bring them together, you realize they're not stupid. You realize that their opinion has a basis. And if you're unwilling to do that, you're not going to get the right answer.

[00:55:00]

**I had 20 years of people that really understood the vision and values and really understood delegation. And then the head of my organization was lopped off, and a whole new C-suite came in. And they were micromanagers; they thought they knew everything. And the performance of the company went down rapidly when that happened. So you need to engage the people that are closest to the front line. The frontline people— Like if in health care, all the doctors and nurses and everyone on the frontline had everything they needed, there would be no need for management. Period. If they're well-trained, they know how to do their jobs, there's no need for management. So management's job is to support them. And the way you support them is you get them involved in decisions that impact them.**

**So I don't know if that answers your question. But, yeah, it's stakeholder involvement. You need stakeholders involved. To be accountable, you have to be— you have to look the** person in the eye that's having the negative consequence. When you're not doing that, you're just not an accountable person. And you shouldn't be in leadership.

**Commissioner Massie**
My other question in that space is with respect to perception of risk. Because sometimes people will have a perception, for example, that flying a plane could be more dangerous than driving their car. Because when they fly a plane, there's a lot of things that are out of their control. And when they drive their car, they feel that they have it under their control. So that's one aspect that can actually distort a little bit the perception of risk, and it could actually have a major impact when people will come up with risk assessment.

And I'm wondering, in the beginning of the pandemic, there's been a lot of decision in government in the western country based on modelling, which actually were predicting a very, very terrible outcome if government was not doing something to mitigate the risk. Do you think that this has distorted the perception of the risk and created all kinds of other consequences in the decision-making process?

**Dean Beaudry**
There is no doubt that that distorted how people felt about it. But when you do modelling— Like, if you do any modelling, you do testing with reality. Within three months of people starting to die of the pandemic, you could have looked at what the trends were and compared it to the models, and you would have found that they were vastly different. I would say, probably somewhere between three and six months in, you could have predicted exactly what—well not exactly—but quite close to what actually rolled out. It was predictable. So the modelling is— Well, it turns out it wasn't very useful, and it created fear. So emotion, we talked about it quite a bit, emotion needs to be out of these decisions. And understandably, it's hard to do that. But it needs to happen. We need to detach from **our emotions. Lots of people have given testimony, and a lot of hurtful things have occurred as a result of emotion and not fact. And we've trended towards not listening to people who have experience in dealing with facts and information and data; we've trended towards opinion-based things.**

**At one point in my career, I was doing projects and just saw lots and lots of poor decisions coming out. I set up this criteria saying you need to write down the information that you're using to make the decision. You have to label it. You have to label it fact, opinion, or assumption. And that was transformative. Because once people realized that they were making decisions on basically hearsay or models or things that couldn't be proven as factual,**

**[01:00:00]**

**my project teams actually got to work. They started understanding the whole— When you're making a decision, it has to be based on facts or well-corroborated opinions, and minimize the assumptions. I can't see any evidence of that having occurred.**

**Commissioner Massie**
**You also mentioned that the data was probably baked in three months, at the beginning of the pandemic; we should have already adjusted.**

**Dean Beaudry**
Right.

**Commissioner Massie**
And we've heard from other people, other experts, that it was true also for other data that were coming in for efficiency of masks or vaccine, and so on and so forth. And it seems a current pattern in government that there is a big lag between acknowledging what are the real data and the decision.

So I'm wondering, why is there this kind of inability to recognize or to update the data? Because you mentioned something about cognitive dissonance, I'm just wondering whether this inability to acknowledge that what we have thought needs to be adjusted—and it lags long, and there's a very long process before it is acknowledged—could that be due to what I would call emotional dissonance? In the sense that the status that you get from associating with your opinion is threatened the moment reality show you that it doesn't jive anymore. And you will probably cling to it to avoid the consequences of having your status challenged because you were not right for a certain period of time, and you really lag to acknowledge it. So what do you think about this idea?

**Dean Beaudry**
That's part of the values crisis. It's really hard to admit when you're wrong. But it's also very freeing. And you know what we have to do is we have to just practise it. Because you practise it a couple of times, and you realize your reputation actually gets better when you're honest. So yeah, it's part of the values crisis, and I can't answer for people who have different values.

But I will say this. When you get people in a room and you say, "Do you believe in these **values? Do you believe we have the courage and conviction to do what is right?" no one is going to argue with those values. If they do, they'll be shunned, I'm sure. When we're together, we have better values. No one's going to say I like lying as a value. Or I like not being transparent as a value. And so, as Canadians, as leaders, we need to ask ourselves what our values are. Do we believe in telling the truth? Do we believe in being accountable? Do we believe in talking to the people that are most impacted by our actions? This is what the pandemic is: it's a pandemic of loss of values.**

**Commissioner Massie**
**Maybe I'll ask two quick questions, I guess. In your model, you took the numbers straight from the government website in terms of assessing the number of COVID dead or adverse effects of the vaccines?**

**Dean Beaudry**
**Yes.**

**Commissioner Massie**
**So if we take these adverse effects from the vaccine, we've heard other experts mentioning** that there's most likely an underreporting factor. You have not used that underreporting factor in assessing whether the vax, as a mitigation measure, would actually move even further towards higher risk than lower risk.

**Dean Beaudry**
Well, definitely. You know— Who knows? If someone dies, they can't report their side effect. Who knows how much is there? That's why I use the actual numbers on the website.

**Commissioner Massie**
And even with these numbers, you think that the mitigation measure was not doing what it was prepared to do?

[01:05:00]

**Dean Beaudry**
I'm saying the mitigation appears to have been helpful for one or maybe two age groups. That's what it appears.

Now, if there were much more adverse events, then maybe it was only helpful for one or possibly none. I don't know without validated facts. I did hear testimony today where only half of the adverse effects were even acknowledged, and half of those were cancelled, if you will. So yeah, the number is probably much higher, and the risk is probably much higher. But I don't have my finger on that pulse. That data appears to be carefully guarded.

**Commissioner Massie**
**On the case of the COVID deaths, you took the number from the government. So you're assuming when you range it in the same level as car accidents that all of the COVID deaths that we get from the official number are really attributed to COVID as a primary cause or main cause of death?**

**Dean Beaudry**
**Yeah, I didn't challenge— I just used the data; I didn't challenge. So if a third of them— If there's four comorbidities and the person has COVID, wouldn't that mean that only 20 per cent of them died of COVID? Maybe the other four comorbidities or pre-existing conditions were the cause. Unless we do an autopsy, we don't really know. And it appears like there**

was a lot of encouragement to label things COVID when it wasn't. A 14-year-old died of brain cancer, and they say it was COVID. I don't think so.

**Commissioner Massie**
But your analysis is based on the official number? No challenge to that number?

**Dean Beaudry**
The analysis is based on the official number. Yeah. You guys can look it up yourself at Canada Health and Alberta Health. Except for the things that I've told you have been taken down. But I said I would tell the truth, and the truth is I got that information from Alberta Health.

**Commissioner Massie**
Thank you very much.

**Commissioner Kaikkonen**
I would like to thank you for bringing forth II Chronicles 7:14. I think there's a spiritual component to the last three years that we have not discussed. So thank you.

My question has to do with very early in your presentation, you spoke about Canadians suffering severe social, emotional, educational, mental, and physical, and economic consequences of lockdowns and mandates. And I'm just wondering, just after that, you ask "Why?" But the question of asking why seems to be from a minority position, maybe. Or, also, the question of asking why is now.

Do you have any understanding as to why people did not ask why very early on when they were actually suffering these consequences?

**Dean Beaudry**
Well, I think the convoy was asking why. I think lots of people were asking why. And people with dissenting opinions were cancelled. If you look on YouTube policy, for example, it basically tells you, "Don't disagree."

And then you end up with— I had a family member when we were discussing this. This was someone who probably should not have been vaccinated and was getting vaccinated to protect my mother-in-law; and didn't I care about my mother-in-law? When you use emotional blackmail, you get results. That occurred in my own family, and I'm sure it occurred in lots of families. And then when you take things away from people. Like, I got vaccinated: I'm retired. I want to travel.

**[01:10:00]**

I want to see my newborn granddaughter. I can't do that if I don't get vaccinated. So tell me the question again. I think I got off-track.

**Commissioner Kaikkonen**
**Maybe I'll move on a bit. Just from even today, the community standards of YouTube means that the National Citizens Inquiry can be put on suspension for seven days. So how do we get to the point where we ask, "Why?" or ask even more in-depth questions when, 2023, we still have to experience these kinds of things? When can ordinary Canadian citizens choose to ask questions?**

**Dean Beaudry**
**Well, this inquiry is the best thing since the convoy. When the convoy happened, I started to feel Canadian again. And this inquiry— I'm thankful to be here. It feels like I have an outlet for pent-up frustration. I feel like I'm among peers and friends and family, other** Canadians that I love. I think this is the best thing we can do.

When you've got a person like Brian Peckford who's just such an amazing and honourable guy and mainstream media won't run his story— I don't know how you fix that. I just don't know. I've got family in mainstream media. One night, late at night, there was a conversation ended abruptly in order to maintain the relationship. And I understand. I understand people are in positions that basically require compromise in order for them to express themselves. Or maybe they can't even make that compromise without suffering some other consequence. The consequence model on all this is very, very broken. So I don't know the answer.

**Commissioner Kaikkonen**
Thank you very much.

**Dean Beaudry**
You're welcome.

**Leighton Grey**
It appears there are no further questions. Thank you so much, Mr. Beaudry, for your compelling evidence here today.

**Dean Beaudry**
Thank you.

**[01:12:58]**

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 9: Colin Murphy**
**Full Day 1 Timestamp: 08:47:38–09:13:24**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Leighton Grey**
Welcome, Mr. Murphy. Our next witness is Colin Murphy. He is a proud Albertan. Calgarian. Welcome to the National Citizens Inquiry, Mr. Murphy.

**Colin Murphy**
Thanks for having me.

**Leighton Grey**
Firstly, I wonder if you wouldn't mind just stating your name and spelling it for the record.

**Colin Murphy**
My name is Colin Murphy, C-O-L-I-N M-U-R-P-H-Y.

**Leighton Grey**
Sir, are you prepared to tell the whole truth, nothing but the truth, so help you God.

**Colin Murphy**
I am.

**Leighton Grey**
Sir, I understand that, as I mentioned, you are from Calgary. You're a businessman.

**Colin Murphy**
Yup. In business for over 22 years.

**Leighton Grey**
You have kind of an interesting business in that you produce and run large-scale sporting events and music festivals, right?

**Colin Murphy**
That's correct. We're a service provider for those events.

**Leighton Grey**
And you are involved in this with your wife.

**Colin Murphy**
Yeah. She helps on the side. It's been a family business. My dad started it a long time ago, and so it took a long time to slowly build up the inventory, build up the reputation, and the client base that we have.

**Leighton Grey**
So I understand that when the pandemic was declared, this was hugely disruptive to your business.

**Colin Murphy**
It's interesting. In the event space, when you get to be well known, you almost have your year laid out, especially when you've been doing it for 20 years. So around December/January, when it was coming to light that COVID was coming around, you immediately start to go, "Where's it going to impact me in three months? Five months? Down the road," right?

But you already have your summer laid out in December. So it's more: When's it going to hit? And what's it going to do? And how as a business can I get through whatever they're going to do? But it's unprecedented. You don't know what they are or aren't going to do to you. But you see it coming for sure.

**Leighton Grey**
Is it fair to say your business is somewhat seasonal, or do you have these events going on year=round?

**Colin Murphy**
I would say 80 per cent of my revenue comes in the summer. Those are almost all annual clients that always occur. You might get a deviation of five, ten per cent, more or less, but you always have the same clients. You're doing the same events. It's a great time. You know what you're doing. You have the staff. Everything is allocated perfectly.

**Then in the winter we were lucky enough. It gets thinner. It's quite competitive, but we had one or two really solid clients. It was a sporting event, and you traveled all around Canada, and it was a great, great contract. We really loved working with them and just seeing all around Canada.**

**Leighton Grey**
**I understand that just in the first year, bearing in mind that the pandemic was declared in March of 2020, just in that first year though, your business lost over a quarter of a million dollars. Is that correct?**

**Colin Murphy**
Well, so COVID happens, and everyone starts getting really, really nervous about it. And no one knows what's going to happen. So they basically cut everything in March. We were not allowed to do any more events. So we go home, hang with our family, and ride this thing out to see what's going to happen.

I believe it was around April where I think Quebec was first. They basically cancelled the summer. They said, "No more events in the summer." And quite quickly, Jason Kenney completely followed suit and said, "We're not doing anything this summer."

So I've got three permanent staff, including myself, and four or five contractors. And basically, our revenue went from $300,000 to zero. We had to lay everyone off, had to cancel everything, and basically shutter the business. Everyone had to go off of employment because we didn't have the means.

The problem was that one of the things that was established was that the governmentwas going to cover 75 per cent of the wages. But if you have no revenue, you can't cover anything. So basically, what ended up happening was we shut down to ride the wave out. And again, I'm going to be sympathetic. No one at that time knew what was or wasn't happening. You could get some data, but to be sensitive, you basically grinned and beared it and said, "Let's wait and see what's going to happen." This is the first summer. So the whole thing was completely shut down.

**Leighton Grey**
Notwithstanding that really catastrophic situation in 2020, I understand that you were able to retain and maintain some of your customer base.

[00:05:00]

**Those of us who lived in Alberta during that time remember the phrase "graduated reopening," which started to happen—did you just cringe?—started to happen in 2021, right? And I understand that there was sort of a "bubble" approach that permitted you to put on some limited events in 2021. Is that right?**

**Colin Murphy**
**So most events have to work eight months to six months out of their event date to get organized and actually get all the ducks in a row.**

The problem was that they shut down the summer, but when September came along there was no guidance. There was no leadership. There was no— Everyone was chasing everyone else saying, "What do we do? What do we do?" I honestly don't think— No one wants to take accountability, so they defer everything to the next person. Even my clients— I don't blame anyone. But everyone's looking for answers and deferring to the next person, deferring to the next person, so that when they're wrong, they can actually say, "Oh, that wasn't me who made a decision. I relied on them."

But, basically, most of my clients could not get any planning or anything done going into the next winter. But I was very lucky because one of my clients was able to establish a bubble and through those means we were able to hire some people back on and get through that with the revenue.

However, we came back up to the summer, and there were no guarantees the summer was going to be open. Because the summer was closed before, everyone was still nervous. So everyone had to basically hold back on all their plans. So once the bubble was gone, then you still did not know what was going to happen in the summer until Jason Kenny, again spontaneously, said two weeks before the Stampede, "Hey, we're open! Let's go!"

**Leighton Grey**
Right. COVID-free forever. Who could forget?

**Colin Murphy**
Let's rock it!

**Leighton Grey**
I understand, also, that through your business you run events, you produce events, outside of Alberta and that this posed a problem for you in terms of the differences in restrictions as between Alberta, Saskatchewan, Manitoba, and other provinces. Do you want to talk about that a little bit?

**Colin Murphy**
What's interesting is people don't really know how things flow.

So we're going to get into vaccination time. The whole goal was that once everyone got vaccinated, everyone could return to normal; we could start doing events again. Unfortunately, I'm not vaccinated for my business, and I'm looking at this— One of my main clients who did the bubble and they presented me with a scenario in August saying, "Great news, we're open for business." But it was going to be 90 days on the road.

Now I'm sending three to four crew on the road all around Canada. At that time, the quarantine rules were different in every province. And they were spending about 12 to 14 days in each location. So what was happening is that I'm looking at my chart here saying, "I'm going to send four people to St. John's." They get to St. John's, and all of a sudden on day eight or day nine, it doesn't matter what they're doing, they get COVID. Well now, they have a 14-day period where they have to quarantine in St. John's. But their plane leaves in five days, and the event's all done. And they have to go to another event. So as a logistics manager, I'm a small company. I don't make millions and millions of dollars. So I'm going, "Whoa, whoa, whoa, I can't take this liability."

My client, they like my services. But I can't provide them the services because of the unknown because of all these weird regulations and where things were. And so because of that, one of my best clients— These are people who we've worked with for a long time. The volunteers at these events, we would see the same ones. It was such a community. And my workers, who I absolutely adored, they did such a good job. And for no reason of my own, all of it got wiped out. Just all gone.

You can't do anything about it. You can just go, "Oh, that was nice. That's a good memory, and let's move on from here."

Because there was no consistency across the board, it was impossible to schedule anything. So unfortunately, I had to get rid of that contract, which was my winter contract. And so then things got even thinner. And that was when things started kicking in and everything else was changed.

**Leighton Grey**
I understand that you tried to bring your frustrations with the lockdown restrictions to your elected representatives but without much success.

**Colin Murphy**
I'm very fortunate because I have Jason Copping in my riding,

[00:10:00]

and we all know what a wonderful person he is. So when COVID was hitting in April, the very beginning, I had a long conversation with him on the phone. I basically was saying what I believed to be where this may be heading. Not that I was right or wrong but just "Hey, watch out for this."

Multiple times throughout this whole ordeal he does answer the phone. I've had several conversations with him. I've gone to his town halls. I've tried to present things to him to try to mitigate and, early on, try to open up earlier and/or provide alternatives to the way the course was being set for us. Every single time he would— He would basically just ignore you. He would just stare blankly at you and go, "Okay, Okay, Okay," and then nothing would get done.

If he wanted something from you, he would answer your calls. But if you sent a video to him or some statistics or anything to him, there was just no response. I'm not saying he should listen to me. I'm not a medical person or anything. But I was pleading to look at those people who he should be listening to. People who are way more knowledgeable on the subject than me, and there's tons of resources, especially now. But they're still not doing it, and I have no idea why.

**Leighton Grey**
I understand, sir, that despite all of this, you're still involved in your business, but not to the same level. Why is that?

**Colin Murphy**
Well, you can't. I don't trust the government anymore. I don't trust anything they're going to do. All the events are there to bid on. For me to actually go and say, "Okay I want to get this contract back, or I want to get this contract back." Then now, I have to hire people. Now I have to train them, and I trained guys for five or six years. Now I have to go through that labour of training people and trusting them on the road with my equipment and my reputation.

Once you've done all that, then you bid on the event. Now you're deep into money and deep into investing in personnel, and all of a sudden, the government will come along and change it. So I don't trust any of that, and because that trust is broken, I really can't do anything more.

We're doing well. I'm happy. I've got fantastic clients, and I'm back to when we were small. You grind it out. You do what you can. My dad's 78, and he's still joining me on the road. So you do what you can.

**Leighton Grey**
So you've got this great family Alberta business that employs yourself and your wife and your dad and all these other skilled people, has great potential. You had a dream that it would grow much bigger. You obviously have incredible expertise that's applicable.

But what's holding you back really is something emotional and psychological and, to some degree, rational. And that is your distrust in your government because you're afraid that if you do invest all that time and energy—and every business owner knows what this is like. I feel you, okay. To have a sense that a government, which is supposed to be there to support you, to help you grow your business, or at least not interfere with your ability to do that; you're worried that that's the very entity, the very force, that's going to come along and pull the rug out from under you.

**Colin Murphy**
Well, when you have a business, the right way to do the business is you believe in something. You put your house on the line. You buy equipment. You get a loan. Basically, you put everything on the line. So when the government shut down the summer, the first year, you lose all that money.

It didn't pay for your trucks, didn't pay for your trailers, didn't pay for your loans, didn't cover anything. Everyone is like, "Oh, the government's going to support you. Didn't the government give you something?" They didn't do anything. The federal government gave you a loan and, basically, said, "Hey, here's a little bit of money. Take all you want. Pay us back," and that's coming into fruition. It kicks in in December or something like that. Then the provincial government gave a little bit of money here and there. But again, we're talking about a lot of money, risking it all on the line, and I already went through all that.

That's the problem. I don't know how people nowadays— Look at all your small businesses. They all believe in something, and they pour it all into it. You own a restaurant. You own a gym. You own a hair salon. You're a trucker. You put all your money to buy a truck you want to drive across Canada and deliver product. And out of nowhere, the government can just change it. It's crazy, and there's no recourse. There's no recourse for their actions. They just go, "Oh yeah, well, we made a decision." Hey, pay for my grocery bill every year, thank you very much.

**Leighton Grey**
And the problem is compounded by inflation

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related to the pandemic, higher interest rates, debt, costs of things like gas and fuel, all these things. I expect you have to run equipment and machines, large-scale machines.

**Colin Murphy**
Yeah. The biggest problem is the supply chain right now. The supply chain is completely disrupted. You guys won't see it, but parts are very hard to get. If you want to get a power distro—it's this thing that converts power so you can run all these things—they say six weeks. But it's probably nine weeks to probably twelve weeks. Before, that was unheard of. The parts don't exist.

And that's now. I don't know where the crunch is going to go. I'm not going to get on the line and foresee that. But there's been a massive change in how things are working right now. And the labour force in our industry is quite thin. In other words, people who you used to be able to— You used to be able to get crew. They're called crew, and they come in, and they help out. There used to be a good supply of crew. And I don't know where they are anymore. They're really not around.

**Leighton Grey**
So not to put too fine a point on it, comparing where you are now to where you were pre-pandemic, you have the wherewithal to run your business, but the landscape has changed completely.

**Colin Murphy**
Oh, yeah. And you don't know where it's going to go. You have no clue where it's going to go.

**Leighton Grey**
Predictability, of course. Thank you, sir. Is there anything that I didn't ask you about that you want to say to the Inquiry?

**Colin Murphy**
The frustrating part that I have with this whole thing is a lot of people were vilified, but it seems that people don't talk anymore to each other. You can talk to friends and family members, and everyone has a little thing that's wrong. Everyone has a story. But they don't share the stories in one unit, one big group. And because they don't share in one big group, they can't connect the dots. Not saying there are any dots. Not trying to get in trouble here. But it would be nice if somewhere down the road, there is an event or there is a continuous event.

I know it happens in Europe a lot. They go to the news agencies, and they post things on the walls there, or they have marches. In Canada, we've backed away from doing some of that. But we really need a national acknowledgement of the effects of what happened here.

I know that on April 28th is the WCB, Workers' Compensation Board— They have this actual day where they commemorate people who lost their lives on the job. I really think there has to be a really big push. And we have to hammer it through media, who don't listen to us. And we have to all get together. People have to see the effects of all of this. Because by having little chats here and there, they're not talking, by not talking— For my kids right now, I'm worried about the future. It's not just the consistency of labour; it's the consistency of life, the way of life. Because that's all changed. People get used to change, and I don't want some of the change. I don't think it's good change.

**Leighton Grey**
You don't want Deena Hinshaw's "new normal?"

**Colin Murphy**
I don't want passports. I don't want any of that stuff. It's just crazy.

**Leighton Grey**
Sir, thank you for that suggestion and for your testimony. I'm going to turn it over to the panel now and see if they have any questions.

**Commissioner Kaikkonen**
Thank you for your testimony. I'm sure there's a lot of Canadian businesspeople who could relate. My question is what changes need to happen for you to trust government again?

**Colin Murphy**
Well, I honestly don't know. Decentralized decision-making is key, I would say, with government. I would trust certain avenues.

Politicians have avenues of employment. How do I say this? Different jobs benefit from different political landscapes. So my political landscape benefits from certain ideologies. So it's biased for me to say what I think is going to help me because I really want more liberty and freedom to do what I want to do, less restrictions, and less saying, "You have to do everything this way and this way."

So I don't really know, but I say decentralized would really, really help. In other words, rules at least where, if there was a decision made in the federal level, it doesn't necessarily impact the provincial level because it might not agree with our certain values and beliefs here. I think there has to be a distinction because it exists in other things across all the other provinces.

So maybe decentralization and talking—getting more input. I will say one thing.

[00:20:00]

My industry didn't speak up for itself. I think a lot of small businesses don't have a voice because they're all spread out, and they're everywhere. There's no real big centralized— The unions right now that are protesting, well, they're huge. But small business is the same size, if not bigger, but they don't come together and join that. So maybe some way of

**collectively bringing people together and having one voice. I'm sure that would help. But it's a lot of work and I don't know how much time we have to do that.**

**Commissioner Kaikkonen**
**Thank you very much.**

**Commissioner Drysdale**
**Good afternoon. We've heard from several witnesses previously about the impacts on their industry. I don't know a lot about your industry, but some of the things that we've been hearing is that the mandates seem to favour large companies and destroy small companies.** In other words, they have more resources, they have more money at their disposal, and some of these companies, for instance, our mainstream media companies, got hundreds of millions of dollars to support them.

So what happened in your industry? Did it consolidate? Were the small people pushed out?

**Colin Murphy**
Specifically in Alberta, three companies became one. In the last three years most of them consolidated into quite large companies. If you look at the large conventions, the large sporting things, those things, they'll all get— There's no question that now that they're so large, they have the workforce.

Some of my old clients— I gave up a client last year I've had for 19 years. I didn't give them up because I didn't want to do their event, and I didn't have any malice to them. I physically could not get the workers and provide the level of service that I was comfortable with to do the job. And so I said, "I'm sorry I can't do your event anymore, and here's some companies that are larger." They were able to get through it because they have deep pockets and/or they have other revenue sources that helped get them through.

I'm not complaining about it. Everyone has their merits and such. It's just unfortunate that as you're getting bigger and bigger and you have this five-, ten-year plan, it doesn't take much—and everyone tells this to you—it doesn't take much, for one little thing to happen, and it just changes everything. Gone.

**Commissioner Drysdale**
Well, it seems to be a common theme of a lot of the business owners. We've been talking about the consolidation or in some instances, monopolization of their businesses.

**Can you comment a little bit on the ability of very large companies to address the needs of very small clients? I mean, Canada is a country of small companies, of small events. Are these large monopolies or consolidated companies able to properly service and are they interested in servicing those smaller events that you used to do?**

**Colin Murphy**
**I think most of them will. Most large companies will only go for the large ones. If they go for a small one, they'll bid really high, and they'll basically say, "Hey, if I get it, then I get it and we'll go in there." They'll blow it out of the park; they'll do a great job, for sure. But what they're doing is they're taking that small sporting event only as a finite budget. And so**

where they might have allocated a certain percentage, if that goes up 40 per cent that impacts the bottom line.

And most sporting events on the small scale, it's for the community. It's not some guy who's a promoter, who's just pocketing the money. It's actually a group of people who got together and said, "If we throw this event on and we make money then that can help with the arena or it can help over here, over there." So they're very important.

But I would say the problem with the landscape is that 30, 40 years ago, businesses supported events. Whereas nowadays, the government got rid of a lot of that, the write-offs. So now a lot of events are very dependent on government funding for the event. So the events themselves have to make sure that they toe the line.

**Commissioner Drysdale**
Well, that's a really interesting point. I want to make sure I understand that. So some time ago, it was common for businesses or communities to support these events, but now the government supports them and, therefore, has control over them. Is that what you're saying?

**Colin Murphy**
Well, I couldn't infer that. But I'm just saying they definitely got rid of the way that sponsorship was done. Sponsorship in the past was done with a different model, I believe. But now it's totally different.

I think the problem is that you have large companies— It's just a business cycle, and unfortunately, the business cycle

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was interrupted by something larger, and I'm just a slight victim of it. I'm doing fine without it.

But there needs to be better preparations on how to mitigate the business cycle from being interrupted from external sources.

Because other areas did fine. I mean, Florida—that's the problem—is that Florida never closed. Florida stayed open. Sweden. So there were examples around the world where things were doing okay.

**Commissioner Drysdale**
Thank you.

**Leighton Grey**
Mr. Murphy, thank you for your testimony here today and for being part of the National Citizens Inquiry.

**Colin Murphy**
Thank you.

[00:25:45]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 10: Kyrianna Reimer**
**Full Day 1 Timestamp: 09:13:48–09:36:43**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
So our next witness today is Kyrianna Reimer. Kyrianna, can you please state for us your full name, spelling your first and last name for the record?

**Kyrianna Reimer**
My name is Kyrianna Joy Reimer, K-Y-R-I-A-N-N-A, Reimer, R-E-I-M-E-R.

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

**Kyrianna Reimer**
I do.

**Shawn Buckley**
Right now you work in financing. But when COVID hit you were a nursing student trying to work your way through to get a nursing degree. And my understanding is you'd like to go back. Can you share with us basically how the COVID experience for you unfolded as you were trying to get through the school of nursing?

**Kyrianna Reimer**
So in September 2021 I returned for fall semester, third year. We were told at that time that the vaccine was highly recommended. We didn't have a due date that we had to be vaccinated by, but this quickly changed. And throughout that semester, as AHS [Alberta Health Services] changed their policy, so the school changed theirs as well. As that came up, the date I remember the most was October 14th, we were supposed to have our first jab by.

**Shawn Buckley**
And my understanding is at that time you were actually seriously entertaining getting the shot, but your opinion changed. Can you speak to us about?

**Kyrianna Reimer**
Yeah, I'd considered getting it because I really believed that nursing was where I was supposed to be. That was something I'd spent a lot of time thinking and praying about, and it had led me to the conclusion that this was where I needed to be.

So I was going to get the vaccine so I could continue my studies. But as I reflected on years I'd spent in nursing, certain principles came up. One was the ethical morality surrounding the current code of ethics, which says that a patient may not be coerced into taking a medical directive. When a nurse is receiving a vaccine or a jab, whatever you want to call it, at that time, they're considered a patient. To be coerced into receiving it, it goes against the current code of ethics, undermining the ethical standards in addition to the scientific standards, as outlined in what we had studied during our microbiology course.

Generally, a vaccine takes five years minimum to be released to the public. This one shouldn't have been released so fast, obviously.

**Shawn Buckley**
Right. So the speed kind of spooked you. I'm trying to understand what you're saying about the code of ethics. So the nursing code of ethics requires that a patient have full consent for it to actually be ethical to then administer a treatment, such as a vaccine. But you found yourself in a situation where something was being imposed on you. And that, actually, violated the code of ethics that nurses are supposed to comply with. Did I kind of get that right?

**Kyrianna Reimer**
That is correct because it wasn't an optional thing. There was coercion to receive it or drop out of the program, which costs both financially and as far as time goes, whoever decides to stand up for their rights in that.

**Shawn Buckley**
Right. My understanding is you actually had a project where you had to write a letter on a topic, and you chose this ethics issue as your topic.

**Kyrianna Reimer**
Yeah. Um—

**Shawn Buckley**
And you smile. So it is a bit of a cute story. Can you tell us about that?

**Kyrianna Reimer**
The project was to write to a member of the government regarding an issue that was affecting the healthcare system. So I decided to write on this one.

**Shawn Buckley**
**Okay. So it was a broad, broad assignment. Students were allowed to pick their own topic, so it wasn't meant to be topic-specific. You were able to pick your topic, but it was to write to a politician on a healthcare issue, and so likely it was to look at how you would address it.**

**[00:05:00]**

**Was it an exercise in teaching nurses to be advocates on health issues? I'm just curious what the purpose was.**

**Kyrianna Reimer**
Yeah, that was the idea. It was to be an advocate for patients and be actively involved with the government to support moral health practices and good health practices at the governmental level.

**Shawn Buckley**
Okay, so you picked an obvious topic on advocating for patients because here you were actually experiencing that very issue yourself. So I imagine that the professor that graded your paper was very fascinated and pleased with the current topic.

**Kyrianna Reimer**
No. No, that was not what happened. I received a poor mark on that paper with a statement that said, "Please don't write about personal subjects."

When I asked my teacher later on and reviewed with her about it, she compared holding my opinion on the COVID vaccine with oral hygiene, stating that she said of herself, "If I decided I shouldn't brush my teeth, I couldn't go and tell my patients you can't brush your teeth. Because we have literature that supports that this is good for the health. And the governing bodies above us also dictate that this is good for our health. So that the governing bodies have dictated that this is a healthy procedure, we can't speak against them."

My prof was a nurse.

**Shawn Buckley**
**So in effect, you are being told that to advocate for a patient, you basically have to advocate for whatever the government line is, which seems to me, and you can comment, to totally undermine the purpose of writing to a politician. You're basically saying, I support the government's position. So okay.**

**Now there was something else that caught your attention and led you not to be vaccinated. I understand you were concerned about basically the treatment that was being meted out to other treatments.**

**Kyrianna Reimer**
Yeah, I took issue with the testing of the vaccine just because during our earlier courses we had been told that it takes five-plus years for a vaccine, or even regular medicine, to be released to the public in most cases. It seemed odd that we were accepting this one so blindly so early on in the testing process.

This went against the scientific standards that I thought nursing stood for. So both the ethical and scientific standards were lost, making nursing seem like a pretty pointless profession.

**Shawn Buckley**
Right. Now, you were making efforts to bring your position forward to the College of Nursing to see if they would grant you an exemption or change the mandate. How did that go?

**Kyrianna Reimer**
At first, there were a number of exchanges of emails. I asked them about their date because they were enforcing an earlier date than AHS originally. I pointed out that this was illegal because they were, in fact, enforcing their own rules, which went against my rights.

To this, as AHS changed their policy, they continued to move backwards and give me more and more time, so I was able to finish that semester. However, later on in January, I wrote to them because AHS had once again changed their standards. I had been held back for a class for that semester because I wasn't seen fit to enter the clinical placement.

When I realized this, I contacted them, and they told me that there wasn't anything that they could do about it because they would put the AHS mandates across the board for all of their clinical placements. At this time, I was in community placement, which we had several that were not AHS facilities.

[00:10:00]

But the College was enforcing the AHS requirements across the board. I served two of my teachers with notices of liability and received an answer in return.

**Shawn Buckley**
Okay, and so can you explain for us what a notice of liability is?

**Kyrianna Reimer**
The notice of liability was basically a statement saying that you're enforcing these medical directives that go against my rights as a Canadian citizen both on Charter rights and freedoms as well as ethical standards for healthcare practitioners and professionals. And so, I had two of those sent out to two of the nursing profs there.

**Shawn Buckley**
Okay, so basically you were trying to give them notice that the actions they were taking were violating what you thought were fundamental rights for Canadians at the time. My

understanding is that basically they took the opinion that what you were doing was misconduct.

**Kyrianna Reimer**
That's correct. I was given a letter of misconduct threatening that they would suspend me as a student at Red Deer College because of my actions.

**Shawn Buckley**
And Kyrianna, I'll just let you know that I did receive the copy of that, and we will make it an exhibit [Exhibits RE-8 and RE-8a] so that both the commissioners and the public can see how they responded. And we will also make that notice of liability an exhibit [exhibit number unavailable] so that that can be part of the record going forward.

**Kyrianna Reimer**
Thank you.

**Shawn Buckley**
So you basically— December 2021, found yourself removed from the nursing program.

**Kyrianna Reimer**
I was permitted to continue with an asynchronous online course, but my clinical placements were cancelled. This happened very suddenly, and I did everything I could to try and get back in, including contacting members of our local government and reaching out to some of the facilities in person.

**Shawn Buckley**
Right, and that didn't work very well, did it at first?

**Kyrianna Reimer**
Neither one worked.

**Shawn Buckley**
Okay. So how long was it before you were able to participate again?

**Kyrianna Reimer**
Well, the asynchronous course I was able to complete for the winter term, but I wasn't permitted to return to studies until the fall just because of the way the nursing courses are laid out. You have to follow a pretty strict schedule. It's not like a pretty regular one where you get to choose your classes each semester. So I was held back for a whole year.

**Shawn Buckley**
**Right. Now I want to go to a couple of specific things that you experienced. My understanding is that during one of your practicums you had to take a COVID test for a person who had been admitted at night. Can you just share with us what was happening?**

**Kyrianna Reimer**
**Yeah, so we had a patient who was admitted the night before, and I was on the morning shift. When I came in, they told me that one of the things I needed to do was take a COVID test for this person, which I did. Once I completed the COVID tests, we were told that this person had to be moved from the room where they currently were.**

So we moved them and their stuff into a separate room where they were isolated and removed all of the items that were disposable within the room and did a full sanitization of the room. There was another patient in the bed who had slept there all night. They were neither tested nor moved, and that didn't seem to be a problem.

**Shawn Buckley**
Okay, so that just seemed to be an example of a silly reaction. Obviously, this patient tested positive, but they don't test the other person in the room.

**Kyrianna Reimer**
The other patient, we hadn't even gotten the test back.

**Shawn Buckley**
Right. Now, there was some messaging about the hospital you were at being full capacity. Can you speak to us about this?

**Kyrianna Reimer**
Yeah, we were told that it was full capacity. In the wards where I was, a third to a half of the rooms had one bed removed. Usually it's a double capacity room, so you'd have two beds within each room. And we had stacks of beds in the back where there had been one removed from the rooms

[00:15:00]

so that they could isolate by themselves.

**Usually, this is unusual. If you have two people with the same suspected condition, they can share a room. So two people with COVID could share a room, but in this case, apparently, they needed to be alone.**

**Shawn Buckley**
**Right. So in effect, they reduced the capacity of the hospital so that they could make the claim that the hospital was full.**

**Kyrianna Reimer**
It would seem that way.

**Shawn Buckley**
Okay, now in witnessing some of these things, how did it make you feel?

**Kyrianna Reimer**
It didn't make me particularly trust my profs and the nurses on the wards or the government. It also made me wary of what I could say around the other students, mostly because they all supported the lockdowns, the mandates, the testing.

**Shawn Buckley**
Were you aware of any other student in your program that shared your views?

**Kyrianna Reimer**
We didn't talk about it very much. To my knowledge, there wasn't. I remember several conversations that the students had had when I was around where they bashed some of the other methods of treatments, including ivermectin and people that would use it.

**Shawn Buckley**
And when you say "bash," you mean speaking in a very negative fashion.

**Kyrianna Reimer**
Speaking very negatively.

**Shawn Buckley**
Right. So probably ridiculing.

**Kyrianna Reimer**
Yes.

**Shawn Buckley**
So how has this affected you mentally? I understand it's set you back in the nursing program now, I think two years.

**Kyrianna Reimer**
Yeah, I had the option to return in Fall 2022. But when I went in to take a preliminary test that I required for going into clinical placement, I had horrible anxiety and no desire to return and be among my peers or the other nurses that I had worked with before because of the negative experiences there. So yeah, it has set me back a couple of years.

**Shawn Buckley**
Okay, and just when you were talking about that, it sounded like you were having some difficulty. Is it fair to say that you're still having some distress over what happened?

**Kyrianna Reimer**
I would say that there is some. I still don't trust nurses, generally—the ones that I worked with anyways. I don't trust most of the students. My experience since then, having attended a hospital since that time, has not been a positive experience.

**Shawn Buckley**
Can you tell us about that?

**Kyrianna Reimer**
I had a foot infection last fall, and I went to the ER for three nights. I had to take IV [Intravenous] antibiotics. The first nurse who was there, she didn't complete her proper testing. So generally when you enter the room before you get hooked up to the IV, they'll ask you your name; they'll check your wristband. They have to do full checks. Between when she brought the IV meds in, I was taken for x-rays. The IV meds hung in the room until I returned.

You're never allowed to leave medication unattended. When she came back to hook me up to the machine, she didn't do her checks, and I pointed out that it had been unattended. Her response was, "Are we really going to do this now?" She said, "Do you want me to give you these or not?" I let her administer them, and she informed me, too, that we do things differently here in the ER than you learned in your nursing classes.

**Shawn Buckley**
Okay. I want to move on to a different topic. I want to talk about the Trudeau hotel experience or the escape Trudeau hotel experience. Can you basically tell us what you experienced in May of 2021 or when you came back from Costa Rica?

**Kyrianna Reimer**
Yeah, I had travelled to Costa Rica to volunteer, get some nursing practice down there with an independent group because we had been held back during 2020 in some of our practicums. So I went to volunteer there.

When I came back, I was rerouted into Toronto instead of flying into Calgary. When I landed, they told me I had to retest

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because I was forced to test before I got on the plane. But I had to retest now and also quarantine in one of the hotels. I refused and the lady who was there told me that she highly recommended it. And when I said I wasn't willing to, she said it would be expensive tickets.

As I had a plane in 20 minutes, I asked her to please write the tickets. And then I took those. They put a mark on my passport. It was a sticker to show that I wasn't allowed to leave. And then I went to my gate with the tickets.

**Shawn Buckley**
And what did the tickets total?

**Kyrianna Reimer**
$7,000.

**Shawn Buckley**
And you have a trial coming up, actually this month for those tickets. They haven't been resolved yet.

**Kyrianna Reimer**
Yes, it'll be in two days from now.

**Shawn Buckley**
Now, when you returned then to Alberta, my understanding is that you were supposed to quarantine for 14 days. Did you have any visits?

**Kyrianna Reimer**
Yeah. After the period of quarantine, I had an RCMP [Royal Canadian Mounted Police] officer show up at my door to ensure I was still quarantined, even though the time had run out.

**Shawn Buckley**
Right, okay. And then my understanding is, though notwithstanding that the visit was a little late, you were getting notice after notice after notice through ArriveCan concerning your quarantine.

**Kyrianna Reimer**
Yeah, during the quarantine, I had been receiving those notices through the ArriveCan app that I had to keep checking in and providing my information as was recommended and legally responsible.

**Shawn Buckley**
And how did that experience make you feel?

**Kyrianna Reimer**
Watched, controlled, and minimized as if I couldn't be responsible for my own health. Yeah, it was overreach by the government and completely inappropriate.

**Shawn Buckley**
Thank you. Those are the questions I have for you. The commissioners might have some questions.

There are no questions from the commissioners. So Kyrianna, on behalf of the National Citizens Inquiry I sincerely thank you for coming and testifying today.

**Kyrianna Reimer**
Thank you.

[00:22:55]




***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 11: Leah Cottam**
**Full Day 1 Timestamp: 09:36:47–09:55:21**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
And our next witness is Leah Cottam. Leah, can I get you to state your full name for the record, spelling your first and last name?

**Leah Cottam**
Okay my name is Leah Cottam. L-E-A-H C-O-T-T-A-M.

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

**Leah Cottam**
I do.

**Shawn Buckley**
Now, I think it's fair to describe you as a farmer/rancher. Would that be a fair description?

**Leah Cottam**
Yeah, I live out in the country. I have 22 cows. They're in the process of calving and 25 grass heifers that go out in the summer.

**Shawn Buckley**
And you help some of your neighbors with calving and you've been having a pretty busy week as I understand it.

**Leah Cottam**
Yes, actually it's my cousin and she has 276 cow calves.

**Shawn Buckley**
Okay. And then you also have a job where you work as an administrator, and you've been at that task for about five years.

**Leah Cottam**
Correct.

**Shawn Buckley**
Now, you are vaccinated and my question to you is: What led you to the decision to get vaccinated with the COVID vaccine?

**Leah Cottam**
Okay. I've been looking after my aunt that is 84 years old. So with the pressure of everything, I watched the media. I watched COVID come across the country, jump across the pond. Everybody recommended that as soon as, in my age group—I'm 50 something plus—that I have the ability to go and get my vaccine. I got mine May 6th. So as soon as I was available that I could do it, I went and did it. I work for a company that over the year, it became mandatory to work for one of our contractors that you had to be vaccinated otherwise you could walk out the door.

**Shawn Buckley**
Now, my understanding is that when you got your first shot you had no adverse reaction to it.

**Leah Cottam**
Correct. And then I got a second shot.

**Shawn Buckley**
Okay. Tell us what happened.

**Leah Cottam**
Well, nothing really. My next one, July 6th. So nothing in 2021. Nothing happened to me that time either. My arm was a little sore but just like everybody else, I was fine.

**Shawn Buckley**
You were fine for about six months, and then what happened?

**Leah Cottam**
Then in November we had gone, we have some area just outside of Rocky Mountain House, and we were moving cows. So the cow and the calf go out to the pasture in the summer, and

then in the winter or in the fall, November, they get split between cows and calves. And then the calves go to market and the cows come home. So while we were working the whole day, which is basically normal, moving gates and everything like that, opening and closing. The next day my feet got sore. And then I could hardly walk and then— Can I just keep going?

**Shawn Buckley**
Yeah.

**Leah Cottam**
So this lasted for about a week. Then I went to a walk-in clinic in Red Deer, and the guy sent me for x-rays, the doctor, and told me that I had— I went back to visit him after the x-rays came back, and he said I had plantar fasciitis. And that there was basically nothing that you could do, footwear, and stuff to put support on your feet. And then, I don't know, it was in the balls of my feet, so it was at the front of my toes. When I did research, I just, plantar fasciitis really is on the heel of your— I'm not a doctor. I didn't know. I don't know. But it was very weird. So that was November. Can I just keep going?

**Shawn Buckley**
Yeah, no, no, I'll stop you if I want you to stop. I think you're getting to the lifting arms part.

**Leah Cottam**
Yeah, I am actually. So that's November and then my birthday is in December. I'm a Sagittarius.

[00:05:00]

I have to get a driver's license. So I need a physical every five years. I went to my family doctor, and I complained about my feet, still. And then, in the meantime, what had happened was I couldn't lift my arms, like this. Couldn't lift them up. I couldn't type. I couldn't type on my computer. I found it very troubling. Anyway, they did blood tests, came back, and said, "No there's nothing wrong with you." So this is in Calgary. I have a family doctor in Calgary.

Then I came back to Red Deer. And then come January, I start to swell up in my hands, and it moves from my left hand to my right hand to my feet. Inflammation all over my body. So I go to a walk-in clinic. They do more blood tests. I've got pages of blood tests. And they tell me that there's absolutely nothing wrong with me, nothing wrong with me. Then I go back to Calgary. I talked to my family doctor. Again, she says, "According to the bloodwork there's nothing wrong with you."

So I come back to Red Deer and finally my hands are so swollen I look like the Michelin Man. And I can't put my shoes— My feet in— I can't put my socks on. I can't put my shoes on.

**Shawn Buckley**
So your feet are so swollen you can't put your socks on.

**Leah Cottam**
Yeah, they didn't fit.

**Shawn Buckley**
Okay. Go on.

**Leah Cottam**
Yeah. So anyway, I went to a lady, another walk-in clinic in Red Deer. She was an English walk-in nurse. She took my blood work and said she was going back to England, so come back next week or something like that. But then what happened is—now I'm in April of 2022. So now I'm laying in bed on Friday night, and I can't move because my chest hurts so much. So I didn't know what to do. And then I just got up, and I went into the emergency in Red Deer. And he, all of a sudden, looked at the blood work that came from the English lady, the walk-in doctor, and my inflammation was off the charts. So he immediately put me on pills—two pills for pain, one for stomach—and then gave me a recommendation to go see a rheumatologist the following Wednesday.

**Shawn Buckley**
Now, you went there because of chest pain. Was there any diagnosis concerning the chest pain?

**Leah Cottam**
No, he offered to give me a— Oh he did a chest x-ray. Yes, he did. And then offered for me to go to a CT [computed tomography] scan or something like that. In the follow-up, I have also had another— well I've had a CT scan and two other chest x-rays. So the result of the chest x-ray is that my lungs are filling up with fluid and—not filling up, but there's fluid in the bottom of my lungs—and it's because of the inflammation in my system. I have a specialist in Calgary that has been monitoring me since the start of all of this.

**Shawn Buckley**
Now prior to the vaccinations, is it fair to describe you as a healthy individual?

**Leah Cottam**
Yes. I thought I was.

**Shawn Buckley**
So can you give us kind of a contrast because I think some of the people don't understand just how disabled you were. Like my understanding is some days you couldn't turn the keys in your car, or you couldn't pull your pants up, or put a bra on, or hold a glass of milk. Can you share some of these things?

**Leah Cottam**
Exactly like that. It wasn't just that. It was from my socks to my knees, to my arms that I couldn't move or lift above my shoulders. My hands were so swollen. I lost all the strength in my body completely.

[00:10:00]

And not only that. I've been trying to lose— I'm 50 plus years old. I've been trying to lose weight my whole life. It's just not in my genetics. I was 175 pounds. I now weigh 145 pounds. And I don't know why or what it was. It just dropped. And then, if I looked at it afterwards, it was every muscle that I had, I didn't have anymore. So like turning— like opening the door or even closing the door in my car, I struggled with it. Putting my seatbelt on. I couldn't get my seatbelt on. But then I couldn't get it— I couldn't undo it to get it out. I struggled turning. And it's just turning the key. I didn't have the strength to turn the key. And then my feet were sore. So then it was very hard for me to walk. And I think I kind of got a little depressed, and I ended up just sleeping because I was in pain all the time. And I think I missed the whole summer of 2022.

**Shawn Buckley**
Right, and how did you do mentally, going through this?

**Leah Cottam**
I got through. I was a single parent, so I always had to get up and get it done because there was nobody else to get it done. So I think I was depressed at: Why me? I'm sure everybody goes through that same kind of question. Why me? What's happening? What's wrong? What can I do? Why is this like this? Yeah, I resorted to sleep. I went to bed.

**Shawn Buckley**
Now, my understanding is that you're doing better than you were. But you still are fairly weak. So things like opening gates are difficult, and even still doing stairs and things like that are different than before. But you are better than you were in the summer of 2022.

**Leah Cottam**
Yes, I'm getting better. To carry a bucket of barley is— Last year I couldn't do it. This year I can do it. So my strength is coming back. But my hands are still swollen. Yeah, I'm getting better. I've quit losing weight. That was a little scary thing. I've plateaued at 145. That was very scary. So they put me on another— I went from taking zero drugs to taking 12 pills a day. And now I'm giving myself injections once a week, two different drugs.

**Shawn Buckley**
So how many drugs are you on today?

**Leah Cottam**
I take two different injections. They put me on a biological drug and methotrexate. And I've kind of weaned myself away from the painkillers. So now I'm taking vitamins and one other prescribed pill.

**Shawn Buckley**
Thank you. I have no further questions for you. Perhaps the commissioners have some questions. And they do.

**Commissioner Massie**
Thank you very much for your testimony. I'm curious about the blood testing that you've been through over a long period of time that couldn't detect anything. And then you had another test done by another doctor, and now you could detect it. So is it that it became apparent all of a sudden? Or was it because it was not really well detected previously? What's the situation there? Because you had clearly inflammation, right?

**Leah Cottam**
I did, but they never tested for it. And no matter when I went back, it would come, and it would go. So it wasn't something that was a constant thing. Like it would show, my hands would swell up for like a day and a half and then it would go down and then it would come up over here and then it would go to my feet. Like it would roam my whole entire body. And then the reason why the last lady did it is because I was inflamed. So I don't know why the medical system, or any other doctor didn't do the proper test that they were supposed to do, or whether it was— I don't know.

[00:15:00]

**Commissioner Massie**
So it seems that you are suffering from some sort of chronic inflammation that is treated by a number of drugs. You mentioned a biological drug that you inject. I'm curious to know what kind of a biologics are you taking? Do you know?

**Leah Cottam**
It's called Amjevita.

**Commissioner Massie**
Okay, it's an anti-TNF [anti Tumour Necrosis Factor], is it?

**Leah Cottam**
Yeah, I'm not sure. It's supposed to help the body—

**Commissioner Massie**
Dampen the inflammation response.

**Leah Cottam**
Yes.

**Commissioner Massie**
With that you've been making progress and recovering?

**Leah Cottam**
Yes, that just started in February. It took a long time for me to get the proper medication to where I am in January of this year, because I can still have flare-ups. So I would go see the

rheumatologist, and I would get steroid injections. It basically kept me going every three months. And then I just— She wanted to see me back. And then I'd go back, and I'd get another shot, so I could move, and I could function.

**Commissioner Massie**
Was there any diagnostic to explain your loss of muscle strength? Is it related to the inflammation process or is it something different?

**Leah Cottam**
I think it's part of what they said rheumatism, rheumatoid arthritis. So and if they can catch it. I didn't really, I didn't really ask a lot of those kind of questions. I just know that if I take the drugs, I feel better. If I get a steroid shot, I feel better. I find that if I look on the internet, I can look at so many different— I can look at the pills that I'm taking and each one of them has a side effect that I don't want to know anything about. And then I get another one that has a side effect that I don't really want to know anything about. So even with the two or three pills that I'm taking, I'm still developing, I would call them liver spots. And then they go away. They show up, and then they disappear. But then I talk to the doctor about it and that's not a side effect.

**Commissioner Massie**
So I'm curious about the time lapse between your last injection and the appearance of the side effect, which is fairly long. It would certainly not register within the, what is it, four weeks in Alberta. So was there an acknowledgment that this is a potential cause of your inflammation? Or was no link established between the vaccine and your chronic inflammation.

**Leah Cottam**
No. I did bring it up to a couple of doctors. But as soon as I brought it up, the subject was changed.

**Commissioner Massie**
Thank you.

**Leah Cottam**
You're welcome.

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

**Leah Cottam**
Thanks for having me.

[00:18:34]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 12: Jacques Robert**
**Full Day 1 Timestamp: 09:55:42–10:22:04**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Leighton Grey**
Next witness is Mr. Jacques Robert. Welcome, Mr. Robert, am I saying that correctly?

**Jacques Robert**
Yes, you are.

**Leighton Grey**
Okay. Welcome to the National Citizens Inquiry. Thank you for being here today.

**Jacques Robert**
Glad to be here.

**Leighton Grey**
Would you please start by stating your name and just spelling it for the record?

**Jacques Robert**
My name is Jacques Robert, spelled J-A-C-Q-U-E-S R-O-B-E-R-T.

**Leighton Grey**
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Jacques Robert**
I do.

**Leighton Grey**
Thank you. So Jacques, yours is a very troubling personal story of tragic loss. It's an important one to be told, but I understand that you lost your wife. Would you like to talk about that?

**Jacques Robert**
That's incorrect.

**Leighton Grey**
Oh sorry, I beg your pardon, different Jacques. You lost your job, beg your pardon.

**Jacques Robert**
That's it. Yes.

**Leighton Grey**
You were dismissed from your job after 15 years?

**Jacques Robert**
That is correct.

**Leighton Grey**
And that was because you chose not to comply with company policy for attestation for vaccination.

**Jacques Robert**
That is correct.

**Leighton Grey**
What type of work were you doing?

**Jacques Robert**
I was a manager of a technical services for a real estate services company. So property management was my field of engagement.

**Leighton Grey**
And you were engaged in that for over 15 years I understand.

**Jacques Robert**
Yes.

**Leighton Grey**
**This dismissal, was it in the form of an actual firing where your employment was terminated, or were you put on what was called an involuntary unpaid leave of absence?**

**Jacques Robert**
**So the way it worked out, I'll sort of precursor this with the eventual date They put specific mandates to comply with their company policy and it was to take the shot. And there were a few stages to get to the end, and when it got to that end, they put me on an eight-week unpaid leave of absence. And I think their strategy was to think because it was an eight-week unpaid leave that they were real and certain about what their position was, and I knew what the outcome was going to be. So January 14th, 2022 was the last day of my** employment following that eight weeks of unpaid leave. When it came to, I believe it was March 15th, maybe the 17th—isn't that funny that 2022 is a common day?—March 15th 2022 or 2020. I remember that day as well when everything shut down. They let me go. I still would not comply with their company policy, and really their company policy was to make you be vaccinated or have the shot. I was not willing to disclose my personal health information, although they knew what the case was, and that's when it all ended.

**Leighton Grey**
When did you first find out that this mandate was coming into effect?

**Jacques Robert**
I don't know specific dates, but it was in 2021, and it would have been around July, I believe is when the first wind of these mandates were going to occur. And it followed with a time in October.

And then, we knew they were always updating their policy and we knew that it was going to happen come January. So it was staged, and that's what caused, in my opinion, a whole lot of stress and angst even working, knowing that my demise or the certainty of my demise was coming. And I couldn't do anything about it. And how do you perform your job well under the knowing that it was going to end. That was a big challenge. And to work with your co-workers along the way, you know, was a challenge.

[00:05:00]

**Leighton Grey**
Were you provided with any information from the HR [Human Resources] department or **somebody else at the company about why they were imposing the mandate?**

**Jacques Robert**
**They were following health guidelines.**

**Leighton Grey**
**So it was coming from the Government of Alberta, they were just trying to basically move in lockstep with the Alberta Government's position.**

**Jacques Robert**
So I worked in a regional office, and we had regional offices in all the major centres across Canada. So they were really following Canada health guidelines. But, of course, it trickled down to whatever Alberta Health Services was imposing as well.

**Leighton Grey**
Is it fair to say that you had office type work, that's what you did?

**Jacques Robert**
Yes.

**Leighton Grey**
It seems to me that that would have lent itself readily to some type of accommodation where you could work from home. Was that ever offered to you or anything like that?

**Jacques Robert**
It was, yeah. There was a certain time when they shut everything down and they were willing to work with us, and to maintain the services that we needed for the buildings. My position allowed me to work from home. There were others that weren't. The operation staff had to be in the office to keep the building running, even though there was almost zero occupancy. So I was able to work from home, five days a week. What they slowly, like they did with the mandates, brought in the opportunity to have the flexibility to work from home and then two days in the office. And we had to kind of schedule with our crew workers when we could be in the office.

**Leighton Grey**
Were you told why that situation couldn't continue? Or was it a situation where they just insisted that everybody had to be uniformly and universally vaccinated?

**Jacques Robert**
I would say that they knew that everybody was going to have to be vaccinated. They just sort of eased everybody back into the opportunity to have faith in the company that we would all get back to work and everything would go back to normal. And I still think to this day that they still have the flexibility of working from home and mandatory days in the office too. So hopefully that answers your question.

**Leighton Grey**
That accommodation, that is working from home, that was not offered to you after you refused to provide your private medical information?

**Jacques Robert**
No, it was not.

**Leighton Grey**
What about something like testing? Was that accommodation offered to you?

**Jacques Robert**
Yeah. There was a point in time, and again, I don't remember the specific dates, but we were forced to be tested, if we were to come back into the office. They told us that we were supposed to be tested. We were supposed to take the test, and they worked on the honour system that if you tested positive, you had to stay home. If you didn't, then you were able to come into the office for your selected work days.

**Leighton Grey**
But they did not offer you the option of testing as an alternative to vaccination. Do you understand what I mean?

**Jacques Robert**
Yes, I do. No, that was not part of the plan.

**Leighton Grey**
Were there any exemptions offered, like religious or—

**Jacques Robert**
None.

**Leighton Grey**
medical?

**Jacques Robert**
No exemptions.

**Leighton Grey**
Why did you refuse to provide your personal medical information to the company?

**Jacques Robert**
Primarily, it's because I felt it was a real hit on our own rights and freedoms and to have our bodily autonomy, and it's none of their business, really. That's why I didn't want to disclose it. I mean, the fact of what I was learning and getting myself exposed to, as it related to the shots and how that was rolled out, I was suspicious of it from the very beginning. And when both sides of the stories were coming out, I could say that I was open to both, but I was really pushing away what I felt to be propaganda and the false narrative against what I was able to find in real, credible, documented, and proper, believable sources of information to say that

[00:10:00]

this vaccine or shot was ineffective. And I didn't want that in my body. I simply didn't want it, and that basically led me to fight against [sic] my charters of rights and freedoms and not have to disclose that information to anybody.

**Leighton Grey**
The loss of your employment must have been a significant financial stress to yourself and your family. Do you want to talk about that a little bit?

**Jacques Robert**
Sure, I mean I think they got— Just to support what I'm about to say, I'm the only one in the Calgary office who was let go because of my non-disclosure, my lack of attestation. There were others who were with me but they were coerced into complying. So because I was the only one, I can only speculate.

They did a pretty good job of looking after me. They gave me a pretty fair severance, but that doesn't last forever. So it was hard for me to go forward with the uncertainty of work, I guess. And yes, today I'm still bridging my finances, bridging my lifestyle and bridging my family support, with my life savings. So you know severance runs out and I still don't have any work and the uncertainty of the work I'm capable of doing is— How can I put it? I don't know if I can get a job there again because I feel they're still imposing those restrictions on the staff.

**Leighton Grey**
Have you tried to obtain other work in the same field?

**Jacques Robert**
Not in the same field, no. I choose not to because I think I know the answer. I feel like I know the answer. I probably won't be able to get in there. Because I'm not complying with their policy.

**Leighton Grey**
Are you concerned that this will sort of blackball you within your field, or that this will follow you around and prevent you from obtaining replacement employment?

**Jacques Robert**
Possibly because I have been vocal about my circumstances and my beliefs. So being open on social media and trying to share information, I feel as though I'm exposed, so the likelihood of that is possible.

**Leighton Grey**
Did you apply for employment insurance following your dismissal?

**Jacques Robert**
I did.

**Leighton Grey**
And what was the result of that, were you denied?

**Jacques Robert**
No, I was not denied. I think they gave me a shortened term of compensation. I'm still fighting for my eight-week unpaid leave time. They have a case against it. But yeah, I'm no longer collecting unemployment. I'm done.

**Leighton Grey**
Do you recall what your employer indicated on your record of employment as the reason for your dismissal?

**Jacques Robert**
Termination without cause.

**Leighton Grey**
I understand that this whole situation has also been a great deal of stress on your family. It has caused some family division and mental stress that you are unable to attend your grandchildren's recreational activities and other family events. Do you want to talk about that?

**Jacques Robert**
Yeah, for sure. Because we were never compliant with the mandates and the shots, I think it was the last year, or maybe over 2021 into 2022, we were unable to go watch our grandkids play in their indoor sports. So that in itself, I think, created some challenges within the construction of our family.

Families love each other, so we do have that love for each other, but there is still that piece that is hanging over the difference between our beliefs and what our kids' beliefs are. And so it did create a little bit of divisiveness within the family. You know, some challenging conversations were had, crucial conversations, but it never amounted to much because it was always, I don't want to talk about it. But I understand it, you know, I'm not against what they decided because they're adults,

[00:15:00]

they can choose whatever they want. That's what this is all about: freedom of choice.

**Leighton Grey**
Did you consider filing a human rights complaint against the employer over the discrimination that you suffered?

**Jacques Robert**
I did at first. I did speak with someone to try to obtain some legal guidance on that. I was advised that it would have been a really tough battle, at that time, because there was no precedence to this kind of event; they didn't know where this was going to lead. But it's in

**the back of my mind of still being able to do that. Because I have that history and I have everything documented as well, in regards to all the history and everything that unfolded through my loss of employment. So it's in the back of my mind. I just don't know where I'm going to go with that.**

**Leighton Grey**
**Do you anticipate that you'll be able to return to work at some point?**

**Jacques Robert**
**Yeah, I am able to work. I'm trying to do something as a self-employed individual and trying** to build something that way. So it's working from home and taking control of my own destiny. But again, I can't tap into my life savings and my retirement savings now, which I'm doing. There's an end to that. I feel I will have to go back to work sometime very soon, if my online business or my vision of working from home and being self-sustaining is not as successful. I don't want to put that in my vision, but that's what I'm working towards.

**Leighton Grey**
Sir those are my questions, is there anything else that you want to share with the inquiry that I may not have asked you about?

**Jacques Robert**
Yeah, I'd like to be able to share some of the experiences that we had within the work environment. The coercive nature, I feel that the corporation had on us as staff was, as far as I'm concerned, unacceptable. Not only did it apply to those who were working for the company, but we have a lot of service providers that were working for the company.

You can name them: cleaning, mechanical, electrical, maintenance, architectural firms, you just name it, there was a whole list of service providers to which, they too were forced to be vaccinated if they were to enter the front doors and do work within the company. So you can imagine how that effect of following these restrictive measures mushroomed out to the community. So it wasn't just us, it was the entire family who lived and breathed within those buildings that were also affected. So I really felt that was important to share because I'm just one, but what they did, was to many.

And also sometimes the environment within the building itself, when we were able to go back to the office and work. I remember the ridiculousness. I have to state this because it seemed so ludicrous. They put markings on the floors where you can walk, and you have to **go this way. And there was a one-way direction in our office: all the perimeter offices and then, there's an aisle. And you had to go this way to go to the washroom and God forbid if you stepped out of line there, you had to wear masks in your office. And I worked in a perimeter office with a closed door, and they still expected you to wear masks while you were in the office. Needless to say, I did not comply. And when they finally relaxed that, you were also mandated to wear a mask if you opened the door from your office to go to the washroom. And even though it was a skeleton crew, there were times where I'd be at the office and there was two other people. And we're taking a whole floor plate of a 12,000 square foot building. And he's over there or she's over there and I'm over here, and they're telling me that I have to wear a mask to go to the washroom. So there was some ridiculousness attached to that.**

**And also. when you walked into the elevator, they told you, this is on a sign, "Please don't face anybody, you're only allowed two in the elevator.**

**[00:20:00]**

**And when you stand in the elevator, please stand facing the mirrored wall at the back." So it was like you had to stand looking away from the door and the other person had to stand at the kitty corner of the elevator car or a cab to make sure that you didn't share anything.**

**So those were kind of the stressors and the challenges of the environment and having to work in that, people complying with that and trying to have good conversations or open conversations with individuals about what ridiculousness that was going on in the office. So** I felt it was important to be able to share some of that just to kind of add to the impact of the restrictive measures that it had on everybody. Those who complied and those who didn't and the divisiveness that it created, not only in the work environment but at home and everywhere else.

**Leighton Grey**
Just by way of follow-up, I've represented a lot of people who've suffered similar treatment by employers, in my practice. And in talking with them, I was always struck by the fact that although they were interested in the more practical things, like loss of money and things of that nature, there were two things that really came through with all of the people that I talked to who were put into this situation, as you were.

The first one is a deep sense of betrayal, and the second one is a sense of dehumanization. That they were no longer a human being of value. Because when you think of the employment relationship, most of the time it starts out somebody applies for a job, there's a competition and they're picked. They're picked for the team, which is always a good feeling, if anybody's had that feeling. And then you begin that journey with the company, you devote your life, you spend your time, you devote your expertise, and all your skill and worry. You help, whoever you're working for, make money or succeed in whatever endeavor that they're doing. And then one day, suddenly, none of that matters. You rise through the ranks, maybe you're a senior manager, well-paid, you've got a sense of belonging and then suddenly, all of a sudden, that just stops and the employer says, you know, take the shot or else or you're gone. Does that resonate with you?

**Jacques Robert**
It most certainly does, I felt human resources really was there to protect the company and not the individual. Because they're the ones that I felt had no compassion for what I was **going through and what others were going through as well. And yeah, it really gave you the sense of, call it that corporate wheel, where everyone is dispensable. I did not feel indispensable. I felt, as things led to the end, that I was not being valued. And it even came across from some of my colleagues and some of the other employees who I interacted with. So yeah, dehumanizing? I could categorize it as that because it really felt as though my value that I had to give to the company, wasn't there, and it was ripped away, ripped away for sure. So thank you for asking that question.**

**Leighton Grey**
Even if they offered you the same job again, you probably couldn't go back, could you? You couldn't go back as the person you were before they did this to you because that trust, that relationship, that sense of belonging, give and take, that's destroyed. It's severed, isn't it?

**Jacques Robert**
You're not the only one who's asked me that question, and yeah, I don't think I can go back to work there. I feel as though that relationship and that commitment to value that I could present and bring to the company, it wouldn't be there, that loss of commitment—it's gone. Gone.

**Leighton Grey**
When you multiply that, hundreds of thousands of times, you can get a sense of the incredible impact that has upon the Canadian economy, the Canadian workers.

**Jacques Robert**
Absolutely.

**Leighton Grey**
The Canadian workers are the bulwark of our economy, right?

[00:25:00]

**Jacques Robert**
Absolutely.

**Leighton Grey**
They're the people doing things, building things, making things, doing the risky, hard jobs.

Thank you, sir. Thank you for your testimony today.

**Jacques Robert**
Thank you.

**Leighton Grey**
I have nothing further, perhaps members of the panel do.

**Commissioner Kaikkonen**
I just have a quick question in terms of following up what the lawyer has just said here. Did either your employer or HR come to you and discuss the possible changes to your employment agreement at any point in this journey?

**Jacques Robert**
They didn't come to me personally. It was always communicated via the internet, their internal communications, as to what was unfolding and how the policies were going to be enforced.

**Commissioner Kaikkonen**
Thank you.

**Jacques Robert**
And if I could add to that, when I did try to go to them, all they would respond to is, that's company policy. That was it.

**Leighton Grey**
All right, sir, it appears that's all the questions from the panel, so thank you again for being part of the Inquiry.

**Jacques Robert**
Appreciate the time for everybody who's all here. Thank you.

[00:26:22]

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***Final Review and Approval:*** *Anna Cairns, August 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.***

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Witness 13: Sherry Strong**
**Full Day 1 Timestamp: 10:22:05–10:47:15**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
So our final witness today is Sherry Strong.

Sherry, if you want to come up and take the stand.

Sherry, can you state your full name for the record spelling your first and last name?

**Sherry Strong**
Sherry Strong, S-H-E-R-R-Y S-T-R-O-N-G.

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

**Sherry Strong**
I do.

**Shawn Buckley**
Now, my understanding is that you are currently the Alberta Director for Children's Health Defence.

**Sherry Strong**
Canada.

**Shawn Buckley**
Canada, yeah. Oh, sorry. Can you just very briefly tell us what that is?

**Sherry Strong**
It was an organization, the Canadian arm of the American organization that was formerly headed by Robert Kennedy Jr., now Mary Holland, and basically it is designed to address anything that is set up to harm our children, and to protect our children from all the different elements, environmentally, mentally, emotionally, spiritually, and physically, that are set up to harm our children.

**Shawn Buckley**
Now, before COVID came along, you were a professional author and public speaker.

**Sherry Strong**
I was.

**Shawn Buckley**
Oh, no, we'll actually describe that because some of us don't actually appreciate that that can be a career, that your primary source of income can be public speaking.

**Sherry Strong**
Yes, a lot of my family don't understand that either.

**Shawn Buckley**
Yes. Do you want to share with us you know what you spoke about and how that came about.

**Sherry Strong**
Yeah, I lived in Australia for 22 years. I was, what you would call at that time, a celebrity chef nutritionist, and I got involved in nutrition. I became the Victorian Chair of Nutrition Australia, the curator and co-founder of the World Wellness Project, a lot of other things. But one of the things that I did was, I sat on boards that consulted the Australian government on public health policy.

So when all the COVID nonsense began, I recognized right away that it was not what they were saying it was.

**Shawn Buckley**
Right. Now, where were you when COVID began we back? Were you back in Canada?

**Sherry Strong**
Yeah, I'd been back in Canada for 11 years and I had a well-established name and reputation in Australia, 22 years. So it was kind of crazy professionally to come back to Canada with none of that—no one knowing me here, apart from my family. So it took me 11 years, and I rebuilt, and I got back on the speaking circuit. So I was represented by bureaus, and I was being hired by clients around North America to speak at conferences on health and well-being, and beating sugar addiction, and a lot of things related to food and nutrition. I branded myself as a food philosopher, which again also confounded my family.

**Shawn Buckley**
Right. Now obviously being paid as a public speaker as a career depends on there being conferences and events. So tell us what happened to your business when COVID hit and our friendly government decided to lock us down.

**Sherry Strong**
Yeah, and I can honestly say I was blindsided. I never imagined that happening. And literally my income and career ended overnight, as I knew it. And then because I recognized what was going on, I couldn't help but speak out about it. And I was very aware that in the process of speaking out about what was actually going on and the truth of what was actually going on, that that was a killer for any future speaking work because it's very reputation-based and most of these places are very sensitive and politically correct.

**Shawn Buckley**
So I just want to make sure that we understand. So the type of clients that were hiring you to give lectures tend to be, I assume, bigger corporations and the like. And they buy into a specific message. And so when you started speaking out, you understood that this was basically going to end your business.

**Sherry Strong**
Absolutely. I was very aware of it. And even on social media, because I also promote a lot of my work by social media, not only was I very aware that my speaking out would—I have online courses that I sell and things like that—that it would impact that. And if I wrote honestly in my newsletters, it would impact sales from there, but also to the point where I had friendships, decades long, who were very afraid to actually like any of my posts or comment on anything or me to comment on their things because they know that association with me could kill their brand or the brand they represented.

**Shawn Buckley**
Okay. So pre-COVID, probably people would be liking your stuff all over,

[00:05:00]

and just enjoying being a part of your social media presence. But post-COVID, basically because you were telling truth, you became somebody that was dangerous to associate with online.

**Sherry Strong**
Yes. Social pariah and all-around dangerous woman.

**Shawn Buckley**
And how did that make you feel?

**Sherry Strong**
**Well, you know, people talk about being courageous. I never felt— It's one of those things when you're a person— And in my career as a nutritionist and, you know, celebrity chef, I lost a lot of work because I was a truth-teller and I wouldn't promote brands that sold horrible things even though they— To give you an example, I was offered $120,000 to shoot a commercial that was two days' work for a brand of milk that was targeted at children called Calcium, and I turned it down right away. So I didn't have a problem with that piece of the courage piece. I was afraid for humanity. I was really sad and went through a real dark night of the soul around, that humans couldn't see through this and what they were willing to do to one another to save their physical assets or their social reputation as opposed to be more concerned about their fellow man or their soul. That was hard.**

**Shawn Buckley**
Yeah, that's kind of following up. I don't know if you were here when Danny Bulford was testifying earlier, but that's been a theme today.

And what are your thoughts on why humans can't see through this, or couldn't see through it? I guess they still can't—a large number.

**Sherry Strong**
Well, it's a very complex web that I believe is very well designed to get us addicted, not just to food that dumbs us down and makes us sick and makes great business for other businesses, but our social networks. So I have a friend who literally: by liking my stuff, and if she could actually see through the narrative, her marriage would end, her friends would disappear, her career, which is very high profile, would end. So I am incredibly concerned and worried that we have been manipulated from birth to like things, to become addicted to things, to have social constructs, to even social events, sporting events; I mean, how many people took something they didn't want to take to go travelling or to attend sporting events? The very fabric of our society: it was like they looked at all the things that we loved and depended on, and I think, were addicted to. And they really pressured us to do things that went against our body, our conscience, and our soul.

**Shawn Buckley**
I want to switch gears, because you weren't living in the beautiful province of Alberta before, and you moved here for your parents, and there's been a couple of experiences with them. Can you share that with us?

**Sherry Strong**
**Yeah, so my mom about eight years ago took an antibiotic and almost died. She went to heart, kidney, and liver failure. It has a black box warning, and she survived; but she was disabled. My father had been looking after her for six years on his own, but approaching eighty he could no longer do that on his own. So in November 2020, my sister said, "Would you come to Alberta and take care of mom and dad?" I found a house and moved them in with me and was taking care of them, and about ten months later my mom got pneumonia and we took her to hospital even though we were really afraid of— Because of my work with Children's Health Defence I have interviewed over a hundred experts, witnesses, victims of the mandates, but I've heard many hundreds of more stories of people who**

aren't willing to speak out or don't feel safe speaking out, those kinds of things. So I was afraid to take my mom to the hospital. On the first night we admitted—

**Shawn Buckley**
Can I just stop you?

**Sherry Strong**
Yes, of course.

**Shawn Buckley**
That's because your mother was not vaccinated. Am I right?

**Sherry Strong**
Well yes. Yes, not vaccinated and we as a family refused to test as well. And so we were afraid for her care. The night she was admitted, on New Year's Eve 2021, we had a great doctor. And when people say there's no good people left in the system, I will deny that because we have met beautiful, good-hearted people, trapped in a very broken system,

[00:10:00]

who are trying to do their best; and for whatever reasons, I'm actually glad they're still good-hearted people there. So this doctor assured us that my mom would be fine, they wouldn't try and vaccinate her or test her or that kind of thing. And I went home at about midnight. I came in the next morning and my mother was absolutely terrified. She had been abused by a doctor. A doctor stood at the door and yelled at her for 15 minutes and abused her, yelling at her, and my mom said, "I can hear you, why are you yelling at me?" She said several times and the doctor continued to yell so everyone in the emergency ward could hear, and she said, "Why are you refusing testing? Why are you refusing treatment?" And my mom said, "I'm not refusing treatment, I'm choosing treatment."

We were very selective about things. We definitely didn't want a fluoroquinolone antibiotic. That had disabled her, so it would disable her further, things like that. We didn't want to test. My mom was actually willing to take a swab test as long as it wasn't one of the official COVID swabs. But they refused to do that. And this woman was so abusive to my mother that my mother, who's not religious, was reciting the Lord's Prayer as she left and as I came in because she felt she wasn't going to make it out of the hospital alive. And I've since told that story many times, and I've had many people tell me, "You're so lucky you took your mom out of the hospital that day because had you not she would have been dead." Because they've had family members under the exact same circumstances who had died, and there's a very important kind of afterward to this story that I think is absolutely significant.

It took me nine months to make a complaint. I went to patient services. I made a complaint with patient services. I went through the College of Physicians, made a complaint. And my intuition said to phone the chief administrator of the hospital. And so that morning I did, this is September 2nd, and I got through to this administrator, and I had a long conversation about the treatment because I said, "My mother's file will come across your desk but it won't have her picture and according to your policies it won't even have her name and I want you to know her story and what happened to her and how your doctors are treating people here who are choosing treatment, not refusing treatment." And she said

to me—she was actually really kind; she listened to me, she was reasonable—and she said, "You know, I'm on the opposite fence of you. I'm fully boosted." And I said, "Well I suspect you are, but," I said, "as the chief administrator of a hospital you should know that the number one cause of deaths in Alberta, September 2nd at that time, over 3,600, was unknown causes, and as someone who's administering this and enforcing this to every staff member you should actually know this."

Now, I don't know if she was— She felt earnest but it was like she didn't know. And the significance of this story is that a month later when I was talking to Patient Services, I was saying how lovely this woman is and how compassionate she was and the woman from patient services said, "Oh Sherry, I'm so sorry to tell you, she died unexpectedly and suddenly at work on September 8th." So she went in the prior week. She actually knew about it. Whether it registered in the incredible timing of it, that I chose that week to make the complaint and I chose to actually speak to her, the irony or the extraordinary nature of it was not lost on me.

**Shawn Buckley**
I think we'll just slow down a bit because for people that will be participating in watching your testimony that aren't from the province of Alberta, they may not understand exactly what you're saying. So what you're saying is that in the province of Alberta, the leading cause of death last year, and you can tell me if it was the year before because I think it was too, is actually unexplained cause. So that's where they're not attributing it to any cause, and yet there's no investigation. So here we are where the main cause of death is unexplained and there's no official explanation, and that's what you were referring to. Am I correct?

**Sherry Strong**
Correct. And the Chief Administrator of a hospital said she didn't know that.

**Shawn Buckley**
Which is quite amazing, isn't it?

**Sherry Strong**
Yeah, it is.

**Shawn Buckley**
Okay, and then something also happened with your father. Can you share that with us?

**Sherry Strong**
Yeah, so recently my father was admitted to hospital. We since found out that he has a tumour

[00:15:00]

which is blocking/obstructing his ability to eliminate. And we were again, based on my mother's experience, a little, well, we were a lot paranoid going into the hospital. But it was the right decision to take him in. So I stayed with him. I camped out on the floor kind of

**thing, wanting to protect him. And I truly do believe that that also saved his life: not staying over, but being his patient advocate and digitally advocating for him.**

**When he left the emergency and went up to the second floor, as the nurse was putting him into the room, she said, "Do you know how much you're costing this hospital?" My father hadn't been to a hospital in 55 years and the cost that she was referring to was because he wouldn't test or be vaccinated, and so they had to put on the gear. They had to put on the gowns and the mask and the gloves. Their policy, which I explained, which, "We don't mind if you don't wear all those things. It's your policy not ours, so the cost is basically on you guys, and I'm quite certain my father saved you hundreds of thousands of dollars by not going to the hospital in 55 years."**

The other thing that happened a few days later, and of course, I advocated for him. At one time when they brought a social worker in that said, "How are you doing?" like trying to treat me like I was a mental patient. So I said, "I'm fine how are you?" There was five people in the room and my dad was just overwhelmed. My dad, he's 80, he's emaciated, he's essentially only had liquids for weeks and he's seriously ill.

And they brought five people in to mediate the medical directive that I had legally filled out correctly, to basically say that it wasn't valid because I needed two doctors and a social worker to assess that my father wasn't of the mind to make me his personal medical advocate. Which is all incorrect, but when the five of them walked into the room, my dad was so overwhelmed he started crying.

We had another doctor who— She came in. They have doctors that are there for a week. So seven days and then a new doctor, and then a new doctor, so there's no continuity except what they read on their system, their multi-billion dollar system that was actually designed as an inventory system not a medical system. So they don't get all the information. And this one doctor came in, and fortunately, I had said, "Well if you're not going to respect the directive, at least get my father to call me and put me on speakerphone if you're going to speak to him when I'm not there because you're going to have two conversations if you don't do this: one with him at the time, and then one with me afterwards."

And this one doctor couldn't get a hold of me. My mum was on the phone and she had told my doctors, sorry, she told my dad and my mother that surgery wasn't even likely a possibility because the cancer was riddled throughout his entire system.

There was not one test that they did that could have given her that information. And when I spoke to her the next day she tried to say my dad didn't understand what she was saying. I said, "My mum is very lucid and she was shaken to the core by what you said as well." And I said, "What test were you referring to, to actually give my father that information?" And she **tried to deny it and I said, "Because there's no test. They've identified there's a tumor. But we've not had a biopsy, we've not agreed to a biopsy. So there's no way you can even say that there's cancer in his body, let alone throughout his body." And when she came into his room to discuss this with me, I said, "Yesterday my father was hopeful about surgery. This morning he asked me about medically assisted death. You took away his hope."**

**And there are many instances. These are the ones that stand out of bias in care. I know from my own personal experience, from the stories that I've heard, that bias in care literally can kill people. So we have a very broken system. There are still good people in that system, but it's very scary to actually navigate that, and as you probably gather, I'm not a wallflower. I will stand up for my dad, and I will fight for my dad. And that poor nurse who**

**also suggested he get a COVID test and vaccine; a young new nurse bore my wrath, so that was another instance.**

**He went in and did all his things with my dad and then said,**
**[00:20:00]**

**"Well, why don't you get tested? Why don't you get a COVID vaccine. It's going to protect you. You'll be able to live longer," that kind of thing. My father was furious. So I know that bias of care actually does cost lives. And the elderly are treated differently. There's more of a disposable attitude towards the elderly in hospitals; I've witnessed it. And I have many other witnesses who will corroborate that.**

**Shawn Buckley**
Right. Now, to end on a good foot, my understanding is, actually in your life some really positive things have happened since our COVID pandemic.

**Sherry Strong**
Yes, I was worried that you may not want to hear this because we want to basically say that the COVID response was wrong, and it was. It was absolutely wrong. But what I do know that in every tragedy there's the opportunity for humanity to rise up. What I have witnessed in my own life is: not a big fan of six months of winter a year—I definitely got weak and soft in Vancouver and Melbourne. But I've always said that cold cultures breed warm people. And coming to Alberta, specifically, what I have found is I lost a lot of friends that I shared interests with. I still have friends, even though I see things differently to them because we share values and we truly love each other, but what I've gained is a community of people.

Honestly, it feels like *It's a Wonderful Life*. That kind of community of people who are actually there for each other, salt of the earth people, who have common values, who will help one another out, who don't always agree on everything. don't see the things the exact same way, but they understand what's really important for us. As hard as it's been, I have a bank of memories with my parents, of caring for them, in a way that COVID wouldn't have brought the people in this room, the people that I'm meeting, I never would have met any of you had it not been for this, what we would all say is a terrible event.

Another like big surprise is: I did go on dating sites when I came here; it was really scary, and I had one person who actually wished me dead when he found out that I wouldn't get vaccinated or test and also said, "It's so good that you weren't able to reproduce" because I was not able to have children. It was a big thing in my life.

**I met someone else on that site who said, "This might change things for you, but next week I'm taking custody of my one-month-old niece." And I said, "Can I help?" We never ended up dating, but she now calls me mama, and I get to see her and care for her and love her and have that experience of having a child that never would have happened if not for all of this. So yeah, the number one thing is for all the inhumanity that we've seen I think one of the best gifts of being within what we call the freedom movement—people who are truly interested in other humans—is there's a richness in life that I only thought was in Capra movies.**

**I probably think the last thing, too, is all of this is really deep in my faith, not just in aspects of humanity, but in our Creator, in God. I had kind of a superficial relationship and belief**

beforehand. I would say I'm spiritual but not religious. Although I'm not religious, I have a greater faith in something, a Creator, and something way bigger than us, and a grander plan. That's the thing that through all the darkness and the dark nights of the soul that that keeps me realizing there's a phrase that I've used a mantra that I've used that's kept me going: Love wins, Good wins, God wins.

**Shawn Buckley**
So that's a beautiful ending. So I'll ask if the commissioners have any questions And they don't.

Sherry, on behalf of the National Citizens Inquiry I sincerely thank you for your testimony. And I have to say I'm particularly touched with the end of your testimony. It's beautiful.

**Sherry Strong**
Thank you.

[00:25:10]

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***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 1**

**April 26, 2023**

## EVIDENCE

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**Closing Statement: Shawn Buckley**
**Full Day 1 Timestamp: 10:47:15–10:48:48**
**Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html**

[00:00:00]

**Shawn Buckley**
So that is going to conclude our proceedings today. Please join us tomorrow at 9 a.m. Red Deer time, so that's Mountain Time as we continue with day two.

I think that Sherry has left us on a positive note. All of us, regardless of where you were in the COVID conversation, had some very dark nights of the soul, to use her terminology.

But I think we've also all experienced some real positives, and the friendships that we have developed through this experience are different. They are more rich, and I can say, you know, as being a volunteer with the NCI, I've just developed some profound friendships. And I'm very proud of the commissioners that we have and just the volunteers—that people would commit themselves, basically to give Canadians a permission to speak again. And people are saying that they have hope. And so I think we do have to understand that Good wins and God wins and Truth prevails. We've just, we just needed be patient.

But now it's our time and there are more of us than you think there are, and our numbers are growing. So on that note, we will conclude the first hearings of Red Deer National Citizens Inquiry hearings.

**[00:01:33]**

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

## EVIDENCE
## RED DEER HEARINGS

**Red Deer, Alberta, Canada**
**April 26 to 28, 2023**

# ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Opening Statement: Shawn Buckley**
**Full Day 2 Timestamp: 00:53:07–01:22:04**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
We welcome you to the National Citizens Inquiry as we begin day two of our hearings in Red Deer, Alberta. Commissioners: for the record, my name is Buckley, Initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to start, for those that are not aware of the National Citizens Inquiry, that we are a citizen-run and -funded— Excuse me. It's interesting how I always have a frog in my throat when I start these openings. But we're citizen-run and -funded, and we depend on you to make donations to keep this going. This costs us about $35,000 for each set of three hearings. We anticipate the Quebec City one is going to be much more expensive because we need real-time translators. And if we don't get volunteers— So I'm asking, if you're out there and you are a real-time translator that can attend in Quebec City in two weeks, to contact the National Citizens Inquiry. Our email addresses are on our site, and put in bold in the subject line, French translator.

We also need teachers. We want to have some discussions with teachers about what's been going on with kids, and we might want you to participate in an online event about that.

I can tell you that I'm frustrated, and I think a lot of people are frustrated that the **mainstream media isn't covering this. Any time in our known history, have citizens of any country banded together, appointed independent commissioners, and marched them across the country, let alone one as large as Canada, to inquire into a significant government action on an event that has changed all of our lives? That, in itself, should be a front news, a news story. It should be the leading story on TV, and yet it's really not a story at all.**

**We try to get the message out on social media—YouTube keeps taking us down—and TikTok and the like. We're still getting censored, even on Twitter, apparently: there's something happening where when people are searching for us they can't find us—even though in theory, Twitter isn't banned.**

**What's frustrating is that we're all living in a country where we're still pretending that a reality that is false is true. We can't have a discussion with half of the country about what really happened. It's like the emperor is still out there, and the little boy hasn't pointed up to say, "Well, the emperor has no clothes." Because the emperor has no clothes and we want, we need to be the little boy. The NCI needs to be the little boy because the reality is, if you watch an entire day of the National Citizens Inquiry you will be changed, and we need to get people watching the National Citizens Inquiry.**

**I've asked everyone to use your social media to get us out there, but I'm asking you now to become creative because what you can do is figure out how to— Maybe you should run an extension cord out, put your TV out by the sidewalk on your lawn, and live stream us. When we're not running, we've got videos of the past ones so that anyone walking down your** street has to know what's happening. We have to think outside of the box. You know if you've got one of those big screen TVs on a van, park it in a busy street and run our hearings and run the recorded ones. Somehow we have to get people watching.

We're just a small little group of volunteers that are scrambling just to be ready for the next hearing. We truly need you to do it. That's what a citizen initiative is; it's you getting involved in doing things. So that's my call-out today.

I want to move to my opening remarks and share with you a story that—well, it's not a story—it's something that happened to me and it changed my life. I'm not sure how many years ago, I'm going to guess 15, 16 because I recall that my kids were with us going up to Valemount, BC, in August. It's probably noon.

[00:05:00]

It's a sunny day, and this is a perfect day for a nice travel. We have got the family in the vehicle and going down the road. And for the first time in my life I ran into a daytime police roadblock—blocking both lanes of traffic—not checking just commercial vehicles, checking every single vehicle on the road. You had to stop; traffic was backed up; this is a major highway, the Yellowhead Highway, and they were making inquiries of every single vehicle.

I was fit to be tied because up until that moment, up until that moment, I was free to drive on a highway in Canada without encountering a police roadblock. I had been free till then, but that freedom had just been taken away from me. And they're still doing that in the interior of BC, and the worst offender is the Valemount RCMP detachment. But you see, I lost that freedom, and my kids lost that freedom that day, and that freedom can't be taken back unless we get enraged and force the police to back down. But we never get enraged, and we never force them to back down.

**As I reflected on that or actually steamed and boiled about that, I remember thinking I'm glad my dad's not here. He's never been in trouble with the police, but he would have just gone ballistic. My dad was born in 1939, a few months before Germany invaded Poland and the official start of— The Second World War started on September 1. So he was raised in his generation. And each generation has a different idea of what's tolerable and what isn't, and in his generation, roadblock equals police state, full stop. Free societies do not have roadblocks for their citizens; free societies do not have identification papers, full stop. That's why I was glad he wasn't there because to him he might as well have been in Stalinist Russia.**

**But a precedent has been set, and you see, for my children, that's now normal. When we approach the holiday season, we have holiday check stops now. We all expect it because of**

**the danger of drunk drivers, and we can't challenge safety. So I was about to say, and I'm not minimizing the danger of drunk drivers because I've been conditioned, you can't argue about safety, and I'll talk about that a little later. But we've been conditioned to accept as normal that in the holiday season the police can set up roadblocks and check every single vehicle, which means those of us that aren't drinking are going to be stopped. Now, understand in my generation, by the time I was driving we had them, so to me that's normal, but the generation before me, they were free from that. They were free from that. In fact, the courts had to decide on issues like roadblocks for safety. "We're not a police state," the Crown argued to the court. "It's not like we're Nazi Germany and stopping people just for their identity papers. We're doing this to protect people. Do you know how dangerous drunk driving is? Do you know how many people die from drunk driving?" The court said, "Yeah, we'll accept this for safety."**

It's always about safety. You're not supposed to use the words "always" and "never," but I literally can say that almost always the courts side on safety, and that's because in our society you can't argue against safety or you're a villain. But the irony is that there's nothing more dangerous, there is nothing more dangerous than granting the police and granting the state more power: nothing. Any historian can tell you the largest cause of death is Government, full stop. I see people in the audience, they know exactly what I'm talking about. The largest cause of death is Government. I mean just in our last century, well let's go back a little longer, but I mean we've got Nazi Germany, we have Stalinist Russia,

[00:10:00]

China. I mean examples that just pop to the tongue.

And here we are in Canada and— You know, it probably started as early as I can remember, I was fascinated with the Holocaust because I was so horrified. I couldn't get my head around how that could happen, and more so because Germany was a Western nation. They were educated; they were just like us. In university I took classes on it; I was just fascinated. And I wasn't mature enough to understand that a question I was asking myself just showed that I didn't understand, and the question I'd ask myself was, "How could the Germans do this?"

See, that shows that I totally don't understand because I was thinking that they were different than, let's say, Canadians. See, by even asking the question, "How could the Germans do that?" I'm implying that Canadians couldn't do that. I didn't understand that actually, we're all the same. There's no difference between Germans and Canadians. There's no difference at all. So I didn't understand that it could happen here and that it will happen here.

**You know, I've spoken a couple of times during this COVID thing that I was hearing about putting unvaccinated people in camps—some people are nodding their heads. There was that dialogue we heard about putting unvaccinated people in camps—not by the government, they weren't saying that—but other people were saying that, and it was trending on social media and the like.**

**But you want to know what was scary, even though the government wasn't saying that? Did you see our prime minister or any member of our government stand up and denounce that talk? Because in a society that has responsible leadership, you do not allow the citizens to publicly have a discourse about putting a subgroup of citizens into detention camps without standing up and saying, "That is not appropriate; and that's not going to happen."**

**So why did not a single politician at any level that I am aware of—other than maybe Randy Hillier—stand up and challenge that dialogue?**

**You know I mentioned Randy Hillier. I watched a video and I'm sure it's online. He was a member of the provincial legislative assembly in Ontario during the COVID adventure that we just went through. I watched a video where he, as an opposition MLA [sic] [MPP: Member of Provincial Parliament] is asking the government, "Well, there are detention camps being built in Ontario" because there were detention camps being built across Canada by the federal government during COVID. Were you aware of that? So back to when I was naïve, I thought it couldn't happen here, but he was asking the government, "Okay, well we're building detention camps across Canada, we're building them in Ontario. Who are they for? Who are the camps for?" That's a good question. The camps are still there.** Who are they for?

We're not different. We're not different at all. We are setting precedents here. You see, the police state can happen here. For my generation, holiday roadblocks are normal; for the next generation, daytime ones will be normal. Do you understand that for our young kids right now, for our children, right now masks are normal? For us, it's just this horrible affront, whether you supported the idea of wearing them or not. It's like, "Oh, my gosh, we're wearing masks." For our young children that's normal. For our young children watch their parents; being afraid of government is normal because we're now afraid of our government; the power balance has moved so far. But what's worse—and listen to this—because our children watched us, for our children being afraid of each other is now normal.

[00:15:00]

And I don't know how we come back from that.

Passports have become normal for our children. I've mentioned this on other openings, but it's so important to understand that passports are a police state ritual. So here we had this situation in Canada where for the vaccinated to access restaurants, and hockey games, and the like, they had to show their identity papers. That's a police state ritual. Let's just go back to the classic police state you know: So you're in Stalinist Russia or Nazi Germany or the interior British Columbia and you're at a police roadblock. No, it's not funny because we have roadblocks in the interior of British Columbia. Somebody here just laughed. It's not funny at all.

So you're at a traditional police state roadblock and you have to show your papers. So you're in a city, and a main intersection is blocked. The police state doesn't care where you're going. They know where you live; they know where you're going to sleep at night. That's secondary. So before— When you don't have a police state— And for us, let's just **talk about the vaccinated who participated in this ritual. Before this ritual they were free to go wherever they wanted—they didn't have to show identity papers. They were free. And even the idea of thinking you had to do something before you could go to a hockey game, or do something to access a restaurant, that would have been just crazy talk because you were free.**

**But what the ritual does is, at a subconscious level, it teaches you you're not free. Because for you to go to that Oilers game you have to basically give your passport and the symbolism is you're not free to go there. You're no longer free: you have to go through this. You have to participate in this action dictated from your master, the government, before you can participate. And subconsciously every time you do this, you are reinforcing that the government is your master. And for you to access this privilege—because you can't go**

**there just on your own without this ritual, it's not a right—so to access this privilege you have to humiliate yourself and reinforce in your mind who is the master and who is the servant and it's a ritual. Our children watched this. Your children watched you in Canada give your identity papers—we call them vaccine passports—they watched you give identity papers for you to access services. And how do you redeem yourself from that? How do we come back from having our children watch us, in Canada, show identity papers to do things that we were free to do before?**

**This talk just came to me at about 7:30 this morning. I had no idea what I was going to open with and then I just started writing cursory notes. I hardly have anything on a piece of paper—just these thoughts. And the thought of Gandhi came to me.**

I must have been a kid watching that Gandhi movie and after there were all these riots and Hindus are killing Muslims and Muslims are killing Hindus, and there's this scene where this one man comes to Gandhi. He's just torn. He is in absolute distress, and he tells Gandhi—I forget if he was a Muslim or a Hindu, but let's just say he was a Hindu—and he says, "I murdered a Muslim child. How do I get redemption?" Gandhi, in his peaceful way, answered, "You find a Hindu child whose parents have been murdered and you raise him to be a Hindu."

How do you come back from having your children watch you give identity papers to access services? And I ask you this: It's the most important question that anyone's going to ask you for the rest of your life. Will your children see you resist identity papers going forward? Will they? Will you redeem yourself?

[00:20:00]

Because digital passports are coming to Canada and even the word "passport"— Passport is something we don't use internally in a country. You use a passport to go to another country. And we've been conditioned to think, "Oh, we need this to get permission. "

How could we call this a vaccine passport? Do you think that was an accident? It wasn't an accident. People—that, you know, a pay grade well above mine, and a large number of them—would have come up with that term as the best term to condition us to accept identification papers. So even the word "passport" should be alarming you and the government is using that term for the digital ID [Identification]. We also hear "digital passports." It should be alarming us. The government is talking about this.

The stores are already putting turnstiles in. One of the stores that I go to, if I have time—and right now I don't— But if I have time when I go grocery shopping, I go to Superstore first, and then I go to my small little organic place. Not long ago, Superstore put in **turnstiles. They're the type that just push open as you go through, they're not locked or anything. But it's new and it's deliberate, and other stores are putting them in. And this is to condition us for our digital passports. They don't hinder our access, but you're going to have to ask the question, "Why?" Why is the Superstore putting in these little turnstiles that I have to go through when I enter the store? They weren't there before. The store has been there as long as I've lived in St Albert. So it's been there for at least seven years. Why are they there?**

**I mean they don't require a digital passport. They don't even lock. They're clearly not there to scan my ID, but they're conditioning me to know that they're there, so that when the locking ones are put in, where I do have to give my digital ID for it to unlock, it would be**

**less of a change for me. That's why they're there now: to condition me so that I can accept them.**

**When the digital IDs come out, they will be sold for our safety—it's always about our safety. They'll be tied to our health records, and somehow, this will all be for our safety. Probably, you know, to fight organized crime. Who knows what the reasons will be, but I just promise you they will be for our safety because we give up freedom for safety and you can't argue about safety.**

**I remember years ago, the first Harper Government introduced Bill C-51 against the *Food and Drugs Act*, and the natural health community went ballistic because it was basically a transition away from using the courts to discipline people. What has been happening in our** legislation, both federally and provincially, is that it used to be if you violated some act or regulation, you'd get charged and go to court. But the problem is that sometimes courts are reasonable.

I take that back: You know a judge on a regulatory matter, he or she is just going to do their job and the system works. But that's very inconvenient for the state. Why not just allow big administrative penalties that can destroy people and have an internal appeal process despite the conflict of interest? They were moving that way.

I got involved in the Bill C-51 fight, but they introduced a similar bill: Bill C-52, the *Consumer Product Safety Act*. You probably all heard about that in the news. It was, "we're going to make baby cribs safer" and all of this. And I didn't fight that one the first time around. I fought Bill C-51 and there was a tremendous movement and then an election is called and they don't reintroduce Bill C-51 but they reintroduce the *Consumer Product Safety Act*, and I wasn't going to fight that one because I was into protecting natural health products.

And I remember getting a call from the CEO of a very large baby toy and crib and carriage manufacturer. And the CEO was saying "Are you going to do anything?" And it's no, even though, word for word, all those provisions were the same as the as the other one that I had fought. I said, "No I'm not, but why aren't you?" And he said,

[00:25:00]

He said, "You can't. It would be a public disaster nightmare for any in the industry." Because everyone knew this was just going police state, full on—it had nothing to do with safety. In fact, ironically, the more tougher the legislation on safety, the less safe we become in things like baby toys and the like. But he says, "No one in the industry can stand up against this because the media will slaughter us." So you understand, you can't fight safety **or you are a villain. So they were asking me to pick up the fight. And it just shook me to the core. So here, a whole industry that is going to be pummeled and be moved out of the rule of law can't stand up and protest because they know that they'll be slaughtered in the media as villains for going against safety.**

**So understand safety is a trap. Safety is a weapon. Safety is the most dangerous word in the English dictionary when uttered by a government. Safety literally equals death, and we are experiencing that.**

**We just went through a situation where a large number of Canadians became vaccinated for safety. And we are seeing witness after witness here—the historians will probably write and call this a pandemic of the vaccinated. The numbers haven't peaked. We're going to be**

**calling Ed Dowd as a witness in Vancouver who is an expert on crunching actuarial data. One thing that is the most alarming is the number of working age population—our most healthy people—who are becoming disabled. I live in the province of Alberta and last year the largest cause of death was "unknown." That wasn't even a category that they could use a couple of years ago. Well, it's not unknown, it's caused by the vaccine, but we can't admit it yet; and because we can't admit it, we can't solve the problem and stop the damage.**

**But this was done for our safety, and it's just an example of how dangerous that is. It's an example. And the world sees Canada as a police state. Do you understand that? The world sees Canada as a police state and that's because we are a police state. And with things like the digital passport coming, 15-minute cities coming, restrictions on our agriculture and the whole thing: it's just coming down. The cell door is closing. The cell door is closing. And** you may—and I use the word may—you may be able to still get out of the cell. There might still be enough room between the edge of the cell door and the wall that you may be able to get out. But I can't tell you that you will because we are so far down that road that it's just almost impossible for us to tell.

So you have to start sharing the testimony of the National Citizens Inquiry with everyone that you can. You literally have to put the TV out on the street. We have to stop this. We have to get people understanding what the truth is. People will watch this forum because it is controlled; it is under oath; it is managed by independent commissioners, and so it's safe.

And so I'm calling on all of you to put your foot between the cell door and the wall because we don't have much time.

[00:28:57]

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***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 1: David Redman (Parts I and II)**
**Full Day 2 Timestamp: 01:22:04–03:08:01/10:38:30–11:05:40**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

**PART I**

[00:00:00]

**Shawn Buckley**
And I'd like now to call our first witness of the day. I'm very pleased to announce Mr. David Redman.

And I should inform you that David was a lieutenant colonel before he retired from the armed forces. And David, can I ask you to state your full name for the record, spelling your first and last name?

**David Redman**
My name is David Norman Redman, D-A-V-I-D R-E-D-M-A-N, Redman.

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

**David Redman**
I solemnly affirm.

**Shawn Buckley**
You solemnly affirm. Now, you were an officer for the Canadian Army for 27 years?

**David Redman**
Yes sir, I was.

**Shawn Buckley**
And you used the operational planning process handling major emergencies throughout your career?

**David Redman**
Yes sir, I did.

**Shawn Buckley**
You were then in Emergency Management Alberta [Alberta Emergency Management Agency / AEMA / EMA], retiring as the head of that agency responsible for Alberta provincial response to major emergencies and disasters?

**David Redman**
Yes sir, I was.

**Shawn Buckley**
You led the team that wrote the revised pandemic response plan for Alberta that was ignored during this pandemic?

**David Redman**
Yes sir, I did.

**Shawn Buckley**
And you have acted as a senior advisor for eight years in Canada and the USA in emergency management?

**David Redman**
Yes sir, I have.

**Shawn Buckley**
Now, you have come here today to present both on the pandemic plan and what happened, and I'm going to invite you to just launch right in.

**David Redman**
Thank you very much. Commissioners, members of the Inquiry, thank you for having me today. What I'm going to do in the next hour is walk you through a three-part presentation, but if I can just go back to my history very, very briefly.

Twenty-seven years in the army I spent learning how to handle major problems. As an officer in the army first I was taught, it was called task procedure, then it was battle procedure, then it became the estimate of the situation, and then it became the operational planning process. So as problems and challenges got bigger so did the process, but the process was identical—all the pieces of it as you worked your way up. The aim of the process was to bring all of the experts together, needed for the task you were given.

**People have this vision of the army that there's a colonel at the top and everybody just does what they're told. Nothing can be further from the truth. The colonel has a whole team of experts who are always part of the planning process and yes, the colonel wears it if it goes wrong, but all those people help build that plan through this dedicated process.**

**When I left the army, I became part of Emergency Management Alberta and in each of the provinces and territories of Canada, there is an EMO [Emergency Medical Office] and they follow an almost identical process. Now it's been civilianized, so you take the word "enemy" out and you put "hazard" in, but it's the same process. And as we worked in EMA, one of the things I got to know was how the municipal government works. And every province and territory in Canada, the municipal government is different because they're a product of the Province. They belong to the Province and they're defined differently, so it's important to** recognize differences between provinces.

Every Province has an EMO and they're staffed and trained and fully equipped. The [federal] government has an EMO, it's called Public Safety Canada, again staffed and trained. And one of the things that that agency does is identifies that which is most critical in their jurisdiction. So, for instance, within a province there's an actual secret classified list of all the things that are most critical—and that's going to be important later in my presentation—and it's maintained on an annual basis. But what that EMO also does is it manages fires, floods, tornadoes, terrorism, and should have managed the pandemic.

Can you make my slides visible to everyone [Exhibit RE-2d-Redman-2023-04-27 Presentation – Canada's Deadly Response to COVID-19]?

**Shawn Buckley**
They're up now, David.

**David Redman**
OK. This cartoon was given to me by a 15-year-old girl in the middle of the second wave. And I think it perfectly describes what was happening in our country, province by province. And what you see very proudly standing in the middle of the picture is the Medical Officer of Health for that province, stating very clearly, they're defending the medical system. The Premier hiding behind them and using them as overhead cover, making sure that they didn't get any of the splatter while we defended the medical system.

And the great glowing

[00:05:00]

**rays coming out from our health care system. But surrounding it, at the top, you see the body bags of all the seniors that we allowed to die because we didn't do targeted protection for them.**

**And as you work your way around, on the left-hand side, you see the absolute destruction of our children's education and socialization. You see all the body bags for all of the people who died of cancer, diabetes, and all the other serious health care concerns that we simply ignored because only COVID counted. You see the destruction of our societal health and integrity. Our societal health— We've seen a massive increase in spousal abuse, child abuse, but we've also seen that you can't even travel internally in your own province, let**

alone between provinces, so our societal order has been destroyed, all in the name of protecting the health care system.

And on the far side, right-hand side, you see the destruction of our economy. And everyone said, "Well, it's not a problem, we're saving lives." But the people that work in every one of those businesses, its citizens of this country and their lives were destroyed. And if we don't think that taking the national debt, sorry, the debt of our country from $750 billion to $1.3 trillion in one year will not affect our children as they pay taxes to pay that debt off for the rest of their lives, then you don't understand how an economy in our country works. All in one cartoon.

So my presentation is going to be in three parts. First, I'm going to explain to you what emergency management is because most people don't even know it exists. It's been existing since the 1950s. It used to be called civil defence, and it's gone through many iterations, but it's now called emergency management. And I'm going to give you a very quick overview of what it is; so you know how badly we misused the systems or abused or ignored our systems. Then I'm going to walk you through the example of this pandemic using the emergency management response and comparing it to what we actually saw. And then I'm going to sum up with perspective and concluding remarks.

So let's start with emergency management doctrine. Every day, every one of us manages risks or hazards in our life. Walking out the front door of your house is a decision, climbing in your car is the decision. So there's five different dimensions when you're talking about emergency management. If you miss any one of them, you do so at your peril. If you do all of them, and you do them all well, you can link them all together with a process that I'll describe.

So let's start at the top with the hazards. In Canada, we follow an all-hazards approach. What does that mean? That means every EMO, whether it's at the municipal order of government, the provincial order of government, or the federal order of government, assesses for their jurisdiction which of those hazards are most prevalent within their community. And they're looking to see what would be the impact of natural hazards and human-induced hazards. And there's a difference at the bottom. You can see "Safety" and "Security," and I don't consider them evil words. I consider them good words if they're done by the citizens.

So down one side, you see I've put an arrow head towards biological human. But it's just one of the hazards that are considered routinely and are monitored daily, weekly, monthly, and annually with reports going to the elected officials, the mayors or the reeves. So they understand in their community which of those are required to be looked at. The important thing to note is one hazard can of course impact all the other hazards. So you need to be looking at them collectively, not singularly.

Within emergency management, there are three types of agencies: subject matter agencies, coordinating agencies, and supporting agencies. The subject matter agencies are normally defined by law. So when you look at something like rail transportation, in the *Rail Transportation Act*, there is a certain organization assigned to be the regulator to ensure that those hazards are constantly reviewed, updated, and in the legislation there are specific tasks for the subject matter agencies.

At the bottom are supporting logistics agencies. And in almost every emergency or disaster, all the other organizations become supporting agencies when that one other hazard pops

to the top for that period of time. And they all help that one subject matter agency get through the emergency.

But common in the middle is called the coordinating agency, and those are the EMOs. And they exist at the municipal order of government, the provincial order of government, and the federal order of Government. And there can only be one per organization of government.

[00:10:00]

So there's one in Calgary. There is only one agency for the Province of Alberta: the Emergency Management Agency. There is only one for the Government of Canada: Public Safety Canada. There's not multiple. So you don't have to train huge quantities of staff and emergency management in every single hazard. You only need one coordinating agency that works across all of those hazards.

So let me give you a graphic that describes that. These are the tubes that make up our economy. And it's known as the tube chart. I've given it so many times on both sides of the border, everybody calls it Dave's tube chart. Clearly, there's many more tubes that make up our economy. That's all that fits nicely on this graphic, and it also tends to relate very clearly to a pandemic for the reasons that you'll see abundantly later. Every one of those tubes is filled up with Canadian citizens. Some of those tubes are predominantly private sector. Some of them are predominantly public sector.

Private sector, a good example, energy. Whether you're talking about the power grid, whether you're talking about the production of natural gas, or your gas stations on the corner, upstream, downstream, middle stream. But they're made up of citizens. The regulators tend to be government agencies, but the private sector makes up most of them. And one of the things that we learned following September 11th 85 per cent of all critical infrastructure in our country is owned and operated by the private sector. So if you don't link private sector and government together, you can't respond in times of emergency or disaster. The health care sector is predominantly public sector in most of our systems here in Canada, but there are private sector partners in it, and again, a regulatory system.

And it all works fine in every one of those tubes until they're impacted by a major emergency or a disaster. Then we expect citizens to be able to care for themselves for 72-hours. And if you go onto the website for the EMO, for every province and territory in Canada, you'll find your 72-hour kit and what you as a citizen are supposed to do to be able to take care of yourself. Now, as Canadians, we just used to call that personal responsibility, but things have evolved such that we have to actually teach people that they need 72 hours of water and that they need enough fuel to be able to run whatever they need to run and to care for themselves in terms of their medications.

So the citizens are supposed to look after themselves, and then we have first responders, and we have brilliant first responders in our country—fire, police and EMS [Emergency Medical Services]—that rush to those who have been directly impacted by the specific hazard we're talking about. And right above them is the municipal order of government that they work for. And that municipal order of government has an emergency operations centre and trained staff when it gets past the capabilities of their first responders to respond. They have written plans, general, for a response to emergencies, but they also have hazard-specific, in most cases, annexes. And every municipality, for instance, in Alberta, had an annex for the pandemic that was never opened.

When it gets past one community, then the provincial order of government steps in, opens their operations centre and brings all those other supporting agencies to support those municipalities that are at risk and coordinates across every one of those tubes to bring the assets of every one of those tubes to that emergency. Our order of government is then on top to drive support. We call it mutual aid between provinces and territories for those that are smaller and have less resources. We have the ability to bring all of them together and to work between provinces and help each other.

So what you see on the left-hand side is government leadership, and I want to really emphasize this right now. For the provincial order of government, the Premier is the responsible person, period. All the other people that come to support the Premier are supporting agencies or members of the task force, but the elected officials in a democracy are always in charge, not a bureaucrat like a medical officer of health. Never, ever. And who supports that government leadership? The EMO. They're trained, they're ready, they're disciplined, and we'll talk about their training in a second, but they're ready to go. And they are always standing by with the hazard assessment, watching it evolve and ready to pull the plans off the shelf and use them.

But on the other side, you see the private sector, and the EMO works constantly across all of the critical infrastructure and every industry group within the province. They know them by first name. I certainly did. I knew who was in charge of the Cattlemen's Association, who was in charge of the Alberta Electric System Operator. I knew who was responsible for the production of honey. Really.

There are four functions that make up emergency management:

[00:15:00]

Mitigation, preparedness, response, and recovery. Mitigation is either removing the target from the hazard or the hazard from the target. That's the simplest way to define it. You'll see lots of pretty words there. But in your mind, just think about the risk is coming for you. How do we stop it getting to you, or how do I get you out of the way? Right? One of the two.

Preparedness involves walking through with all of the experts required to prepare plans to be ready to respond to any one of those hazards that's a major emergency or disaster potential in your jurisdiction: municipal, provincial, or federal. And having those plans trained and exercised constantly. You don't just write the plan and put it on a shelf. You bring together everyone who's actually going to respond in that emergency, and you run them through exercises. You watch them perform the tasks, and you train people up if they were delinquent or unable to complete their tasks.

The response then takes those plans off the shelf, spells them off, and makes them specific for the actual emergency that you're looking at. And there's a full-trained staff that knows how to run response. And there's operation centres with desks for every one of the subject matter agencies, the lead subject, the subject expert agency. We always used to call it the big kids' table, and that's where the hazard-specific person, the subject matter expert would sit, and everyone else was in rows, all looking towards the charts so we could run, support the subject matter agency with whatever they needed while taking care of the entire rest of the economy in the jurisdiction.

But the minute you start a response, the minute you take another team aside and you make them responsible for writing the recovery plan. Have you seen a single recovery plan in our country announced by any provincial government for this pandemic? The minute you start

**response, you set aside a separate team to write recovery and have that plan ready to go the minute you know the pandemic went to endemic.**

**There are 10 activities that make up all of life. It doesn't matter if you're a soldier, sailor, airman, or whether you're a civilian in any industry, those are the 10 activities that you use to run your home. Governance at the top: operations, plans, logistics. But when you're working in a provincial agency, those are specific activities that require specific training. So you have people in the operations group that are trained to run operations. In the plans group, you have people that—the process I'm about to tell you—can teach that process and run that process for anyone in government. The ones shown in blue are formal courses that we train all first responders in every province and territory in Canada in, and it's called the Incident Command System. You see in the bottom in the blue. So those are specific training.**

Every one of our first responders follows it, and it's not about doing their trade, i.e. being a paramedic or being a police officer; it's how they come together when a site gets too big and they have to work together. This is an actual activity and courses they must qualify in to move up in rank to run the Incident Command System for an event on the ground. But you need all of the boxes by the time you get to the provincial order of government. Most municipalities have separate, large municipalities have specific groups for every one of those boxes.

So how do you link all five together? With the last. So what you see here is a table, and there's hazards all the way down. You need an actual thoughtful process that leads you through every one of the boxes on that chart. And using the provincial order of government because health is a provincial responsibility, and that's where we're going in this discussion into a pandemic. You need to apply all ten activities to your mitigation plans, to your preparedness plans, to your response plans, and then to your recovery plans. You need to do each one of those boxes for all ten activities that make up all of life, and you need to resource them with the seven resources that make up every activity. There's nothing missing. If you miss any portion of this, either the seven resources, the ten activities, a specific hazard, any kind of grouping or organization, you have missed something at your peril. But there's experts that do this, and it's not hard for them. It might seem confusing for you the first time you step into it, but people live their whole lives doing this for you.

And those are the things for the commissioners that many people see and think need to be changed or corrected, and I put it to you, they are. There's some specific things we need to fix after this pandemic in terms of legislation, regulation standards, standard operating procedures, and how we move forward.

So that's the five dimensions.

**[00:20:00]**

**How do you link them all together? What does the process look like? This is the emergency management process. It's identical to the army process, but it's also identical to the risk management process. Those of you that were here yesterday and watched the presentation on risk management, that's how civilians would use these words. But in government, this is how we talk about it in terms of municipal and provincial order of government.**

**Hazards are out there every day, and all of a sudden, one of them pops up. So situational awareness for our elected officials happens all the time. There's constant briefings on a monthly basis going to the Premier. It's wildfire season here in Alberta. It's just starting. So there's a briefing note on the Premier's desk saying it's wildfire season, here's the status of**

**your Sustainable Resource Development firefighting teams. We can draw on our surrounding neighbours, the adjacent provinces, the wildfire operations agreement, mutual aid agreement is in place for all of Canada, blah, blah, blah, blah—just getting the Premier ready.**

**So it pops. Something happens. And what you see in the orange boxes is elected official engagement. That's where they're briefed, that's where they make the decisions. Okay? And they're part of the supervising and monitoring. So all those orange boxes— The black bullets are all what's being done by staff to support the elected officials. This is a democracy. Elected officials are always in charge. Never the subject matter agency, always the elected officials, whether a mayor or a reeve or whether they're a premier. And every one of those black bullets, and we're going to walk through them in an example, but every** one of those black bullets is a staffing function and there's oodles of paper that get produced in order to do each one of those. So just defining the aim in an emergency, there is gobs of paper developing different types of aims for the Premier to select, which is the aim for that jurisdiction.

So when in a court case, for instance, where I was testifying against the Medical Officer of Health of Alberta, I brought stacks of evidence showing what had obviously been overlooked. They were unable to bring any piece of paper and simply said they had done the process. You have to be able to prove you've done the process. There's stacks of paper for every one of those black bullets that they were unable and are still unable to produce.

But what's happening while you're doing and managing that emergency? The hazard is evolving. As well, remember that all hazards list? Other hazards are popping up. So in the middle of pandemic, wildfires just didn't say, "Okay, we'll give you a break for two years, but we won't have any fires, okay? We won't have any train derailments. We won't have any toxic spills. There won't be any other problems. We can only deal with one hazard at a time." That's just ridiculous. But that EMO has all the pre-prepared plans for all the other hazards, and in the same emergency operations centre, you can switch between who's the subject matter agency, because today the fire just got too hot, and we can just set the pandemic aside for 24 hours while we evacuate Wood Buffalo, okay?

So let me move to the second part of the presentation. Now you understand what emergency management is, and that every province and territory has it, and in almost every province and territory, the municipal order of government has been ordered to have it by that province and territory, keeping the elected officials in charge.

Let's start with the aim. If you get the aim wrong in a military mission, you kill thousands and thousands of soldiers. If you get the aim wrong in a provincial response, you can kill your entire jurisdiction. Okay?

**So the first thing you have to do is get the aim right. In our predefined pandemic plans—and there are predefined and provincial pandemic plans in all 13 provinces and territories in Canada. Every single one of them had a written pandemic plan: every one of them. If you don't believe me you can go to pandemicalternative.org, a group in Ontario built a huge research storage website for me back in December 2020, and we went to every government website, and we got them and stored them in case they decided to wipe them away and hide them. So on pandemicalternative.org, which is a Canadian-focused pandemic website, it's only talking, and it's called "alternative," because we were trying to get the message across that there was an alternative way of doing what we were doing in December 2020. And they found me because of the 12 letters I had sent to every Premier in this country, starting in April of 2020, saying:**

[00:25:00]

"Stop, drop, please phone me. I don't want a job. I just need two hours of your time. I want to give you this presentation." Okay?

That's the real aim. To minimize the impact of the virus on all of society. You heard within days it switched to be to minimize the impact on the healthcare system or the medical system. Absolutely wrong aim. The result is what you've lived through for three years. You get the aim wrong: everything that follows is wrong.

Let's talk about the overarching principles of emergency management. Number one, pandemics happen continuously. This wasn't our first. In my lifetime, there have been five pandemics. I was born in 1954, and so Asian flu back in the 1956-57 era. We have huge documentation from five previous pandemics, and we've made massive lessons learned, both in emergency management and in public health, all thrown away. But more importantly, there is going to be another pandemic. I hope to see two more. Why? Am I a sucker for punishment? No, it just means I'm still alive for crying out loud. I want to live through two more pandemics, but I never want to live through another pandemic that is managed the way this one was.

Emergency management—these are principles—is the foundation on how we respond to every type of hazard, every emergency over and over and over. And these staff are trained, they're competent, they're capable, but they have some fundamental principles. And the very first one: you control fear. You never, ever, ever use fear.

I wrote my fifth letter to the premiers in August of 2000 [sic], warning them that they were using fear and that it would have unintended consequences that would last for 60 years until the children who have been affected by our response to this pandemic die. It was a very specific letter. I tried different approaches, and every letter I wrote, none of them worked. So I'm a failure. Confidence in government: You never use fear, you use the opposite. And everyone says the opposite of fear is bravery. It's not, it's confidence.

Confidence that you can get through something. Confidence that you can get through something together is the opposite of fear: fear of each other, fear that you can't work together, fear that everyone is a hazard to you. I've been in some really awful places in the world in my 27 years in the Army—always with a rifle to defend myself. I was one of the lucky ones. But I watched populations that were raped, burned, and destroyed because their governments used fear. Use confidence in emergency management. You never, ever use fear. Your job is to suppress fear, and you suppress fear not by lying to the population. You don't try and diminish what's coming at you. You tell them how you're going to handle it, and that you've got a plan, and that we can get through this together, and here's how we're going to do it. Okay?

Surge capacity is a real thing. It's not done by taking stuff from someone else. New surge capacity is developed in every emergency. When we have a flood, and we need to dike a river all the way from the BC border to Saskatchewan to give them the water for free, we don't re-roll things. We build new capacity. We get our citizens to come out and help build dikes, and it's a new capacity. It's not a re-rolled capacity.

Mutual assistance used to be a cornerstone of emergency management. Moving a patient from Calgary to Edmonton is called mutual assistance. It suddenly became evil. It was as if you had completely failed because your hospital couldn't take every patient. We're in the

**middle of a pandemic. Of course, there will be ups and downs in every community. Communities help each other. They don't block the movement between each other. Constant feedback and evaluation of evidence. These are basic principles that were completely ignored in this pandemic.**

**My bottom line in terms of principles is pandemics are always public emergencies because they affect all the public. They are never public health emergencies. It's absolutely ridiculous to call a pandemic a public health emergency, and public health should never have been in charge of all of society. They are responsible for the healthcare system. Point final.**

**Let's move on to governance. The Premier in a province and pandemics:**

[00:30:00]

healthcare is a provincial responsibility, so the premiers are in charge. Period. There is no discussion. The Prime Minister is in support of the premiers. He is not the person in charge of the pandemic. Never should be: never could be. He does not run the healthcare systems.

The Prime Minister should only have sent support that premiers ask for. He shouldn't have forced them into responses by making edicts and handing out $500 billion to get his design for a pandemic implemented.

There should have been a task force in every province that was on all of society to respond to the pandemic, and what should that have looked like? It should have included people from every one of those supporting agencies, governmental and private sector. It should have included a huge team of the biggest brains in the province, and their knowledge in terms of all of the impacts on every one of those blue tubes should have been brought together. What did we do instead?

We put the Medical Officer of Health in charge, who gathered a group of doctors—nobody from the power grid, nobody from water supply, nobody from municipal order of government, nobody from all the other supporting agencies—and they made, designed a response to protect themselves. Public health is supposed to protect the citizens. Citizens aren't supposed to protect public health. The coordinating agency then would have supported that task force. The coordinating agency would have then run the full provincial response. They never did.

Hazard assessment. Let's go back to what we actually knew in February of 2020. How did I get this top-secret information? I used this [cellular phone]. Every one of you could have done this. The key is: the information was readily available. These charts coming out of **China, you simply picked up your phone, you typed coronavirus, remember it wasn't called COVID back then, coronavirus, death by age, and then you typed in Italy, Spain, China, whatever, and you would get these.**

**This is in February 2020. We knew what was coming. Look at the people who are dying. Over the age of 70, what are they dying with? Severe multiple comorbidities. This was February 2020, readily available, updated routinely. I did a snapshot then, and this is in the document I originally sent to the premiers to try and say, "Hey, what are you doing? You need to be doing target focused protection," and we'll get to that, but we knew then, was that just a random sample?**

Every single week, starting the first week of March, the World Health Organization produced these tables. Every single week, you can still get them, they're still available, and they're available worldwide. Who's dying? Really old people. In fact, the average age of death in Canada is 82 years old with three or more multiple comorbidities, severe multiple comorbidities. Nothing has changed.

This was known the first week of March, the second week of March, the third week of March, and what did our medical officers of health do? They tried to convince us that everybody was at equal risk. Absolutely untrue. One of the comorbidities that's missing from this chart, and which is an extremely important comorbidity, but we don't talk about it in North America because it's considered fat-shaming, is obesity. Eighty-three per cent of the people who have died in Canada and the United States, in fact, it's 87 per cent in the United States, died obese. That means their BMI [Body Mass Index] was over 30. So what did we do?

We closed all the gyms. We told them they couldn't go outside and use the walking trails, and we gave them absolutely no feedback on how to make themselves healthier in terms of diet and exercise. We did exactly the opposite. We knew what the comorbidities were and that we needed to really look at those comorbidities and build surge capacity for them while we were building surge capacity for COVID because they were going to be impacted.

We did exactly the opposite. People saw the terrible pictures coming out of Italy. The people dying in the streets. Who were they? There's from May 2020, okay? But we knew this in February. We knew this in March. It's really old people with severe multiple comorbidities. Did that actually change? Here's the same chart from May 2022. No, it never changed,

[00:35:00]

and yet the narrative coming out of our MOH [Minister of Health] never changed either.

This is a slide you've seen in other presentations. It's now been taken down, and every one of my slides, every piece of information and data, you'll see I put the website right on it, so you can go get it yourself. But this is no longer available. It shows that people without comorbidities simply aren't at the same level of risk. In fact, it's minuscule risk.

This is the latest—and I've stopped updating this chart. This is at the end of three years, so this is March of this year, and what you see is Canada's data, as a country. But what's really interesting on this, if you look over here on the right-hand side, you will see that it says that, as at the end of March, there was 52,000 Canadians died of COVID, and that's the number that Theresa Tam still uses to scare the hell out of you every day that this is a horrible disease. But quietly behind the scenes, every province and territory in Canada has been amending their data. If you see the number on the other side, circled in red, this is from exactly the same day off of exactly the same website from the Government of Canada, you'll see that it's 36,000 died, not 52,000. Why is that? Because they're very carefully, now, removing all the people that died with COVID not from COVID. Okay, so they're cleaning up their act before we come looking for them.

So let's move on to mission analysis. Now, this is the meat of the process. Whether you're attacking an enemy or the enemy is COVID, mission analysis is where you break apart all your tasks given and your tasks implied. Just the "what." Never the "how." And you do this with the smartest people in your province. Okay, this is where the task force, and I did this for counter-terrorism with what I call "26 of the smartest people in Alberta" on September

**the 12th, 2001. The following day I was made the director of counter-terrorism for Alberta, which I ran, implementing the plan that we wrote in the first two months over the next two years. But I led them through mission analysis.**

**What does it look like?**
**You sit there and you are first given, with your task given. These are the four tasks given that were written right into the Alberta, and every province and territory in Canada had a plan just like this, with the task given in preparation for the next pandemic.**

**Control the spread, try and reduce morbidity, but "appropriate" prevention measures is the keyword there and I highlighted it with "appropriate" underlying quotation marks. We'll talk about that.**

Mitigation of societal disruption through the continuity of critical services, not the closure, the continuity. People are going to get sick with this new virus. How do you make sure you can continue every activity in every business while people get sick?

The critical infrastructure, you have to make sure you have backups and backups, so you need surge capacity in every piece of your critical infrastructure, the people piece, because some are going to get sick. You're not going to close them down. You're not going to send healthy people home. You might in fact order sick people to come to work while you sort of isolate them because you don't have enough people. Exactly the opposite.

Minimizing the adverse economic impact. I almost laugh every time I read that one. And making sure there's effective and efficient use of resources. We failed at four out of four. Those were the tasks given in the pre-written pandemic plan in Alberta and are similar in every other province.

So you now have to rip those four tasks out into the detail required. So what's that goal number one turn into? And this, you see the et cetera, this is one person's brain. Imagine if you had 26 of the smartest people in that province's brains to pull from. This is just my brain.

Number one, how are we going to care for those most at risk? We knew exactly who they were. How are we going to develop over here on the other side, a risk analysis for the population so that our family practitioners can— Our family practitioners know— We know that most of our seniors that died were in long-term care homes. So right away we should have been developing plans in bullet one for long-term care homes with the people that run the long-term care homes. Right?

Public, public for profit, private for profit, private for non-profit. Three [sic] [Colonel **Redman cites four groups] groups: bring them all together, bring the unions in, bring all the best experts in, and build a plan to get us through the first wave. Then we'll figure out the second wave, right? But over here, what about all the seniors that were living in multi-generational homes that were living at large on their own, in their own houses still? Family practitioners knew exactly who they were and where they were.**

**[00:40:00]**

**They were their doctors. We should have been developing for our family practitioners, good advice, common sense things, and trying to figure out ways to help them.**

But down here, on the very bottom on the left-hand side, the development of treatment. You're going to hear from a whole bunch of doctors and talk about a whole bunch of possible treatments, but one of the things that no province or territory in our country did was peer-reviewed analysis of potential treatments worldwide.

We should have had an intelligence agency watching for every country in the world and how they were managing COVID, and whatever treatment options they were finding, like ivermectin, the terrible "I" word, but all the other ones. And we should have done peer-reviewed studies to see which ones worked. And even if they only did 3 per cent, just like in AIDS, when you add five 3 per cent options together, you get a really effective treatment option. And other countries in the world figured this out, but we never did. We did exactly the opposite. Our medical officers of health never did this task, implied matrix, and never developed teams to go and study how.

I'll go through the next ones quickly, but no one ever contacted the electric system operator in Alberta or any other province in our country to make sure they'd have enough people to get through the pandemic. Good thing they did. If our power grid had collapsed, it would have been awful. But even more importantly, water supply is a municipal responsibility, and our municipal order of government was excluded from the entire planning and execution process. Most water treatment facilities and most municipalities have two or three experts that run them. Emergency Management Alberta knew them by name. They were never included in the process.

How do you make sure you do not close business? Continuity is the word, not closure. And I mean for every business, but there will be some like tourism what other people, other countries do would have affected our tourism industry, and we should have only supported those industries that had to close because they simply couldn't exist with the clients that were going to show up at their door. Okay? But we should have ensured continuity of every other business, and we needed to make a list of them in the tasks given and implied.

And how do we manage critical resources? Well, we watched ourselves fail completely on that repeatedly. But the second portion is, after you've done your tasks given, you have to do the tasks implied that aren't in those first four.

And this is a standard template of tasks implied for every emergency, every single emergency. Okay? And Emergency Management has this list and always does it and sits down with the task force that's assigned and walks them through it and says, okay, these are the what's, can you think of any more? And then we build groups to go away and bring back options to do this.

The most important are protection of rights and freedoms and suppression of fear. Both completely never even considered.

I was the director of counter-terrorism for two years in the Province of Alberta and worked on both sides of the border, personally briefed Senate and Congress in the U.S. on what we were doing in Alberta to sustain our oil and gas. I personally briefed the American ambassador. It was always made very, very clear to me that security trumps trade. But on top of that, all that time in two years, what's the most important thing in counter-terrorism? You never deny a Charter right or freedom because if you do, the terrorists have won. That's what they were trying to do. They were trying to destroy our rights and freedoms and destroy our faith in democracy because they don't like it. We handed the response to this pandemic to our medical officers of health and what did they do? They

**immediately destroyed our rights and freedoms worse than any terrorist attack ever could have done.**

**The next thing you do is develop options. You take all of those teams that you break out of that huge list of to-dos, you put them into groups, you bring the smartest minds for each one of those red-bulleted tasks, and you send them away for a week, and they have to come back with a costed plan. But that plan is including multiple options. There's always more than one way to skin a cat. For every option, you have to do a full cost–benefit analysis so the Premier can say, "Okay, this is what we're going to do for long-term care homes. And this is how we're going to manage critical infrastructure."**

**But they pick the option that they think will best protect all of society. Remember the** mission statement? So your elected officials are given the options and in the box below in decision, it is the elected officials that decide which option for each of the groupings of tasks.

[00:45:00]

But the cost–benefit analysis is how they make their decision.

So we had pre-written plans before this pandemic that told us all of this information and put it together and had done part of the cost–benefit analysis for us, built on the really, really, really hard lessons learned from those previous five pandemics. Those plans, in fact, highlighted the use of a word that you now call lockdowns, but which I have always called non-pharmaceutical interventions. Okay? They had been studied inside and out for 20 years.

The document you see on the left was last updated and issued worldwide in September 2019. The 15 NPIs [Non-Pharmaceutical Measures] that you see listed on the right-hand side of the chart are showing green for ones we should have used in this pandemic, orange, which are partially applicable—and I'll talk to one in specific—and red never should have been used for this pandemic. That document on the left is 60 pages long and it discussed each one of those 15 separately, in detail. You can get the document for yourself and it says things like, for workplace closures: closures should be a last step only considered in extraordinarily severe pandemics. We did it as a first step with absolutely no cost–benefit analysis.

Let's talk about face masks because everybody likes to talk about face masks. In the first two years, I never mentioned face masks because then everybody just thought I was a conspiracy theorist. Face masks have no effect for a virus of this type. They have an effect for other viruses, but not for this virus, and we knew that from this document. This is a **highly transmissible virus that they aren't applicable for. Face masks, in orange,—because in a hospital setting, worn by healthcare practitioners—of the right type of mask, for a limited duration, put on by assistance, taken off by assistance, and disposed of immediately—made sense. The document clearly said "should never have been used in the general public" because they cause massive societal impacts and damage and have no noticeable gain in stopping transmission. Okay, sorry, got to go back just for a second.**

**What was the worst thing we did? We destroyed our children. That's why I circled that one. The socialization and the development in elementary school, junior high, and senior high, and what we've done to our children will damage them for the rest of your life. There are many studies that show that one-year loss of education causes a five to 15-year decrease in economic ability, earning ability for that individual, and a three to five-year decrease in**

**lifespan. So until our children die, unless we do something to correct what we have done, this impact will exist on them. And we didn't do it for one year. We did it for two, and in some cases, three years, in our own country.**

**But we knew that from the study of the NPIs that all of those NPIs would have a very insignificant effect on transmission of a virus of the type of COVID. So we knew that in September 2019, we should never have used them.**

**But after the first wave, study after study after study compared non-lockdown to lockdown countries and showed exactly the same thing. And you've heard from Dr. J. Bhattacharya previously. This is him, but this was after the first wave, but folks, there was, this is another 35, wave after wave after wave, proving that lockdown to non-lockdown countries, and I'm** sure you've all been told there was no non-lockdown countries in the world, but that's simply a lie.

Many countries in the world didn't use any of the non-pharmaceutical interventions and came out exactly the same in terms of transmission. But what we know now and what we knew in September 2019, in a 60-page document, was that non-pharmaceutical interventions cause massive collateral damage. And I'm not going to go into it. You're hearing testimony from all the others. Well, all I'm going to do is say to you that I put them into these five bins, and you can collect all of the damage.

The mental health damage that we'd done and we knew would happen. And so to me, that's individual. That's each person. The fear you have of your neighbours, the fear you have of each other, the fear you have that we're going to do this again to you.
Societal fabric: the tearing apart of our society and our democracy;

[00:50:00]

the people who had other severe health conditions that we ignored and who missed diagnosis and treatment; our children's development, important—their academic development, but far more important—their social development; and our economic well-being as individuals, businesses, and as a nation.

And I come back to the fact that we doubled our national debt. Don't think that won't have a forever impact for at least the next 60 years. And this isn't one or two or a few witnesses. There are hundreds and hundreds and hundreds of studies all been collated for us that our mainstream media continues to ignore.

I end this portion with: there should have been a written plan issued through the mainstream media to every citizen in every province saying how the Premier was going to **lead the response to the pandemic and inviting feedback from the citizens. "This is what we're going to do for the first phase. We know there's going to be a second phase and probably a third phase. But in the first phase, this is what we're planning to do. This is how we're going to try and walk our way through the first wave till we know more, and we invite your feedback."**

**It should have been in every inbox in every citizen in each province and territory. You've never seen a written plan by any province or territory. Therefore, you've never known what the government was going to do. You just knew that it was not going to be in your best interest.**

**So let's go to the third part and I'm going to go through this quickly. First of all, I want to give you perspective because you've heard this from many people, but I like to collate things for people so they understand modelling. Everybody talked about modelling for the first two years and how we were all going to die.**

**The Imperial College of London model had been completely debunked. It had been shown to be wrong in every major emergency in the past ten years. The model outputs always predicted horrible, horrible situations. That model should never have been used. We knew it was completely flawed, and yet it was used by every province and territory in Canada, by the medical sub-officers of health, to tell you we're all going to die.**

**Number one, you never use fear in a pandemic, you do exactly the opposite. I'm an** engineer, okay? We use modelling all the time. A model, not that one, should have been used to predict the surge capacity that was going to be required. You didn't care. It should have been invisible. Getting more hospital beds, getting more this, but the Premier could have said, "You know, we're developing real new surge capacity," and that's confidence. But you never use a model and release it to the public to terrify them. The evidence constantly proved the model wrong. Mainstream media, the medical officers of health, and the elected officials ignored the evidence every single wave and reused that model. How dare they?

The infection fatality rate was known for people under 65. The infection fatality rate of COVID was known to be less than seasonal influenza. For people over 65, it went up but never became much worse than seasonal influenza, and yet we did nothing to protect them. We never did target, focused, treatment options for our seniors.

The daily death count was used as nothing more than a terror weapon and was never put in perspective to other causes of death. Non-lockdown results from countries like Sweden, places like Florida were intentionally ignored and never talked about by your medical officers of health or your premiers.

And saving our medical system was the contra mantra, and I can do this for every province; but Doug Ford is such a perfect example. He was standing in front of the camera crying, telling people in Ontario they weren't locking down long enough, hard enough, and deep enough and that they had 1,750 people in acute care beds. He never once mentioned that there's 22,357 acute care beds in Ontario. When you ignore perspective, you can create terror. But if you were told that there's 2,000 beds used out of 22,000 beds and you're still saving the medical system, it would have caused you to question the response. Perspective was intentionally denied.

This is a cartoon that circulated all through Europe. It didn't circulate in North America. I have friends that helped me for the last three years all over the world. This was sent to me. **And you see Boris Johnson, back in the first wave, trying to decide to lock down or not lock down,**

**[00:55:00]**

**but really, he only has two options—lockdown or option B is lockdown. And the elephant in the room is Sweden. The elephant's got the little Swedish flag there because they never locked down, right? That's the elephant in the room.**

**So what did happen in Sweden? They decided in 2022 the pandemic was over in Sweden, so they don't report anymore. Look at the number of young people that died, look at the number of old people that died. They never wore masks. They never did school closures**

other than the senior high schools for two weeks in the first wave. They never did any ordered workplace closures. They never did social distancing. He recommended Dr. Tegnell who ran the response.

And the response he ran was exactly what the Alberta and every provincial plan said we were going to do. He followed his plan. We threw ours away. They don't have an increase in mental health issues (like we do), increased suicides, increased overdoses, increased spousal abuse, increased child abuse. They don't have that because they didn't do that. And they came out of this economically better than all of their neighbours in Europe.

Let's do a fast comparison to Alberta. If you normalize the population between Alberta and Sweden, Sweden had less COVID deaths. If you actually believe the case count numbers that we have in Alberta and for Canada, I can do the same thing for Canada. Alberta came out worse than Sweden in straight COVID deaths. Forget about collateral damage. Yes, they have a much older population than us and they did not do targeted protection. Dr. Tegnell has personally and publicly apologized for the lack of targeted protection in the first two waves which caused many of their seniors to die needlessly. But how did they do overall? This is cumulative excess deaths. Look at Sweden and look at Canada. I let you make your own decisions. This is from 2022.

You saw India, you saw bodies floating down the Ganges and the terror that our mainstream media and our medical officers of health using India as a terrible example. India had three times less COVID deaths per capita than we did. Three times less with 36 times the population in one third of the geography. You don't hear them talking about that. Perspective has never been allowed. Why did they do so much better? They only had 2.8 per cent vaccination rate when Delta hit India. They did treatment. They did massive treatment, population-wide, and we denied the ability to do that in Canada. Our MOH [Ministry of Health] and our College of Physicians and Surgeons fired doctors if they did it.

Fast comparison to other things. Traffic accidents, top left—heart disease, the other side. Even if you are between the age of zero and 60, you were three times more likely to be a traffic vehicle fatality than you were to die of COVID. But we didn't see our government—Shawn's opening this morning—our government didn't ban cars. You were three times more likely to die in your car. They should have taken our driver's licences away.

And let's do one last comparison to pneumonia. Pneumonia worldwide. 2.5 million people die every year of pneumonia. COVID was less than pneumonia. And yet the World Health Organization, as we speak, is getting sovereign countries to sign a new WHO [World Health Organization] agreement that they will give up their sovereignty and allow WHO to run the next pandemic based on this extremely successful model of the use of NPIs worldwide: sooner, longer, and deeper. Canada is about to sign that agreement. We didn't close the world for pneumonia. Why not?

My final slide, conclusions. We discarded emergency management, and it has cost us dearly. The aim right from the very start was obviously flawed, and yet no one challenged it. Except for—I say no one—a few of us challenged it. Most of you sitting in this room didn't believe it. But our citizens did, as a group. The hazard assessment, we should have protected our seniors immediately, and I'm prepared to talk about what I mean by that in questions if you're interested.

But remember, I'm the guy who said you never deny a Charter right or freedom unless the individuals agree. The Oakes test is the minimum standard. It has been thrown out. Every single Charter right before it's denied must pass the Oakes test.

**[01:00:00]**

**There has never been a single Oakes test for a single Charter right or freedom that was denied. Not one.**

**Lessons learned, we threw away every lesson we'd learned, and there's no point in running the lessons learned after this pandemic. Because the only lessons we'll learn if we let our governments do it now is exactly the wrong lessons. The use of NPIs were known not to stop transmission but to have massive, massive collateral damage. To use them over and over, in my opinion, is criminal negligence causing death, and we need to hold accountable those who did it. Our Prime Minister, our premiers, and MOH are those responsible people,** and they need to be held accountable. If we do not immediately and vigorously remove the belief in lockdowns, we will redo this, and not just for a pandemic. We will redo it over and over and over, and our citizens will be compliant.

The presentation I've just given you is based primarily on a paper I wrote July 1st, 2021 [Exhibit RE-2e], and sent to all the premiers in the mainstream media, Canada's Deadly Response. It's 130 pages. You can get it at that link that you see. It's been used in court cases against MOH and premiers across our country, and the others are supporting documents. I stand ready to answer your questions.

Commissioners, I would point out that I've never talked about vaccines once, because in emergency management, you never count on a vaccine. A vaccine takes five to ten years to develop if you're using proven technology. They take ten years plus if you're using new technology, and a pandemic is long over before you ever get a vaccine. You may wish to have a vaccine if the virus is not a constantly shifting and changing virus. The chief medical of the vaccine program in Great Britain said in August—before our Prime Minister called certain people in our public, racist, misogynist people with unacceptable views—the medical officer of health in Great Britain said, "The coronavirus is now the sixth form of the common cold. We need to learn to live with it, there never will be a vaccine. We've never had a vaccine for the cold."

But I've never talked about vaccines because emergency managers know they come too late. You have to deal with the development of herd immunity long before you ever will get a safe and effective vaccine. Ladies and gentlemen, your questions please.

**Shawn Buckley**
Well, I get to go at you first, David. One thing that struck me is you showed data there that just the regular pneumonia that we live with for our entire life is responsible for more **deaths during this pandemic than COVID. Is that correct?**

**David Redman**
**Pneumonia worldwide has always been a larger threat than COVID. In Canada, we had a more successful rate because of our— For one strain of pneumonia, there is a very good vaccine. And so we've had an ability to reduce pneumonia deaths in Canada. But worldwide, COVID was less of a risk than pneumonia.**

**Shawn Buckley**
**Now, in every year we have, I think you called it, the seasonal influenza. We have, I call it low vitamin D season, but other people call it flu season. But basically, we have a season where we have influenza and we have a number of deaths in Canada. Did I hear your evidence right that for our regular seasonal influenza for persons under the age of 65 that COVID was more of a risk to those under 65, all right, less of a risk, than seasonal influenza. That was too long. So I'm just going to rephrase that question so—**

**David Redman**
**I can answer the question. In previous presentations which many of you have seen—that I have given for the past two years before I stopped doing public presentations in February** 2022—I always had a graph which showed the seasonal influenza curve from the past five years and I overlaid it with the COVID curves. And so in terms of transmission of the virus (and it's in my position paper), there's no distance between the lines. COVID went up and down no matter in Canada, no matter how hard we locked down, no matter how soon we locked down, the virus transmitted itself exactly the same. And people always ask me the question: Well, why was Taiwan and why was Australia and New Zealand able to do better in terms of sealing off the disease?

Number one, Canada is not an island.

[01:05:00]

We had 20,000 truck drivers crossing the Canada-U.S. border every day throughout the entire pandemic. Why? Because we have a just-in-time food supply system, and we would have starved to death if we hadn't done that. So the spread of the disease just happened naturally and it suddenly became a crime to get sick. You were held in disdain by your friends and neighbours if you caught COVID because you obviously did something wrong, but they never cared if you caught the flu the year before.

**Shawn Buckley**
And for those under 65 the flu was more dangerous.

**David Redman**
And for those under 65, the flu had a higher infection fatality rate than COVID through the entire pandemic to this day and now significantly less.

**Shawn Buckley**
**Now you had mentioned at the beginning of the pandemic, you know you have said you lived through four of them and I think you mentioned the Asian flu in the 50s, but didn't we have one called the Hong Kong flu in the 60s? Like we've had bad influenza seasons before, and I mean bad, they far exceeded the seasonal influenza.**

**David Redman**
**Absolutely correct and if you go to the position paper, there's a grading system for pandemics. It's been known worldwide. CDC put together a graphing and charting system that's been used for every pandemic dating all the way back to the Spanish flu. And so what you have to consider is both the transmissibility and the deadliness of the disease and it's**

**on two axes. If you place this pandemic, it is, at worst, a moderate pandemic. Most people would consider that it actually slides down into a low-level pandemic based on the CDC modelling. So this entire pandemic we've been told that it's an extraordinary event, the worst pandemic since the Spanish flu. The facts don't bear that out and the model system used by CDC—and they're part of the perpetrators of the fact that they say it's a terrible—they didn't even use their own models.**

**Shawn Buckley**
**So I wonder if the media hadn't been hyping this, would this even have been a situation where emergency plans would have even been engaged?**

**David Redman**
We have been destroyed by our independent media, and censorship has been obvious and apparent. I'm sure everyone in this room knows it, but for most Canadians they think the mainstream media has been doing a great job simply giving them the information that the MOH and the premiers have been giving them every day. What the mainstream media forgot is that their job is to hold government accountable, and in so doing they could have used one of these (holding up cellular phone) just like I did and known that the people who are most at risk were our seniors.

Let me give you the example, just one example: Theresa Tam said in the summer of 2022 that it's a national embarrassment, us [Canada] placing last in the OECD [Organisation for Economic Co-operation and Development] in protection of our seniors through this pandemic—73 per cent of all deaths in this pandemic in Canada happened in long-term care homes; 73 per cent died in long-term care homes, not in the general public. They were our seniors with severe comorbidities. Theresa Tam personally admitted that it was a national embarrassment to place last in the OECD of countries with similar public health care systems. The mainstream covered it for one day, and you will be very hard-pressed to find that statement. I have it; it's right here, and it's in my paper.

**Shawn Buckley**
David, actually wasn't going at the censorship thing. I was just actually wondering, would this in the normal course of events been a situation where emergency plans would even be invoked?

**David Redman**
I would have put it to you that in February— Okay, let me answer your question specifically **and then give you an aside. In February 2020, if I was the head of AEMA, I would have taken the pandemic influenza plan as written; I would have asked for a briefing session with the Premier; I would have asked the Premier to form a task force; and I would have prepared as if it was going to be a horrendous pandemic. Because you always go big and then ramp down. By the middle of March, I would have recommended to the Premier that for the first wave we consider options for protections of our long-term care homes and nothing else.**

**Shawn Buckley**
**And would it be fair to say that—so Alberta had a plan—basically every province in Canada and pretty well the entire world, and the World Health Organization would have had plans similar to the Alberta plan?**

**David Redman**
Absolutely correct.

**Shawn Buckley**
Because basically everyone could look at the past data and draw the same conclusions.

[01:10:00]

**David Redman**
Everybody was using the same lessons learned and had rewritten and rewritten their plans. If I can take you back in time, I retired from Emergency Management Alberta in December 2005.

This document, the WHO document, first came out with the comprehensive study of all 15 NPIs in the summer of 2005. So the Deputy Minister of Health at the time asked me to co-chair with her the mission analysis session where we would completely redesign the Alberta plan because NPIs had not been studied in depth before, and clearly the Alberta plan was inappropriately based on using a number of NPIs. So that's why in 2005, we re-wrote the Alberta plan. It was published in 2006 after my retirement, and it was upgraded because all-hazards specific plans are rewritten every 10 years by every province and territory in Canada. The one in Alberta was republished in 2014 after another comprehensive review, basically looking like the one from 2005.

So yes, every province and territory in Canada had plans. They had pandemic plans that look very similar to the Alberta one. All 13 of 13 are available on pandemicalternative.org because we collected them; and the Government of Canada plan looked very similar to being a supporting plan for the 13 provincial plans, a supporting plan not the leading plan.

**Shawn Buckley**
And not a single government in Canada follows their pre-existing plan.

**David Redman**
In my opinion, they burnt them all.

**Shawn Buckley**
Thank you. Those are my questions. I am confident that the commissioners will have questions.

**Commissioner Massie**
Thank you very much, Mr. Redman, for this very thorough presentation. I have a couple of questions. I don't want to take all the time. I want to leave my colleagues also to ask some questions.

So my first question has to do with the planning of an emergency plan. I mean, I was working in the government, and we're always looking at these preparedness plans from a

**microbiology, immunology, virology standpoint, which is one aspect, of course, and you have to work it out properly.**

**But to my surprise, I saw looking at the internet, as you pointed out, on cell phone or computer, there was a kind of a plan at a very high level called Event 201. That if I summarize what I've read from there is that in order to get the best possible response to this kind of global emergency, you need a global plan that will actually be prepared at high level by real experts and then will be deployed, really top-down, using all kinds of interesting communication tools.**

**For example, we've learned from some document in U.K. that they have this nudging unit that would actually lead people to really adopt the behavior that would be aligned with this** global plan. So how would you qualify that kind of plan or planning for emergency of pandemic with respect to the most current, I would say, state-of-the-art knowledge that have been practiced for all of pandemics of the past decade?

**David Redman**
I would suggest you that Event 201, led by Bill Gates, was a well-intended but totally misguided group of individuals who had an industrial background, with a few doctors who had a particular bent, and the bent was, they loved NPIs. And they produced results that made absolutely no sense, in my opinion, and yet it was almost a complete carbon copy of what we did in Canada.

But I would point out to you that many countries in the world didn't believe in Event 201, didn't follow Event 201. Sweden being the classic example, and people like Ron DeSantis, Governor of Florida, who just went, "No, this is wrong." And the reason is they recognized the collateral damage, and Event 201 is based on basically locking down the entire world until another vaccine can be prepared.

And Commissioners, I would hasten to point for the Canadian public that within the next week, if it hasn't already happened,

[01:15:00]

Canada will be a signatory to the WHO agreement that models Event 201 response for all time in the future. And that the countries that sign the agreement agree they will give up their sovereignty and follow the direction from the World Health Organization, which is based on the rapid and continuous use of NPIs.

**Commissioner Massie**
**My other question has to do with the definition of a pandemic. Professor Didier Raoult in Marseille has always presented the notion that these infectious diseases spreading in population cannot be global because it depends on the population, it depends on the environment, the weather will play a role, the interaction between people, and therefore it has to be analyzed at a reasonably local level.**

**We've learned during the pandemic, for example, that there's been a gazillion of variants that we've learned about in this particularly evolving virus because we started to sequence it like we've never done before. Had we done something similar for other influenza or other types of infection, we would probably have seen similar profiles, but in this particular instance we learned a lot about the emergence of these variants that eventually became**

**variants of concern because they came in some area and then they were going to spread all over the world and so on.**

**But the reality is that the variants come and go and they sometimes remain very local, sometimes they can spread a little bit more. So this whole notion that you could come up with a plan that will be kind of a one-size-fits-all is a little bit difficult to reconcile with the notion that there's going to be a large, many factors, local factors that will influence.**

**And you've named, for example, the comorbidity in people that are more vulnerable, that's one element. But it could be also other elements that play in the environment that will play with the spreading and so on. So this whole notion of having a global plan for pandemic management with not much recognition for local management— Because circumstances** will be very different depending on countries and so on. So how can we actually find a better way to communicate that this old grandiose plan is half-baked in the sense that, yes, you could have high-level recommendation, but what about the local implementation of the measure?

**David Redman**
I totally agree with both the professor and yourself. Emergencies are always bottom-up, but there's a reason for that. And in a pandemic, as you say, there are so many conditions. So let's just address a few.

Remember the all-hazards. Each jurisdiction, every municipality, every province has to make their own assessment of what it is for them. Whether environment plays such a huge role in every possible hazard, just like it does for a disease. When I do my comparisons, I never compare Florida to us. The climate in Florida is not the Canadian climate. And how a disease evolves and spreads in Florida is totally different than Canada.

But Sweden is a very good collateral model because their urban versus rural densities are like Canada. Their climate is very similar to parts of Canada, at least significant parts of Canada. So if you're going to compare apples and oranges, if you're going to build like-minded responses, you have to look for all of the impacting factors, and the best way to do it is not try and compare yourself to anybody other than to look and see what works somewhere might work here and test it.

So when you build a plan for Alberta, it's going to be different than the plan for Nunavut. Totally different because of population density, because of numbers of people, because of geography, because of climate, all with the same virus. And yes, the virus mutates— And I almost screamed at the television. I did scream. My poor wife is right there. She knows. I would get so mad when I would hear people say ridiculous things about— How could our **Medical Officer of Health— Remember the 10 activities make up all of life, one of them is intelligence?**

**How could we not have built a medical intelligence section that was trying to find all the variants that were happening in Canada, that were not happening worldwide,**

**[01:20:00]**

**and to see if there was a possibility for the transportation, and what would that mean?**

It seemed like every wave and every variant became a surprise, but the response was always lock down. So we didn't even learn that there was going to be new variants until they almost arrived in our country. So yes, everything is local.

The way the disease evolves is local. So the idea that a World Health Organization would make a one-size-fits-all massive lockdown approach— Look at Africa, folks, sub-Saharan Africa, with absolutely no lockdowns. And it wasn't because the virus is more or worse or everything else. Its climate, its geography, it's a whole bunch of things in a very hot, dry climate versus a hot, wet climate. Look at COVID worldwide, you'll see the variations.

So it makes absolutely no sense to make a single worldwide plan to be driven out of a bureaucrat, non-elected World Health Organization to give up national sovereignty. It makes no sense.

**Commissioner Massie**
My last question would have to do with— You've made specific recommendations in terms of how can we do it better? As I was listening to you, it occurs to me that there's the knowledge, the expertise from the people that will support the ultimate decision by the Premier in every province. Do you know whether there is a mandatory training for this Premier, in risk management?

**David Redman**
There is no mandatory training for any elected official and it's something that we've long discussed because one of my ministers when I was running EMA had been a florist for 20 years. His arrival to suddenly be my boss meant he needed to learn that he was responsible for the response to major emergencies and disasters in the province. He was a very willing student. The one before him was not.

The Premier, I was blessed with having the same premier for all five years in EMA, Ralph Klein, and that man was one of the most empathetic people I had ever met. Every election— What happens in every province and territory before a premier becomes a premier, there's a briefing book and every significant function within the province prepares a one-page briefing note and premiers can invite the preparers of that note to come and give a talk and to learn more, but it's a voluntary system on their part.

But every premier in this country knows they have an EMO, it's in their briefing book, it's there the day they become premier. Should there be a mandatory training session? I would put it to you that every elected official, every elected official, local, municipal, provincial, should have a minimum of a one-week indoctrination training period where they understand, get to understand what their role is as an elected official. It sounds great, you know, "I'm going to represent the people of Kohlberg," but what does that mean? How do you do that? How does the parliament work? How does the system work?

There should be a training for that. But the minute you become a minister—go up the next step in your elected lifestyle—you should have a specific one-week session for the ministry you're now accountable for. Because unlike the United States where Congress and Senators are there simply to represent their people and do not actually run departments, ministers in our government in Canada, in the provincial order of Government and the federal order of Government, run departments.

They become the CEO [Chief Executive Officer] of a huge bureaucracy that works for them and for the people of that province. And to understand what those people do, every time they change ministries, there should be a compulsory one-week period, and it shouldn't be voluntary. It should be a requirement, in my opinion, and for the Premier, one week even more for the most critical functions that a premier is responsible for. And there isn't one bigger than responding to major emergencies and disasters for the people of their province.

**Commissioner Massie**
Thank you very much.

**Commissioner DiGregorio**
Thank you so much for coming this morning and giving us your testimony. I will also try to limit my questions, although I have many. I noticed in your presentation you spoke about the non-pharmaceutical interventions being something that are not resorted to as a first resort, but that actually seemed to be what our government did in this case in terms of implementing lockdowns in fairly short order when COVID showed up. I'm just wondering what could possibly be the goal or the justification for implementing lockdowns so early.

[01:25:00]

Is it the hope that the virus will go away? Is it that we're waiting for another intervention like a vaccine? I'm just struggling to understand how that could have been justified.

**David Redman**
So let's start with "the mission was wrong." If your mission is to protect the healthcare system, NPIs [Non-pharmaceutical Interventions] make a lot of sense because you actually believe that you can get all of the population to protect you, but they can't. They don't. It was well known. They wouldn't. But if you put the wrong person in charge, you end up with the wrong result, if you declare the wrong mission first. So I use three words, and I've done this with lots of people in lots of venues. And I try to be as kind as I can because the three words I use, I'll give them first and then we'll go through them. I use incompetence, hubris, and self-gain.

So at the start of the pandemic— Even in my paper, I give the benefit of the doubt for the first wave. I only call it gross negligence, which you can be held culpable for. But after that, I call it criminal negligence. And the incompetence started right at the very beginning. First on the behalf of every premier in Canada for not being in charge and not doing leadership and not doing their own personal exploration of evidence. Then they chose to put the wrong person in charge. The person in charge was them. But they chose the medical officers of health, and the medical officers of health are not trained to run major emergencies or disasters. They simply are not.

So the incompetence portion led us to putting people in charge who watched what happened in China and went, "Hey, maybe that'll work." Absolutely fear-based totalitarian response in our democracy? I don't think so. But that's what they did, so incompetence.

You put the wrong people in charge. The Medical Officer of Health was incompetent in not saying, "I can't do this alone. I need a governance task force to reflect all of society." They made the flip in the mission statement to being to protect the medical system, and the

Premier allowed them. But they should have immediately said, "This isn't how our plans are written. This isn't what I believe should happen. I believe this should be an all-of-society response." So why did they go to using NPIs?

You have to ask them, and I've asked them in court case— Leighton Gray and I were part of a case against Deena Henshaw. They have no proof to show they did a cost–benefit analysis to justify the use. I have no idea why.

Hubris, second word. Once you make a decision, you never admit a mistake. And so wave after wave after wave, they did the same thing, even though the evidence told them, "Stop, you're doing the wrong thing." Hubris makes it really hard to say you're wrong. It's not impossible. Ron DeSantis did it in Florida. After the first wave in May, he went, "I think we're doing something wrong." And he invited Dr. Jay Bhattacharya. After two days, he walked to a microphone, and his first words were, "I got it wrong."

Admit your mistake, the public's willing to accept that. Now tell them what you're going to do, but tell them why it was wrong. Hubris, the second roadblock.

And then why did they want to use them and keep doing them? Self-gain. And self-gain is in so many ways, it doesn't just mean you're going to get monetary input. In fact, I'm not saying that at all. What I'm saying is, "I'm on the TV every night. My job is secure if I keep doing lockdowns. Everybody seems to like this. The public's demanding more."

Instead of telling the public why you're not going to do it, it's just so much easier, and you win the next election. Look at Doug Ford. He won a landslide. Legault won a landslide. Self-gain comes in many forms.

So why did they use it fast and never bend? Incompetence, hubris, self-gain. It's my only possible conclusion.

**Commissioner DiGregorio**
Thank you, thank you. You actually answered my second question at the same time as the first, which was why you were emphasizing that elected leaders needed to make the decisions as opposed to bureaucrats, so those tied together very nicely.

My third question relates to— I didn't see in your framework where the media fit, and I'm wondering if you can comment on how that should go, and even whether or not it goes too far to maybe list them as a one of the potential hazards that need to be dealt with.

**David Redman**
Okay, so let me answer the second part first,

[01:30:00]

just in case it doesn't come up. Remember I said there has to be a recovery plan and it should have been started to be written the day after response began. I've written a paper on what recovery should look like. It is exactly the same operational process, and it needs to include everything that we need to do.

**We have been completely failed by our legislative system. We've been completely failed by the institution of our medical system. We have been completely failed by our independent journalists and we have been completely failed by our court system.**

**So when you build your recovery plan, the first thing has to be an admission that what we did was wrong, or we cannot correct any of those faults. And then there needs to be a written recovery plan issued to every citizen of the jurisdiction, every province and territory in Canada, saying how we're going to fix the terrible collateral damage we've done, and how we will run a proper "lessons learned" to make sure we never do this again this way. So to me, the whole thing backs up to the failure of our institutions.**

**So let's talk specifically about the media, which was your question. From the beginning of** this pandemic, the mainstream media—so let me be specific, CBC [Canadian Broadcasting Corporation], CTV [CTV Television Network], and Global in my opinion—became the Ministry of Propaganda for the Government of Canada and for the premiers of Canada. They stopped becoming, in any way, investigative journalists. They could have seen the same numbers I presented on slide after slide; and I don't just mean at the start of the pandemic, I mean every wave, what was happening worldwide and the things that were going on in Sweden versus the things that were going on in Canada: they chose intentionally never to do that.

I will tell you that I was approached in February 2021 after becoming known because of Danielle Smith's talk show and *C2C Journal* in December of 2020. I was approached by a mainstream investigative reporter. He came to my house and he came to Dr. Ari Joffe's house and he did two two-hour interviews with each of us. There was massive footage, massive material. He then ghosted us for four months, and I kept sending documents to him that I thought might help in his documentary.

Finally, I received in my mailbox a handwritten letter, no email, no telephone call, nothing—a handwritten letter—because he'd come to my house, he knew my address, dropped in my mailbox said, "Please never mention my name, please never admit that I did this interview with you." Terror in his handwriting and in his words that people were shutting him up. He had tried to market the documentary and had been threatened in many ways.

I will give you one more example of what I know to be censorship. You all know "W5." Molly Thomas called me personally in April of 2021, and Dr. Ari Joffe, and did online interviews with us both. Have you ever seen that session? Molly Thomas has ghosted me to this day, and Dr. Ari Joffe. Censorship in the media is real. It happened. You've heard some really good testimony.

**I've watched previous testimony from other far more experienced people in the media than me. The media should have been an ally with emergency managers distributing a written plan from every premier to the people of its jurisdiction. The media became partners with the government, but on the wrong side of the propaganda curve, and to this day, mainstream media. If you want to see any of the things I've done, you can get it through alternative media. It's out there, but 60 per cent of our population still believe lockdowns work, and vaccines were the only way out of this pandemic, and that's because of the mainstream media.**

**Commissioner DiGregorio**
**Thank you.**

**Commissioner Kaikkonen**
**Thank you for your testimony. I'd like to speak to the mobility challenges across this country, and I'm going to speak from my own personal experiences. I believe it was at Christmas, so December, beginning of January 2021, and I could be held accountable on those dates being wrong, but I believe that was the year.**

**I have family across this country,**

**[01:35:00]**

so I drove east first. I went to New Brunswick, where I had to apply for— Within 24 hours of arriving in New Brunswick, I had to apply for papers that I could give to the RCMP roadblock when I got to New Brunswick border that would allow me to drive through the province, only stopping for gas. When I got to Nova Scotia—similar situation—I had to apply in advance for paperwork that would allow me to travel within the province, giving the destination of where I would be, and my COVID recovery plan if I had COVID, or my plan for arriving in that province. When I got to Prince Edward Island, like I say, I have family all over. When I got to Prince Edward Island [PEI], it was a great big barricade at the border had been erected, and we all had to be subjected to COVID testing. It was quite significant. There was a number of cars lined up, and only PEI residents were allowed to bypass that process.

Going the other way, in northern Ontario, coming out to Alberta to see family here, this is in the same four-week period, I had signs in northern Ontario that said that there would be COVID testing at the Ontario-Manitoba border. That never happened. And I travelled freely to Alberta without any restrictions or mobility challenges. I'm just wondering, in that same four-week period, how COVID could differ depending on which part of the country you were in.

**David Redman**
Clearly it couldn't. Remember the cartoon drawn by that 15-year-old girl that she sent to me and gave to me—that in fact ended up being a protest button in the Yukon. Societal health damage is a real thing. COVID had nothing to do with that. The actual virus had nothing to do with how our government responded because if it did we would have done targeted protection for our seniors and everybody else would have moved normally.

So the damage that the fear and the intentional growth of fear caused to our population almost made the public want those type of movement restrictions. They felt that somehow **someone from Manitoba was unclean if they tried to come to Saskatchewan.**

**Why? Because being sick and getting sick became a crime. Just being sick. It didn't matter if it was the flu, it might look like COVID. Being sick became a crime, and the damage to our society by the constant never-ending use of fear, which is exactly the opposite of what emergency managers say you should do, caused massive societal disruption. And those barricades and those roadblocks were an expression of fear.**

**Worse than that, people took action into their own hands. Wonderful Canadian citizens, who I never would— When I was in the former Republic of Yugoslavia during the middle of the '95 Civil War, I watched atrocities on a daily basis. I believed that would never happen**

in my country. If you drove a car with Alberta plates into British Columbia, you knew your tires were likely going to be slashed and the windows broken by rocks.

That's private citizens expressing the fear that their elected officials, that their MOH, and that their media had driven into their head. Worse, our courts backed the use of fear. So even if you said, "I don't want to do that," you saw the court cases constantly supporting the government's use of fear.

So no, the virus of course never should have ever been used for a reason to stop movement restrictions within our country. It was on the list of red things, the one that said internal movement restrictions that was shown in red. That applies directly to your question. Internal movement of the 15 NPIs, one of them is internal movement restrictions, "No, makes no sense. "

The virus— It's almost like we thought the virus had a brain, and that the virus knew where the Manitoba-Saskatchewan border was, and personally wouldn't cross it unless you carried it because the virus knew the border was there so it wouldn't do it on its own. Absolutely ridiculous.

**Commissioner Kaikkonen**
Thank you. My second question may be a little outside of your scope, but I'm going to ask it anyway. When it comes to posturing, and the provinces are responsible for two high-end budgets, and that's the health and the education. Education closed down. They basically locked our students out of schools

[01:40:00]

and took a back seat to health. So I'm just wondering, in terms of posturing the two, is it possible that education will be pushed aside and health will take the forefront in terms of budgeting and that education just will be totally lost, not just on our students, but as a bureaucracy or as a ministry in the provinces?

**David Redman**
If that happens, we have destroyed our country permanently. I put the circle around education and the social and academic development of our children as the number one thing on that slide of things to continue.

The cost for medical care is a real concern. The OECD—the Organization of Economic Cooperation and Development, 36 countries—for countries similar to Canada with a public health care system, we pay the second most of all of the OECD for our health care. We have the second worst outcomes. That's in terms of wait times, that's in terms of numbers of acute care beds, ICU [Intensive Care Unit] beds, but the actual delivery of medicine in terms of wait times for hip replacement, for heart disease, for all of it. We rate second worst in the OECD of 36 countries and we pay the second most. Clearly, that's not sustainable.

We need to figure out a way to make our public health care system better. And I don't just mean better, I mean we need to make it magnificent, but we need to do it through using bright minds. And people always say we need to think outside the box. I hate that term. I've made officers never use that term in my presence in the Army. It was one of Colonel Redman's no-nos. Because no one can think outside their box. Everybody has a box and that's your box. It's based on your entire life experience, the knowledge you've learned, and

**the skill that you have in applying it. Nobody thinks outside their box. So how do you fix problems? You use that process.**

**Why? Because you bring all the brightest boxes in the world, that all think differently, together and you run them through a process and you suck everything out of their brains and put it down. And then you develop options on how to use all that knowledge. You weigh them on a cost–benefit analysis. You make a plan and you execute the plan. You don't just write the plan; you execute the plan. So in my mind, the entire point of what we've done is that we just discarded all the boxes and only took one.**

**And so I don't believe that we've ever intentionally tried to fix our healthcare system in a meaningful way, bottom-up and top-down at the same time. Okay? It's always the top-**down. I understand top-down. I was an officer. But bottom-up and top-down together and fix our healthcare system.

At the same time, that recovery plan I talked to you about, the very top bullet after removal of fear is, fix our children.

What we've done to our children for three years will last them their whole lives. My son-in-law teaches in elementary school. My youngest daughter teaches in a junior high. And all my grandchildren are either in college, working, or are in senior high. So I have personally been able to watch the impact of this three years on children in elementary schools, children in junior high, and children in senior high. It's atrocious. Children in junior high, when the hormones hit, go off like time bombs. They'll be sitting in a classroom, and they'll just start screaming. No reason.

If we don't understand what we've done to our children, then as a nation we don't deserve to be a nation. We should just let someone take us over, call it a day, and send our children to camps where they can be re-educated.

We need to fix the social damage we have done to babies through to 18-year-olds, so that they can take over a country and understand what a democracy is and be ready to run it after we're gone. That doesn't happen by simply saying the pandemic is over. Isn't that wonderful? Pandemic's over.

No! You have to have a recovery plan to fix the collateral damage we've done in every box. But the most important box is children because they are damaged goods, not just academically, but especially in social development.

[01:45:00]

**So education has to take a front seat compared to health care, in my opinion. And more than that, we need to take it past just out of the schools.**

**The mental health issues we've created have to be dealt with by a proactive, not reactive, mental health care system.**

**Shawn Buckley**
**David and Commissioners, I'm just wondering: we've got an issue with the counsel that has to leave at two, that has four witnesses to run. Are you available David to take further questions from the commissioners after we—**

**David Redman**
I'll be here until noon tomorrow.

**Shawn Buckley**
Okay. So Commissioners with your leave, just because we've got some other constraints today, I would suggest that we take a 10-minute break, and then march through four witnesses to lunch. And just take a late lunch and then have Mr. Redman come back after that for questions. So we will adjourn for 10 minutes.

[01:45:57]

**PART II**

[00:00:00]

**Shawn Buckley**
And Commissioners, the only person we have left is, you still had questions for retired Lieutenant Colonel David Redman. So we'll ask David if he could come back to the stand. Oh, and it's been a long day, so I appreciate that you'll have to go back in your notes.

So while the commissioners are looking at their notes, and in all fairness, they didn't know I was going to bring David back at this particular juncture. I'm going to invite everyone to come back, who are watching online and present here, tomorrow. I often said that you can't watch a day of the National Citizens Inquiry and not be changed. And I just think of, you know, Drue Taylor, who was a power yoga instructor, and just the suffering. That, you remember, she moved her camera briefly and we saw her walker that she can use in her home. But to go to a store, she has to be in a wheelchair. And if she makes the decision to walk around her house, that she's going to pay a physical price and have to lay down. And then when we see Regina here speaking about the experiences she had in Poland and how she's seen basically the same thing here, it's just very difficult.

So I'll just ask the commissioners—

**David Redman**
Shawn, can I just make a comment about Regina?

**Shawn Buckley**
Absolutely.

**David Redman**
A strange coincidence, in my career, in 1981, I was posted in Germany as part of 4 Mechanized Canadian Brigade Group, part of NATO [North Atlantic Treaty Organization]. And when solidarity broke— People don't understand that the Cold War was a real thing, especially for the people in Europe, and people where those two great nations decided to duke it out in the rest of the world.

But in Germany, you remember Germany was divided, and the inter-German-Czech border, the inter-German-German border, there was a— All the tactical plans said that if the Russians moved 10 divisions, and a division is 11,000 soldiers, so if they moved 10 divisions into the border areas, which included East Germany, Czechoslovakia, around Poland, that was the trigger. That's all they needed in order to take all of Europe. They would be able to roll straight through at the Fulda Gap and other areas, and they would march right to the sea.

So when Regina was taking her heroic actions, and solidarity stood up in the middle of December, on the other side of that border, every NATO soldier stood too, three times in the month of December, and the final stand too, we rolled with all our weapons, all our equipment, all our ammunition, and we stood on the East German and the Czechoslovakian border, and we were there for the month of December.

And it was because we thought the Soviets might come for us, but the real intent we knew at the time was to crush Solidarity. They chose not to, but the impact of that on all those nations and the heroic actions that they took meant that, by 1989, only eight years later, the wall came down. I was lucky enough to be on my second tour in Germany when the wall came down. The very night it came down, we were on a Canadian tour with the German Panzer Division at the Fulda Gap, and we saw it happen on the TV. And we rolled to that border and watched the people from East Germany roll in their Trabants across the border, completely shocked, and within hours, terrified, drove back.

But the actions of a person like Regina can never be underestimated. The wall came down because of what happened in Poland in the month of December 1981. The lessons she gave in her testimony today can never be overlooked. We are at a point of peril, and she's trying to warn you.

**Shawn Buckley**
David, thank you so much for sharing that and I believe the commissioners are now ready for their questions.

[00:05:00]

**Commissioner Drysdale**
Lieutenant Colonel Redman, I appreciate you brought that up because I was thinking about when, in your presentation, you talked about emergency planning, and how many years you've been involved in it.

You know, 40 years ago, I was involved in it too, and we were planning for a nuclear war. And just to show how far back that goes and how real that was, and I mentioned that for a couple of reasons: one, in regards to what your statement is just now, but secondly, since you were over there and because you're a lieutenant colonel, you've seen people in all kinds of situations, high-pressure situations, real situations. Is that correct?

**David Redman**
Absolutely sir, in particular in operations in Egypt after the '73 war and in Bosnia during the '95 war.

**Commissioner Drysdale**
**Well, my question comes to the— And this is a similar question I've asked of the police, the judiciary, all levels of government, and industry that we've seen. You know, the emergency planning groups in Canada are long established, going back decades, very highly trained, very respected, very dedicated people. They're not in it to make a lot of money. They're in it to serve the country: highly trained, highly organized, tested and proven.**

**How did this happen? How did they get pushed aside, and maybe I'm wrong about this, but I didn't hear a peep from them. How did they get pushed aside by the politicians who then pushed aside their own responsibilities and gave them to bureaucrats? How did that happen?**

**David Redman**
I have to tell you that you need to ask every premier in Canada that exact question. And I know you've called them and they've refused to come. I can tell you what happened in Alberta because it's my stomping ground, and because I still know people all through the Government of Alberta. So let's—

When a premier decided that instead of assigning a full task force to protect all of society and turned to the MOH, that was the first piece of incompetence. Once done, the MOH grabbed control, and I mean grabbed, and there was a power struggle. In my very first letter, I wrote only to the Premier of Alberta. All subsequent letters went to every premier in Canada, and I subsequently forwarded the first letter to the other premiers. I know they received them. I got automatic replies for them all, and there was a Freedom of Information request on the premier of Prince Edward Island, and before they could release everything I had sent to him, they had to ask me. And so I got a complete return of everything that I had sent to all the premiers. So I know they got it. It was all in the Premier's office.

So what happened was the MOH, at least in Alberta, and I'm sure exactly the same thing happened, was delighted that they could enact all of the things in the *Public Health Act*.

There had been a great discussion and I don't want to be too long, but there was a great discussion back after September 11th, 2001, that there should never be conflicting powers in any legislation. The *Public Health A*ct and the *Emergency Management Act* were the only two acts in a very detailed two-year review of legislation, which I was part of working with the Minister of Justice because I was the director of counterterrorism, to go and get rid of all conflicting powers. And the only place where conflicting powers continued to exist after September 11th was in those two acts, the *Emergency Management Act* and the *Public Health A*ct. And the powers, the extraordinary powers in the *Public Health A*ct exactly **mirror the extraordinary powers in the *Emergency Management Act*. The difference is a bureaucrat holds the powers in the *Public Health A*ct and the governor general in council, which is the elected government, holds them in the *Emergency Management Act*.**

**So when the Premier handed the responsibility to coordinate the response to the Medical Officer of Health, they abrogated their responsibility to actually declare a state of emergency instead of a state of public health emergency, two completely different declarations.**

**If it was a state of emergency, it had to be reported to Parliament and had to be updated every 30 days and justified. That is not a requirement under the *Public Health A*ct. So**

**clearly, the lesson that we had learned in 2003 when we did that review, that those conflicting powers needed to be removed, never happened.**

**And it was because the Public Health Agency at the time**

**[00:10:00]**

**guaranteed they would only be used for localized events, i.e., one municipality or smaller, and for a very short duration of time: clearly that became a lie.**

**So once you've handed that over, the Emergency Management Agency in Alberta was sidelined completely. And I can tell you, it's in my court testimony, just how badly it was** sidelined, because the head of the Emergency Management Agency of Alberta was allowed, during the first wave, to apply for a lateral transfer to parks, to become an ADM [Assistant Deputy Minister] in parks.

So clearly, the Government of Alberta did not value their Emergency Management Agency and let the leader of it— In the middle of the worst disaster in the history of the province of Alberta (in their terms, I don't believe that, but in their terms), they let the head of their Emergency Management Agency wander away on a lateral transfer. They didn't even bother trying to rehire to the position until December 2020, and the position was ultimately filled in 2021. And, of course, the new individual didn't have the same background, hadn't worked all across with the private sector in the province.

So once you've made that decision, once you've decided, then that agency was removed. I was contacted by people both in the provincial agencies all across Canada, and in the municipal agencies, particularly in Alberta, and many of them simply walked away. They retired, if they could, they found other employment, because they were told, and I have emails from their supervisors, that if they spoke out one more time in terms of the fact that the provincial plan and the municipal plans were being ignored, they would have been fired. So the emergency management people weren't just sidelined, they were treated like everyone else.

The rules that were applied to them, long before the vaccine passports were applied to them, to keep their mouths shut or leave. So you have to realize that starting— Once I started to get those letters out, and people started to read them, I presented to political groups all across the country, both federal and provincial in many, many provinces and the Government. I presented to groups of media that were interested in listening and then became ghosted. I talked to doctors' groups all across Canada who knew what that was being done was wrong, and totally agreed with the presentation, and they were silenced or censored. To me, I can't get into the courts because I'm still involved in court cases, but I **believe that our four major institutions have been compromised. And emergency management—really well-trained—were being used for fires and floods, but completely ignored for the pandemic. And, in fact, suppressed.**

**Commissioner Drysdale**
**You know, we talked to a witness earlier about the military, and they talked about how many people the military lost—3,000, 4,000, something like that. They testified that loss was probably the largest loss that our military has seen since World War II. What kind of loss has our emergency planning groups experienced, and are they ready now for something new, or have they been devastated like the military has, both from a morale standpoint and a personnel standpoint?**

**David Redman**
I can't tell you in terms of numbers. I simply don't know. There's 13 of them. They're spread all across Canada and they're varying sizes, so I simply don't know. I certainly know that their morale has been devastated from the ones that I still talk to and those that left aren't ever going to come back. They believe that the profession is in severe jeopardy.

But this isn't new. I presented, two sides— I presented to the Senate Standing Committee in 2008 after I had retired from EMA. I was asked by the heads of emergency management all across Canada. The organization is called SOREM, the Senior Officials Responsible for Emergency Management, and it's the heads of each of the agencies from each of the provinces and territories. And emergency management needed to be taken seriously after September 11th, and I was asked to be their spokesperson because I couldn't be fired; I'd already retired. And so I presented a response to the Standing Committee on emergency preparedness in Canada, the Senate Standing Committee, and their report was scathing that we weren't taking the management of emergencies in our country seriously, and they listed a series of things and I came back and agreed but gave solutions. That committee was never listened to and ultimately was stood down.

[00:15:00]

And then most recently, last October, I was asked to testify in front of the Standing Committee on National Defence because the Prime Minister of Canada had asked that committee, the committee Standing Committee on National Defence, to review whether or not portions or all of the Canadian Armed Forces should be rerolled for emergency management for disasters and emergencies in Canada. My testimony was extremely pointed. I said that the Armed Forces of Canada was to defend the national sovereignty of our country, period.

And then I put my emergency management hat on and said, "You already have an emergency management agency in every province and territory in Canada, why would you reroll the military to do it unless you have another agenda? You know you have EMOs in every province and territory and Public Safety Canada exists; why would you reroll the Military?"

So it was an hour of testimony, and we went back and forth. I have no idea what that will do, but our Armed Forces are in such a terrible state in terms of numbers, equipment, supplies, and I made that very clear in my testimony. And that the mere concept of taking a portion of that completely depleted organization— I would put it to the Canadian Army is under 17,000, the New York City Police Department has 35,000 police officers in uniform. So your army is less than half the size of the New York City Police Department.

So how and what's the status of emergency management in Canada? I think we need to take a real focus, and check its status and rebuild it, and give it back the role it should have had in this pandemic. Because we can never do this again, and those professionals are the one that will help us ensure it never is done this way again.

**Commissioner Drysdale**
Thank you, sir.

**Commissioner Massie**
**I have two quick questions. First one is, I've seen the plan that you've elaborated and the rules that should be followed and everything, and I guess that, as you pointed out, people would look at that and agree in principle we should be doing it. But the reason why that we failed to do it; and it doesn't seem to be, at least in the short term, consequences for that. What would be the plan mid-term in order to make sure that these rules, that seems to be very reasonable, are actually being deployed when we need them?**

**David Redman**
**So for the past three years, I've been telling the public, I need one premier, and I'll explain that why. It takes one leader to break through the iceberg, and I don't want to believe in** heroes. I don't believe that one person can solve it all because it takes a whole group, as I showed you, in order to manage any emergency.

But to walk this back, because health is a provincial jurisdiction, you need a premier who has the courage to say, "What we did was wrong," and then actually use that process to write that recovery plan, and to bring all the experts together, not to rewrite the pandemic plan, that's part of it, but to rewrite the plan on how we're going to overcome the massive damage we've done.

And in so doing, make the public aware, step by step, we should never have closed schools, and why. We should never have closed business, and why. We should never have closed movement and dedicated size of meetings. You could only have the people of one household.

Every one of those is in those NPIs, and the "why" is very clear. But it's going to take one Premier, very brave, to say "I'm going to do a complete investigation of what we did in this province," and that then will shine the light for the citizens of that province to maybe open up their eyes to every other province and territory in Canada.

I had given up on the premiers after the first year and thought maybe I could solve the problem in the courts, and that's why I wrote that position paper, which has now been used in many court cases, and the courts have abandoned us.

So I go back to what Jeff Rath said earlier today. We now have to change the legislation so they can't do it again, but we still need that one province to say "we did it wrong," because the public today still believes lockdowns work and vaccines were the only way out. And both those are lies.

**[00:20:00]**

**Commissioner Massie**
**My last question is about all of the expertise that people have in this space, would it be for risk management or science or whatnot that you need in order to bring to bear, to come up with a plan in this given situation. One of the issues that I've seen is that a lot of people that are knowledgeable could actually very often find themselves with an institution which would put them in some sort of conflict of interest in order to speak up, fearing for their position, their grants or other type of pressure.**

**But there is a number of "senior" people that you would hope have some wisdom that could be available to set up some sort of a panel or commission of wise people that have no link,**

**no conflict of interest, and the only interest they would have is to bring to the table what's the best possible solution based on their recognized expertise that they've gathered over their long career.**

**So would there be a way to establish a panel like that as an advisory body that would not be as susceptible to all kinds of influence?**

**David Redman**
**Absolutely. In the other, one hour presentation I have that's on recovery, in my final conclusions I say that it is useless to hold a government-led inquiry until all the current leadership is gone. So we're talking five years because they'll never hold themselves** accountable.

An independent agency, my only concern would be: Who do they report to and what is their power? Because if you can't enforce the findings of a commission, there is no need for a commission. It's an exercise in futility unless, like your commission, it's for public awareness.

And so public awareness is an admirable attribute. But to actually then take a group to rewrite the plans, first of all they need to be provincially based because a pandemic is a provincial government, and which province is going to host it and lead it? And that's why I have come all the way back in my circle after three years to saying, "Without a premier that panel will have no power."

If a premier appoints a panel like that that covers all areas of society, is prepared to admit what was done was wrong, they can then actually enact legislation like we've heard. And in my opinion, that's one of the key components is getting the legislation right. But legislation is only as good as the people that implement it.

And so you have to make sure that you separate the powers so that only the elected officials can hold the power because we can hold them responsible every election. Where bureaucrats can— And remember, I was a civil servant for my whole life, first in your army and secondly in a government institution. I understand the good that civil servants do, the ones who believe they are servants of the people, and there's many, many, many of them— but what we've seen is what happens when civil servants take their personal interests instead of those of the public. So yes, we can establish that type of a commission, but it has to have teeth, and it has to be able to actually implement the changes to show the people, number one why, and number two that there's a better outcome.

**Commissioner Massie**
**Thank you.**

**Commissioner Kaikkonen**
**We have heard testimony over the journey across this country about the military going door to door, and seeing who was inside if they were vaccinated, and also going into nursing homes. Do you have any thoughts on that?**

**David Redman**
Number one, I don't believe the military did that. The police might have, but the military, to the best of my knowledge, was never used in that role.

The military's role is either aid to the civil power or aid to the civil authority in most, in two ways. For them to have done that, there would have had to been a request from the province, from their Attorney General to the Chief of the Defence Staff [CDS], to have aid to the civil power, authorities granted for the military to take a role like that. I am unaware of any request from any provincial Attorney General to the Chief of the Defence Staff, and I am unaware of the Chief of Defence Staff authorizing any aid to the civil power.

What was requested that we're well aware of is what happened in Quebec, an aid to the civil authority, which was made by Premier Legault, in order to get the medical staff to go into the long-term care facilities. A completely different task, aid to the civil authority for that type of use,

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and we see that used for fires, floods, tornadoes, bagging sandbags on the Red River, that's a normal sort of role.

But an aid to the civil power is very specific, has to be made by an Attorney General directly to the Chief of the Defence Staff. It's very public approval. It does not go through the Prime Minister. It goes directly from the Province to the CDS [Chief of Defence Staff], and only the CDS can approve it. And the CDS can only approve it if he has the resources to meet that commitment while still meeting NORAD [North American Aerospace Defense Command] and NATO commitments. So I'm unaware that that ever happened.

I certainly know that on the internet there were many, many claims of the military building things and doing things. And I still have pretty good connections in the military—testified to the Standing Committee on Defence, as I've said—I am unaware of any request for an aid to the civil authority during the entire pandemic.

**Commissioner Kaikkonen**
Perhaps it was just more media propaganda. Thank you.

**David Redman**
I absolutely would believe that's possible. When I was the head of Emergency Management in Alberta, an aid for assistance during times of floods and fires and the rest of that went through EMA. But for civil authority, it went the other way through the Attorney General. And they're very rare: normally for prison riots.

**Shawn Buckley**
Lieutenant Colonel Redman, thank you for staying so that we could, at this late hour, ask you further questions. And on behalf of the National Citizens Inquiry, I sincerely, sincerely, thank you for coming and sharing. You've opened some eyes today and shared some very important information and thank you.

**David Redman**
Thank you.

**[00:27:10]**

***Final Review and Approval:*** *Anna Cairns, August 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.***

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 2: Dr. Justin Chin (Parts I and II)**
**Full Day 2 Timestamp: 03:21:09–04:40:51/05:22:06–05:41:13**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

**PART I**

[00:00:00]

**Allison Pejovic**
I'd like to welcome everyone back to the National Citizens Inquiry. My name is Allison Pejovic, last name P-E-J-O-V-I-C. I am a lawyer called to the bar of Alberta, and I'll be asking questions of our witnesses today.

My first witness today is Dr. Justin Chin. Could you state and spell your name for the record, sir?

**Dr. Justin Chin**
That's Justin Chin, J-U-S-T-I-N C-H-I-N.

**Allison Pejovic**
And do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Justin Chin**
I do.

**Allison Pejovic**
Thank you. Now, Dr. Chin, I believe you have something that you wanted to say before you begin in terms of disclosure?

**Dr. Justin Chin**
**Yeah, I would just like to disclose that what I'm saying is my personal opinion. It doesn't necessarily reflect any opinions of the institutions that I represent or I am affiliated with. As you go through my speech, you'll see why I've been asked to make that clear.**

**Allison Pejovic**
**Thank you. And very briefly, Doctor, could you please provide us today with a brief overview of your qualifications?**

**Dr. Justin Chin**
Sure. I'm a specialist emergency physician. I have a bachelor's degree in science, followed by a medical degree, and then a five-year specialty with the Royal College of Physicians and Surgeons of Canada in emergency medicine. And then I've been practicing full-time as an emergency physician, since 2013, so for almost a decade now.

In addition to that, I have disaster medicine training. I have my master's degree in that field, as well as field experience. I was a response coordinator for an NGO [Non-Government Organization], a disaster relief organization that deployed to multiple places. I helped coordinate a response to Nepal after the earthquakes. I was also the chair of that organization for a term and deployed myself to Haiti three times after the disaster there, as well as to Pakistan after floods. And in addition to that to the Philippines after Typhoon Haiyan.

I work as a full-time physician, as I mentioned, including an additional role as a trauma team lead for major traumas in our accredited trauma program. And even during the pandemic, there were shifts where I helped out and took evening coverage in the hospital, in the COVID ICU [Intensive Care Unit]. So I have experience in varied fields. That would sort of summarize my training and experience, though I know I'm listed as an expert witness. I myself don't like that term for various reasons, so I like to tell people to take that with a grain of salt, but we move on.

**Allison Pejovic**
Thank you and just for the commissioner's benefit, his CV [Curriculum Vitae] was provided to you as Exhibit RE-10.

Now to begin, Dr. Chin, I'd like to talk about your early role in the COVID pandemic. Can you provide us with an overview of early disaster response preparations that you were involved with during the COVID pandemic?

**Dr. Justin Chin**
**I think it's very interesting that I'm following Lieutenant Colonel Redmond who spoke at length about this. And I'm someone who likes to keep informed on many different aspects of the world, from health to fitness to economics to finance to medicine, obviously. So I was aware of what was going on from various channels and all the reporting that was going on about this new emerging pathogen sort of in late 2019 and coming into early 2020. Thinking about it, and following along closely, I was wondering about preparations and starting to make them myself and in that way sort of felt myself a little bit ahead of the curve.**

And so I began, obviously, making various preparations for myself, my family, as well as speaking to people in the hospital saying, you know, there seems to be something going on around the world, and if this escalates, then we should be prepared, and I have some training in this, and so I'd be a resource to help out.

And I must say that a part of that, when I think about it looking back, I almost feel a bit ashamed because I too was captured by some of that fear and some of the propaganda that was being disseminated out. It was even to the point where, you know, very early on, I think it was early February of 2020, I went to the Home Depot with a mask on and got some funny looks because this is well before anybody was even wearing masks.

But I was preparing quite ahead of time. It is even to the point where before we even had these lockdown restrictions, I had this zone director of emergency medicine at my dinner table, a friend of mine, because we'd prepared in the past,

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our hospital, for different things. And we've had in services on how to put on the protective equipment for Ebola and where to separate patients and so on. But what seemed to be coming down the pipeline here was much worse than that, and it was portrayed as being something that would be, you know, massive numbers of patients. So how are we going to cope, and how are we going to manage that? And, so we were drawing up plans to help assist with things.

So I mention these things just to show that, like, I'm not someone who was reckless about health or didn't take risk seriously from the beginning. I was actually someone who—When we didn't know, we were trying to augment everything to the biggest capacity. And now, looking back, it seems a little bit foolish that, you know, I advocated for some measures in the name of safety because we obviously didn't consider the long-term harms if these measures were implemented, especially for a prolonged period of time. So I had this interesting role where I was preparing for the pandemic.

And just to give you a quick story here, I was the physician who was involved in caring for one of the first patients who came to the emergency department, before we had community spread. So we were being told by authorities that we were only having patients who were known connected to travelers, or travelers. And the patient that was triaged that came into the hospital, came in with the cardiac potential condition. So he got put in a room, and I examined this patient and was in there. And it was only later that it seemed more apparent that he was having breathing difficulties. And I was exposed to this patient. I wasn't wearing any protective equipment at the time. And you know, the next day, because we have access to all the records and different alerts from our emergency medicine systems, I got the notification that his test had come back positive for COVID.

And at the time, this was quite frightening. You know, being captured by that fear, there were reports and stories out of different parts of the world where young physicians were dying and were put on ventilators. And this was seemingly a big deal because we were talking about it all around the world and there seemed to be some rise in the curve in different places like Iran and in Italy and in Washington state.

And so, you know, it seems kind of a crazy memory to have now, but I remember that evening in the middle of the night saying well, if this is community spread—because this person that I spoke to, he reported to me that he had not travelled anywhere and was not in contact with anybody that was travelling—that this was a big deal. We should probably

have to get everybody that he's been in contact with, notified—everybody certainly in the hospital that I was working with, that are taking care of this patient—because now he was in the hospital and brought to the ICU, so all of them need to know sort of right away. And I got on the phone, and I actually woke up many people in the middle of the night that night: the medical officer of health, ICU doctors, the infectious disease doctor. I let them know that, "Listen, I was exposed to this patient and his test had just come back positive, just came along the way, and we should be starting to get things going."

And in the middle of it, I hung up the phone and I looked at my wife and I said, "Well, I've been exposed. Now it's been over a day since I saw this patient, and from what we're hearing, this could be devastating. It could be that the virus is already replicating in my oropharynx, or in me and my respiratory tract. And so, you know, I need to isolate myself instantly. So I will lock myself up in the third floor—the bedroom floor of our house— and there's a bathroom up there. But I won't kind of get close to you right now to give you a hug goodbye, and I won't say bye to the kids—I had a newborn as well as a three-year-old. I won't say bye to them either because as devastating as it might be, maybe in two weeks from now I'm going to be admitted to ICU, and I might pass away. But I chose this and the last thing I would want is me saying goodbye to them for even a minute here, then two weeks later you're dealing with, you know, our children being sick."

So I say this just to point out that, you know, I too was captured by this fear and I took things seriously. There were risks that were perceived. And I think it's some context of background that whenever the information comes in, you should evaluate it, and then see if it matches. And then over time my position changed. And so yeah, that's my background from that.

**Allison Pejovic**
Thank you. I wanted to ask you about

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was there a difference between what you were hearing in the media in respect of the types of people who were being hospitalized and dying of COVID and the types of people that you were seeing firsthand. And what I mean by that are, Were the people that were being hospitalized and dying of COVID otherwise healthy people in your professional opinion? Could you describe for us that, some of their characteristics?

**Dr. Justin Chin**
Yeah, I sort of alluded to that my position changed over time because, you know, what I was seeing in the emergency department myself—and obviously I'm a single physician, not representative of everybody—, but it wasn't as severe as what was being reported in the media. And so that to me was kind of a first thing that maybe started me to become skeptical of, you know, how much fear was being driven.

Even some specific cases. Like I was the physician who cared for a patient who was young who ended up getting quite sick and passing away. And it was reported that this was a mostly healthy individual who had died from COVID, and now even young people are dying that are healthy. But in reality, that wasn't the case. The media didn't get that right. They were inaccurate in that this patient had a very low injection fraction, which means he had pre-existing severe cardiac disease, and he also wasn't on his medications for type 1 diabetes, which are necessary.

**So his presentation was not consistent, quite, with COVID itself. It might have contributed to his presentation, and maybe even exacerbated, made it worse. But this patient himself— It was reported one way, but clearly, I won't give specific details of the patient more than that, but it wasn't accurate. And so the media reporting in my mind wasn't quite what we were seeing in the front lines. And even the numbers: We were seeing COVID patients, but it wasn't to the extent that it was being portrayed in the media.**

**You know, it was a time when my overall thinking on this changed. I was seeing other patients, too. So I recall vividly then seeing patients who appeared to be suffering from more mental illness, overdoses, things that I was wondering whether or not these could be attributed to the lockdown restrictions or non-pharmaceutical interventions, as Colonel Redmond puts it.**

And I recall this one patient, he was in his late 30s, you know, very fit looking gentleman, and he came into the hospital with thoughts of wanting to end his life. And looking at this gentleman, I spoke to him, and I was wondering: What led to this? And he outlined to me that he used to work in the trades for about two years before the pandemic and had decided at one point that he no longer wanted to have that sort of a life. He was pretty much healthy, but thought he wanted to settle down, build a family, meet someone. So he moved to Edmonton. And he had made some money before that, so he had some savings, but he decided to stop his job, get his personal trainer certificate, and go from there. So that's what he did. He had moved to the city and started to work as a personal trainer. But very shortly, it was only a few weeks after he had just started working in that field that the lockdown restrictions had come down, and he was no longer allowed to work.

And so this patient, he outlined to me how he wasn't somebody who really— He did drink alcohol, but not a lot. And he told me that when he had nothing to do and nowhere to go, he couldn't make a living. He had no meaning in his life anymore. He was basically in tears and telling me that all he wanted to do was make a life for himself, and he was being restricted from doing that. He told me that he had tried to beat alcohol addiction and alcohol use disorder a couple of times through detoxification programs and rehabilitation and that it failed. And now he said to me, "You know, what is there left to live for? I can't work. I can't do anything." And he asked, you know, he was hopeless. He told me he wanted to end his life.

These were the type of patients I was seeing, and he asked me some directed questions. He said to me, "How does it make sense that people can go and there can be hundreds of people in Costco, but I can't go to a gym to teach people how to exercise?" And then he said, "How does it make sense that people can walk into the front of a restaurant wearing a mask, sit down and talk for two hours and eat dinner together? And you know, I can't socialize in other settings?" I didn't really have a good answer for him because, you know, **things weren't matching what I was seeing.**

**At the same time, I was having these discussions with other physicians in the back office. And I had an environmental service worker come in**

**[00:15:00]**

**and interrupt us and apologize and said to the doctors—and we were discussing the absurdity of some of the mask restrictions—and she said, "Oh, I, you know, I didn't know that the doctors felt this way. I thought you were all on the same page that we had to do everything, and mask all the time, and fully abide by all these restrictions." And I said, "Well, yeah, but everything should be questioned and debated, and we should look for**

evidence towards it." And she said, "Well, I just wanted to bring that up because my daughter,"—and I still get sad when I hear this—she said that her daughter used to come home from school every day crying and upset and didn't want to go anymore. And we questioned her, "What was that all about?" And she said, "Well, she can't play with her friends at recess. She can't socialize. She's told that during lunch hours, she has to sit straight forward at her desk and eat, but not—Pull the mask down, take a bite, and pull the mask back up. One day she turned over to talk to a friend while it was happening and she got yelled at by her teacher."

And I was just thinking how devastating that was, that she mentioned that her child was an only child. And I have children of my own, and I was doing the best to ensure that they could still socialize. Thankfully they have siblings at home that they can interact with, but this child was an only child, and I couldn't imagine that she couldn't do her extracurricular activities. She couldn't do so many different things. So I was seeing things and effects of the restrictions that were causing harm. And then I was seeing the fear that was being pushed on the other way, and I started to ask quite a few questions about what was going on, and really started to look more closely into whether or not we were causing more harm than good.

**Allison Pejovic**
So earlier you talked about a shift in your own thinking about COVID and the dangers of COVID, and you started to see— You just talked about potential harms. Is there anything further that you wanted to discuss in terms of what you saw could be potential harms of carrying down this path, towards citizens and society?

**Dr. Justin Chin**
Yeah, I mean, I think there's numerous examples that I can provide. I think going into the details of each single one isn't sort of necessary. But when people say that there is, you know, developmental deficits and damage to society from many different aspects from— I mean, people will say that, well it's just the economy or just a business, but I mean that's more than that. Businesses are people's livelihoods; it's how they provide for their families.

So I took this as something that— I took an oath in medicine to do no harm. And if we were doing things that were causing harm, I really thought that we needed to ask questions about things. I thought, as a scientist and as somebody— I don't like the term when people say, "Well, trust the science" because clearly people quite understand that science isn't something to be just trusted blindly as authority. It's a process. It's a method by which we evaluate the world. It's a method by which people look at data and come up with the best actions to go forward. It's a process. And so you know, in that way my opinion is that robust debate about the things that we were doing and evaluating: Both the benefits and the harms are necessary.

So I mean, that sort of leads into something that I really wanted to point out today is that, you know, I took to different venues to try to— I guess I was now differing from what was common narrative, but I was saying, "Well, we should question, we should ask these different things." I spoke to colleagues over the course of the last couple of years. I've written letters to elected officials. And just like everybody else, I could see the messages being shared by other physicians, other people on what we should do for restrictions. And I was putting on posts on my social media mostly just questioning what was going on and asking some legitimate, I thought scientific, questions and generating hypotheses of whether or not these could cause harms.

**I have a list of things here that I've printed off that I can share that are interesting because the next thing that happened was, because of those posts came a coordinated attack, what seemed to be a coordinated attack, against me from another activist physician in Alberta. It was one where it rapidly escalated, where that came on, and then there was a subsequent unfavourable piece in the CBC [Canadian Broadcasting Corporation] about me.**

**A CBC reporter emailed me one day, while I was on shift, and asked me**

**[00:20:00]**

**if I wanted to respond to a piece he was doing on misinformation. And I actually emailed it back within a couple of minutes and said, "Absolutely." I was kind of questioning whether** or not he was thinking I was spreading some misinformation, and I don't believe I ever was. But he then asked. I said, "Well, absolutely, I'm happy to respond. If there's something specific you'd like me to comment on, please send me, you know, what comments I can make," and then he responded, "No, we won't be doing that. We just want to get a comment on why you've been spreading misinformation."

So he clearly wasn't looking out for the truth or for unbiased reporting. He basically said, "Well, you're guilty of this crime, and we don't really want you to speak to any of the things we're accusing you of. We just want you to comment on why you're guilty." So it was quite amusing to me, and that escalated very shortly. I received an email a couple of days later from the chair of my department, the Dean at the University of Alberta, that I was being terminated.

So right away, it took me aback to think, wow, I'm a part of a sort of respected academic institution that's supposed to search for truth, ask questions, generate hypotheses, yet what I was doing in good faith with that violated their code of conduct.

And it's interesting because they write these codes of conduct, and they're not legal frameworks, they're just what they say, and they're very vague: how to be respectful or professional or maintain certain levels of conduct. But then after that, I guess they get to be the judge, jury, and executioner as well because when they first presented to me, I just got this email saying I was terminated. I didn't have a chance to defend myself. I wasn't even told which pieces of post they were concerned about. You know, there was no trial, there was no hearing, it was just, you're terminated.

And so it hit quite hard, because it was something that I didn't think would happen, clearly. And it speaks to the censorship of physicians because, I mean, I'll put it a couple of ways: One is that as soon as I get that, it makes me a bit more hesitant to continue to speak out because I lost one portion of my ability to work. Now, I hadn't lost yet the ability to work in **Alberta Health Services as a practicing physician. So when I hadn't lost that ability to work yet I could still pay my mortgage and feed my children and earn an income. But if another institution, if the College or somebody else came after me for their same vague code of conduct violations, then 20 years of education and training would be gone, like I would no longer be allowed to work.**

**So that puts a bit of a hesitation on me to continue to spread truth, and my concerns with what we were doing. But it also makes other people hesitant too because my colleagues who know that happened to me might also say, "Well, if this could happen to Dr. Chin, then I won't speak either because I don't want to risk that same type of loss." Now thankfully, I didn't have a massive academic appointment, as some people do with research portfolios and everything else, but if it happened to them, it could be a huge loss.**

**And it was quite interesting that I was—for the social media posts that were very benign, or asking questions, really—that I was attacked for this in that way. When I asked my chair directly, I said "What was the specific post that you were concerned about, or what was it?" and he said "Well I—" He couldn't tell me, first of all, and he said he had no choice. He said he had no choice but to sign off on this. So his superior told him that he had no choice but to terminate me.**

**So if you think about how that works in a hierarchical system, it just means that if he's responsible for all of the academic emergency physicians, and he's been told by one person. Well, that same person can tell the chair of medicine or the chair of surgery or the chair of any other department, and they can silence people, you know, in a systematic format and stop people from speaking because then they'll be self-censored.**

So it was quite devastating to me and disappointing that the academic institution would take this route. And it was quite comical too because at the same time because of this, I was getting threats on social media. Some were calling for, you know, violent assaults of me and attacks, and some of these threats were from other health care providers.

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And one of them called for me to be, if I would be seen on the street to be, let's just say, injured or murdered.

And the person who commented on that same post said, who's in support of that said that, I think if the words were actually, "I support this," was another emergency physician, not in my hospital but in the same zone. So he would have been under the same academic umbrella as the chair. And to my knowledge, and I could be wrong on this, I don't think that he suffered any consequences or had his academic appointment abruptly terminated for code of conduct violations. So the double standard is interesting, that somebody can wish harm on another person on social media and that's all fair and games, but if I ask questions, then somehow I should be injured or hurt.

So you know these attacks, they certainly prevent other physicians from speaking out. And I know of other people who've asked, "Well, are you sure you want to attend this testimony and testify, and what risks will you have upon you?" and I said, "Well, I know people who've declined and not been interviewed, given their testimony. And it's fully understandable because threats of harm can come to them, or even just the risk of loss of their employment or academic appointments." That risk was definitely present.

**Allison Pejovic**
**Thanks, Dr. Chin. Would we be able to get more of a specific idea of what was it that you said that you considered truth and it was deemed misinformation that was so bad that it got you fired and threats were made against your life? What did those posts say?**

**Dr. Justin Chin**
**I have a few of them here, so I can read them. One of them was, "Strong social connections improve health." I said that, "I'm against the restrictions. There are scientific reasons why they are likely to make health outcomes worse." I said, "Taking a calculated risk in the present includes the comparison with the future potential risk." I mean, these are apparently very egregious. The next one was, "COVID is real," so I wanted to make that clear. And then I said, "But there are serious questions with regards to the restriction**

policies which need to be explored. Restrictions should be evaluated as an intervention considering potential harms and potential benefits."

I mean, I have lots here, but some of them link to articles that people had said, so I would basically say something. There was one that I just said, "Time will tell," and it would link to an article that was written that said, "Decision to lock down caused 228 times loss of years of life, as reported."

Now, again, it's just questioning. I wasn't saying that necessarily I agree with everything in every article, but I had questions. And I thought that as a scientist or a health advocate or somebody who's taken an oath to helping people, that these questions should be addressed, and we should have the freedom to speak about them.

**Allison Pejovic**
And was your academic appointment reinstated?

**Dr. Justin Chin**
Yeah, so there was an appeals process, and that's how I eventually was able to obtain which posts they were concerned about. It's kind of funny because when you look at the digital tracking of those, they all came from maybe two or three—it doesn't seem like very many, however—people who would have complained. Because it said screenshot 834, screenshot 835, screenshot 836. So essentially, the same person went and screenshotted everything and sent them off. But it doesn't matter. A mob, I guess in this sense, came after me and complained and then, yeah, I was promptly terminated.

**Allison Pejovic**
And now that we know more about COVID than we did before, and since your reinstatement, have you received an apology from those health care workers who you say threatened you physically?

**Dr. Justin Chin**
Uh, no. I have not. I know we know a lot more. It's most of the things that I stated at the time are now quite well known, or at least we're asking more questions about it, and it's acceptable to, I guess, ask these questions. And no, nobody has apologized to me. I mean, I still have good relationships with the people I work with, and I've had discussions with them, and some of them have apologized about the way things went. But I haven't received apologies from the people who put out threats of harm online.

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No.

**Allison Pejovic**
Okay. So I'd like to move into a different area. Now we've had other experts at this inquiry testify about adverse events resulting from the COVID-19 vaccines. Have you personally encountered or treated anyone who you believe was suffering an adverse event from a COVID-19 vaccine?

**Dr. Justin Chin**
**Yes, I have. I think as a part of this testimony, I want to help provide, you know, fill in some of the pieces of different areas. I think many people have talked to different level data of what vaccine adverse events numbers might look like and how they might be quite a bit higher than what's being reported, or how the reporting systems are flawed in different ways. And I would fully agree with that.**

**And I think it's important from the front lines for me to relay exactly some specific examples again of how these adverse event reporting, or even acknowledgment, might be biased or even unrecognized. And the reason I say that is because I believe many physicians—and not intentionally, maybe just because of subconscious bias—are not aware of it. And maybe, and even patients may not even be aware that they're suffering** from a vaccine adverse event because of how difficult it is to recognize them in some ways.

So the first is that, you know, I think there are very plausible mechanisms that we need to consider for why a vaccine adverse event may take longer than a few minutes or a few days to manifest in a patient, right? So if there's an ongoing antigen production or spike protein production that causes immune complexes, or if there's some way that different systems in the body have been altered, then that may not manifest in the first day or two days as like anaphylaxis would necessarily, or instantly, or it might manifest over time. So a patient might start to develop something a few weeks, two weeks after, for example, getting an injection, and then they're feeling something but don't realize it—don't tie it back—especially if they're being told over and over again that this is safe.

So you have to imagine what it's like to be a physician in the position where you're in an emergency room, and if you think about 2021, the early months, we had patients coming in just like they always did. So we have now patients that are coming into the hospital with maybe a new headache, and it's very severe. And maybe somebody comes in with palpitations, and you check and their blood pressure is a bit higher. And so you know, during those months that I'm referring to, you can have about 50 per cent, almost half, or maybe even more that would have had the injection in the recent preceding week, two weeks, four weeks, five weeks, because there was a massive uptake at that point in time.

So what do you do as an emergency physician when somebody comes in, you've worked them up, they don't have something that's very dangerous: You're going to send them home. Do you then go and report every headache that comes in? Every vague, arm weakness or neurologic complaint? Well, it's hard. It's hard to know. So that's why surveillance data afterwards doesn't capture nearly everything that we need to. But even if you think about severe diseases, so let's talk about something that's more pathological, more of a serious condition. And I'll give you a specific example.

**So I had a patient who came in, in his fifties, who had some high blood pressure before. He was a smoker and had diabetes. So he wasn't in great health; he had some comorbidities, and he had gotten the injection a few days before. And so he comes in with chest pain and ends up having a heart attack and gets admitted. Well, I certainly would report that. But, you know, when I see my colleagues or I see other people look at that case, some of them don't even look back to see if he had a vaccine recently. And even if they did, they say, "Well, you know, this patient has a long-standing smoking history. You know, they probably would have gotten an MI [Myocardial Infarction] or a heart attack anyway. So how do we know if it's, you know, the vaccine caused it?" But the important point is that the surveillance isn't supposed to check for causation. It's supposed to look for correlation in a temporal relationship. So those ones don't get reported, or may not get reported.**

**And I had patients who I saw with sudden cardiac death soon after the vaccination.**

**[00:35:00]**

**You know, the bias that I'm trying to point out here, I'll give you another story of a patient that I saw. And it was quite interesting because this patient came in with—was in their sixties, a female who had symptoms of a stroke—so the patient couldn't move one side of their body and their face was drooping. When you come to the emergency department where I work, you have a team that comes. So the paramedic reports to the nursing staff and the physician staff and there's an emergency team as well as a stroke team. So we're a very coordinated system that works together to rapidly assess this patient for what's going on. And this patient did have comorbidities. This patient had diabetes and had abnormal** lipids. And so came in, and the paramedic is reporting to the nurses that the symptoms started at two hours ago, and the family noticed they couldn't move the one side and rushed in and reports all of the comorbidities to us. And funny enough, the paramedic says to the nurse as she's reporting, "Oh, but great news. The patient just got their third booster four days ago." And the nurse goes, "Oh, how awesome."

Like it was, when you don't even think that somebody with pre-existing vascular disease, and now gets an injection, that may exacerbate that in some way—and there are definitely mechanisms by which this could happen—that you're actually just cheering on that this injection is almost going to save us from the pandemic. You're not thinking that this patient might have contributed. In fact, that's the first thing I was thinking was, "Just had this a few days before?" This should be something that makes you stop and question and ask.

But those type of cases don't get reported because— I had certainly reported that one, but I don't believe that all physicians would do that. Because in that case, actually, what I did was I stood by and I listened to the stroke resident speak to the stroke staff who was admitting the patient and I listened in, I listened in as they were reporting the case, and the plan was to admit the patient for ongoing treatment in the hospital. And then as I listened in I was very careful to make sure it was told. And the stroke resident didn't report to the attending physician that they had a recent injection.

So I interrupted and I said, "You know, I see you guys are finished here, but uh, did you notice that the patient had this injection very recently?" "Oh, oh, no. Yeah, we didn't notice that," was the response I got. And I said, "Well, yeah, so you know, don't you think we should be reporting this as a possible, uh, you know adverse event, you know it's a quite serious condition. It's a debilitating stroke very soon after." And the stroke neurologist said to me "Well, no," and he made excuses. He said, "This patient does have abnormal lipids and high blood pressure and their age in their 60s, so this patient could have had a stroke anyway." But you know, that's not the point. The point is that at that level, you're not **supposed to make subjective decisions on this.**

**I had a young patient in their 30s who had known high blood pressure and came in because he also was paralyzed. But not from the same clot in his brain; this patient had a bleed in his brain, and his blood pressure was very high. And on a CT [Computed Tomography] scan, the characteristic area where a high blood pressure bleed would occur, that's what we diagnosed. And when I got all the consultant reports back, none of the consultant reports mentioned that this patient had a recent vaccination.**

**Now, I'm not saying that that was the only factor in his permanent paralysis from a brain bleed. But because, again, I can only even look to correlation as well. The point is that if this patient maybe didn't have as high blood pressure, or his pressure brought up by a recent**

**injection, which could have happened. And maybe for the vast majority of healthy people who take an injection, their blood pressure goes up transiently for a week or two, and so they get some palpitations, and it goes away, and there's no problems. But for this patient with pre-existing high blood pressure, that was enough to push him up higher. But the consultant reports didn't mention that at all. They just said that this is a high blood pressure bleed and that's where the blame should lay, and that it doesn't get recorded.**

**So you know, taking adverse event reporting, as much as there's some great testimony beforehand about how the difficulties are, with even once you report it, to get it counted, we have to remember that this is not the way to look for events. There's people ask well, how do we tell? Well, you know, retrospective data or looking back and surveillance, it'll always be flawed. Because the question will always be there:**

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Was there some other contributing factor that caused this? Maybe the lockdowns caused the person to be more stressed and his high blood pressure went up.

So you know, there's too many things. The only way you could really do that—well, there's a few ways—but more accurate ways of determining the cause would be tissue level, things like from a pathologist point of view which people have testified to how difficult that is. But then in science we use randomized control trials.

So when randomized control trials, you look beforehand and you say, okay, if we group certain patients and we control for other medications, we're blinded. What happens if we give 50 people an intervention, 50 people we don't? How many people on one get any sort of side effect, or not. And we look at the data.

Now, unfortunately, we're in a situation where even some of those trials are, you know, there's some flaws, but they're biased by who's running them, if it's run by the pharmaceutical company. But even with that, we don't have trials that are continuing to go into long term. The groups that were intervention versus placebo, the intervention group was unblinded, and we've lost that control group. So it is very difficult.

**Allison Pejovic**
Thank you and next question. How did your first-hand experience with possible vaccine adverse events that you saw in some patients shape your own opinion on the COVID vaccine?

**Dr. Justin Chin**
**Well, certainly I had evidence first-hand of how I did not believe that safe and effective narrative because I could see with my own eyes deficiencies in safety, right? And as far as efficacy is concerned there is bias reporting when you use different tricks like reporting relative risk reduction and not absolute risk reduction. Other people have testified to that as well. So when I was seeing this, you know, I had my concerns.**

**Now, I'm not one that is in a position to recommend or dissuade anybody individually from vaccination because I'm not a primary care physician, I'm an emergency physician. But for myself, I had to make a decision. And so I had to come up with looking at all of the different potential benefits and the possible risks. And from a benefit point of view, I had to look at multiple factors.**

So what was my risk of the disease? It was very, very low from the data at my age, but probably magnitudes lower than that because I had a complete absence of comorbidities. I was fit and healthy. You know, there's evidence that people didn't go to the ICU at the same proportions, depending on their vitamin D levels. And I had an optimal vitamin D level. So again, magnitudes lower risk of the disease. So the benefit is going to be much lower for me too.

And in addition to that, I checked my antibodies. So I had, at some point, had a small illness that must have been COVID. It wasn't that severe. And I knew that I was protected. So I guess I had natural immunity, lots of factors, and proof of concept, because now I know my body system could beat it. And then there were other treatments that were available, so I was willing to take them if I needed to. So the benefit was marginal. Any claims that this was going to prevent transmission or cause me to harm other people by not getting it, those were unfounded and weren't borne out in the data.

So then I had to take into account the risks. So I took into account the risks for myself, known ones. Younger males tend to have increased adverse events in myocarditis. I was fit and healthy and still performed active sports and competitive sports. And there's even long-term unknown risks. So I made the choice, my personal choice, to exercise my medical autonomy, and after becoming informed, I chose not to get vaccinated.

This led to quite a bit of absurdity in my perspective, because there was a time when I wasn't allowed to work. I was restricted from working in the hospital because of that choice at a time when supposedly we needed all hands on deck in an ongoing fashion. And up until that point, I was caring for a variety of patients, including COVID patients that I had intubated, including elderly, and all sorts of the variety that we see in the emergency department.

And, you know, when that happened, it was something that, it became absurd because, yeah, I was allowed to— Sorry, I'll correct myself here.

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I wasn't allowed for a certain period of time, but then I was allowed back. So just to be clear, thankfully, our provincial authorities, I guess, received enough pressure from various places to let people who were exercising their medical autonomy back to work. Other places still don't, which is shocking to me.

But we were allowed back. And so here I was going in to work daily, helping people with their illnesses, caring for people. And at the same time, I was being restricted, and I wasn't allowed to go to restaurants or some hotels. And when I tried to travel the country, I wasn't allowed to get on a plane to visit people. I wasn't allowed to do certain sports, and it wasn't just me. There were millions of other Canadians who were being restricted on certain aspects of their lives.

This included my children, who suffered from this too. Because you know people say, well, they missed one sports competition, or one dance competition, or this. These things, I coached and volunteered for youth sports and childhood sports, and missing one is maybe not a big deal, but missing a number of events over two, three years, these are developmental and very integral parts of children's lives to train for something like a dance competition or a national championships. This was stolen from them, and some of them weren't allowed to because of their informed personal choices.

And it was worse than that because the language that was used against us, it was hateful. We were marginalized, right? We were being portrayed as this small fringe group. Fringe. What does fringe mean—on the margins? We were being marginalized. The language that was being used towards myself and millions of other Canadians was that we were an enemy, right? They used language like, we were putting others at risk, we were dangerous, it was said that we were part of an angry mob, that we're lashing out.

These are words designed to divide, to make somebody seem like an enemy, right? That we were putting other children at risk, which we clearly weren't because of the characteristics of the inoculation, you know, didn't stop transmission. But we were labelled in this way. I was labelled as a racist or a misogynist. And these terms, I mean, it was appalling to me because I was going in to work every day helping people, and I wasn't allowed to do certain things. If I had a family member in the part of the country who got sick, I wasn't allowed to go visit them and help them.

I've lived in Canada for my whole life. I'm of a visible minority and a son of immigrant children—a son of, sorry, immigrant parents—a child of an immigrant. And, when this happened, I reflected upon what it meant to be Canadian, how I had never really faced that. I had never faced discrimination or anything here. I actually think that, and I'll defend that this country is probably one of the least racist countries. I mean, certainly there are flaws, and I don't want to take away from anybody else's personal experience that they have. But when I reflected upon, you know, decades of living in Canada, I thought maybe there's one or two times I've been in a new city and I go somewhere and somebody looks at you funny and you wonder, well, are they looking at you because you're different? Well, it's probably because they haven't seen you before. But I've never really had any overt discrimination against me my whole life.

Yet all of a sudden—and it wasn't just a person looking sideways at you or being rude to you—it was our elected officials who were supposed to represent us, putting in place policies and mandates that were preventing me from living, from freely engaging in activities. I mean, they say, well, it's a personal choice and there are consequences, but you know it wasn't right because of the characteristics of what they were proposing—you know, we violate our medical autonomy.

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I mean, the policies are in place that you need to show a certain card or something to get into a restaurant, or you stop showing up to work the day the mandates come in. It becomes quite obvious to the people around you that the reason you're not there is because you've chosen something. So you become an identifiable group. So an identifiable group was now being discriminated against. And we were— Hateful rhetoric was thrown at us.

So you know, to think that I could— I've represented my country on a small-scale stage and sports competitions internationally with the Canada flag proudly on my back. And I've had disaster relief missions where I had the Canada flag on my backpack as I went to Haiti and as a part of a charitable organization and volunteered to help other countries, representing our country. And I was proud of that. And then I had people who were elected to represent me imply that I was taking up space, and that questioned whether I and millions of other Canadians should be tolerated.

**Allison Pejovic**
And Dr. Chin, thank you for that explanation of what happened to you in a very factual way. Are you able to just go in a little bit more detail about how did that treatment affect you, if at all, mentally?

**Dr. Justin Chin**
I mean I have a strong support system, I have good family. It wasn't pleasant to face attacks in various ways as I had mentioned today, but you— It wasn't pleasant. I like to think of myself as a very resilient person, I like to stand up for my principles. And I knew that every night that what I was doing was because I was standing for my principles. And so as much as the attacks came, I think I was able to withstand them quite well. But again, I'm not going to speak for everybody on this. I'm sure some people had worse attacks, or also because of it, the impact that hit them could have been much, much worse as well.

**Allison Pejovic**
And do you believe that a false consensus amongst the medical community was obtained in respect of this response to COVID?

**Dr. Justin Chin**
Yeah, I think that, you know, I alluded to before that how when you censor or attack groups, or you vilify them, that a false sense of consensus might be obtained because you're not going to hear from the physicians that want to speak out, right? And so when you think about how that happens, those attacks, they serve a very deep psychological purpose, right? Like in our whole evolutionary history of humans, we have a lot of things that are very nice for us: running water and everything that's built up the infrastructure that we have. But for large parts of our evolution, being a part of a tribe and the safety of that tribe was very important. And if you were ostracized and kicked out of the tribe, I mean, that could mean starvation and the cold and dying. So in some ways it's a threat that can impact you very— Let's say it's very impactful.

And you know, those type of things certainly tell people, "Let's not speak out." So you know, it's interesting because people ask me this question every once in a while and they say, "Well, if all this data is true, that, you know, there are more adverse events, why aren't we hearing physicians speak out about it more, or why didn't we hear physicians speak out about it or other people say things?" And I say, "Well, obviously—," and I pointed to the ways where a physician might be biased and not even think to report something or not even understand that it might come up. But physicians, we're trained in medicine and evidence-based medicine in various ways. And so we like to think that we live in an ideal world where the evidence is great. The studies show this and we can follow our practice. But in reality, it's an applied science, and there's always new data coming in.

And so what the vast majority of physicians will do—and this heuristic is one that's understandable, right?

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So if you have a certain disease that you want a treatment for, and you have accumulated mountains of studies over many, many years that show that this treatment is the one you should use—treatment A is the one you should use—so what happens then is that so many studies accumulate that people start to write consensus statements, and different bodies

**the urologic society might say that we should use this medication for it. So they put up their consensus statement.**

**And then so what do many of the physicians do? Well, they don't necessarily have the time to go through and look at all of the papers that made up that consensus statement. And they don't sit us down in a room and say, well, here's 50 papers on COVID and the harms of lockdowns or this, or the harms of this medication and the benefits of it. Spend five hours, come out, and see what you think. Well, no, physicians don't have time for that. We're working hard every day to see a variety of things. You have obstetricians going to deliver babies, you have pediatricians treating kids, you have surgeons operating. And so the heuristic is that you can follow that consensus statement. And it may be imperfect, but it works. What else do you have?**

So and yes, some people do dig into the data more deeply and look at these things. But it's a good heuristic to follow because if you've worked all day long as a physician in your family medicine practice or your obstetrics practice or whatever, you want to come home and maybe see your family and enjoy the rest of the day. You don't want to go digging into tons of papers of the latest emerging evidence on COVID. So you just follow what is coming down from you from medical officers of health or from the Public Health Agency of Canada. It's not, you know, as ideal as we would think about how evidence-based medicine comes out.

Now you have to think of in COVID, the problem with COVID is that all of this evidence didn't have years to accumulate. It was a small amount. So following the consensus statement in this case, especially if there's political aspects that bias people from publishing or reporting or disseminating information, that is when the heuristic fails. And so you know, for many of the physicians out there, I don't necessarily blame them. I think that they were a little bit too naive and should be a little bit more skeptical to trust, sort of, just top-down authority in certain ways. And so that's how, I think, another way false consensus can be achieved because people are following these failed, these flawed heuristics.

And you know, then there's the other group of people that were skeptical, physicians who testified, physicians who were much more brave than I was, who spoke out in various different ways. And you know, I applaud those physicians because I hold them to the highest esteem. They risked a lot to speak out and try to inform the public about what they were concerned about. I mean, that's two of the groups: the people who were just kind of not skeptical enough, the people who were skeptical, and they spoke out even despite the attacks because being a martyr certainly or choosing that path is not easy.

You know, then there's a third group of people out there that I would really hope could have some self-reflection and maybe listen to all the testimony that they've heard, and **some of the things that they may not be aware of about how the world isn't as ideal as they think that they can maybe just trust authority or trust experts. Because there was a third group that went out of their way to attack the people who were asking questions. They slandered us; they mischaracterized us. Even if they had the best of intentions, they were censoring us and doing things. And they were part of the process that when they took those actions, they caused people not to be informed fully about what was going on.**

**And when they took those actions, they contributed to the harms of prolonged non-pharmaceutical interventions or lockdowns. They contributed to the harms of people who are now suffering from vaccine adverse events, particularly for those who were coerced into taking a test they didn't want, or not informed fully—especially if for that individual patient the risk-benefit ratio was not in their favor and now they're suffering from the**

consequences of it. For the people who were attacking us, I think they should take some self-reflection about how they contributed to harming others.

[01:00:00]

And it disappoints me that it even still exists out there that I can see people being falsely mislabeled or mischaracterized when they're actually out there trying to help people and protect people.

**Allison Pejovic**
Thank you, Dr. Chin. Those are my questions today. I'm wondering if the commissioners have any questions.

**Commissioner Massie**
Good afternoon, Dr. Chin. I first want to acknowledge your courage in coming forward with this. We all know that we've had witnesses still talk about consequences to this day that are being hurled at them. So I just wanted to mention that first.

My first question is, and you mentioned that late in 2019, early 2020, you became aware of this COVID-19, or a potential pandemic. And my question to you is, at what time did you become aware, or what time were you trained in the pre-existing pandemic plan that was in place for the health sector in Alberta or in Canada?

**Dr. Justin Chin**
Yeah, so even though I had a disaster medicine masters and had worked in other areas with the charitable organization, I was not formally a part of our own disaster preparedness framework in Alberta. I knew we had one and I had seen it briefly, but I wasn't completely versed in that. So I knew it existed and I guess that's where, you know, I apologize too that by being captured by the fear and pushing some of the early interventions that the Lieutenant Colonel Redmond spoke about here. Because yes, a complete task force that encompassed all aspects of the pandemic should have been made up. Now obviously when you're in your silo from the medical aspect you're going to push for everything, and so well, we want more of this and more beds, and we need to augment it in these sort of ways. So but then you hope that there's a framework in place that restrains that and takes into account everything else.

**Commissioner Massie**
Well, I wasn't particularly speaking about the overall disaster plan. What I was speaking about is the influenza pandemic plan that existed in Canada overall, and it was authored by Theresa Tam. And I believe there was one in Alberta, as there were in many other provinces, which were specifically focused on what the health care sector should do in the case of a new influenza pandemic. So again, my question was, were you given training in that? Did your employer make that available to you?

**Dr. Justin Chin**
No, in general we have so many different aspects of our jobs that we're responsible for, but I wasn't and most physicians aren't.

**Commissioner Massie**
Okay, my second follow-up on that then is we were told that we were in an unprecedented pandemic and it was gripping the world and there were tremendous deaths going on. And you were trained as not just an emergency doctor, but I think you have training and experience in disasters. How often did your hospital scrum, or make meetings, or get the staff together to talk about what was going on, what they were experiencing, what they expected from the staff directly about the pandemic?

**Dr. Justin Chin**
There were meetings, and there were people that got together in various groups that reported to the zone structure, and it just seemed very disorganized. It wasn't one that met sort of a good and proper framework. And so early on I was asked to help in certain groups. "So can you make a recommendation on what we should do, how do we double the number of beds, or how do we put patients in this?" You know, as time went on and I started to ask questions about, "Do we still— Does it really make sense to have these plexiglass barriers, and is it really helping, or is it reducing the ventilation?" When you spoke on something that appeared to be looking at a more complex or more nuanced look at the intervention, but the other side might say, "Well, it's for— It's just for safety." I mean, somebody who spoke with that wasn't listening to—

**Commissioner Massie**
You know, that's an interesting answer because we had a witness testify in Saskatoon,

[01:05:00]

and he owned a manufacturing facility; they manufactured tillage equipment. And every week, according to his testimony, he would bring out a newsletter, and he would have meetings with staff to describe to them what was going on, what were the reasons for it, what they were planning to do in the future. And he was manufacturing farm equipment. And if I understand properly, that same kind of thing, at least in your experience, wasn't going on in our hospital.

**Dr. Justin Chin**
Well, I want to state that it was going on, but not in a very clear and organized way. So we were getting briefings and memos from all different sorts of places, so to make sense of it all was challenging and almost nearly impossible. But to say it say didn't happen is not quite characterizing. We were getting: "We're going to do with this today." and "These groups have decided," "Well, we're going to put a new triage process," "This is the route people are going to go."

But, most of it was all driven by, "Well, what is the maximal thing we can do more to this," and not, "Okay, well, if this is the intervention we're going to be proposing, do we really have good evidence for the benefits, and do we really have evidence for the harms?"

And sometimes there was. Sometimes there was a few studies or something cited. Well, the evidence for doing this is a theoretical paper on transmission, or some study that showed that COVID spread this way in a bus somewhere—a very small study. And so it was either limited evidence or poor evidence, and any evidence to the contrary would say, "Well, that might make things— We might as well be safe than sorry." It's that, sort of, pushing the safety-ism window farther.

**Commissioner Massie**
**One of the things that I've been told over and over again by witnesses, particularly professional. No, not particularly, [inaudible] constantly professional witnesses. We had a retired judge on, and we had doctors and retired doctors, and we've had retired police officers. And I always ask the question, "How did this happen, and what kind of pressures were they under?" And each one of them has always said to me, "Well, you know, we judges and we doctors are part of the community, part of the society, so we feel those societal pressures."**

**So my question to you is this: You are a medical doctor—and I think I heard you say at one point that you had 20 years of training that were potentially going to be thrown away if you lost your position. So you're a trained doctor means you're a trained scientist to some** degree. And yet, at the beginning of the pandemic, listening to the reports, with your training as a medical doctor—I don't know if you categorize it this way—but I think I heard you say that you were somewhat terrorized by this. And so my question is, with your significant training and experience, how do you think the general public were affected by the same things that you were hearing, despite the fact that you had this potential buffer of many, many years of training as a doctor?

**Dr. Justin Chin**
Yeah, so yeah, physicians or experts or whatever field, we're human. And I too can be captured by fear of death or disability, or death or disability of my loved ones. So obviously, it could happen to not just anyone, it could happen to everyone. And that's exactly why it's important to let people know exactly what I might have been seeing that might differ from the narrative. Because you frame that correctly in that, of course, they're going to have a much worse time, when behind the doors of the emergency department their impression might be that we're intubating every second patient that's coming in, and sending them to ICU, and body bags are rolling out. And if they had that impression, then the fear is going to be much worse in them. It can even happen to me, it can happen to everybody, and it's important to be able to speak freely about what you're seeing so that if accurate and valid information can come out, then it can alleviate those fears.

**Commissioner Massie**
You know, you talked a little bit about when you were in the emergency room, and you overheard some discussions, and you questioned about the possibility— Or sorry, you volunteered information to some other doctors that this patient had just recently received the injection. And they had dismissed the possibility that

[01:10:00]

**the injection may have contributed to or caused the issue on the basis that the patient was elderly or had these comorbidities.**

**And my question is: It doesn't sound like—could you comment on this for me—but to me it doesn't sound like they had the same reflectiveness when they were counting COVID deaths. In other words, I've heard statistics from witnesses that whatever the number is, 80 or 85 or whatever per cent of the people that deaths that were attributed to COVID had three or more comorbidities, and we had testimony I think yesterday, 90-some per cent had at least one comorbidity. So it almost sounds to me like there's a difference in the way they evaluated the two instances.**

**Dr. Justin Chin**
**The discrepancy that you're mentioning here, it's quite interesting because on the one hand you're under counting because of the biases of the vaccine adverse events, right?**

**And the reasons for undercounting I'll just say, you know, if you're in such fear, or you really want to get out of this pandemic, and you believe, or you've been sold the idea that it's safe and effective, then, you know, you're going to push this, and you're going to continue to believe that. And so it's a self-fulfilling prophecy, right? Like, so you don't see it because you're not looking. And then you don't think that anybody has strokes with it, so you just continue to ignore it over and over again.**

**But the other side is, what you're saying is that people will be overcounted the other way.** Because there's a subjective decision that's required to determine if you're going to recognize it, I guess, or report it if it's correlated. But there's not a subjective decision necessarily for a PCR [Polymerase Chain Reaction] test—and there are many reasons to talk about how it's flawed. But so yes, that patient who comes in with comorbidities and has an event. They have a heart attack and they say, "Well, you know, COVID is a pathogen that actually affects the vascular system too," and we swab them and the test was positive, so they get counted for sure.

So it'll be automatically counted that COVID is in there. Because you have a binary there; you have a one or a zero: COVID test positive or COVID test negative. If it's a positive, it's like, "Oh." And if they end up progressing to death within that time, they go, "Somebody who tested positive for COVID on day one, on day seven they died," because it pushed their comorbidities or their pre-existing health to this new place of damage, and they passed away.

So a specific example is, I had a patient who came in and they had a known blood disorder, and they were in their 60s or 50s—I can't remember, I think it was 50s—and this patient, because of their blood disorder, their platelets had gone down, and they had a devastating catastrophic internal brain bleed, okay? And their platelets had gone down only a few days after they had gotten the injection, right? So it's another one where I questioned, and I looked at the reports, and the thinking here from the doctors is, "Well, a patient with this type of blood disorder, it's very common for them to suddenly drop their platelets. And so it was their underlying disorder that caused the platelets to go down, and then just suffer and die."

Now again, I don't know that the injection— Maybe that would have happened. Maybe the patient would have had their platelets drop and this devastating outcome would have happened. So I'm not saying that the injection definitely caused it. I'm saying it's temporally correlated to it. But I can tell you this: is that what would have happened if that same **patient had come in a few months prior and they had had a bit of a sore throat, or maybe even no symptoms, but they were swabbed and the test was positive, and their platelets had dropped. And if he noticed their platelets had dropped and their brain was bleeding, we would have said that this patient is suffering from one of the other vascular complications or other problems with this very variable pathogen, COVID. It caused them to drop their platelets, and then they ended up having a devastating outcome. So we'll count that in the count box of COVID. But they're not going to be counted on the other side because it takes this objective decision to report them.**

**So you have this imbalance. And you know what, for many people they may not even notice it. The patient might not even know because if they're admitted to the hospital or the patient's family asks multiple times, "Well, what happened?" "Oh, you know, this is what**

happens during your known blood disorder, is your platelets go down; this is an unfortunate and sad known complication." And the family might not even know, the patient might not know, the doctors don't even know, and there's biases that humans, we're not perfect.

**Commissioner Massie**
Of course, I mean, if I understand part of what you were talking about, then, in your answer and previously, the reporting system is not intended to report absolute numbers. It's intended to report trends.

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In other words, if you see something, you report it, and it goes into the system. And then later on when you evaluate the system, you might see a number of reports of such-and-such, but if it's not an unusual raise in the numbers, then it's not an indicator of a problem. But if you don't report it, you can never get those indicators, those warning messages.

**Dr. Justin Chin**
Yeah, and I thought about this for a long time, and I mentioned it when I was saying earlier, is that even then, it will always be undercounted, subject to bias, and flawed by the retrospective nature of the study. So that's why you need prospective, properly done science, randomized controlled trials that can evaluate this in a proper fashion. We just don't have those.

**Commissioner Massie**
My last question, before the other commissioners pull me off the stage, is if you're dealing with a highly infectious patient—I don't know, HIV [Human Immunodeficiency Virus], something like that—and you give that person a needle, you inject them with something, what do you do with the syringe afterwards? Do you put it on the countertop? Do you hand it over to somebody?

**Dr. Justin Chin**
Yeah, so the proper procedure would be to place any sort of sharps in a specific sharp container so that nobody else can be injured by that, and any biohazard material needs to be placed in an appropriate biohazard container.

**Commissioner Massie**
So would that count for, let's say you've got an infectious patient and you use gauze and you wipe the infection, and is that a biohazardous material as well that would be disposed of in some way?

**Dr. Justin Chin**
Yeah, the proper procedure would be that if you had a bodily fluid or any sort of vector of transmission, or potential vector of transmission, that that should be placed in the appropriate biohazard container.

**Commissioner Massie**
Then, given that—and I've been thinking about this for a while, and my apologies for putting you on the spot on this—but we were told that COVID-19 was deadly. We were told it was incredibly contagious, and we were told to wear cloth or paper masks. But I'm not aware of any instructions about those masks becoming biohazardous material and being disposed of in a way that wouldn't reinfect the person's hands, or the person touching the garbage can or whatever else. Is that an inconsistency, do you think?

**Dr. Justin Chin**
Well, it's hard to explain inconsistencies at that level because, overall, there were many levels of inconsistency with regards to the characteristics of a novel, what appears to be aerosol-spread virus that doesn't tend to infect from a contact drop—like from a direct contact of it—but needs to be exposed to certain mucous membranes of your respiratory oropharynx, you know, the certain ocular exposure.

So it's hard for me to give a quick, simple answer to that, other than to say that there are glaring inconsistencies in our attempted management of these through non-pharmaceutical interventions that, I believe, in some ways people who pushed for them had the best—Let's say, many people probably had the best intentions and may have been captured by fear or so on as well but don't realize the true nature of their intervention, or they may not have had any effect on preventing transmission or decreasing anybody from getting infected. And in addition to that, I would say that they almost certainly didn't calculate the second and third order harms of what those interventions might be.

**Commissioner Massie**
I appreciate your diplomacy and—

**Dr. Justin Chin**
And it's interesting, but I do think that many people did have good intentions. I don't necessarily want to attribute malice when you just don't know. But I think that the road to hell can be paved with good intentions in some ways.

**Commissioner Massie**
I appreciate that and—

**Shawn Buckley**
Can I break in and it's just I'm going to ask the doctor are you available later for questions? It's just the kitchen closes in half an hour. So if we're going to eat at all, then we have to take a break.

**Dr. Justin Chin**
I can take quick questions right after lunch. I have to work at an emergency shift this evening, but yeah, I'm available for that, yeah.

**Shawn Buckley**
**Okay, so we will if it's okay with commissioners, because it's just there's a whole group that needs to eat and that will be impossible because the kitchen staff's already agreed to stay a little later for us. So we're going to adjourn for half an hour.**

**[01:19:42]**

**PART II**

[00:00:00]

**Allison Pejovic**
Welcome back to the National Citizens Inquiry. We're still speaking with Dr. Justin Chin and he's going to take some follow-up questions from the commissioners.

**Commissioner DiGregorio**
Dr. Chin, thank you for staying to answer our questions. I just had one question. You spoke a little bit in your presentation today about concerns with using the adverse events reporting system to detect issues that may happen during the vaccine rollout. And we heard a similar concern from a doctor actually in some testimony in Truro, Nova Scotia. And whereas you've talked about really randomized control trials being the best way to get the data that's necessary, he spoke about the possibility of population-level studies following up and looking at population rates of things such as strokes, cardiac events. And is this the best thing that we can do in the absence of randomized control trials, which I've understood from other testimony that we don't have the ability to do anymore?

**Dr. Justin Chin**
Yeah, I think that as far as the process is going to be concerned regarding a scientific evaluation of what's going on, we should take into account all different types of evidence. From evidence that is, you know, specific patient level—an adverse event—and we can dig in deeply into that. We can take, I guess, pathology level data too where tissue samples can be evaluated under a microscope. We should take in levels of data that are retrospective that look back. We should take in levels of data that look at, you know, other metrics that might pop up and suggest things. And people are doing that in insurance data and in population level data.

**Now, with each level of scientific evaluation, it'll have different potential limitations to it. So with a trial that looks at the population level, I alluded to you before, is you don't know if there was some other factor that changed in the population or over that time period that wasn't just, you know, an injection, right? It could be an effective and new environmental thing that we don't really know about, or it could be some other thing that confounded. That's why you need the prospective trials.**

**But, to answer your question, in a specific way, yes, we should be looking at everything. We should take into account the data at multiple different ways, understand their limitations, but still try to figure out the best way to move forward, and actionable items that we can do and make the best recommendations that we can as human beings trying to navigate this**

**world because it's challenging. The best process that I know of is the scientific process and method.**

**So clearly, I'm not anti-science. I advocate for doing these, but I think we need to be rigorous about the methodology of what we do. We also need to be skeptical of different things and ensure that we know that different things can confound studies and bias them in different directions. And those can be incentives from different ways, from how they get published or who has the funding to do a large study or what incentives that the intervention might bring profit to companies. And so we need to be aware of all of the different things that can influence what we're looking into.**

**Commissioner DiGregorio**
Thank you.

**Commissioner Kaikkonen**
My question has to do with disclaimer that you offered at the beginning of your testimony and the code of conduct. Codes of conduct traditionally are just words on a page, and I don't think there's a whole lot of legal basis for having codes of conduct, but it seems that more workplaces do have them: organizations, health sector, education sector. So I'm just wondering, it's often used, the codes of conduct seem to be increasingly used—maybe that's a better way to put it—for discipline, suspension, you know, acts of contrary opinions, as in your case. And I'm just actually wondering, when did— So I understand why you use the disclaimer, I understand that totally. I'm just wondering, when did the academic and health care sectors move to this place where legitimate questioning, investigative thought processes, critical thinking, where do we move from this place, and when did it become a societal and workplace norm to the point where we are no longer able to ask the questions that just contribute to conversations across this country?

**Dr. Justin Chin**
I can comment on it.

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I can't speak to, you know, a specific timeline when certain codes of conduct might have been introduced in different levels of institutions or academia. But you're certainly correct in that I see that it is used as a tool for enforcement or compliance. I mean, I think that it's challenging because, as an institution, you need to safeguard those institutions against certain things, right? Or you believe you need to. Like, you believe you, as an institution, as **a university, that if somebody does something that's, you know, going to bring the institution into, or shed a bad light on it, or do something that's egregious and is going to reflect badly on them, that perhaps they need to find a way to have something in place where they can distance themselves from that. And they create these policies or codes such that, "Well, we have these in place so that, you know, if such an event occurs, then that person can face consequences."**

**Now, the thing about it is that in a proper, just society, you could probably not require that at every single given level. You could probably say that, well, we have an overarching legal system that is predicated on principles. And I'm not a lawyer here, but that they would tell you that it requires that evidence be presented. That a person has their right to defend themselves, that they're innocent until proven guilty, that there's due process involved,**

**right? And so that's the system under which people should be evaluated for their conduct. And we live in a society, so we need some sort of guiding principles by which we behave and we treat each other and we don't harm each other. So I can see the— I can give some, you know, understanding to why institutions might develop these.**

**But the problem is when they become vague and when they reach a point where they're used as a tool and the effects are unintended, I would assume, that stifles debate or diminishes progress, or in the worst cases, prevents accurate information from coming out. And that accurate information, had it come out, might have prevented people from being harmed for various reasons that I spoke to.**

**So how do we stop that? I think we have to, I think— I think it's a job for the lawyers. But** the lawyers in Canada have to start going towards these institutions and saying, "Yes, you've disciplined or done something to this person in the name of your code and conduct. But your code of conduct does not really have any legal basis, or it is not following the due process. And therefore, we have to strike down this action that you took because—" Well, I mean, in the proper process too, like through a hearing or with the judge saying that, "Yeah, you can write whatever you want on a code of conduct that your employees have to do x, y, and z, but great that you put it down, but that's not valid legally. You can't force them to do this. You can't prevent them from speaking. You can't just subjectively decide that what they're saying is harmful, or unbecoming, or it's unprofessional because those terms are just too vague and you need more strict guidelines or how you're going to enforce this."

Because enforcement of these types of codes of conduct come with real action. So you enforce something because of a subjective interpretation, and the real action is somebody loses their job or they lose their ability to earn a living or provide for their family or the years of their training are now being, negated.

So it's a form of— I guess, it's a way of writing cancel culture on a piece of paper, and the words should be meaningless because they should be evaluated within the system of the proper, legal framework of the jurisdiction that you're in.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**Commissioner Drysdale**
Thank you very much, Dr. Chin, for your very courageous testimony. I have a couple of questions. I'd like to come back to the question about the side effects. Because you mentioned frequently during your testimony that when faced with some side effect, one **way to examine whether it could actually be related to the vaccine was to examine other pre-existing conditions. And if so then you say, "Well, maybe it's not linked to the vaccine because there are some other conditions that could explain that." But what I'm thinking is that is it fair to say that in the population—people—don't display the same level, say, of propensity to have autoimmune disease?**

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**Is it something that is widely distributed equally, or is it some people that are much more prone to that than others?**

**Dr. Justin Chin**
Yeah, so I mean the answer is that it is very complex. And, you know, we try to generalize from studies or from report data, and so on, what certain effects might mean. But that's very different from at the individual level. At the individual level, one person might have a severe autoimmune reaction, but 999 of people don't, so it's a one in a thousand. It doesn't mean that there's only a small autoimmune reaction in a thousand people. It means that the one person is suffering severely, or one person already has some pre-existing condition and some new antigen in the body now causes an immune response. Or causes some other effect that tips them to the point where they experience something more severely. Whereas even that little extra injury or insult to a different person, they might have felt nothing.

So it is completely variable. And that's why, as I was stating before in the previous a couple of questions ago, is that population level data can give you one piece of the puzzle. Individual level that I can give you another piece of the puzzle. Pathologic data give you— All these pieces of puzzles need to be looked at and evaluated, and we can learn a lot from different levels of evidence.

**Commissioner Drysdale**
But given that it was very challenging, as we've heard from many people that had vaccine injury, to get medical exemption for a number of reasons, it was very often dismissed. Isn't that reasonable to expect that these people that had a condition that might then make them more susceptible to adverse event. If you refuse a medical exemption and after that they'll get vaxxed, and they will probably get the side effect that otherwise they would not have gotten because they knew that they were more prone to get it in the first place.

**Dr. Justin Chin**
Yeah, there are so many unknowns, and how do you guard against that? And how do you figure out the best plan of action for any new therapeutic? And there are some suggestions that I can make is that obviously you don't rush things. You evaluate things with proper randomized controlled trials. But some trials might not include every patient. They might have excluded people at the beginning because they had comorbidities. And so then there's no side effects. And then you rolled it out, this intervention, to people who did have comorbidities or were in different age demographics.

So you do as much evaluation of the data as you can and you try to generalize it; you might not be able to. You also try to do as many different studies and different populations and with different doses and you evaluate them in the proper methodologic fashion. At the end of the day, all of this will always lead to some unknown because that's life. We live in this world and there are tons of unknowns. So what do you need to do. You need to step back and say, "Okay, well what are the guiding principles."

The guiding principles are that as a physician, when you have an intervention, you don't as an authority tell them what to do. What you do is you say, "To the best of what we have available, there's this intervention or drug. And it looks like the benefit could be this, and the risk without getting it could be some certain thing that we think, based on these studies, and the side effects could be these. And some of the side effects we don't know, and we're going to give you the best data. And this study actually didn't really include you because you are older, and they didn't put people at your age in that study." Or, "You have these medical conditions, and they didn't put those people in the studies. But this is the best we have. I'm sorry, this is— Medicine can only— Humans can't be perfect." But that's as far as we go.

**And then we say, "Now that we've given you all the proper information, I can maybe suggest what I think what I would do if I was you. But at the end of the day, I've tried my best to inform you fully."**

**And that's the principle of informed consent, right? We've given you all the information, and now you have the choice without coercion to make a decision. Do you grant the consent for this? Or do you withdraw your consent? And if you do that, then you leave it up to the individual to make the decision with imperfect data and some unknowns. But you leave, at the level of the individual, you have them decide what to do.**

**And that to me was a principle of medicine that I was taught, and that I truly believe in, and I follow. And even if a patient with malignant cancer tells me**

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that they don't want chemotherapy, and I think, well, at your age you might actually benefit from it, that's still not my position to impose my values or my choices onto that patient. It's for that patient to decide after I can inform them fully of what the risks, benefits, treatment of everything might be. And their values can help direct them, and their decision must be made without coercion or influence that is unbecoming.

**Commissioner Drysdale**
Maybe one last question about the bias you mentioned that you have seen from people that are very busy and may or may not have the time to do the in-depth research on every topic.

Is it fair to say that in the medical profession, and even for the public in general, vaccines are seen as a process, or a technology, that has really helped to improve the general health of people in many conditions, with several examples showing that these vaccines have contributed to improve the health? This is taught in medical school. Is it fair to say that?

**Dr. Justin Chin**
Yeah, I think that we have a history of other— I mean, you can't always compare things that have studies for many, many years to new things now. You know, the evidence that you have to go back and look towards, you need to always know that there could be flaws in everything. But to answer your question, like, I've been vaccinated for many things now, and I based that decision off the evidence I knew at the time. And when you come to something new, you have to say, "Well, it's not the exact same thing. Or is it similar enough?" But you can make your decision. And I think people just need to be educated about that. And you have to ultimately leave it to them to decide.

**Commissioner Drysdale**
**Is it fair to say that based on that, I would say the benefit of the doubt would be given to the practice of vaccine. And even with the new technology, anybody who'd want to exercise some sort of questioning or critical thinking would have a very big case to put in order to raise the awareness and say, "Are you sure that in this particular case, this approach is the appropriate approach?"**

**Dr. Justin Chin**
Yeah, how to comment on that is I think that there is a status quo, and if you have to challenge that in any way, in any field, it becomes difficult, and it becomes challenging. But the best way to do that is to have people express their opinions, present their data or their claims. So science is about falsifiable claims, right? So somebody makes a claim that's falsifiable. And it holds true until such time as somebody else can come along and falsify that in a way and say, "No, I've got evidence, and it's this." And if they're wrong and it's not actually falsifying it, then you discard it and you keep going on. But if something else comes along, it's different. Like, if you lived thousands of years ago and you thought that you had a different model of the way the solar system worked, but then somebody comes in and provides some other evidence, you change your mind, right? You can't just say, "Well, the status quo is everybody believes in this, so we're just going to exclude people from continuing." It's not the way to advance progress in my opinion.

**Commissioner Drysdale**
Thank you very much.

**Allison Pejovic**
I believe we're finished. Thank you very much, Dr. Chin, for attending today and telling us your professional opinions and views. And thank you very much.

[00:19:07]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 3: Scott Crawford**
**Full Day 2 Timestamp: 05:41:13–06:19:15**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Allison Pejovic**
So our next witness this afternoon is Mr. Scott Crawford.

Good afternoon. Can you please state your name for the record and spell it?

**Scott Crawford**
Certainly. It's Scott Marshall Crawford S-C-O-T-T C-R-A-W-F-O-R-D.

**Allison Pejovic**
Thank you. Today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Scott Crawford**
I do.

**Allison Pejovic**
And I understand, Mr. Crawford, that you would like to say something in advance of your testimony today?

**Scott Crawford**
Yes, please. I'd like to preface my testimony with the understanding that the testimony I'm about to give is my personal account, my personal experience and observations, and I'm not representing any other individuals or agencies.

**Allison Pejovic**
Thank you. I understand that you are a paramedic with 30 years of experience. Can you briefly just go through where you work and a little bit about your background?

**Scott Crawford**
Certainly. I started in EMS [Emergency Medical Services] in 1990, started working on the ambulance with a small service just south of Calgary, a couple of small services, and went to school. I worked part-time and casual and became an advanced care paramedic in 1994. And so, at the advanced care level, I've been a paramedic now for 29 years. Started with the City of Calgary in 1998, and then in 2009 Alberta Health Services took over a number of the EMS services in Alberta and including Calgary.

**Allison Pejovic**
Thank you, and for the commissioners' benefit, we have provided Mr. Crawford's CV [Curriculum Vitae], which is entered as Exhibit RE-9D. So I'd like to take you back to the year 2020, and let's talk about what you saw in terms of people who were sick with COVID symptoms. Did you notice an increase in emergency calls in 2020 than what you had experienced years prior?

**Scott Crawford**
At the very beginning of COVID, we actually noticed the call volume seemed to dip. With a lot of the information that was coming out through the media and through health authorities, our call volume curiously diminished. It seemed that folks were perhaps a little hesitant to call.

**Allison Pejovic**
And in terms of the people who were needing emergency care, what were you seeing and what symptoms did they have?

**Scott Crawford**
Generally, most folks appeared to have flu-like symptoms: nausea, headaches, general malaise. Most of the folks that we typically encountered were healthy, and aside from feeling unwell, most actually didn't require transport. We would arrive at the scene, work through a pre-screening matrix, and most folks, we were actually able to assure them, give them some tips on what they could do to best manage their system at home, and so from that regard, it wasn't unlike any other flu-like symptoms or flu-like season that we might encounter.

**Allison Pejovic**
And did you encounter people who were very ill?

**Scott Crawford**
Yes, there was a small subset, typically folks that already had pre-existing medical conditions that— COVID virus seemed to exacerbate those.

**Allison Pejovic**
And were you, yourself, afraid of COVID when it first arrived in Canada?

**Scott Crawford**
Yes, we were watching, obviously, the information coming out from the origins of the COVID virus. Watching seemingly healthy people suddenly become very ill and realizing that we were going to be on the front lines dealing with that. So I became quite concerned and also concerned for my family and wanted to make sure that my family was provided for, so I actually made the decision to retire long enough just to commute my pension so that if anything happened to myself, that my family would be provided for. I was sidelined for about two weeks; long enough to satisfy my employer and LAPP [Local Authorities Pension Plan], and I went right back to work on a casual, albeit full-time, basis.

**Allison Pejovic**
Okay, so let's move forward to early 2021 which was when the vaccines were first being rolled out in Canada. At that time did you see a difference in the kinds of injuries or symptoms that you had with patients, as opposed to what you had seen during the early COVID days, people that you were transporting?

[00:05:00]

**Scott Crawford**
Yes, on a growing subset. Now, one thing, I guess, I need to make clear is that when I commuted my pension and retired and went back casually, I moved from the urban environment from the city of Calgary out to some of the local surrounding communities that were south of Calgary, so the population was somewhat different.

But one of the things that I noticed with a handful of patients was them experiencing very unexpected injuries and I'll give one example. I picked up an elderly lady and transporting her to hospital, and this is based on what she was telling me, that literally a few days after getting the vaccine, she got this terrible severe pain in her elbow, and she was convinced that it was the vaccine that had caused this and was just so full of regret. I remember her saying to me that "You know, I didn't feel right about this vaccine. I talked to my doctor about it, he said it was going to be fine. I took the vaccine and literally a few days later, I have this, this horrible pain and I've been to see my doctor. My doctor doesn't know what it is. They haven't been able to give me anything to help with this pain." The transport time was very short, literally a minute or two to the hospital, and certainly that was one concern that we had.

**Allison Pejovic**
And so, just in general, you said that you noticed an uptick in calls. Can you just compare the difference? You had said that early on you were seeing people with flu-like symptoms with COVID. Were you still seeing those kinds of symptoms in the same numbers in early 2021, or were the presenting symptoms different, and if so, how?

**Scott Crawford**
Yeah, a couple interesting, initially, with the first COVID variant, the symptoms seemed to be much more severe. But that said, typically, when folks first got sick— Usually, the crux

was, in my experience, between day 8–11 of the onset of symptoms and usually if something untoward was going to happen it would happen in that 8–11 day span. Once people got past that day 11, day 12, day 13, typically their symptoms would resolve.

And with the subsequent variants, in and throughout 2011, we noticed that more people seemed to be experiencing symptoms. It was as if the transmissibility, the infectiousness, increased but the symptoms were much more mild. The other thing, there were a number of instances that caught my attention when folks would suddenly have a very rapid and unexpected sequela.

I had occasion to transport one gentleman from a rural area that was previously healthy, had no medical issues, lived on an acreage, on a farm, and had a catastrophic stroke literally the day after he got the vaccine. I believe it was a second vaccine. STARS [Shock Trauma Air Rescue Service] was not available, so we transported this gentleman to Foothills Hospital. It was about an hour transport time, and when we brought that gentleman in, and we called ahead, they were expecting us, we went right back to the trauma room.

And while I was delivering the report to the physician, I mentioned at the very end, I said "Just so that you're aware, this patient was vaccinated yesterday." I was quite taken aback that the physician snapped at me and said, "Just a minute here, do you think this has anything to do with the vaccine?" and he asked me, "What vaccine did the patient get?" I mentioned it was the Moderna and he said "You know, it's a perfectly fine vaccine. You know what, you can go now."

And I think anyone within earshot, certainly, if anyone else had had concerns perhaps with another patient, I can understand where they would probably be a little bit reluctant to share that information. So that was another experience that I wanted to share with the commission.

**Allison Pejovic**
Were there any other instances where you responded to an emergency call, and you learned that the individual had a COVID vaccine within a day or two?

**Scott Crawford**
I can't specifically think of any offhand right now. As I say, I moved from the urban to a suburban rural environment, so the dynamic was a little bit different. I can certainly speak to some anecdotal reports, but yeah. That's—

[00:10:00]

**Allison Pejovic**
Okay, and so, let's talk about AHS [Alberta Health Services] having a mandatory vaccine policy. Did AHS have a mandatory vaccination policy for you and your employment?

**Scott Crawford**
Yes, they did.

**Allison Pejovic**
And how did that policy affect you at your job?

**Scott Crawford**
Well, obviously, seeing some of these vaccine injuries, I was quite concerned that I myself might experience an untoward sequela, as a result. So I also—a long-time church attender—my family, we prayed and looked to God for direction. And I distinctly felt led not to get this vaccine, and so yeah, I made the decision not to get vaccinated.

**Allison Pejovic**
And as a result of that decision, was there ever a time when you were treated poorly by anyone that you worked with or in the community?

**Scott Crawford**
Yes. There was, a number of weeks before the vaccine, the initial vaccine mandate was rolled out, there was one particular individual, with a handful of others, that started an online campaign of bullying, harassment, and shaming. If any of us took a view that wasn't in line with the prevailing narrative, we were shamed and bullied online.

**Allison Pejovic**
And did you know that person, personally?

**Scott Crawford**
I did. The individual worked as a fellow practitioner. Not someone that I knew really well, but just enough to nod at one another when we were passing in the hallways.

**Allison Pejovic**
And can you loosely describe the online bullying?

**Scott Crawford**
Yeah, some of it was on Facebook and a couple of different platforms, Twitter. Some of the statements that were made: "If you aren't willing to get vaccinated, you don't deserve the privilege of caring for others. We don't want you. We don't need you. "If you're a health care worker that's joined an anti-vax group, this will stick with you with the rest of your career. It's worse than crossing a picket line. You're affecting the safety of patients and hurting the credibility of health care workers that actually care and follow the science. We're embarrassed to be associated with you." And see another one here: "It's very simple, if you work in health care, it's your duty to protect the vulnerable, If you're going to embarrass this profession by going to a rally or joining an anti-vax group, I'm going to publicly and personally shame you for the rest of your career."

At one point, I did appear at the *Western Standard* to express some concerns. Again, my screenshot was sent out online—my picture—and I was referenced specifically, and the individual said that he was disgusted by me, and that I embarrassed my profession, and this individual hated me for it.

**Allison Pejovic**
And what effect did this behavior that you experienced online have on you personally and upon your mental health?

**Scott Crawford**
Well, certainly, you feel very isolated and targeted. My kids, I've got two children, and typically when they were out and about and they'd see other paramedics in uniform, they would walk over and say "Hey, do you know my dad?" And it was always great to hear the words of positive exchange that would go on following that.

However, after this and the workplace turning quite toxic and hostile, I was concerned for my family and I had to caution my children that, "Listen, if you see somebody else in uniform, don't let them know that I'm your dad." I didn't want them to get caught with any hateful vitriol. And certainly, God forbid, if they ever needed to call the ambulance, I didn't want their care biased.

**Allison Pejovic**
And as a result of this bullying that you experienced within your own professional community, did you take any action?

**Scott Crawford**
Yes, on September 14th, just hours before AHS announced their vaccine mandate, I sent a 36- or 37-page notice of objection to my immediate supervisor, his supervisor, and all the way up the totem pole, to include AHS CEO [Chief Executive Officer], Dr. Verna Yiu. I also included the premier,

[00:15:00]

health minister, a number of other individuals that I thought should be aware of this. And in that, I described my concerns with the vaccine mandate. I asked them for the information that they were relying upon to make this decision.

I also provided some information that I had looked at, and seemed to counter the prevailing narrative and asked for some clarification on that. I also described the bullying and harassment that was going on, that moving forward with these mandates was causing a tremendously polarizing event within the rank and file.

I also touched on natural immunity. I was quite interested to know— It seemed the prevailing narrative was that natural immunity actually seemed to offer much more, better protection against the vaccine.

**Allison Pejovic**
And are you a member of a union?

**Scott Crawford**
I am, yes. I'm with the Health Sciences Association of Alberta [HSAA].

**Allison Pejovic**
**And did your union respond or provide support in respect of your notice of objection and bullying complaint?**

**Scott Crawford**
**Unfortunately, they did not. I did not get any response back from the union. Not only did I copy the union president and one or two other like labour relation officers, much of that online vitriol that I expressed before, our union president and a number of our union executive endorsed some of this online vitriol with either thumbs up or heart signs.**

**I mentioned that in my notice of objection and obviously had concerns of— You know our** union is supposed to be protecting us and here, it appears that they're endorsing some of this vitriol. And further to that, Alberta Health Services ignored the concerns that I had, that this bullying and harassment was going on. I find that particularly troublesome, especially as I raised concerns about my safety and my family's safety. Extremely disappointed that HSAA and AHS didn't take that more seriously.

**Allison Pejovic**
So what happened after you submitted that notice of objection, was there an investigation? What was the end result of it?

**Scott Crawford**
Eventually—I never did hear back from AHS. Eventually, I did get through putting in repeated complaints, and whatnot, in to my LRO [Labour Relations Officer] that was handling my case. On November 22nd, HSAA finally did acknowledge and accept my complaint. HSAA hired two investigators. Actually, one investigator to investigate the president and the other investigator, to interview or look at the actions of some of the union executive.

And not entirely surprising, the verdict came back that they both recommended that my complaint be dismissed. Some of the rationale for that included that these individuals were making the endorsements with some of this hateful vitriol, that they were doing it to just support or encourage folks to get the vaccine and not necessarily, the hateful aspects of it; and also that they were making these endorsements personally and not as with the union position.

**Allison Pejovic**
**I wish to advise the commissioners that Mr. Crawford's notice of objection and its dismissal are entered as exhibit numbers 9, 9A, 9C and 9E [RE-9-Crawford-Decision Final – Ltr fr VP-IC; RE-9a-Crawford-HSAA Investigation Report Jan 12 2022-Jamie Dunn Final-IC; RE-9b-Crawford-Final Decision Ltr-Complain-4 Mbrs-Ltr fr VP-Jan 2022-IC-IC; RE-9c-Crawford-R Farmer Report to HSAA – Final Report – January 19 2022-IC; RE-9d-Crawford-CV-IC RE-9e-Crawford-AHS HSAA Ltr of Objection (Mandatory Vaccine) and Harassments Bullying Complaint[100]-IC].**

**And Mr. Crawford, at any time, did you ask AHS whether you could be tested for natural immunity?**

**Scott Crawford**
What I did in the course of being in the hospitals and while this was going on, I had occasion to speak to a physician. With the vaccine mandate approaching, I was quite curious to know if I had natural immunity. And so, I asked this physician, I said "Hey, what would be involved with me, just getting a requisition so I could be tested?" And he advised me that they were not permitted to put that requisition in to be tested for COVID antibodies. And he also stated, furthermore, lab services are not permitted to test for that.

**Allison Pejovic**
Did he give you a reason why?

**Scott Crawford**
No, he didn't. I thought it was rather curious, but I learned more information down the road that I think will tie into this.

[00:20:00]

**Allison Pejovic**
At any time did you ask for a religious exemption to the vaccine requirement?

**Scott Crawford**
Yes, I did. We were advised, when this vaccine mandate was rolling out, that AHS would entertain medical and religious exemptions. I applied for a religious exemption, and subsequently, that was denied.

**Allison Pejovic**
And did they tell you the exact basis of that rejection?

**Scott Crawford**
They did. When they reviewed my application, they advised that they felt that these were personal reasons, and that precluded me. It's the one thing that I would state to that, you know, attending church for 40 years, family attend, or my wife and youngest daughter, attend Glenmore Christian Academy. We are very religiously ardent, and I was directed—divine direction—to not get vaccined [sic]. And as God as my personal Savior, I align, naturally, I would align my personal beliefs in that that manner as well. So it just seemed to be a very convenient catch-22 that, because my personal beliefs align with the divine direction that I was getting, that my religious exemption would be precluded.

**Allison Pejovic**
And I understand, Mr. Crawford, that during COVID, a family member of yours had a serious medical emergency.

**Scott Crawford**
Yes, mid-October, I was working on the ambulance and transporting somebody to Children's Hospital, and I got a cell phone call from Life Alert. I learned that my mom was

**having a medical emergency of her own, and it turns out that she had had an aortic aneurysm and required immediate surgery. So Mom went in and had the surgery, and although she survived the cardiac surgery, she'd had a catastrophic stroke while she was on the operating table.**

**A day later, once they were weaning her off the sedatives, we discovered that Mom had had this stroke. The doctors, their care, was exemplary. Very thankful to have the team working with Mom. And after a week's time, it became apparent that Mom was not going to recover. She was in a comatose, in a vegetative state, so we made the very difficult decision, my brother and I and extended family, as well as the health care team, to remove mom off life support. And in preparing for that, one of the things that the cardiac care unit asked is, they asked me if I'd had any close contacts.**

Now, I work as a paramedic, so the reality is, is I do. In the regular commission of my duties, I have a number of close contacts on a very regular basis. It also just so happened that my youngest daughter had just tested positive for COVID, mildly symptomatic, and had isolated in her room. When I let, just in the interest of openness and transparency, when I let them know that, the response was very immediate and they said, "Well you can't be up here for 14 days now."

And suffice to say, this was the anvil that broke the camel's back. You know, we've had a very difficult two years here. You know, some of the hateful situations, the very difficult work environment that we're working, and you know I myself— It looks like I'm not going to be able to spend my mom's last day, you know, be with Mom as she transitions and joins my father who predeceased her five years ago.

In the exchange, they asked me if I was vaccinated, and I said "No, I'm not." And when I reviewed, I had gone and got a negative COVID test, I was asymptomatic, I got a negative COVID test. And I was looking at their compassionate exemption testation and there was no mention of any requirement to be vaxxed. And here's the real kicker: AHS, didn't matter if I had a close contact or not, as long as I was asymptomatic, I was still expected to report to work. Conceivably, I could have transferred another patient in and out of that unit, I could have transferred my mom in and out of that unit, but because I wasn't vaxxed, I was not going to be permitted to be with my mom when she transitioned.

**Allison Pejovic**
So just to confirm, you were not allowed to be with your mother the day that she passed away?

**[00:25:00]**

**Scott Crawford**
**Well, I was, and I ended up sending a letter. They were not going to permit me to join my mom when she passed away, so I ended up writing a letter to the patient concerns folks and then I also cc'd [carbon copied] AHS CEO, Dr. Verna Yiu, the Chief Medical Officer, Dr. Deena Hinshaw, and the Health Minister and expressed my concern and angst and, I'm going to be quite honest, contempt for this decision. To AHS's credit, and I thank you very much for this, they came back and, "Oh, there's been a misunderstanding," and they allowed me to be with my mom. So I am thankful for that, but I don't think, had I not pushed back— Yeah, I wouldn't have been with her when she passed away.**

**Allison Pejovic**
Okay, I'd like to move into one last area here. I'm going to call it, "EMS in Crisis." During the time of the COVID vaccine mandates, how well was the EMS system functioning?

**Scott Crawford**
EMS was already in a state of crisis. Days leading up to the vaccine mandate eventually being rolled out, I think it was December 12th, was the last day for us that were unvaxxed.

Then December 10th or 11th, Calgary, the HSAA were posting some of the stats and red alerts that EMS was in, and on the one, literally days before the vaccine was to take place, Calgary and Edmonton were both posting that Edmonton and Calgary were in a red alert There were no ambulances available.

Sometime during the pandemic, it was made known that Alberta Health Services had 47 per cent of their staff on medical leave so we just didn't have the manpower. And then, in so far as myself, I was supposed to work a shift in Priddis on December 13th and 14th, but I was placed on unpaid leave, suspended, and the ambulance had to be shut down both on the 13th and the 14th.

**Allison Pejovic**
Sorry to interrupt, is this 2021?

**Scott Crawford**
This is 2021. Yup, December 13th and 14th, 2021. And there were a number of other dates that I was supposed to— I would have, otherwise, been working in the ambulance in High River, and the ambulance had to be shut down on a number of dates there, as well. One of them, they did manage to find another primary care paramedic that was able to operate at a basic life support level. But there can be no doubt that the introduction of this vaccine mandate diminished the amount of emergency care available to Albertans. And I find that very curious.

**Allison Pejovic**
And at that time, were the paramedics able to respond to all emergency calls or what would you say was the ability of EMS to respond; was it 50 per cent of the time, most of the time?

**Scott Crawford**
That is a very good question. I wouldn't be able— They would, technically, be able to respond to all of the calls; it would just be a delay until the next available ambulance. But just to give you an idea after the vaccine mandate, I think was December 27th, the union, HSAA, put on another graphic or a notice on Facebook that on December 27th, Calgary was in a deep red alert and for 20 of the surrounding communities, had no ambulances available. They call it, like, revolving red alert. So a very large swath where there were no ambulances available to respond.

**Allison Pejovic**
So just to be clear, were you suspended from your job because of your refusal to receive the COVID vaccines?

**Scott Crawford**
Yes.

**Allison Pejovic**
And for how long?

**Scott Crawford**
For three and a half months. My last shift was on December 12th, and I think I was back on beginning, first week of April, I believe. So three and a half months, roughly.

**Allison Pejovic**
And can you comment on how you feel your suspension affected emergency service delivery to Albertans?

**Scott Crawford**
Well, just with me not being available, they had to shut my truck down in a number of instances. So Priddis had to be shut down on two occasions, and my truck in High River had to be shut down on at least half a dozen times, because I was not there.

**Allison Pejovic**
And while you were suspended, did you apply for EI [Employment Insurance] benefits?

**Scott Crawford**
I did. I applied for EI. However, my suspension was coded as misconduct, and not going to lie, that was a— You know after two years in the trenches,

[00:30:00]

that was quite a hit. And consequently, I was not entitled to any EI despite having paid into that for well over 30 years. I did get it, and subsequent appeals were also unsuccessful.

**Allison Pejovic**
Thank you, and my last question to you today will be just to explain for the Inquiry the overall impact of everything that you've been through. Whether it's what happened with your mom, the online bullying, and everything you've seen in terms of what you think might be going on with some of the vaccine's potential injury to people. How has that affected you and impacted your life and you mentally?

**Scott Crawford**
Oh yeah, certainly. I mean, obviously, as you can appreciate, those were incredibly difficult times to have the dissension among the ranks, the bullying and harassment and seeing our union endorsing that behavior. You know, the expectation is that the union is going to be there to protect our rights and to support those. And with AHS ignoring— I sent a number of complaints into AHS and never received a response back.

I think it's inconceivable that in the midst of a pandemic that you would treat your staff like that, and that you would place your staff on unpaid leave when it reduces the capability of the healthcare system responding to that. I guess I'm also concerned, too, that in the face of information that was contrary to the prevailing narrative, that those concerns were not addressed or even acknowledged, for that matter. So that's also of concern.

And the way that it affected my family was with the situation with my mother, with my children. It was very unfair and yeah, I'm very disappointed. It's left me with a large measure of contempt with the way that things were handled.

**Allison Pejovic**
Thank you, Mr. Crawford. I'm going to turn it over to the commissioners for any questions.

**Commissioner Massie**
Thank you very much for your testimony. We've heard from a previous expert that during the pandemic, it seems that the aims shift from protecting people and society to protecting the medical system. Do you think that the vax mandate for people, in working as a paramedic, did actually contribute to protect the medical system?

**Scott Crawford**
I would say that there's an argument that pushing forward with this mandate actually diminished the capability of Alberta Health Services to provide care. That's my personal opinion.

**Commissioner Massie**
Thank you.

**Commissioner Kaikkonen**
Prior to COVID, did you have anybody, on your performance reviews, say that you negatively affected the safety of patients?

**Scott Crawford**
No, never.

**Commissioner Kaikkonen**
And when it comes to your— You were given guidance to ask for a religious exemption, but you were denied. After they reviewed the application, they thought it was for personal reasons, and yet in your testimony you refer to your personal Saviour. It's obvious to everybody listening that you had deeply held convictions and beliefs, and that you were acting according to your conscience. So I'm just wondering, at any point did the employer or the union provide any assistance of how the religious exemption could be worded differently so that your religious exemption could be accepted?

**Scott Crawford**
No.

**Commissioner Kaikkonen**
Thank you.

**Commissioner Drysdale**
Good afternoon. Were you provided with any specialized training, when the COVID pandemic was announced, with regard to how to deal with the COVID patients, that kind of thing?

**Scott Crawford**
Yes, we did receive some training with regard to wearing PPE [Personal Protective Equipment] masks, how best to manage these patients with a pre-screening tool that if patients met certain criteria, we could leave them at home and give them some tips on how to manage their situation.

**Commissioner Drysdale**
Was there regular planning meetings or strategy meetings as the pandemic progressed, updating you on procedures and methods?

[00:35:00]

**Scott Crawford**
There was. With the emails that we were getting. Most of the other extraneous emails stopped, and most of the information that we were getting had to do with COVID. So we were getting information from the higher-ups via email, and then occasionally, there'd be the odd discussion if you bumped into your supervisor as well.

**Commissioner Drysdale**
We've heard testimony in other places in Canada, from paramedics like yourself who were suspended or released or terminated, whatever the terminology is these days. Are you aware of the number of people in the paramedic service where you worked that were affected by this?

**Scott Crawford**
I know there was a number of us. I couldn't accurately state in terms of EMS. Yeah, I can't give an accurate number with that. I do know that when AHS was in the newspaper, that when staff were coming back, there was only 750 folks that were coming back but I believe there was much more that went off on leave with the vaccine mandate.

**Commissioner Drysdale**
Did you say that there were 750 coming back?

**Scott Crawford**
That was one of the newspaper's articles that I was reading. Yeah, there was 750 staff, I believe, returning, that were expected back here in early April of 2022.

**Commissioner Drysdale**
Have you got any idea how many people are in the service to begin with?

**Scott Crawford**
Well, I believe there's over—and I guess I just need to be careful here because I'm not entirely familiar with the stats—I know that there's some staff that were casual staff. There could be different subsets that were included and not included here. But AHS as a whole has over 100,000 staff.

**Commissioner Drysdale**
How many, sir?

**Scott Crawford**
Over 100,000.

**Commissioner Drysdale**
Okay. Thank you.

**Commissioner DiGregorio**
Just the last couple of questions for me. Do paramedics receive training in recognizing adverse effects from vaccines?

**Scott Crawford**
No, we did not.

**Commissioner DiGregorio**
And would paramedics participate in the reporting of adverse events?

**Scott Crawford**
We typically didn't. We weren't aware of the tools or the reporting platforms. And I suspect if other paramedics had similar encounters at the hospital as I did, that they may be reluctant to report those. And if they did, I'd be skeptical if they did get reported.

**Commissioner DiGregorio**
Thank you.

**Allison Pejovic**
Looks like that's it. Thanks very much for your participation today, Mr. Crawford.

**Scott Crawford**
Great. Thank you.

[00:38:17]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 4: Michelle Ellert**
**Full Day 2 Timestamp: 06:19:33–06:41:35**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness is attending online, Michelle Ellert.

Michelle, can you hear me?

**Michelle Ellert**
Yes, I can hear you.

**Shawn Buckley**
Okay and we can hear you, so let me start by asking you to state your full name for the record, spelling your first and last name.

**Michelle Ellert**
Yes, my name is Michelle Ellert, and it's spelled M-I-C-H-E-L-L-E. My last name is spelled E-L-L-E-R-T.

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

**Michelle Ellert**
Yes, I do.

**Shawn Buckley**
Now, I'm going to introduce you without saying what you do or mentioning who your employer is because my understanding is you don't want there to be any repercussions for your testimony today.

**Michelle Ellert**
Yes, that's correct.

**Shawn Buckley**
Okay, but your employer mandated vaccination.

**Michelle Ellert**
Yes, they did.

**Shawn Buckley**
Can you can you tell us about that? My understanding is that that came about in 2021. So can you share with us basically what happened?

**Michelle Ellert**
Yes, there was numerous communications that I received through email from my employer, and I was notified that I would need to be fully vaccinated to work in my workplace as of November 1st, 2021. So the mandate stated that if we were not fully vaccinated, it would be an unpaid leave or potentially termination of my employment. So the deadline for the first dose was September 21st, 2021.

**Shawn Buckley**
Now, were you apprehensive or hesitant about getting vaccinated?

**Michelle Ellert**
Yes. Absolutely.

**Shawn Buckley**
And can you share with us why?

**Michelle Ellert**
There's a few reasons why I did not want to take the vaccine. First of all, my mother, she's an elderly lady and lives in a care home. So they were mandated as well to take the vaccination or receive the vaccination. Pardon my words: they're maybe not mandated, but it was very encouraged. Since she did get her first vaccine and I noticed after that there was a lot of falls, and she was continually taking trips to the hospital for these falls. And then her blood pressure was quite out of whack after these shots.

So we're very similar: she's allergic to amoxicillin, so am I. She's allergic to sulfa drugs, so am I. So I was very concerned that if she was having any reactions to it, I might be in line for that as well. Secondly—

**Shawn Buckley**
Can I just, can I just stop? So had your mom ever been falling before the vaccine?

**Michelle Ellert**
No.

**Shawn Buckley**
What was she like before the vaccine? She was able to walk around and—?

**Michelle Ellert**
Yes, she was able to walk around and talk normally. And as times kind of progressed, she can't talk anymore, and she's no longer able to walk anymore. She's in a wheelchair at this point.

**Shawn Buckley**
Okay, sorry to hear that. I'm sorry, I interrupted you. You were giving another reason why you were hesitant.

**Michelle Ellert**
Yes, number two reason for not wanting it was just the timeline of things. I remember being in the hospital with my dad, who had passed away in December 2020, and I was watching the news and they came out with this brand-new novel Corona virus. The world's never seen this virus before. It was brand new. So then to think in a year and a half, and I'm not a logistics expert or anything like that, but how a new virus could be researched and developed a vaccine, and then tested and then produced and then distributed out to the world in a year and a half? It just seemed like a really short timeline, and I didn't feel comfortable with, Was there enough time for testing? Do they know what happens to people in five years from now after taking this vaccine?

**Shawn Buckley**
Right okay. So kind of your own research you were apprehensive, and yet you did eventually decide to take it. So what was it that overcame your hesitancy?

**Michelle Ellert**
Ultimately, I could live without going to a restaurant or a concert or any extracurricular activities, but when it came to threatening my employment of not being able to bring home a pay cheque to provide for my daughter and for my family. To be able to pay the mortgage and pay for food. I really didn't want it.

[00:05:00]

So I was looking at other jobs online, but the majority of those jobs were requiring the vaccination as well, so I kind of felt if I didn't do it, I didn't know what was going to happen. My employment was going to be threatened, and we have a house to pay for. How are we going to do that?

**Shawn Buckley**
So it was it was really economic necessity that led you to do it.

**Michelle Ellert**
Absolutely. Yes.

**Shawn Buckley**
Now, my understanding is that then you and your husband and your daughter, on September 24th, 2021, then all went together to get the first shot.

**Michelle Ellert**
Yes. That's correct.

**Shawn Buckley**
Okay, and can you tell us how you reacted to the shot?

**Michelle Ellert**
Well, they told me that I'd probably feel like flu-like symptoms and maybe not very well for a couple of days after the shot, which I did experience some of those symptoms. But I thought well, this is probably just what happens. I noticed that a few days after the shot when I used the bathroom, it was hard to urinate and I'm— I've never have this problem before. And I was like, what? What is happening here? So it wasn't burning. There wasn't any blood or anything like that. It was just kind of an odd feeling. Like, I couldn't use the bathroom like I usually did.

So days went by, October 5th came and it was the same kind of experience in the morning using the bathroom. But by the time 4:30 in the afternoon hit, I went to use the bathroom is like, wow, it feels normal again. Like things are moving here a little more freely. But by the time I hit the end of that, it was burning like fire. It was burning and then there was blood on the paper. So I thought, wow, this has to be like a bladder infection. This is the only kind of thing I could kind of relate this to.

So at that point, I needed to go get a rapid test done in order to continue on carrying on with my work, because I wasn't fully vaccinated at that point. And I went to the drug store where I was getting the rapid test. And here where I live, there's like 40,000 people who don't have a family doctor. So it's very hard to get in to see your family doctor. And being a urine infection, you're supposed to deal with those quite quickly. So I asked this pharmacist if she would be able to prescribe me some ciprofloxacin, because this is a drug that's normally prescribed for bladder infections for me due to being allergic to amoxicillin and sulfa drugs. So I went home. I took one of the ciprofloxacin and then by 6:30, I use the bathroom and now there was blood clots and my urine was bright red, blood red. It was something I'd never seen before.

So at that point, I went to the emergency department. They took some blood and they took urine samples and I was basically told at the end of that visit that, "Well, it was just a bladder infection. Just go home and keep taking the cipro." I've had a few bladder infections in my life, so I know that the drug does work, and by two days later, I'm like, "Why? I don't feel well. I just— things don't feel right. I don't feel good."

So I phoned my family doctor. Pardon me, not my family doctor, my kid's doctor. My family doctor was retiring at the time and they would not book an appointment to go in and have an appointment with her. So I begged and I pleaded with my kid's doctor, "Please, can somebody see me? There's blood in my urine and I'm not feeling well after taking this medication."

So at that point, I went to see the family doctor and he told me, "Well, I don't believe that the ciprofloxacin is working for you, so let's try a different drug. But if miraculously, you start to feel better by the end of the day, then just carry on with cipro."

So I went home from the appointment and I noticed like, I didn't really feel any worse. I didn't really feel any better, and I was quite confident that the drug I was taking would work for this bladder infection, I thought. So I didn't switch to the nitrofurantoin, and I kept taking the ciprofloxacin, and then it came to the end of my prescription. There was no more pills left and I still wasn't feeling well.

So I went to the emergency department again, and at that point, the doctor there in the emergency wouldn't allow me to explain what had happened to me in the last five days. I wasn't allowed to talk about anything prior to why I was in the hospital at that moment. And I said, "Well, it's my heart. My heart is like pounding out of my chest. It's running away from me." And so they did some heart tests, and he came back and he said: "Well, you have anxiety. You're fine. Just go home."

**Shawn Buckley**
Now my understanding, your blood pressure was really, really high.

**Michelle Ellert**
Yes, yes, it was. It was like 190 over 130 that day I believe. I have some notes here written about that. So yeah, it was quite high.

**Shawn Buckley**
So when they're telling you it's anxiety, this is anxiety with blood pressure through the roof.

[00:10:00]

**Michelle Ellert**
Yes, and he also informed me at that time that the urine sample I provided a few days before didn't grow a culture of a bladder infection. And he said, "Well, you don't have a bladder infection." And at that moment in time, being kind of overwhelmed with what was happening with my heart and the awkward feeling of being in the hospital, I didn't think about, "Well, if I don't have a bladder infection, then why am I peeing blood? Like what's happening here?"

So after that, I contacted my kid's doctor again, and I told her—told the nurse—about this experience at the hospital and how I was told that there wasn't a culture of a bladder infection. And so why would I be peeing blood? So she had told me that she was going to get a ultrasound or speak to Dr. Cunningham. And anyhow, they have arranged a ultrasound for me to go to. I went to that, and all the results of course came back normal.

With the blood test that I was given on the first trip to the emergency room, there was abnormal things in my blood work, and none of that was ever really discussed with me as to what that meant. But as the months kind of went by, I was put on a medical leave as of December 1st, 2021, and I haven't been able to return back to work.

I've had a barrage of symptoms that are somewhat softening at that point, but are really quite debilitating. I've got the chronic fatigue. Last year at this time, I was in bed 90 per cent of the day. I couldn't get out of bed. I was just chronically fatigued. There was muscle weakness and lots of pain in my hips and my knees. My vision is blurry. There's kind of a haze over the top. Like I said, some of these have kind of softened, but there's been just these symptoms have carried on from this point in October till today.

**Shawn Buckley**
Can I just back you up? When the ultrasound was done, am I correct that the doctor suggested that perhaps you were having an immune response to the vaccine?

**Michelle Ellert**
Yes, after that point of getting the normal results on the ultrasound, he did tell me he believed it was an immune response to the vaccine. And there's numerous paperwork that he filled out for the time off of work that stated that it was because of a vaccine injury and an immune response to the vaccine.

**Shawn Buckley**
Right. Okay. Now you've shared with us some of the symptoms that you've experienced since then. Can you tell us a little more about that brain fog? Because you were telling me about, you know, a manual that you had basically written and the fact that you couldn't go back and make amendments, that your mind was so affected at the time.

**Michelle Ellert**
Yes. So this would have been the last week that I worked. Because I wasn't fully vaccinated, I was sent home to work from home because I wasn't allowed to be at my place of employment. So we were about five days into the work week, and I just had a headache going on for five days constantly on this right-hand side of my head, and it wouldn't go away. I had written a manual. It was 425 pages, and it was a procedure manual for the unit that I work in. At that point, I had notes and things that I needed to add and things I needed to adjust, but by that end, last week, I was scrolling up the document and down the document. I couldn't figure out where to add things, how to word things. It would just take me forever to really complete any of my work at that point. Reading has been quite difficult for me since then. There was a point where I was having to read things out loud to understand things because as I read, it just doesn't seem to go in like it once did. You know, you just read it and you understand, but that's not how it seems to work for me now.

**Shawn Buckley**
So now it's been 13 months, or 13 months after you ended up seeing a specialist.

**Michelle Ellert**
Yes.

**Shawn Buckley**
And the specialist, what did the specialist tell you? At that point, you had basically been suffering for 13 months.

**Michelle Ellert**
Thirteen months. Yes, that's correct. And I went to see— I was told it was an internal medicine specialist, but at this point, I'm not sure if it was a cardiologist. Sorry. The brain fog and confusion over the last few months. So it was one or the other. I told him my story of what symptoms I had, and how things kind of went. And so we did some more urine tests and some more blood tests and all of that came back normal. And I'm still having these symptoms and he says, "Well, first of all, we can't call this a vaccine injury."

[00:15:00]

He says, "We don't have any proof." So for the first 13 months of going through all of these unexpected symptoms and being all of a sudden disabled, and being told it was an immune response to the vaccine, I was told that "No, we can't call it a vaccine injury anymore. We don't have any proof." So at that point, he referred me to a sleep study and the sleep study came back, was normal. And then he's now referred me on to a neurologist. That was January, and I still have not to this day received the phone call or a booking for the specialist with the neurologist.

**Shawn Buckley**
Right, my understanding is you also suffer from POTS [Postural Orthostatic Tachycardia Syndrome]. And can you explain what that is?

**Michelle Ellert**
So I have been seeing a doctor through the Canadian COVID Telehealth system. And also because of my long-term disability that I'm currently on, of course, they want me to return to work, so I've been seeing a physiotherapist to kind of assess when I'm able to return to work. So through these kind of assessments, they've talked about dysautonomia and POTS, Postural Orthostatic Tachycardia [Syndrome]. So it seems like when I stand or I do physical activity of any sort my blood pressure will skyrocket. I start to get weak in the knees, I start to feel nauseous, and basically at that point, I've got to sit down. The last time I went I was in with the physiotherapist for an assessment and they had me lifting a box with a 10-pound weight from my waist to over my shoulders. I did this a matter of four times, and my blood pressure had skyrocketed to 182 over 132. That's where the assessment kind of ended.

**Shawn Buckley**
**Right, so they basically stopped that assessment because your blood pressure was at a dangerous level?**

**Michelle Ellert**
**Yes.**

**Shawn Buckley**
**Now can you tell us what happened to your daughter after she was vaccinated?**

**Michelle Ellert**
Yes. I wish I could give you a lot more detail than I can, but given the circumstances, I was dealing with a lot of new features happening in my body, that I wasn't quite sure why things were happening to me. But my daughter, after her shot, came and it started with the burning in her mouth. Looking back through my notes today, I did note that she had like boils and kind of boils and white dots on her tongue, and this was kind of the first symptom, I guess, that she brought to my attention.

So we went to the doctor and he said, "Well, usually we only see this in patients who are lacking vitamins and minerals." My family eats fairly well, and so I don't know, we're eating the same diet. There shouldn't be kind of that issue of lacking vitamins and minerals, but he gave her a mouthwash after, to kind of deal with that burning. The burning stopped after that, but given a week or two later, we were back there again for the same reason: she had burning in her tongue.

Then she had an episode of burning in her scalp, which required a steroid shampoo. She's also been diagnosed with tachycardia as well, and I apologize, there was some words before the word tachycardia, and I just don't know if they said postural orthostatic tachycardia, or if it was a different type.

She's also been diagnosed with chronic fatigue syndrome. She's 14 years old. She should be full of life and energy, but she comes home from school and she's absolutely pale and white, and you can see she's completely exhausted. And this goes on week after week here. She missed a lot of school last year. This year she does seem to be somewhat improving, but it seems like it's hard for her to make it through a full week of school without having a nap between four and seven, for about three to four days a week.

**Shawn Buckley**
**Okay, so your daughter when she comes home from school about three to four days a week, she'll actually nap when she gets home, from about four to seven. Now how does this compare with how she was before she got vaccinated?**

**Michelle Ellert**
**At that time, I had a happy 13-year-old kid. She was full of energy. She was healthy. She was happy. Like she would go to school. Things were normal, just like myself, things were normal. We would go to work and go to school, and it wasn't exhausting. We were still able to do things after a day of school or a day of work. So she's completely changed in that regard. She's just not, there's no life, there's no energy left in her, I feel anymore.**

**Shawn Buckley**
And how do you feel that the medical system has treated you since you were vaccinated?

[00:20:00]

**Michelle Ellert**
I'm very thankful for my daughter's doctor who has put me on a medical leave because there is absolutely no way I would be able to work five days a week, eight hours a day. The fatigue and the headaches and things that I experienced in a day, there is no way. So I'm very appreciative of that.

But the only problem is there has not been, at this point—how many months were passed—no diagnosis. I was told in the beginning it was an immune response to the vaccine, and then I see a specialist, and then I'm told we don't have any proof. But I'm still sitting here this many months later, and I don't have diagnosis of what's wrong with me or how to treat what's happening to me.

**Shawn Buckley**
So I just want to be clear because you were vaccinated back in September of 2021, and we're now near the end of April 2023. You've been off work on disability leave since December 1st, 2021, and still no one has provided you with a diagnosis.

**Michelle Ellert**
Not from AHS, nope. There's been no diagnosis from them. I'm still sitting here waiting. I'm very thankful for Canadian COVID Telehealth at this point. I feel like if it wasn't for the doctor that I'm able to see that I would still be in bed 90 per cent of the day.

**Shawn Buckley**
Right. Now those are my questions. I'm going to ask if the commissioners have any questions of you. And there's no questions.

So Michelle, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

**Michelle Ellert**
Thank you so much for having me. It's appreciated.

[00:22:02]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 5: Dianne Molstad**
**Full Day 2 Timestamp: 06:41:36–06:54:44**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness today is Dianne Molstad.

Dianne, can you please state your full name for the record, spelling your first and last name?

**Dianne Molstad**
Dianne Molstad, D-I-A-N-N-E M-O-L-S-T-A-D.

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

**Dianne Molstad**
I do.

**Shawn Buckley**
Now, you worked for the Edmonton School District for roughly 30 years, and you're a retired counsellor and teacher. You've got several university degrees and graduate work that you've done. Is that correct?

**Dianne Molstad**
Yes.

**Shawn Buckley**
And you have had a long-term issue with high blood pressure.

**Dianne Molstad**
Yes, indeed. I came back to Canada from a cruise with my Toronto girlfriend in February of 2020, and I was still trying to maintain the hypertension. So the blood pressure would shoot up to 180, I was taking it at home. I knew that it was about time because of my obesity, that I needed to get on a medication.

So I went for my yearly checkup, and that was in February. I was still working out at the Y [YWCA/YMCA], although I had to quit that because they refused to allow their volunteers to work if they didn't have the COVID shot. And I refused to get that shot, and I still don't have it. So I went for my yearly checkup in May of '21, and I told Christine that I was ready to go on the medication because I didn't want to die of a stroke. I was really enjoying my grandchildren, who are wonderful, and I spend a lot of time with them. Although my son and his wife had the shots, they would never allow their children to have the shots, but they wanted to travel back and forth to Hawaii and whatnot. So I spent a lot of time with my grandchildren, three and four at the time, and then a new baby. And so I've continued to do that.

**Shawn Buckley**
Can I just slow you down here? My understanding is you call your doctor Christine. You had been seeing her as your doctor for 30 years.

**Dianne Molstad**
Yes, indeed. I'd gone to the Baker Clinic all my life and my obstetrician, my gynecologist, had my children through that clinic. My children went to pediatricians there and I maintained that clinic, although the doctors did change. I had Christine for a doctor for almost 30 years, give and take some periods of time when I was out of Canada and out of the city.

**Shawn Buckley**
Okay, so now you have this appointment. Does Christine write you the prescription you are after?

**Dianne Molstad**
No, when I went back after the medical and got the results, that was at the point where we were going to discuss the medication, but she told me at that appointment on June 2, that I would not be able to come back to her clinic again if I did not take the shot. So I was just in shock because I didn't know what to do or to say. I said, "What? How can you do that?" "Oh, I can do that." And I said, "Well, what about all of your other patients?"

Because I knew she had a lot of senior patients like me. I was, well, I'm almost 78 in May, but I was at that time a bit younger. I have to admit now, I guess I'm a senior. But, at any rate, I was in shock. A lot of her patients are a lot older than that, too, and I've seen them in the waiting room.

So at any rate, I couldn't do anything. I just left, and I went home very angry, and very upset. And my son said, "Mom, just get a new doctor. Forget it. Move forward. Get a new doctor." And so I started the process that day. I started to go on the—

**Shawn Buckley**
Can I just make sure everyone understands? Was it strictly because you would not take the vaccine that your doctor of 30 years basically fired you as a patient?

**Dianne Molstad**
Yeah.

**Shawn Buckley**
And she made it clear that any patient that she had that was not vaccinated was going to be fired.

**Dianne Molstad**
Could not go in her clinic.

**Shawn Buckley**
Regardless of how much the patient may have depended on her for assistance.

**Dianne Molstad**
Correct.

**Shawn Buckley**
Okay, and I'm sorry to interrupt, but I just think it's so important for people to understand what you're saying.

[00:05:00]

**Dianne Molstad**
And it was really shocking because people were being bullied. In retrospect, I didn't put in a complaint to the medical association because by that time I realized they wouldn't have done anything anyway because they were all in lockstep. It would have been futile.

So I didn't bother with that. I proceeded to try and make appointments, and although I was disappointed somewhat—she was a bit of a bully—but she had diagnosed things for me, like, you know, she wasn't involved in my cancer diagnosis, but she was involved in another diagnosis. She was excellent at some areas of medicine, and so I really liked her.

So at any rate, I started to phone around and I found out then, in Alberta at the time, you had to be approved by the doctor. So you were not allowed to just go and make an appointment. You had to go through what was called a meet-and-greet. And if you didn't meet the qualifications of that particular physician, then they wouldn't take you on.

**Shawn Buckley**
My understanding also was that you were actually on the phone for four days trying to even find doctors that would have an appointment with you.

**Dianne Molstad**
Absolutely. I used the internet, and you have to look up physicians that are taking new clients, new patients. And then you phone, and you find out, and you wait. So yeah, it was like two days, and then over the weekend, and then two more days. I set up a number of appointments, but I needed to see somebody fairly soon.

And the reason that you can't see someone soon is because it's a meet-and-greet. And so they extend the time to a week, two weeks, three weeks, a month, three months. So I was in a bit of a pickle because by this time my blood pressure is, of course, escalating. I finally found a clinic in North Edmonton that took mainly Aboriginal people, and they agreed to take me, at which I was thrilled.

I went to see a Dr. Prince, who was wonderful. He talked me through the process and helped me onto a medication. But he was only there temporarily, and he was going into administration. So I was kind of left again in the search in trying to acquire a regular physician that I could go to for the monitoring of the medication. He gave me some hints on how to monitor it. And talked to me about people that were in isolated areas that had to do this on their own, and don't be upset about it, and there are a lot of people that live in northern regions. I understood that because I—

**Shawn Buckley**
And you live in Edmonton.

**Dianne Molstad**
I live in Edmonton.

**Shawn Buckley**
So it's kind of a remote region of one million people. So don't worry, you might have to manage yourself. You can't get a doctor because you're not vaccinated.

**Dianne Molstad**
Exactly, yeah. So that was part of it. But I had worked up on the reserves in Fort McMurray during the stats census. So I sort of understood in part what he was saying. And there are some people in northern regions of the country that don't have access to doctors, regular physicians.

So at any rate, the process continued. And I went for the meet-and-greets. And I went for several. And then finally, I had one with a doctor in South Edmonton, a Dr. L—as I've been told that I might be sued. But at this point in my life, I say, bring it on. My son said, "Don't worry, Mother, you don't have any money anyway. They won't sue you."

**Shawn Buckley**
Right, so you'd like to mention the doctor's name, but we've kind of counselled you "let's not name." And we don't need to. But please share the story about what happened because that's the important part, is the encounter.

**Dianne Molstad**
It was awful because I pride myself in being a fairly smart, independent, strong, individual woman, and I was totally insulted. She told me that I wasn't very intelligent and then asked me for the regime of vitamins and things that I was taking. So I gave her a list, off the top of my head, of all of the vitamins I was on and the amounts. She said, "Oh, well, you're absolutely taking a toxic level of vitamin D," because I was taking 4,000 units, "and why are you taking zinc? You don't need to be taking that."

I was taking 25 milligrams only of zinc at the time. And then other medication, I take a Valtrex as a prophylaxis,

[00:10:00]

because like 95 per cent of the population I have herpes. No, okay, I'm not going to go into that.

**Shawn Buckley**
I don't think we need that list.

**Dianne Molstad**
I'm sorry, yeah, I do go on.

At any rate, she basically insulted me and demanded that I— bullied me again about the vaccine. And I said, "No, I'm sorry, I am not going to take that shot." And I didn't go into the reasons. I just stood firm and said, "I'm not going to take the shot." Then, she actually accepted me as a patient, and that kind of flabbergasted me because I thought for sure she would refuse. But after bullying me and insulting me and insulting my intelligence, she said that she would take me on as a patient.

So I thanked her very much, and of course, left thinking there's no way I would ever go back to her.

So I continued in my process and eventually found a wonderful doctor at another clinic in Edmonton, the Allen Clinic. She was a young woman who gave me the lecture that they had been instructed to give all of their patients: that I should have the vaccine and blah blah blah. And I said, "You know, Dr. Porth, I'm not going to have it, and I appreciate what you're saying." She said, "Well, I have to let you know, I can't give you any exemption." And I said, "No, I don't want anything. I just want a doctor." I was pleased that she accepted me. But she did actually move after a year. She had to go to Manitoba.

But I do have a wonderful doctor now who told me, "You can vent anytime." He said, "Don't get me going because if I start to vent—" He said he's horrified at what they did to doctors in Alberta, and how they were forced to not treat their patients who were ill. And so he's a great guy; he's originally from Trinidad, wonderful man. And just totally, totally upset about the fact that, you know, they couldn't treat—

**Shawn Buckley**
I'm going to stop you. I actually don't have any further questions for you. I'll ask the commissioners if they have any questions for you.

**Dianne Molstad**
No. No. Okay, great.

**Shawn Buckley**
And there being no further questions—

**Dianne Molstad**
Thank you. Oh, and I just want to say, thank you so much for allowing me to testify. I just am floored. There were so many people that had applied, and thank you so much for allowing me because mine is so minute compared to some of the testimonies I've seen online and I've listened to, that I just feel I'm in an elite club. Thank you very, very much.

**Shawn Buckley**
I had to wait for the clapping to die down, Dianne. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story with us.

[00:13:08]

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***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 6: Dr. Curtis Wall**
**Full Day 2 Timestamp: 06:54:44–07:19:45**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness, he is attending online. It's Dr. Curtis Wall. Curtis, can you hear me?

**Dr. Curtis Wall**
Yes, I can.

**Shawn Buckley**
Can you turn your camera on? There we go. So Curtis, can you state your full name for the record, spelling your first and last name?

**Dr. Curtis Wall**
Curtis Wall, C-U-R-T-I-S W-A-L-L.

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

**Dr. Curtis Wall**
Yes, I do.

**Shawn Buckley**
Now, I guess I should call you Dr. Wall. You have been a chiropractor for 26 years.

**Dr. Curtis Wall**
That's correct.

**Shawn Buckley**
**And in that 26 years—but for an incident you're going to speak about involving COVID—you have not had a single issue with the college that licenses you as a chiropractic doctor.**

**Dr. Curtis Wall**
**That's correct.**

**Shawn Buckley**
**So can you share with us what happened?**

**Dr. Curtis Wall**
Yeah, so I've got several bullet points to share, just to keep me on track.

**Shawn Buckley**
Sure, do you want to share screen then and show us those?

**Dr. Curtis Wall**
No, they're just kind of random.

**Shawn Buckley**
Okay. I'm sorry. I thought you meant slides. So carry on.

**Dr. Curtis Wall**
If you have any questions, please interject.

So the beginning of 2020, of course, a pandemic was called. I'll say right up front that I was suspicious about what was being declared: call it a gut feeling, call it intuition or discernment, but I just felt like something wasn't right. And then, if we head to April of 2020, our profession said that we had to keep our offices closed. They were closed except for emergency care. And so, that lasted for approximately one month. And then in May of 2020, we were allowed to reopen, but the profession had created a pandemic practice directive. And among many requirements in that directive, one of them was mandatory masking, which I did.

**I did initially mask, but immediately after wearing a mask, I noticed that I didn't feel great: I felt anxious. I felt claustrophobic. I felt shortness of breath. I couldn't concentrate properly. And I couldn't provide the right kind of patient care. So I did that for several weeks and decided after that, I just couldn't wear a mask. So I took the mask off. And from approximately June of 2020 and going forward, I never wore a mask. And then if we had to fast forward to early December of 2020, I received a call from Alberta Health Services [AHS]. Health Inspector Heidi Ho said that they had received an anonymous patient complaint that I wasn't wearing a mask or my staff wasn't wearing a mask—and at the time, my staff was my son—and that I had no plexiglass barrier in the office.**

**Shawn Buckley**
So can I just stop you because you hadn't been wearing a mask for some time. How were your patients reacting to that?

**Dr. Curtis Wall**
Really good. I had maybe one or two patients that would ask me why. And I would give my reasons, and they were quite fine with it. If anybody was not good with it, I would not have known. They may have left my practice, but 99 per cent of people were just fine.

**Shawn Buckley**
Okay, so as far as you knew everything was going fine.

**Dr. Curtis Wall**
Yes.

**Shawn Buckley**
And then you get this call from an AHS inspector.

**Dr. Curtis Wall**
Yeah, that's right. And so, I did confirm. I said, "Yes, I'm not wearing a mask. And I do not have a plexiglass barrier in the office." And she said, "Well, we're going to have to pass this information off to your college." And so the very next day, I received a phone call from the Registrar of the College [of Chiropractors of Alberta], Dr. Todd Halowski. And he asked me to fill him in on what transpired with the call with the Alberta Health Services inspector. So I told him some of the details. I told him that I was mask exempt and he stated that he wanted to know what was the reason behind my mask exemption. If I was coming within six feet of patients,

[00:05:00]

the pandemic practice directive stated that I had to be masked. I told him that I wasn't comfortable sharing personal health information with him just based on privacy laws. And so at that point, he said, well, he was going to have to pass this information on to the complaints director of the College, who was David Lawrence.

And so the very next day I received a call from David Lawrence. He asked me if I had not been wearing a mask and if I had no intention of doing so going forward. I said, "That's correct." And very nonchalantly, he said, "Well, I'm going to be initiating a process to have your licence suspended. And that will carry out very quickly." At that point I was quite shocked. I said, "Well, what about accommodation for me? I have an inability to wear a mask." And he stated that his primary responsibility was to protect the public, and that my not wearing a mask was putting my patients in danger, and that I was putting them at an unnecessary risk. To which I said, "How am I putting them at risk when I'm asymptomatic, and that if somebody gets COVID, they have a 99.9 per cent chance of surviving?" And so he said that he wasn't willing to— In fact, he disagreed with that information. He said he wasn't willing to debate me or discuss the issue further. So I told him I didn't want to lose my licence over this. And he said, "Well, I can't make you wear a mask. But if you're not going to wear a mask, you're going to have to sit out the rest of the pandemic and not

practise." And so he said he was going to be passing this information on to a council-appointed member, who was going to look over his decision to suspend my practice, and that council-appointed member would either confirm or deny that.

**Shawn Buckley**
And so, you've got legal counsel involved. You hired James Kitchen who's been a witness here.

**Dr. Curtis Wall**
So that's my very next point. Because at that point, I realized I was definitely in over my head. I needed legal counsel, and so I actually contacted the JCCF [Justice Centre for Constitutional Freedoms]. They put me in touch with James Kitchen. I'll be quite honest, James has been a lifesaver, and he has done such excellent work. And so I'm much indebted to his services. It's very stressful, that time. Like I said, and like you mentioned, in 26 years of practice I have not ever had a complaint issued to the College from a patient. And I've never been in trouble with my regulatory board. So these were definitely stressful times.

So after that, James demonstrated to the College that traditionally, licensed suspensions are reserved for practitioners who commit sexual abuse, commit fraud, or come to work intoxicated; that, really, I had not demonstrated any threat to my patients by a perceived threat or perceived danger of COVID. But, on the same note, James recommended that I would try to get a medical mask exemption through my GP.

So I contacted my GP and the nurse on the phone said that I had become inactive and my doctor was not seeing new patients. And he was also not issuing mask exemptions. So at that point I was looking for a GP. I did eventually find one, somebody who was willing to see me in his office, who provided a consultation, and he also provided me a mask exemption, based on my mental concerns and limitations.

From there, the very second week of December of 2020, Alberta Health Services came to my office door, two health inspectors, Heidi Ho and another inspector, and they placed a closure notice on my door effectively barring me from practising. And so for one month James and I had to come up with a strategy to satisfy Alberta Health Services' relaunch template.

[00:10:00]

Excuse me, I'm just going to have a drink of water here.

So for that next month, I was not working, and I had to create this relaunch template, which involved installing a Plexiglass barrier and also submitting various other pieces of information, including the fact that I had now a medical mask exemption letter. The College determined that they would not suspend my licence, but that they were going to place conditions on my practice. Two of those conditions were obtaining patient signatures. One form indicated that patients recognized I had a medical mask exemption, and they agreed to be treated by me without my wearing a mask. And then the second letter they had to sign indicating that they answered "no" to all the pre-screening COVID questions.

**Shawn Buckley**
These would be the typical questions that, if you went to the hospital, you'd get screened: I've been travelling. Do you have a fever? All of the set COVID screening questions.

**Dr. Curtis Wall**
That's correct.

**Shawn Buckley**
Now, when did they impose those two conditions on you?

**Dr. Curtis Wall**
That was in January of 2021.

**Shawn Buckley**
Now, we are in April of 2023, and there hasn't been a masking requirement, I think since the truckers' convoy in January of 2022. Are those conditions still in effect on your practice?

**Dr. Curtis Wall**
Yes they are. They said that the conditions would remain in effect. The initial declaration they made was that the conditions would stay in effect until there was a declared end of the pandemic. And to my knowledge, I don't think there has been a declared end.

**Shawn Buckley**
Okay, so I expect that you are the only chiropractor in the Province of Alberta that is screening all of their patients for COVID-19 in April of 2023. And you just smile because this is quite silly, isn't it?

**Dr. Curtis Wall**
Yup, you're right.

**Shawn Buckley**
So now my understanding is that, eventually, your hearing for misconduct did proceed, and it went on for a full eight days. And I want you to tell us about your four experts and about the one expert that was called for the College.

**Dr. Curtis Wall**
Yes. Can I interject just before that so I don't forget?

**Shawn Buckley**
You sure can. You sure can.

**Dr. Curtis Wall**
In the late spring—because I'm coming to that right away—but late spring of 2021, Liberty Coalition Canada heard about my case and decided to support me by covering my legal fees and media coverage. And that's another organization I just want to recognize and say that I'm indebted to. So a big thanks to them.

So yes, the hearing was originally supposed to be four days, virtual, of course. And those four days of hearing started in September of 2021. Quite quickly, we realized that four days was not going to be enough time to cover all the expert witnesses. And so in the end, it ended up being eight days of hearing and they concluded in June of 2022. And so I had testifying for me, Dr. Byron Bridle, of course he's a world-renowned immunologist and vaccinologist. I had Dr. Thomas Warren, a medical microbiologist. I had Dr. Bao Dang, who is a respirologist. And then I had Chris Schaeffer, who is an occupational health and safety specialist in mask fitting.

**Shawn Buckley**
And what expert did they have for the College?

**Dr. Curtis Wall**
Their expert witness was an Alberta Health Services doctor, Jia Hu, who was involved in the scale-up of testing vaccinations, communications, and policy development with all things related to COVID.

**Shawn Buckley**
And my understanding is that in February of this year, a verdict was released. Can you tell us what the verdict was?

[00:15:00]

**Dr. Curtis Wall**
Yes, the hearings tribunal is composed of two chiropractors and two public members. And, in January, the end of January this year, they released their 90-page verdict [Exhibit RE-7], declaring that I was guilty of professional misconduct. And so, currently, I'm waiting for the penalty phase. I'm waiting for them to determine what they're going to do based on all the findings.

**Shawn Buckley**
As far as professional misconduct, did they actually make up a new word to describe you?

**Dr. Curtis Wall**
Well, one of the words they used was that I was "ungovernable." They indicated that I had a constant theme of challenging authority and what they deemed to be proper government mandates and policies. That my challenging of authority and these mandates, on a repeated basis, indicated that I had an intention to defy the pandemic directive in the first place, and that made me ungovernable.

**Shawn Buckley**
Okay, so I actually think it's important for us to break down what you're saying. So you had called for esteemed experts into the issue of masking, actually dealing with the facts. And you were found to be ungovernable not because they had experts to dispute your experts but because you were not following, basically, the government guidelines. So it's ungovernable now for a health care practitioner or a chiropractor in the province of Alberta to challenge a public health guideline?

**Dr. Curtis Wall**
Well, that's what it would seem to indicate.

**Shawn Buckley**
But this is important because you basically are waiting to see what your sentence is going to be. You're telling us that, basically, what they're saying is you are ungovernable because you are not accepting the government narrative as far as what's going on with masking.

**Dr. Curtis Wall**
Yes.

**Shawn Buckley**
So it's arguably professional misconduct now to disagree with government narratives if you're a chiropractor in the province of Alberta.

**Dr. Curtis Wall**
Yes.

**Shawn Buckley**
Okay, and I'm sorry. So you're still now waiting for sanctions. My understanding is that you could be liable for the costs incurred by the College for these proceedings. Can you tell us roughly how much the College has spent in finding you ungovernable?

**Dr. Curtis Wall**
My understanding from my legal counsel is that the College has spent well over half a million dollars just on my case alone in the last two and a half years.

**Shawn Buckley**
How did this affect you going through this experience?

**Dr. Curtis Wall**
Well, again, quite stressful. I'm a person who keeps his head down: does his job. I do not like to make waves. So for me to be thrown into this type of situation is very uncharacteristic of me. People who know me, know me as a quiet person who works behind the scenes. And so it has definitely challenged me. It's challenged me to step up to say something when I see something is wrong. And it's been stressful for my whole family.

It's probably more stressful for somebody to watch a loved one that's going through a challenge than it is, maybe, for that person who's experiencing it. So yeah, definitely, it's been a challenging time.

**Shawn Buckley**
Have you felt supported by other chiropractic doctors in Alberta?

**Dr. Curtis Wall**
Very good question. For quite a long time, I never heard a word from a single chiropractor. And that's not to the detriment of any chiropractor because I believe my case was extremely downplayed. And unless, as a chiropractor, you were staying quite in touch with some of the disciplinary situations going on, you might completely not even know about my case.

[00:20:00]

In fact, I would not doubt that there are still chiropractors in the province who have no idea about my situation. So initially, I did not hear a whole lot from chiropractors. But one by one, they were starting to pop out, and I did start to connect with other people who I trusted. And now I have quite a few who are very supportive. I couldn't do it without their support, and so I'm very grateful.

**Shawn Buckley**
Now, going forward, is there anything that you think should have been done differently?

**Dr. Curtis Wall**
Yeah, so the question was posed to me that, what could Canada do differently based on my situation? Is that what you would—

**Shawn Buckley**
Really, it's an open question. As an inquiry the commissioners are tasked— one of their tasks is to try and come up with things, how we could have handled this whole situation differently. And yours is a very personal story. But I'm wondering if from that—because you would have been really thinking about this—what would you say we could have changed to have better outcomes going forward?

**Dr. Curtis Wall**
Yes, policies, I think. I've been looking at the whole topic of policies of late. I'm not an academic in the sense of a bureaucrat understanding all these things. But I think that we have policymakers and developers at the top of the food chain—if I would have to put it that way—that push these policies down to policy enforcers, which I would say would represent our governments, our military, our police, our regulatory bodies even. And so these policy enforcers, even my own regulatory body, seemed to really— It's like they had no choice.

I wish they could have stepped back, looked at more evidence instead of so quickly having rushed into making some of the decisions they did, especially when it comes to the topic of

informed consent. I would suggest that wearing a mask is a medical procedure because it carries a risk of producing physical or mental harm. And so any healthcare professional very well understands the process of informed consent. If you're going to do a treatment on a person, you have to fully explain what that treatment is, what are the risks and benefits of that treatment, and what, maybe, alternative treatments you could do instead of that treatment. And so in my mind, regulatory bodies did not exercise informed consent as significantly as they should have or as properly as they should have when it comes to whether masking or the shots.

And so I wish that going forward, some of our regulatory agencies would have seriously considered these policies. You had Lieutenant Colonel David Redmond on this morning. He's been one of the people I've looked up to and studied his writings. And I wish our governments and our regulatory boards would have looked at some of those studies and findings because they were already put in place. They were already recognized.

**Shawn Buckley**
I don't want you to go too much into what other people have said. But you did raise a very interesting point in saying that there's an informed consent part to the masks. I have to confess I hadn't thought of that before. But a mask would be considered a medical device under medical device regulations and that the rationale for us getting vaccinated was actually to protect others, which was the same rationale that we were given to use masks. So I think you've raised a very important point.

And I don't have any further questions. So I'll ask the commissioners if they have any questions for you. And there being no further questions, Dr. Wall, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving your evidence today.

**Dr. Curtis Wall**
Thank you very much.

[00:25:01]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 7: Angela Tabak**
**Full Day 2 Timestamp: 07:19:45–07:34:25**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
So our next witness is Angela Tabak. Angela, can you please state your full name for the record, spelling your first and last name.

**Angela Tabak**
Certainly. Angela Tabak, A-N-G-E-L-A T-A-B-A-K.

**Shawn Buckley**
I'm sorry for mispronouncing your last name. You know that I know your family, and so I think of you as having a different last name. You are a small business owner. But before we go any further, I'm going to ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

**Angela Tabak**
I do.

**Shawn Buckley**
You're here today to basically share something that happened concerning your son, Kyle Quinton.

**Angela Tabak**
Yes

**Shawn Buckley**
Can you please share that story with us?

**Angela Tabak**
I can. The beginning of the COVID time or whatever we want to call it, March of 2020, my three children were all young adult age. My oldest had just given birth to my first grandchild, living in Virginia, in February of 2020. My son Kyle was 21 at the time. He was living on his own, working full-time. And my youngest was slated to graduate from high school in June of 2020. So we all know what happened with those kids at that time.

My son was of great concern because when he was in high school, he was involved in, I guess you could call it a freak accident, and sustained a massive head injury that really changed him and put him in a very precarious situation when it came to his mental health. We were dealing with anxiety, thoughts of depression, and those types of things. But in early 2020, he was doing pretty good. Like I said, he was living on his own and working full-time.

However, when COVID hit, he very much latched on to the fear and the messaging: the constant messaging that we were bombarded with, the daily case numbers that we were being shared with by our medical professionals, the media and the messaging that came with that. It was about mid or late April of 2020 when he first called me. He was extremely anxious. He was sick, he said. Pretty sure that he had COVID, and he had no food in the house, and he was asking me to go to the grocery store and get some groceries for him. So, of course, I did that. That happened a number of times over the next 18 months, where he would call me and ask me to bring him a meal or bring him some food.

**Shawn Buckley**
Can I just slow you down and make sure that this is sinking in?

**Angela Tabak**
Sure.

**Shawn Buckley**
So prior to COVID, he's living on his own, he's working full-time, and basically, he's managing well. But after COVID, you're having to bring him groceries because he's afraid to go out?

**Angela Tabak**
Pretty much, yes. Even though he worked in what was considered an essential service industry, he reduced his hours, reduced his hours, reduced his hours, and eventually completely quit his job.

**Shawn Buckley**
He was actually an agricultural lab field sampler, so he wouldn't be around people. He would be going out and taking samples in the field.

**Angela Tabak**
Right, he would be in a truck by himself taking samples and then bringing them to the lab.

**Shawn Buckley**
Okay, but he was so buying into the fear narrative that even that, he was afraid of.

**Angela Tabak**
Yeah, absolutely. So sometimes I'd bring him food. Sometimes he'd let me into the apartment. Sometimes he wouldn't; he would just ask me to leave it on the step. Sometimes he'd let me in, but he was extremely cautious and nervous and would look around to make sure that there was no neighbours watching for fear that he would be reported for having his mother over. So yeah, he just really, really bought into the narrative.

However, there was a little bit of a bright light for him in that he realized that the colleges were all online. He'd always had a dream of owning his own business.

[00:05:00]

So he decided that he was going to attend Lethbridge College online for the year starting in September of 2020, starting a two-year program. So he did that, and he did pretty well, except he failed one course, which wasn't a surprise to me. When he told me about it, I knew because of the cognitive issues that he had after his head injury and the struggles that he had to graduate from high school that that particular course would have been a challenge to him.

So this was April of 2021. And I remember us talking and discussing what had happened with the course, discussing his head injury, discussing the anxiety, and all those things that he was experiencing. And he decided that he was going to get help, that he was finally going to go get help and get on top of this. He was nervous about attending school in September without getting some answers and getting some help. So he went to our family doctor, who referred him to a counsellor, who then referred him to a psychiatrist.

**Shawn Buckley**
Can I just slow you down? When you say he was nervous about going back to school, that was because it would be in person and he's afraid because of COVID.

**Angela Tabak**
That was part of it. I mean, that was all up in the air right then. We didn't know whether it was going to be in person or whether it was going to be online again. He was hoping for online but also just nervous because he wanted to succeed. And he felt that there was something in the way of him being able to succeed, that he had failed this one course. He felt badly about that. So it was both those things.

**Shawn Buckley**
Okay.

**Angela Tabak**
So, yes, he was referred to a psychiatrist. Now this particular psychiatrist insisted that he would not have in-office visits with his patients. They were all to be telehealth because of the COVID mandates and requirements and whatever we were dealing with. And so my son was sent a questionnaire. It was 120 pages long. He and I spent a number of hours on the

phone going through this questionnaire. There were a lot of things that he needed help finding out about because it was all my family history of mental, physical, emotional health, and his father's, and his own, and whatever traumas he may have dealt with. And I remember going through this questionnaire with him—and I've gone to doctors and counsellors all my life—and being struck by the fact that a lot of the things on this questionnaire were things that you would normally cover in an in-person appointment with your doctor or your counsellor. I just assumed that it was because of COVID that this doctor was having the patients do this at home, and then later, he was going to do something with it.

There was about a five- or six-week period between the first telehealth appointment with this doctor and then his follow-up appointment, which going back through my text messages, it looks like it was probably July 27th was his follow-up appointment.

So the night before, my son called me and had a few more questions that we just had to finish up. And I could hear him stacking the papers. We're on the phone, him on the speakerphone, stacking the papers. He was so proud of himself that he was finally getting help, and that he had gone through this very difficult process of filling out this questionnaire and opening up every can of worms basically that this kid ever had. And dealing with the monsters, basically, including all this anxiety and stuff that he'd been experiencing the last year up to that point.

The next morning according to my son, he took the questionnaire to the doctor's office and dropped it off as he was instructed to do. That afternoon he had his telehealth appointment with the psychiatrist, and, according to him, when the psychiatrist came on, he said, "How are you doing? What can I do for you?" Kyle explained, "Well, I dropped off my questionnaire at the office." And the doctor said, "Oh, I'm sorry. I'm not working in the office today. I'm working from home. I don't have your questionnaire. So, we can't really go over it. So you will have to call the office and rebook your appointment."

**Shawn Buckley**
Can I just interject? Because it just seems to me that a psychiatrist is dealing with people that are mentally fragile and would likely be dealing with people that would need to be seen in person. This telehealth thing for a psychiatrist, I find interesting. Did you think that was strange?

**Angela Tabak**
I had major concerns about that,

[00:10:00]

major concerns. Because I knew how fragile he was and what had happened to him, how it had gotten even worse since COVID.

So when my son told me this three days later after the appointment, I said, "Well, when is your next appointment?" He said, "Well, the first one they could get me in was September 25th." And I was concerned about that because I knew the whole reason he's gone through this was because he wanted to be prepared to go to school whether it was in person or whether it was online. He was nervous about this. I even said to him, "Hey look it, if you want me to go all Mama Bear, I'll call up the office and we'll get this figured out." He said,

**"No. No, no mom, don't worry. It's going to be okay. It's going to be alright." At that time, I recognized that there was some resignation in his voice that I was not too happy about.**

**So it was Labour Day, September 5th. It was a Sunday night. He called me, and he call me quite late, which was nothing out of the ordinary. We chatted for about 10 or 15 minutes. We talked about the fact that he was starting school on Wednesday. It was going to be in person. He was nervous about that, but he also said, "But I'm looking forward to getting back to school." Then, I was like, "Okay, great bud, like you've got it, you can do this. You're going to be all right."**

**The next morning his father called me about 6:30 in the morning to tell me that he was gone. He had called 911 and told them what he was about to do. He had given them his** address. He lived in a building that had multiple units. He was concerned that they would damage the front door; so, he had gone down and unlocked it and propped it open for EMS [Emergency Medical Services] to be able to come in. He told them that he didn't want anybody to find him a few days later. He had written his two sisters and his dad and myself each a personal letter. Each letter began in the same way with an apology but also stating that the pains, the anxiety, and depression can no longer get to me. He had laid out his wallet and his ID so that the police officers would be able to find it easily. He had written a letter of apology to the police officers and to the EMS apologizing for what they were going to have to come in and see.

Because he had made that call, we were able to get him on life support quick enough that we were able to save a number of his organs and donate them. That was the kind of boy that he was, always tender-hearted and always looking out for everybody else. I feel that the standard of care for the mentally ill was extremely, extremely compromised through these COVID mandates and that singular focus on a respiratory illness took the lives of many, many other people.

**Shawn Buckley**
I don't think that there's a dry eye in the house. I don't have any further questions for you. Perhaps the commissioners will.

There will be no questions. Angela, on behalf of the National Citizens' Inquiry, I sincerely thank you for sharing that with us.

**Angela Tabak**
Thank you for the opportunity.

**[00:14:40]**

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 8: Drue Taylor**
**Full Day 2 Timestamp: 07:49:15–08:27:57**
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**Shawn Buckley**
Welcome back to the National Citizens Inquiry. As we continue on the second day in Red Deer, our next guest is attending virtually. Drue Taylor. Drue, can you hear me?

**Drue Taylor**
Yes, I can.

**Shawn Buckley**
Now, Drue, you are 33 years of age.

**Drue Taylor**
I am.

**Shawn Buckley**
I'm going to begin by asking if you can state your full name, spelling your first and last name for the record.

**Drue Taylor**
Sure. I'm Drue Taylor. D-R-U-E T-A-Y-L-O-R.

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

**Drue Taylor**
I do.

**Shawn Buckley**
Now, I had pointed out that you're aged 33, just because I want people watching your testimony today to appreciate that you're a young person. Now, how would you describe yourself before you became vaccinated?

**Drue Taylor**
I was extremely active, very lively, and just tons of fun.

**Shawn Buckley**
Okay, and my understanding is, you were a yoga instructor, is one of the things that you did?

**Drue Taylor**
I was. And a professional massage therapist for humans and horses.

**Shawn Buckley**
Right, and going back to the yoga thing, though, you actually did a class that was termed as power yoga.

**Drue Taylor**
I did. And I also did weighted yoga where you do power— Different type of things with weights.

**Shawn Buckley**
Right, so when you tell us that you were very fit and you're very active, you were actually, basically, as a professional yoga trainer leading classes that fit people would find to be challenging.

**Drue Taylor**
They did.

**Shawn Buckley**
Okay. So can I ask you what led you to become vaccinated? What was going through your mind? What were the issues?

**Drue Taylor**
Well, as someone who loves science, and the medical community has saved me a couple of times with medications. At the same time, I've never had any reason to not trust a vaccine. I've never had a reaction from one. I've had all vaccinations that have been asked of me or

required for travels, and I've never had a reaction. So going into hearing about the COVID vaccines, honestly, I was actually kind of excited for protection of COVID.

**Shawn Buckley**
Okay. The mainstream messaging was telling us that it would be a protection and you were excited about that protection. Did you seek any advice before getting vaccinated?

**Drue Taylor**
Absolutely. I did. I have had a blood clot in my lung before. I have a condition called Leiden Factor V [V Leiden]. So it makes my blood 15 per cent thicker than the average person. So before vaccination, I did see my primary health care doctor, and he highly recommended the vaccination because COVID also causes blood clots. He just said not to take AstraZeneca because, at that time, there was already some things with blood clots related to that. He suggested I take Moderna.

**Shawn Buckley**
Okay, so this doctor that you consulted, was this your family doctor?

**Drue Taylor**
Yes, absolutely.

**Shawn Buckley**
So you specifically asked about it because of this pre-existing condition, and your doctor encouraged you. And just so that the people watching your testimony— You said your blood is 15 per cent thicker. The risk of that is you are more likely to form blood clots than other people.

**Drue Taylor**
Yes, that's correct.

**Shawn Buckley**
Okay. So the doctor is saying actually COVID causes blood clots, so that you need to be protected from COVID.

**Drue Taylor**
Yes, I was in the high-risk category.

**Shawn Buckley**
Okay. Now my understanding is that you got your first shot on April 24, 2021, and that was a Moderna shot.

**Drue Taylor**
That's correct.

**Shawn Buckley**
Can you share with us what happened?

**Drue Taylor**
The day we got the shot, honestly, I was relaxed. I was happy after the shot. We went home and within four to six hours, I did not feel okay. It felt like my heart was going to literally beat out of my chest. If you are a female, you've ever had pregnancy and a baby kicking in your uterus. It's exactly what it felt like, but in my chest. Just really hard kicks. And then whenever I stood up, I would just feel this immense pressure. I would get super dizzy, extremely nauseated. I could hear my heartbeat in my head. I didn't feel normal. I felt like I was going to just black out, whenever I stood up.

[00:05:00]

So I did end up going to the emergency room that night.

**Shawn Buckley**
And what happened at the emergency room?

**Drue Taylor**
They did testing, like EKGs [Electrocardiogram] and that came back normal. But when I was doing that, I was lying down. The nurse caught sinus tachycardia. So when I would stand up, my heart rate would go to 130 beats per minute. But all of their testing and blood work that they had done that night, they said came back normal. So I was sent home. The emergency doctor requested an emergency Holter to assess my heart further.

**Shawn Buckley**
And when you're telling us that when you stood up, your heart rate would be 130 beats a minute. That still is a resting heartbeat, right? You weren't doing any exercise or walking around. All you did was stand up.

**Drue Taylor**
That's correct.

**Shawn Buckley**
Okay. So you're sent home with the Holter. What do you do the next day? You contact your doctor.

**Drue Taylor**
So the emergency Holter didn't actually come right away. She requested it. It came a while later. But going home the next morning and into the next day, I actually received a phone call. No, before that I contacted my family care doctor, and I let him know what happened to me. He immediately said don't take the second vaccine. This is a reaction, and we need to figure this out. I want you to stay home and rest, and this is weird. We don't know what's going on, so rest and keep me updated.

**Shawn Buckley**
Now did your family doctor say anything about whether or not you should be taking the second shot?

**Drue Taylor**
Immediately. That was his first thing. He said, "Don't do it." He said, "This is a reaction. Don't take the second vaccine." That was his immediate response.

**Shawn Buckley**
Okay, and then my understanding is three days later you get a call from AHS [Alberta Health Services].

**Drue Taylor**
Yeah, so AHS—unknown to my doctor—they had their own doctor now on my case because the hospital had to put in that I had an adverse reaction because I was in the hospital in the ER within hours of taking a vaccination. But I got a phone call from a nurse named Karen, and she let me know that all my tests were coming back fine, and that it was not an adverse reaction. And I let her know that there was further testing going on.

**Shawn Buckley**
Now, so this is a nurse that's telling you that it wasn't an adverse reaction. My understanding is that she had reported that a Dr. Song had reviewed your case, and that she was just passing on that information?

**Drue Taylor**
That's true.

**Shawn Buckley**
Did you ever speak with Dr. Song? Or be examined by Dr. Song?

**Drue Taylor**
No, and she refused to let me speak to him about my case. And I asked her specifically to talk with the doctor because I wanted to understand his reasoning. And she said, "No."

**Shawn Buckley**
In your life, whenever you had—I assume you've been to the ER before—had you ever gotten a call from AHS following an emergency room visit before?

**Drue Taylor**
Never. I've never had doctors I didn't know contact me or be put on any kind of health case I've had, ever in my life.

**Shawn Buckley**
Okay, and did this Karen tell you anything else? Did she tell you about your symptoms and perhaps what you should do?

**Drue Taylor**
At this point no. Like I said, I let her know that further testing was going on. I wasn't willing— Like I didn't want to talk about the vaccines at that point, because I was pretty stubborn in that I definitely had some kind of reaction, because it was right after. So I was frustrated in talking with her.

**Shawn Buckley**
Now, you had a few conversations with her.

**Drue Taylor**
Three. She called me three times.

**Shawn Buckley**
Okay, can you tell us about the other calls that she made?

**Drue Taylor**
Sure. So after the Holter monitor came back normal, the cardiologist at the Sturgeon Hospital also asked for an echo of my heart—an ultrasound of my heart—and that came back normal as well. And then at that point, he referred me to another cardiologist, Dr. Gee, at the Royal Alec [Royal Alexandra Hospital]. And I had seen him, and he was suggesting that I might have POTS [Postural Orthostatic Tachycardia Syndrome]. And this is the first time I had heard about POTS, but I was going to have to wait for a testing. So to test for POTS, which is Postural Orthostatic Tachycardia Syndrome, you have to do a tilt table test. And it was COVID. That it was happening, there was a lot of different closures, and different things were being, you know—

**Shawn Buckley**
Drue, I'm just going to slow you down. And maybe just back up and ask

[00:10:00]

you about the second and third call a little later.

But she's communicated to you that it's not a vaccine reaction?

**Drue Taylor**
Yes.

**Shawn Buckley**
But your doctor thought you did have a reaction.

**Drue Taylor**
Yes.

**Shawn Buckley**
To the vaccine. And my understanding is you also spoke to the pharmacist.

**Drue Taylor**
Yes, I did. The pharmacist I called back, as well with my doctor, the day after I ended up in the hospital. And she said that she would file the paper works necessary.

**Shawn Buckley**
Right, so the pharmacist thought it was a reaction also.

**Drue Taylor**
Immediately, yeah.

**Shawn Buckley**
Okay. So after this first call from Karen at AHS, what symptoms were going on and continuing?

**Drue Taylor**
There were 15, 20 plus symptoms.

Presyncope: So, I felt like I was going to pass out any time I stood up. I would have to hold myself against the wall for a few minutes when I first stood up—and this is something I still do.

Blood pooling: So my blood would pool, and it was into my fingers, my tip of my nose and my feet really bad.

I would have numbness in my hands and my feet. Random extreme body pains.

My entire diet changed. Whenever I ate, I would feel like my heart was rushing. And I felt like I was going to pass out just from eating.

Someone coming to talk to me, whether they were really excited, or if one of my kids was having an issue or something like that, where it was a more stressful situation, I would immediately feel sick.

I was also getting sick daily, multiple times, daily. Basically, anytime I tried to ingest anything, I would either get sick or have horrible constipation. Basically, anything my body used to do, was not doing.

**Shawn Buckley**
Was there any shaking in your body?

**Drue Taylor**
I had extreme trembles, and I still do. But my hands will shake and my whole body just feels shaky. Yeah, I tremble, and I would tremble.

**Shawn Buckley**
Did this affect the way you had to shower?

**Drue Taylor**
Oh. Showering immediately made me feel like I was going to faint. There's no way I could be in a warm or hot shower without having a severe issue. And it just made me feel like I was, you know, in the middle of a storm on a ship and I couldn't see. It was horrible.

**Shawn Buckley**
Right, and what about your sleep?

**Drue Taylor**
I could only sleep about 20, 30 minutes at a time before my body would then wake me up with my heart racing. I felt like I was falling out of an airplane. And I would wake up feeling like, "I have to go now. Something is going on and the war was at my door." Only 20, 30 minutes of sleep is what I could manage before a massive cold sweat and waking up to feeling terrified.

**Shawn Buckley**
Right, and were you able to continue with your employment at this time?

**Drue Taylor**
No. At this time, I owned my own massage therapy company and was still teaching yoga. I could not see any clients.

**Shawn Buckley**
Now, how long did these symptoms that you've described go on?

**Drue Taylor**
They lasted pretty severely for five to seven weeks after the first vaccination. And they slowly started becoming manageable. But then all of a sudden summer hit—and the heat outside—I started having new symptoms like heat strokes, which I've never experienced. I used to teach hot yoga. So the symptoms lasted. I wasn't ever able to get back to my full normal work ethic or normal self.

**Shawn Buckley**
Okay, now you did start trying to work again. Can you tell us about how that went?

**Drue Taylor**
Sure. About after five to seven weeks, I slowly started taking on, one to three clients in a week. But after I tried to work— The way I've always done massage therapy is a very physical way. And I was drenched in sweat after a 60-minute massage, which is not typical for me. I had scrubs and two layers underneath, and everything was soaked, and I was just dripping. I felt like I had ran three marathons and like I, again, went to war yesterday. So after one massage, I was just drained for the whole day, and no one could even approach me. My head was just pounding, and symptoms were severe.

**Shawn Buckley**
Now prior to your vaccination, how many clients would you typically handle a day in your massage practice?

[00:15:00]

**Drue Taylor**
Anywhere from five to eight clients in a day. And if I was working with my horses, anywhere from one to four in a day.

**Shawn Buckley**
Okay, and again, you're also a massage therapist for horses.

**Drue Taylor**
Yes.

**Shawn Buckley**
Now, let's talk about your second call from AHS. Can you tell us about that?

**Drue Taylor**
Sure. So that was after I had seen the second cardiologist who had suggested POTS, but I was waiting on the tilt test. So this was between my tilt table test to determine POTS and the first vaccine—so it was around August—she called me. Then at this point, I was starting to, like I said, feel the symptoms of the heat and things were— I still wasn't right. But she called me, and she told me that based, again, on all of the information that she had—from the echo, from the original Holter—that I had nothing wrong with me, and that I should get the second vaccine. And at this point, she absolutely said that there was actually— Not only that I should get the second vaccine, but I needed to because I have had a blood clot in my lung before. So she told me I needed to get the second vaccine, even though my cardiologist at the Royal Alec was waiting for further testing. And he, at this point, did not recommend the second vaccine.

**Shawn Buckley**
And again, had any AHS doctor even spoke to you, let alone examine you?

**Drue Taylor**
No.

**Shawn Buckley**
And had AHS ever, prior to this vaccination, phoned you for anything?

**Drue Taylor**
No.

**Shawn Buckley**
And did you ask them to phone you? Did you engage in some process and ask them to contact you about this?

**Drue Taylor**
No. To be totally honest, I was probably pretty rude to her on the phone, because I was very frustrated that: a) she was calling me to tell me this without me talking to the doctor; and b) she was telling me to get the vaccine when at this point, I had several doctors telling me to wait.

**Shawn Buckley**
Right, and you would have communicated that to her, that your doctor was saying don't.

**Drue Taylor**
Oh, I did.

**Shawn Buckley**
Right. Now your symptoms continued. Can you tell us kind of how things progressed?

**Drue Taylor**
Sure. So like I said, in the summer, I was experiencing extreme heat issues. We normally go to BC, and I was—the entire time we were there—I just was sick. My head was screaming. I felt like I couldn't talk to people. Going out in the sun was just awful. I just basically cried and stayed downstairs trying to stay cool.

Towards the fall, I did end up getting the tilt test. I believe that ended up happening in November. So it was really late fall, beginning of—

**Shawn Buckley**
Now, this this is for POTS, right?

**Drue Taylor**
Yeah, so a tilt table test.

**Shawn Buckley**
Can you explain what the word, the acronym POTS stands for and what it is? Just so that people listening to your testimony understand what you're being tested for.

**Drue Taylor**
Sure. POTS is postural orthostatic tachycardia syndrome. So basically, when a person stands up and their heart rate reaches above 130 or higher, and it maintains that as they stand, that's POTS. It's postural tachycardia, so when you stand your heart rate goes crazy.

**Shawn Buckley**
Okay, so Dr. Gee had suggested that you take this test. And you do. And tell us what happened.

**Drue Taylor**
So I did take the tilt table test with Dr. Gee in November—by the time it was able to happen. And they told me it was inconclusive. When it was said and done—I didn't pass out—but again, at this point, I had never passed out. I had only felt pre-syncope, or like I was going to pass out. So when the test was concluded, Dr. Gee came in and he talked with me for a few minutes saying that I should get the second vaccine, and he was not going to be giving me an exemption. He believed it was a coincidence that I had symptoms so quickly after. He left the room then. Oh, sorry. He also told me that he would be referring me to a neurologist for my anxiety and he dismissed all other symptoms.

After he left the room, there was also a resident cardiologist who had been present for the tilt table test, and the nurse who had been there the whole time tracking my blood pressure. This resident cardiologist and nurse proceeded to then talk to me for 15 minutes, about why it was important for me to get the second vaccine. They talked about their personal experiences with it, and why they believed that I absolutely should. And the nurse's advice to me was just to simply have some pickles in reference to my symptoms.

[00:20:00]

**Shawn Buckley**
So you have basically largely been disabled. You have been seeing doctor after doctor. You're not actually passing out with this table test, but I imagine your heart rate is being measured and it's going through the roof, which is not normal. And the cardiologist tells you to get the second shot, and you probably weren't even asking about whether you should or shouldn't. Am I right?

**Drue Taylor**
That's correct. At that point, I just wanted to know what the heck was wrong with me.

**Shawn Buckley**
And then the resident doctor and the nurse—and I assume you didn't ask them about whether you should get vaccinated or not—lecture you for 15 minutes.

**Drue Taylor**
They did.

**Shawn Buckley**
How did you interpret that? I mean, what did you think was going on, with all this energy by two doctors and a nurse, for you to take your second shot?

**Drue Taylor**
To be totally honest, I was so lost. I felt like I was in the middle of just everyone. I felt like the doctors had no idea what was wrong with me because there was no information on this vaccine, and then they couldn't pinpoint or tell me. But they also didn't want to take any kind of— I don't know if I want to say blame as the correct word, but the doctors didn't say, "I don't know." They could have said, "I don't know what's going on with you. You need further investigation." But they didn't. They said, "You don't, and you need this vaccine."

And that, to me, didn't sit well. Because the science that I know and that I love, you continue testing. And then when you find something that, you know, makes the previous science null and void, you go with the new science. So it makes sense to me that people take this vaccine, that there's going to be reactions. But what didn't make sense is that they weren't acknowledging me at all about that reaction. Why not study me instead? They just pushed this other vaccine on me, and I didn't know what to do. I had no idea if I should take the second vaccine. Which I, at that point, I did feel like I should because I was scared to get a blood clot again. Because I've already had that and that was horrifying. So I was scared and confused and lost.

**Shawn Buckley**
And I'm just curious because this is December of 2021. Am I right?

**Drue Taylor**
Yes.

**Shawn Buckley**
And so COVID hit us in the beginning of 2020. So literally about two years in. Did anyone ever test you for antibodies to see if you had acquired COVID and then had obtained natural immunity?

**Drue Taylor**
No. I had voluntarily gone to get tested for COVID just because I was, you know, trying to take on clients in my home, and I wanted to be as careful as I could. So when they allowed it to be voluntary, I did go and get tested, and it was negative every time. And they never tested me further for any kind of antibodies.

**Shawn Buckley**
Right. Okay. So you go in to get your second dose on January 8th, 2022, when you get a shot of the Pfizer vaccine. Can you tell us what happened?

**Drue Taylor**
Right away it was okay. Honestly, I came home and hugged my husband, and I was like, oh my God, maybe I didn't react to it. But then, about 24 hours later, all of my symptoms came back—tenfold—and I actually did begin passing out. I couldn't stand without, just feeling like a bomb hit me. I couldn't reach, sitting up straight would just make my heart rate skyrocket. Everything was worse and there was a lot more symptoms and they were more severe.

**Shawn Buckley**
Can you tell us about those?

**Drue Taylor**
Well, passing out for one thing. Standing up, sitting down, if I got stressed, I would pass out. I couldn't watch screens at all, like reading things, texting, talking, watching a show, nothing. I could basically just sit there and exist and even then, the room would spin.

Throwing up was constant. Like I couldn't keep anything down.

Going to the bathroom, I actually passed out trying to go to the bathroom. And it happened to me consistently. Anytime I tried to go to the bathroom, I was pretty much just passing out.

Showers became impossible. Raising my hands to wash my hair or anything like that, that didn't work.

I couldn't communicate also. I was stumbling my words and I still do when my symptoms are high. I'm medicated right now, and I have lots of water in me—which I didn't know I needed as much as I do now. But I couldn't speak,

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I couldn't walk, I couldn't do anything.

**Shawn Buckley**
Now it is 15 months after your second shot. Tell us about if you're able to walk now, 15 months after your second shot.

**Drue Taylor**
Kind of. I use my walker and I have a cane that I often use. And some days I can make it around my house just walking, but I'm holding on to my counter, my table, and I'm using my arm on the wall. Still, I need this, just because when I stand up, I just start to feel dizzier and nauseous.

**Shawn Buckley**
And my understanding is, if you do choose to walk around your house, that you pay a physical price for that.

**Drue Taylor**
Oh my gosh, yes. Every day, just any activity that I do, I need to rest after. I'm not like I was. Every little thing I do requires rest and thought. Like, you know, getting up to go to the restroom for a normal person isn't a thought. But for me, I have to get up, and then feel that rush a little bit. And then it just, I'm exhausted after something very simple. And it takes me some time to rest. Like even after this interview, I have to go lay down for probably two hours just to feel okay.

**Shawn Buckley**
Right, so for you sitting there doing this interview is going to exhaust you to the point where you're going to have to go lay down for a couple of hours.

**Drue Taylor**
Absolutely.

**Shawn Buckley**
Can you go to the store with your walker?

**Drue Taylor**
No, I need a wheelchair if I'm going to a store somewhere where I'm not sure if I'm going to be able to sit down right away, and I don't know how long I'll have to walk for. I absolutely can't go more than a block without an issue, so I take the wheelchair if I'm going to any kind of store. And I rarely go to a store because that usually takes me three, four days to just kind of recover from.

**Shawn Buckley**
Right, and are you able to reach above your head?

**Drue Taylor**
If I'm medicated and I have water in my system, I can do it. But still not without struggle. I still struggle to do that. I feel, again, this rush and I can hear my heart rate just in the back of my neck, and I get a massive headache.

**Shawn Buckley**
And how is showering today, 15 months after your second shot?

**Drue Taylor**
I still have to sit down. I generally take cold showers. Heat still is a massive trigger for a flare for me.

**Shawn Buckley**
Right, and I'm just thinking that, when you had seen Dr. Gee and done the table test, because you weren't passing out, he said that you didn't have POTS. Now there's no doubt in anyone's mind that you have POTS. Am I correct?

**Drue Taylor**
That's correct. I was diagnosed in April or May of last year. Dr. Raj diagnosed me with POTS and likelihood of hyper and genetic POTS, which is a sub-type.

**Shawn Buckley**
Okay, and there's also no doubt that it's the vaccine that caused it.

**Drue Taylor**
Yeah, it definitely triggered it.

**Shawn Buckley**
The doctors agree with that now.

**Drue Taylor**
Yes, they do.

**Shawn Buckley**
And has this affected your eating? So just again going to your experience now 15 months after your second shot.

**Drue Taylor**
Yeah, I can't handle gluten, dairy, soy. Anything with histamines I stay away from. My diet is basically the same things every day and for me to get in— I'm not getting in enough calories still. I can't eat enough in a day. I feel too sick. In fact, I feel better when I don't eat much because digestion is something your autonomic nervous system handles, and mine is not functioning.

**Shawn Buckley**
Now, you'd mentioned, Dr. Raj. So he's a new doctor that's helping you. Is he giving you any hope going forward? How is he describing what your likely future is?

**Drue Taylor**
Dr. Raj has said to me that there is no cure for what I have, and his job is to make me comfortable. He said that more than 70 per cent of his patients do not end up back at work.

[00:30:00]

So he's just trying to make me not as miserable in my day.

**Shawn Buckley**
So you're 33 years old and your doctor is basically saying his job at this point is to make you comfortable.

**Drue Taylor**
Yup.

**Shawn Buckley**
How does this experience make you feel?

**Drue Taylor**
There is nothing that could have prepared me for this. And I feel like my life is literally turned upside down. And every day I have to choose to look at my silver linings, like my cup of tea that tastes good. I have to really— You know that's my good thing. Where my friends are like, "I went to Mexico." And I'm like, holy crap, for me to fly—

I don't even know what to dream for right now for me, or to hope for because we're a year plus after and I still need my walker. And pressure changes suck with the weather. I can tell it makes me flare.

This whole process has been— It's devastating. It's extremely depressing. I really struggle right now to push through every single day. And to just listen to the comments from people who don't understand what I'm going through, like, "Why aren't you better yet?" It's like, because I have chronic illnesses now, and I have to explain this so many times—as does my husband—that nothing in our lives is normal right now.

**Shawn Buckley**
Can you tell us how this has affected your children?

**Drue Taylor**
They're such good kids. They were really used to me being the mom that would run next to them when they rode their bikes. We would go out multiple times a week to parks. I was so active with them. I would do yoga with them and guide them through it.

Now they know to leave me alone if my door is shut because I can't handle talking to them at that moment, or I'll puke, or I'll pass out. They know that if I'm dizzy, and my head is down on the table, that they can't approach me. They have to go to Dad. They know not to ask for things from me, and they just go to Mike—my husband—now a lot of the time for things. It's changed my parenting style completely.

**Shawn Buckley**
Finally, my understanding is that you filed for the vaccine injury program. And this June, it'll be a year. Has anything happened with that?

**Drue Taylor**
Oh, I just a couple days ago got an update. And they had said, "We're in the medical board phase," so phase two of three. So only half of the doctors have— They only have files and medical records from half of the doctors that I released them to get files from. And I have been in the medical board section, or phase two of this program for months now. And I figured, you know, I'd be moving along quicker than this.

**Shawn Buckley**
**Thank you. Drue, I don't have any further questions for you, but the commissioners may have some questions. And they do.**

**Commissioner Drysdale**
**First, I thank you for your testimony. Can you tell me whether or not you requested or gave permission for an AHS doctor, who you did not know, to examine your personal medical files?**

**Drue Taylor**
I never did. I never gave permission.

**Commissioner Drysdale**
Thank you.

**Commissioner Massie**
Thank you very much for your testimony. So sad to see the situation you're in. I'm wondering, given the really sad experience you had after the first vaccine, was there anyone around you that would give you what we might consider a second opinion to really make you consider that this was not a wise move?

**Drue Taylor**
No. Every single doctor that I talked with beyond— No, every doctor after that tilt test told me that I needed the vaccine, not just to take it.

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My personal health care doctor, he was reluctant to tell me to take the vaccine. But he too simply said, "You know, your cardiologists and your specialists are telling you to take the vaccine. Let me know when you do." There was not one doctor that looked at me or my file or talked to me and told me, "You know what, you had a reaction, and I think we need to do further investigating before you continue on to the second one." Every single doctor that I spoke with told me I needed the second vaccine because of my blood clot past.

**Commissioner Massie**
**Did you have the chance to provide some feedback to these doctors that advise you, or lecture you to get the second shot as to whether, given your current situation, they would revise their medical advice?**

**Drue Taylor**
**Honestly, I hope one day I get the opportunity to see, at least Dr. Gee, the cardiologist who handled the tilt test, or at least to let him know how I'm doing because I hold him accountable to a certain extent, absolutely. He could have told me I needed further investigation and to see an autonomic specialist. And instead, he told me to get the second vaccine—that I needed it—and to see a neurologist. And he dismissed me.**

I think that all of the medical professionals on my case telling me to get the second vaccine—especially Dr. Gee and the cardiologist present and the nurse, and the AHS nurse and Dr. Song—they all need to see me now. They need to look at my records now, and see how much suffering I have gone through in the last amount of time. I feel I'm owed more than an apology from them. There needs to be a change, this was not okay.

**Commissioner Massie**
Can they look at you straight in your eyes?

**Drue Taylor**
I would like them to. I would certainly look them in the eye and tell them that this was not okay. And do you think that your advice to me was okay? I would like to ask them that. Because I would not have gotten the second vaccine knowing what I know now. Absolutely not.

**Commissioner Massie**
Thank you.

**Commissioner DiGregorio**
Thank you so much for sharing with us today. You mentioned that you're taking part in the vaccine injury compensation program and that you're still in the middle of the process. How long have you been in the process?

**Drue Taylor**
June will have been a year.

**Commissioner DiGregorio**
Okay, and do you have any expectation of how long it will take for you to get some resolution in your case?

**Drue Taylor**
They originally told me the process would take anywhere from 12 to 16 or 18 months. Honestly, I forget if it was 16 or 18, but they did tell me it would take some time.

**Commissioner DiGregorio**
Okay, and what is your understanding of what type of compensation you will be available to get?

**Drue Taylor**
My understanding is that it's on a case-by-case basis, and when it gets to that point, we'll cross that bridge.

**Commissioner DiGregorio**
Thank you.

**Shawn Buckley**
Drue, the commissioners don't have any further questions. On behalf of the National Citizens Inquiry, I sincerely thank you for being willing to come and share with us today.

**Drue Taylor**
You're welcome. Thank you.

[00:38:42]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 9: Jeffrey Rath**
**Full Day 2 Timestamp: 08:27:57–09:20:23**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness is going to be Jeffrey Rath. Jeffrey, can you come up to the stand, please?

Jeffrey, can you state your full name for the record, spelling your first and last name?

**Jeffrey Rath**
My name is Jeffrey Ralph Wallace Rath, J-E-F-F-R-E-Y. Rath, R-A-T-H.

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

**Jeffrey Rath**
I do.

**Shawn Buckley**
Now you've been a constitutional lawyer for 32 years. Can you briefly introduce yourself and the experience that you've had as a constitutional lawyer?

**Jeffrey Rath**
Certainly. My educational background, I hold honours degrees from the University of Alberta in political science. I have an honours degree in law from the London School of Economics and Political Science, which is a college of the University of London in England. I have been practising almost exclusively in the area of constitutional and administrative law for 32 years, winning a number of cases, including cases at the Supreme Court of Canada on behalf of Indigenous people of Canada.

**And since the outset of the assault on our personal liberties and the liberties of my fellow Canadians, I've been engaged in COVID litigation since the fall of 2020, in cases involving the Alberta government and citizens whose rights, lives, and businesses were destroyed by the medical dictatorship presided over by Deena Hinshaw in this province.**

**Shawn Buckley**
**Now, we've had several lawyers come and speak on different issues concerning how the Courts have dealt with COVID. But you're here to share with us something different concerning administrative law reviews. I'm wondering if you can introduce that topic to us and then share your thoughts.**

**Jeffrey Rath**
Certainly. As a result of my experience in the courts through COVID, and I would say my experience in the courts doing administrative law prior to COVID and then after COVID, it really became clear to me that the real problem that we face in terms of having the courts protect the rights of citizens in the context of administrative law and judicial review is one single word. It's a word that has a very subjective interpretation as it's applied by the courts and by the judges. And that word—its variations of the word—the word "reasonable" and the word "reasonableness" in an administrative law context.

And, of course, going back through the history of administrative law, the standard of reasonableness in administrative law has always been a tricky one. The English test was out of a case that then came to be known as the Wednesbury Rule on Reasonableness, which was: the decision of a bureaucrat or a bureaucratic or administrative decision-maker was only unreasonable if it could not have been made by any other reasonable decision-makers. So you can see how circular that is. And how easy it is for any decision-maker, having a particular will to not decide in favour of an applicant, could easily just use that definition to step out from underneath ruling in favour of the citizen or ruling in favour of actual judicial review.

Now in the Canadian context, I would submit, and my concern is two cases have created substantially even more mischief than the old Wednesbury Rule that was brought up through what's called the Dunsmuir case in Canada. But the two cases that I'm concerned with—and I think need to be legislated out of existence because there's no remedy in the Courts, and they're common law cases, so they can be legislated out of existence—is the Doré case or Doré versus the Barreau du Québec case, which was used by the British Columbia Court of Appeal in Beaudoin et al versus the Attorney General of British Columbia to deny rights in that case. And then the other case from the Supreme Court of Canada, which I say needs to be legislated out of existence, is the Vavilov case [*Canada (Minister of Citizenship and Immigration) v. Vavilov*] **at the Supreme Court of Canada, which basically takes the Wednesbury Rule and then injects it with steroids and creates a situation where no citizen challenging an administrative decision has a hope of ever winning in the face of a decision that's made by an alleged expert in the context of their expertise.**

**Of course, that's what we've run into in the context of COVID. We have people that the courts defer to.**

**[00:05:00]**

**Deena Hinshaw—let's start with her—perfect example. She's afforded the deference of an expert, notwithstanding the fact that a number of statements that she's made publicly and**

**otherwise were negligent and delusional. I'll provide an example of what I would consider to be a negligent and delusional statement made by Deena Hinshaw.**

**That was the day that she stood up and encouraged everybody in this province to not worry about if they've been injected with AstraZeneca— To sign up for Dr. Hinshaw's magic vaccine buffet, and then go on and get injected with Moderna and get injected with Pfizer. It's all okay: that's what she did. She signed up for her own special vaccine buffet and encouraged other people in this province to sign up for this program of hers that had never been studied. We've looked for the studies. There aren't any.**

**There's no drug company in the world that expends millions of dollars to determine how their product, that they've already spent millions of dollars quasi-licensing—because we** know these products aren't really licensed—to see how their products interact with other companies' quasi-licensed products from a safety perspective. So there's Deena Hinshaw, I think, delusionally and negligently, encouraging men and women in this province to sign up for her vaccine buffet.

We know from the news reports—that poor woman in Lethbridge and other reports—that the people that have signed up for her vaccine buffet have been horribly injured and have actually had recognized vaccine injuries through the vaccine injury program as a result of Dr. Hinshaw's negligence standing up publicly and encouraging people to sign up for her untested, scientifically unproven vaccine buffet. Which I would submit is completely unsafe, unregulated, and was completely inappropriate for her to recommend.

Notwithstanding this, however, according to the Vavilov decision at the Supreme Court of Canada, she is an expert. And the courts need to defer to her expertise in terms of all of her decisions because no judge should ever question a decision of an expert in their field of expertise. What I would suggest is that concept— And again, these are just common law concepts: This is judge-made law. This is not constitutional law; this is not law that's made by legislature. It's judge-made law. Within Canadian jurisprudence, the framework of our democracy and our legal system, it forms part of the common law; it's part of our constitutional order. But it's easily written and overwritten by a simple statute, which is what I'm focused on now.

We're never going to get our lives back; we're never going to recover what's happened to us. But we can all make sure this never happens again by insisting that the people that we elect and the legislators that we elect take concrete steps to amend our statutory framework to make sure that this never happens to us again.

One of the things that I would be recommending is statutory amendments to the *Alberta Interpretation Act* to start off with, to make it clear that the standard of reasonableness is to **no longer apply in cases where the rights of a citizen are at issue. And the test, in all of those instances, should be correctness, with the onus of proof on a balance of probabilities lying with the bureaucratic decision-maker seeking to infringe the rights of the citizen through their decisions. If those people were held accountable, I don't think we would have suffered the things that we've suffered over the course of COVID. Because the bureaucrats, like all of the people on the Scientific Advisory Group as an example, all of whom I believe should be sued into oblivion for the things that they did: making decisions to limit vaccine exemptions to the narrowest of circumstances.**

**Testimony in the Ingram case proved that they had no psychiatrists or psychologists or anybody with psychiatric training on that panel. Obviously, we had psychiatric experts that we were consulting with throughout. We heard that heartbreaking testimony earlier today**

**with regard to the consequences of what these decisions were in the realm of the suicides that have occurred in this province because the Scientific Advisory Group was not considering the impacts of these mandates: be it a mask mandate where people are suffocated; or vaccine mandates where rape victims and other people, who have suffered horrible abuse, literally felt like**

**[00:10:00]**

**they were being held down and re-violated against their will, again. To the degree that drove suicides, none of that was considered by the Scientific Advisory Group, the College of Physicians & Surgeons [of Alberta], Deena Hinshaw.**

Psychiatric exemptions were not available to people that didn't want to get vaccinated or were unable to get vaccinated for those reasons. We had the suicide rate going through the ceiling. To this day, we can't get anybody in Alberta Health, including the Chief Medical Examiner from the Province, to answer correspondence forwarded to his office by Leighton Gray and I, demanding from him the degree to which suicides were driven by these mandates and driven by these policies.

We asked that question of Dr. Hinshaw under oath. She would not answer the question. She said, "Oh, the person you have to ask is the Chief Medical Examiner." Of course, we asked the Chief Medical Examiner, and we don't even have the courtesy of a response to our correspondence. We all know that the impacts of all of these things have been real. The health and mental health of our children has been impaired as a result of these delusional decisions that the courts pay deference to. In that regard, I'd like to mark these documents as exhibits. I'm going to provide electronic links to them.

**Shawn Buckley**
Yeah, so Jeffrey, we've spoken about that. You're going to provide me electronic copies, and then we will enter them as exhibits. I don't have the exhibit numbers. I have to get that from the person that files them. Then they will be available online so that anyone watching your testimony will be able to access exactly what you're referring to today [exhibit number unavailable].

**Jeffrey Rath**
I'm just going to hold these documents up. Because these documents, I'm tendering as evidence of the delusional nature of the decision-making at the Public Health Agency of Canada by Theresa Tam, who was the one that was telling everybody, "Oh, it's safe and effective; everything's safe and effective," and to whom Deena Hinshaw swore under oath, **she was deferring. She didn't need to personally inquire into the safety and effectiveness of the vaccines because the great expert, Dr. Theresa Tam, has said they're safe and effective.**

**Well, this same Dr. Theresa Tam, on October 25th of 2022, drafted a paper. I'm going to hold it up, and it's called *Mobilizing Public Health Action on Climate Change in Canada*. I think she's unhappy that her COVID powers have been stripped. So she's now declared that climate change is the largest single public health emergency facing Canadians and that we all need to know that climate change is caused by racism, colonialism, ableism, and heteronormativity: are the four causes of climate change.**

**And, of course, because it's the largest public health threat to Canadians—keep in mind what they did to us during COVID—they could theoretically lock us up in our homes again**

**so that we're not as heteronormative, able-bodied people wanting to go to work, who may or may not be racist or colonialist, or whatever other "ist" or "ism" they want to accuse us of, lock us in our homes, and then when we go to court to judicially review these decisions, either under the Charter or just straight administrative law principles, we run smack into Vavilov or Doré, which say that:**

> **Oh well, this is a reasonable decision that is made within a range of reasonable decisions that can be made by a reasonable bureaucratic decision-maker. And we really can't get behind her decision because she's an expert, and we have to take judicial notice of her expertise.**
>
> **Regardless of the fact that we're scratching our heads over the fact that** heteronormativity may or may not have anything to do with climate change, or ableism may or may not have anything to do with climate change, she's an expert: we can't question these decisions to lock you back up in your homes. This is the law of Canada as it stands from the Supreme Court of Canada. Have a nice day.

So again, what I'm strongly advocating is that legislatures have to act. And I'm specifically requesting Daniel Smith consider immediately bringing bills to the legislature. I don't care that an election is a month away. The legislature is still in session, I think. I want to see amendments to the *Alberta Interpretation Act* to ensure that, in the future, all judicial reviews are on the basis of correctness, with the onus being on the bureaucrat to prove, on a balance of probabilities, that their decision is correct and demonstrably necessary to override the individual rights of the citizen.

I want to see amendments to the *Alberta Bill of Rights* to ensure

[00:15:00]

that property rights in this province are not governed by the Supreme Court of Canada's decision in Authorson [*Authorson v. Canada (Attorney General)*], which says that legislatures can override property rights decisions simply by running a bill that eliminates property rights through the legislative process.

I want the *Interpretation Act* to state specifically that businesses cannot be shut down by legislative fiat and that property cannot be taken away from Albertans, be it their firearms, their cars, their tractors, their combines, their fertilizer, whatever it is that the Trudeau dictatorship wants to take away from us next.

**Shawn Buckley**
**Jeffrey, can I step in and just slow you down a little bit? The first thing is you've got some very specific ideas to bring about change to help ensure that our rights are protected and that the decisions of administrative people can be reviewed.**
**I'm wondering if—being that you're going to be sending us these two documents anyway—you could write those out for us because I think the commissioners in drafting the report and considering how things could be done differently could really benefit.**

**Jeffrey Rath**
I'd be happy to do that. I'd actually meant to prepare a paper in advance of the hearing, but I was called into a two-day hearing on the Court of King's Bench on short notice. So I will prepare a paper with the appropriate citations and exhibits.

**Shawn Buckley**
Okay. Just to slow us down again because I want to make sure that people hearing your evidence understand. So we've already heard about how basically we've moved into an administrative state, and we have these public health officials making these decisions. And what you're saying is, "Well, if one of these decisions affects us as a citizen, maybe even if our life depends on it and we appeal, as citizens, we're going to expect the court to ask, 'Is this decision right or is it not right? Is it correct, or should it be overturned?'" But the court doesn't even have the right to see if it's correct because these appeal decisions say, "No, no, Judge, looking at this appeal, the issue is, could somebody have reasonably made this decision?" Which is such a big, grey, messy pool that we really don't have an effective review.

**Jeffrey Rath**
Well, I'd like to comment on that because I think we're all painfully aware of the horrible decision involving that poor woman in this province that needed a lung transplant. At the end of the day, the court simply deferred to the doctors on the transplant committee and found that the requirement that she be vaccinated in advance of the transplant was a reasonable one; you either go along with your reasonable doctors or prepare to die, right? Effectively, this woman was sentenced to death by administrative law from my perspective.

Keep in mind, in the context of that case, had the review been on the balance of correctness, that lawyer would have been able to call esteemed experts like Dr. Dennis Modry, who is the former head of the entire transplant program at the University of Alberta—who's actually a personal friend of mine; and who I spoke to about this case in particular. It was certainly Dr. Modry's opinion that the transplant was not contraindicated by not getting the COVID vaccine.

Dr. Modry was concerned that there were numerous studies floating around that indicated that the mRNA [Messenger Ribonucleic Acid] vaccine may, in fact, be a contraindication for transplants because of risks associated with organ rejection, and so on, with the vaccine. So had that decision been reviewed on a standard of correctness rather than reasonableness, that poor woman may, in fact, have been able to look forward to living and, instead, she ends up being sentenced to death by judicial review and administrative law, which I think is horrible.

**Shawn Buckley**
So that's the case that makes your point. So here it's a life and death decision for that lady. She appeals it. But she doesn't even have the right, even though it's life and death, for the court to say, "Yes, this is a correct decision, or this isn't a correct decision."

**Jeffrey Rath**
That's it exactly. And I think that that law— and again that's why I say quite strongly that the Vavilov decision and the Doré decision need to be legislated out of existence by the Alberta legislature. Certainly, the legislature has the authority to do that, and it needs to do

**it sooner rather than later. But of course, the problem is— And if I could just speak to this quickly. I'm not sure where I'm at on my time.**

**Shawn Buckley**
**I was hoping you'd go 30 minutes, which gives us about seven. But I know the commissioners are going to have a bunch of questions for you.**

**Jeffrey Rath**
**Okay, well I just want to wrap up on this one point, and then I'll defer to the commissioners for questions.**

[00:20:00]

Following along with that thought, in terms of needing to legislate an end to that type of deference to decision-makers, there needs to be real accountability for these people.

One of the things that's happened, at least from my perspective because I also represent a number of doctors who've been under attack by the College of Physicians and Surgeons, I was representing doctors that were on the verge of being fired by AHS [Alberta Health Services] because for health reasons or other personal reasons, they couldn't be vaccinated. The legislature needs to take an active role in making sure that this doesn't happen again. Because these are people's lives that are being destroyed by these decisions. People's lives are being put at risk by these decisions, and people are actually losing their lives because of these decisions. As far as I'm concerned, I don't think there's any better definition of the word "unreasonable" than for that circumstance to continue to prevail as a matter of jurisprudence in this province.

**Shawn Buckley**
Thank you, and on that note, I will ask the commissioners if they have any questions for you.

**Commissioner DiGregorio**
Thank you so much for sharing your testimony with us today. Can you help me understand a little bit about what your specific recommendation is in terms of legislating? I understand that under the common law, as it exists now, there are two standards of review that can be used to review a tribunal's decision or an administrative board's decision. So one is the one you're speaking about, the reasonableness, and the other is the correctness.

**Jeffrey Rath**
Correct.

**Commissioner DiGregorio**
**And so when one of these decisions gets reviewed by a court, the court first determines, "Am I reviewing it on a standard of reasonableness, which is just, could this board have reasonably reached this decision? Or am I determining whether this decision was correct?"**

**Jeffrey Rath**
**No, the standard of review with regard to expert boards and tribunals, and now under Vavilov, is always reasonableness and not correctness and with the court giving a huge amount of deference—and I think it's undue deference—to so-called expert boards and tribunals.**

**You know, a discussion I was having with a colleague of mine is that judges make difficult decisions and complex commercial litigation all the time on the basis of expert testimony. So why is it in the context of administrative law when a citizen's rights are at issue— And we're talking serious rights: Your right to life. Your right to continue to operate your business, to earn a living. When you think of all the lives that were destroyed through COVID. I know business owners that committed suicide because they were bankrupted** through COVID by having their restaurants shut down. So those types of decisions are being made on an ongoing basis, and the courts defer to the decision-maker. They defer to Deena Hinshaw. Notwithstanding the fact that we have actual evidence from her own mouth that she's not only unreasonable but she's negligent in the practice of medicine—but the courts still defer to her as an expert.

So that's what I want to legislate an end to, whether we do it through the *Interpretation Act* or we draft a new *Alberta Administrative Law and Procedures Act*, or whatever it is. On the property issue, we can make a simple amendment to the *Alberta Bill of Rights*, under section 1, to make it clear that property rights are not the rights spoken of under Authorson but our substantive rights, not procedural rights, to own property in this province. Those are the types of changes that I think need to be changed immediately to ensure that the type of abuse that we've all suffered never happens again. If that answers your question.

**Commissioner DiGregorio**
Well, it brings another question. So you're suggesting that we use these two concepts of standard of review that already exist. But simply legislate that— Because Vavilov has said, "It's reasonableness when you're dealing with an administrative board," we legislate that you have to use the alternative standard of correctness.

**Jeffrey Rath**
That's it, exactly. I'm saying that we outlaw the standard of reasonableness because, as far as I'm concerned, bureaucrats should not be given the benefit of the doubt over the rights of a citizen. So that's where I see the tension because keep in mind: The bureaucrats control Alberta Justice. They control the constitutional law branch of the Department of Justice in Ottawa. They literally control hundreds of millions of dollars worth of legal resources in **this country, where they can litigate these cases against us on an ongoing and continual basis to maintain these abusive standards against us. The citizen really doesn't have a chance anymore. So what I'm saying is that the concept of reasonableness in judicial review needs to be outlawed and replaced with the standard of correctness to level the playing field between the bureaucrats and the citizen.**

**[00:25:00]**

**Because these people need to be reminded that they are public "servants." They are not our masters.**

**Commissioner DiGregorio**
**I know you have some thoughts, how you've expressed that this could maybe be done through the *Interpretation Act*, maybe the *Alberta [Law of] Property Act* or the Bill of Rights. But what about all of the statutes that contain specific privative clauses that ask the courts to pay deference? Do all of those need to be revisited?**

**Jeffrey Rath**
**As I said, I think that they should be outlawed across the board. One of the statutes that, I think, requires an immediate amendment is the *Public Health Act*, specifically section 66.1, that exempts people like Deena Hinshaw—who are making clearly negligent public statements with regard to public health—from being sued. Section 66.1 of the *Public Health Act*** says that if they're acting in good faith, they're virtually immune from lawsuit. That's why the CM decision of Justice Dunlop's gave me such hope because Justice Dunlop flat-out said that Deena Hinshaw's decisions with regard to her so-called orders were not lawful decisions under section 29 of the *Public Health Act* because she didn't make the decisions as required under the *Public Health Act*. She, in effect, acted like a cocktail waitress: Took a list of drinks into the Sky Palace cabinet and said, "What beverage would you like today, boys?" They'd pick one from the list and then tell her what to do. And then, of course, what we saw, Cabinet would say, "Well don't blame us. Dr. Hinshaw made the decisions." And she'd throw them under the bus and say, "No, no, no, they made the decisions. I just gave them a list, and they picked what they were going to do to the citizens. I just told them what their options were."

But keep in mind, one of the options was no restrictions or limited restrictions. But they wouldn't pick that one. They picked the one in the middle because they didn't want to irritate the hard-core, let's-lock-everybody-down and mask-everybody-14-times people on one end of the spectrum. And they didn't want to make it appear that they were giving in to the people that thought all of this was hogwash at the other end of the spectrum. So they literally picked the "rights abuses" in the middle of the spectrum to equally offend both sides, which they seem to have well-achieved in doing.

I'm hopeful that Justice Dunlop's decision will prevail and that all of Deena Hinshaw's orders will be found to have been illegal because they were not issued under section 29 of the *Public Health Act*. As my friend Colonel Redmond has testified: They could have been issued under the *Emergencies Act.* But the Kenny Cabinet didn't have the courage to do that themselves. They wanted a scapegoat under Deena Hinshaw, which is what made her orders illegal. But as far as I'm concerned, I want section 66.1 of the *Public Health Act* gone so that Deena Hinshaw can be sued by all of the people that followed her advice and signed up for her vaccine buffet and took one of each. And have been horribly vaccine injured as a result.

**Commissioner DiGregorio**
**We've heard from a number of other lawyer witnesses who testified about the concept of judicial notice, which is the idea that a judge can accept a fact without actually seeing evidence of it and that the courts may have been taking judicial notice of facts to support decisions in favour of the government. Do you have any thoughts on the concept of judicial notice?**

**Jeffrey Rath**
Outlaw that, too, quite frankly. I mean, it's sort of a subset of the issues that we've been discussing. The problem that we have now is that this concept of judges being able to take judicial notice of decisions of the delusional—like Theresa Tam saying that capitalism causes climate change and heteronormativity causes climate change, et cetera—that needs to be stopped. Full-stop. But only the legislatures can do it now because that concept has been elevated to such a high appellate level in Canada that lower courts, within the Canadian system of *stare decisis*, would find themselves bound by it.

So we're not fixing the problem in court. The problem needs to be fixed in the legislatures. All of us here, collectively in this room, need to be encouraging all of our friends and neighbours not to vote for anybody or support any legislator that would not support this type of legislation.

**Commissioner DiGregorio**
Thank you.

**Commissioner Massie**
I have a question. You're proposing to pass a law at the level of the Province to outlaw these measures. What's going to happen at the higher court and the federal level? Can that be superseded?

**Jeffrey Rath**
Well, I guess we'll find out in six to eight years when it gets to the Supreme Court. But, at least, we'd enjoy our freedom

[00:30:00]

in the meantime, would be my answer. But that having been said, in all seriousness, I'll try not to be so tongue-in-cheek with my response. The Superior Courts, including the Supreme Court of Canada, routinely uphold provincial limitations legislation And trust me, as somebody who's litigated against the Department of Justice for 32 years, they love raising provincial limitations legislation as bars to constitutional claims. So what's good for the goose is good for the gander. If the federal government can rely on limitations legislation to defeat the constitutional claims of citizens, I see no reason that valid provincial legislation that gives effect to section 92 of the *Canadian Constitution Act, 1867*, specifically the property and civil rights provision of that constitutional document, as superseding the federal criminal law.

A good example is gun legislation, where the Province could literally pass a law that said that any federal criminal legislation that sought to seize property in the province of Alberta offends property and civil rights in the province to the extent that the firearms restriction wasn't issued as a bail condition, or alternatively, following the conviction of somebody for an act of violence involving a firearm. I think it was Carol Conrad in our Court of Appeals who said it was massive overreach for the federal government under the criminal law to attempt to seize chattel property in a province. So these limitations are available. I would think that we'd have a reasonable shot at upholding that legislation on a going-forward basis.

**As I said, in the interim, at the very least, the legislature passing legislation like that would put the judiciary on notice that the citizens of Canada and the citizens of Alberta are tired of judge-made law and people being sentenced to death by administrative law in this country. It's got to stop. I think the only way to stop it is through legislation.**

**Commissioner Massie**
**Can I ask a question that may be a little bit outside of your field of expertise because I know that this is common law.**

**Jeffrey Rath**
I'm a lawyer. We'd never admit to that. I'm kidding. Sorry.

**Commissioner Massie**
In Quebec, it's not exactly common law, it's a—

**Jeffrey Rath**
No, no, je comprend.

**Commissioner Massie**
What I've seen in Quebec is that it seems that we've been through the same sort of issues in court. So do you think, what you're proposing to change at the provincial level across Canada, could that also be enacted in Quebec?

**Jeffrey Rath**
Oh, absolutely. I have to say the Government of Quebec has been very, very good at ousting federal jurisdiction through le code civil in Quebec. The civil code in Quebec, as you're well aware, is really just a form of legislation. It's a codification of the law in Quebec, and the Quebec legislature is very used to passing laws that limit or restrict the applications of federal law in Canada. What I'm suggesting is that the Government of Alberta needs to wake up and start aggressively adopting the same approach. Of course, they'll be labelled as extremists in the press, but so be it.

**Commissioner Massie**
Thank you.

**Commissioner Drysdale**
**I just want to back up on this a little bit because, constantly, one of the themes I keep hearing from all kinds of people, doctors, lawyers, is that the fundamental tenets of our society have been challenged or destroyed or dismissed. And what you were talking about: you were talking about this reasonableness and judicial notice and these kinds of things. How is that consistent with the basic fundamental tenet of law that the two parties arrive in court on the same footing, that they are considered equal under the law, and the evidence will be weighed and a decision made on the basis of that evidence?**

**Jeffrey Rath**
**Well, from my perspective, it's not. When you look at the history of administrative law and administrative law cases, the scope of the bureaucracy to affect our lives was always a lot more limited. But because of this massive growth of the administrative state, bureaucrats now feel that they have the right to interpose themselves into virtually every single aspect of our lives. We saw that through COVID.**

**What I said very early on in COVID that, from a legal perspective,**

**[00:35:00]**

it's like after the crash of 2008, 2009: all the financial institutions were forced to go through what were called stress tests. From my perspective, our democracy and our fundamental system of justice in Canada underwent a massive stress test through people ordering things by fiat, through the medical dictatorships that were running across this country, et cetera. And we failed. We completely failed the stress test.

And I think that we need to take the lessons from that stress test in the same way that the banks and the financial institutions did. Governments need to do the same thing that they did post the crash of 2008 and 2009. They need to step in and legislate safeguards for the citizenry of this country as against the bureaucracy in the administrative state that now operates as a virtual dictatorship in this country. Don't think for a second that when Theresa Tam and her minions at the Public Health Agency of Canada are now saying that climate change is the largest public health threat to Canada that they're not going to start flexing their muscles and issuing dictates.

They want to end capitalism in Canada. And that's without considering for a minute Economics 101. If you're a government employee whose entire salary is paid by the taxpayers, how is it that you're going to be able to continue to be employed and have your salary paid when capitalism is magically abolished in Canada through the waving of a magic fairy wand? I mean, it's completely ludicrous. And these delusional people are the ones that the courts defer to under the doctrine of reasonableness. And it has to stop.

**Commissioner Drysdale**
Well, I listened to you and I listened to your passion. But it almost sounds like the old story about the little Dutch boy with his finger in the dam. I refer you to a bunch of different things. Lieutenant Colonel Redmond, this morning, talked about the deferral—and these are my words—the deferral from the legislature to the administrative state. In other words, **the mayors and the premiers, et cetera, were supposed to make these decisions, but they deferred to the public health officers. When I look at something like Bill C-11, and I see the legislature deferring their decisions to the CRTC [Canadian Radio-Television and Telecommunications Commission], and when I see the health legislation being considered, which is deferring Canadian decisions on health to the WHO— that's a trend. What you're talking about here is the same trend. So it seems like there's a lot of holes in the dam.**

**Jeffrey Rath**
**No, I understand that. I think as long as we have the government we have in Ottawa, there's no fixing Ottawa. But I really believe in Alberta, we're at a tipping point. I personally and passionately believe that we have an opportunity here to fix things, at least in our little**

corner of the world, by insisting that the Alberta legislature address these problems through legislation and fix these problems. I think the political will is there. We just have to insist that our leaders take a step back from the bureaucrats and the administrative state, and act on their own and advise the bureaucrats and the administrative state that the elected representatives are in charge, not the bureaucrats.

A recent example, and I'll just say this quickly. I have a friend that was speaking to a city councillor here in Red Deer. He said, "How the hell is Red Deer on the list of World Economic Forum 15-minute cities?" The councillor said, "I didn't know that. We didn't make that decision." The decision was made by bureaucrats within the City government. "Oh, well, there's federal money available to put up cameras to monitor people, and there's money available to restrict traffic flows and make people's lives more miserable. So we just thought we'd take the money. What's the problem?" But these decisions to restrict our rights and to drastically impact our rights are being made at the wrong level by people that shouldn't have that decision-making authority and, certainly, not without the supervision of the people that we elect to make sure that those types of decisions are not made without consulting the people.

**Commissioner Drysdale**
You're right. I believe you're right. What you're talking about is influencing the legislature, which means you need to influence the people who elect these people. But then, on top of it all, the fourth branch of government, which is the media, is completely on the other side. You still have to this day, in April of 2023— We've heard a lot of different testimony where these mandates and restrictions and all kinds of other things are still in place. You still have mask mandates.

[00:40:00]

That is a consequence of the disconnect between the people and their media, which is now standing in the way between the people and the legislature. Which is kind of similar to what's happened in the courts. The courts are supposed to stand between the legislature and the population.

**Jeffrey Rath**
But again, that's why initiatives such as this one, I believe, are so important. I mean, the citizens have a voice and are being able to communicate through this wonderful forum that's been provided here to tell our legislators what we think. That's all we can do.

My background is actually in Treaty and Aboriginal rights or Indigenous law. And I've spent 30 years moving the needle by litigating cases in virtually every single jurisdiction in the country. But we can't give up. I mean, you just have to keep hammering on them and hammering on them and hammering on them. You have to be relentless because if you are not, the views of the bureaucrats will prevail. Let's face it, these same people that are talking about colonialism and white supremacy and racism, these are the same people that I've been litigating against for the last 32 years because they're colonialist, white supremacists, racists who despise the rights of Indigenous people. You'd think every time I get a new Indian added to the Indian list that I've committed some crime.

So don't think for a second when Theresa Tam and her people are decrying colonialism, racism and white supremacy, that that's an end to climate change, that they're not part of the problem. And they're not the problem. Because how many First Nations territories do

we have in Canada that still don't have clean drinking water yet damn near a trillion dollars was wasted over COVID. It's a national embarrassment.

**Commissioner Drysdale**
Yeah, I just want to point out that you sound to be in a similar situation that Mr. Buckley was talking about first thing this morning when he did his introduction. He was appealing to the people, not to the courts, not to the media, but he's appealing to the people of Canada to take responsibility. It sounds to me that that's really what you're asking for, and if you don't get that, your chance of success is much, much reduced.

**Jeffrey Rath**
I agree with that. But I mean, that's why I'm here, and that's why I do the things that I do from a public education perspective. All of us need to take a role, every single person here. If you're angry about what I've said, go home and write a letter to your MLA [Member of Legislative Assembly], send an email to your MLA, send an email to Danielle Smith. She'll listen. Don't bother sending one to Rachel Notley. She ain't going to pay attention. Keep in mind that Rachel was fine with the unions not grieving the claims of their members who were fired or laid off without pay for not being vaccinated.

So focus on the people that will listen and make them listen. They're your elected representatives. Everybody here has a duty. Every time you get mad, send an email. They do pay attention. There's a lot of people in this legislature that, even though they haven't been as brave as we'd like them to be, they care and they'll listen.

**Commissioner Drysdale**
Thank you, sir.

**Shawn Buckley**
Jeffrey, I'm just wanting to clarify for the audience because sometimes experts just assume that people know what is being said. I just wanted to clarify a couple of things. You were talking about Alberta passing amendments in the *Interpretation Act*, basically protecting civil rights. I think it's important for people to understand that under section 92 of the *British North America Act, 1867*, which is the first part of our Constitution, provinces have jurisdiction over property and civil rights. And that's why they would have the authority, and that's also why Quebec could do the same thing because all provinces have that right.

**Jeffrey Rath**
Absolutely. But again, the problem that we've had in Alberta is that the bureaucracy has convinced governments that the power of the administrative state should govern rather than our elected representatives. We need to force our legislators through the democratic process to re-tip the scales to at least an even playing field.

**Shawn Buckley**
And then the other thing that I was hoping people understood. You were talking about: we have to bring changes to the *Interpretation Act* to bring this test of correctness. So I'll just bring people back. So let's say the example you gave where the lady could not get a lung transplant plant because she's not vaccinated. This is a life-and-death decision for her. And

your one point you've explained: It shouldn't be reasonableness. It's just, "Is this a correct decision or not?" But you also want to change where the test is a balance of probabilities—where the bureaucrat has to justify. I want people to understand that this lady, when she did her appeal, she had the onus to show that the decision was unreasonable, let alone not correct. What you're suggesting is,

[00:45:00]

no, when rights are at play—especially where somebody's life is at stake—no, the experts should have the onus, the burden of proof. I just wanted to make sure that people listening to your testimony understood you because that's a very important thing that you're suggesting. And I just wanted people to understand.

**Jeffrey Rath**
Yeah, that's exactly what my testimony is, and that's exactly what my recommendation is going forward. Thank you.

**Shawn Buckley**
Thank you. So Jeffrey, on behalf of the National Citizens Inquiry—

**Jeffrey Rath**
Oh, I think there's one more question.

**Shawn Buckley**
Oh I'm sorry. I didn't see that. I thought they were done.

**Commissioner Kaikkonen**
Good afternoon. I'm not a lawyer and I'm from Ontario. So I can tell you that most of us in Ontario that have lost our voice in many occasions are very thankful for you people in Alberta who do stand up. So that should be a help.

But as a non-lawyer, I'm just going to kind of go through a number of thoughts that I have because I can't really formulate a question right now. I need some thought and processing time, but I'm going to run through a number of thoughts that I have.

So in the raw milk decision that came down in the Supreme Court, I believe a year ago now, it was a week-long decision and the farmer had taken it all the way to the Supreme Court. He was regularly raided at his farm for providing raw milk to people who had health injuries or health sickness and were able to survive better or manage their health issues better through raw milk. Now, I watched the interveners in that Supreme Court case. And the interveners were the same ones that were the civil servants who raided the farm regularly, who made the decisions, who rejected the appeals, and were basically the ones who shut it down. And so the Supreme Court ended up saying, "The raw milk farmers, you've lost your case." That's my first point there because the judge, jury, and executioner at that time was the civil servants. It was the administrative state. That farmer took everything he had in terms of finances and resources and arguments to the Supreme Court level because he believed in fighting for the citizens.

**My second point is how do we reconcile that CRA [Canada Revenue Agency] employees currently write the speeches for MPs [Members of Parliament], our federal MPs? How do we change that so that the bureaucrats or the civil servants are not running the show? My third point is the MPPs [Members of Provincial Parliament] in Ontario. When a private member's bill comes in, and it's 28 pages long, you know they're not going to read it. And it's going to go through the legislature for a second and third reading simply because they're not going to read it, and they're not going to have the arguments to argue against it. Even though people are writing to these MPPs and saying, "Oh wait a second. There's some serious issues with this potential legislation." And yet, they don't do it.**

**I also look at things like Elections Ontario, who is a silo unto itself, who is responsible and accountable to no one. You cannot get access to information; you cannot get anything from** them whatsoever. They are a silo unto themselves. Whatever the CEO [Chief Electoral Officer] of Elections Ontario says, that's it, doesn't matter. He has undue influence, significant undue influence, over the Premier's office.

So although it's not a question, there are a number of thoughts I have: just how do we as ordinary people turn this around to a place where the citizens matter in this country, not only in the political level but the judicial level and from the head of state level? And how do we restore the fundamental rights and freedoms that we have in our democracy because I feel that we've been left as the people who pay the wages and no matter how many voices we have, we're not significant to any of those players? I thank you in advance for whatever you can answer.

**Jeffrey Rath**
Well, thank you for that. That's a lot to chew on. But again, I think, it just comes down to what I've been talking about today: all of us, as citizens, need to take responsibility for what's happening in our respective provinces and take responsibility for our respective governments and our respective legislatures. I think it's an old truism of democracy that we always get the government that we deserve. I think people need to start looking inward and then focusing their anger and energy outward to make sure that politicians understand how it is that we feel about rights restrictions and how it is that we feel about the growth of the administrative state.

I was horrified to hear today that AHS is back up to over 105,000 employees after having been trimmed back to 60 or 70,000. These bureaucracies just continue to grow and grow and grow. Maybe that's what Theresa Tam's so-called experts at PHAC [Public Health Agency of Canada] are talking about when they say, "let's bring an end to capitalism."

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**They want everybody employed by the government as a government bureaucrat, and we can all join the administrative state. But God knows how we are going to pay for it if we don't actually produce anything or grow anything or have real jobs as working men and women in this country.**

**My hope is that all of us watching this process and taking part in this process will understand that, again, it's a bit of a cliché: But it starts with us. The responsibility lies with us to make sure that, on a regular basis, our legislators know what we're thinking and how we feel and how inappropriate so much of what's being done in their name, as our representatives, is in the context of just poor bureaucratic decision-making and needs to be questioned at every turn.**

**I think we need statutes that also hold bureaucrats accountable, to make it easier for individual citizens to sue individual bureaucrats, so that they're personally liable for the decisions that they make and they don't get to hide behind the government. Those are all things that should be considered, especially in light of what we've suffered in the last several years.**

**I personally believe that Deena Hinshaw should be held personally liable for recommending people sign up for her vaccine buffet. Anybody that's injured under that regime should be suing Deena Hinshaw personally. That advice can't be anything other than negligent: there isn't a single scientific study in the world that supports that prescription.**

Those are the types of things that I worry about and that I think about. I don't know if that answers any of your questions. But even your raw milk decision, I think, would be cured by the changes to administrative law that I'm proposing.

**Commissioner Kaikkonen**
Just as a follow-up, the raw milk farmer is still being raided even after that decision, and he doesn't sell raw milk anymore. But thank you for your commentary.

**Jeffrey Rath**
Thank you all for listening. It's been a real honour and a pleasure to be here.

**Shawn Buckley**
So before everyone claps, let me thank him. So Jeffrey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your thoughts. You've given us a different angle to think about on how we solve this, and we really appreciate you coming and sharing with us.

**Jeffrey Rath**
It's been a real privilege. Thank you.

[00:52:26]

***Final Review and Approval:*** *Anna Cairns, August 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.***

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 10: Regina Goman**
**Full Day 2 Timestamp: 09:20:40–09:59:36**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Regina Goman. And Regina your first name could be [discussion on pronunciation of name].

So can you state your full name for the record, spelling your first and last name please?

**Regina Goman**
It is Regina Goman, R-E-G-I-N-A G-O-M-A-N.

**Shawn Buckley**
And Regina, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Regina Goman**
I do.

**Shawn Buckley**
Now you have a very interesting history and I think people are going to be fascinated to hear your story. I'm just going to tell a little bit about it and then I'm going to have you share it, but all I'm going to say is that you basically were involved in the Solidarity movement in Poland at the beginning, and there were great personal consequences for your activity. And my understanding is you came to Canada as a political refugee in 1986.

**Regina Goman**
That's correct.

**Shawn Buckley**
And so can you share with us basically your involvement in the Solidarity movement and then kind of what happened to you personally because of your involvement?

**Regina Goman**
First, I'd like to apologize up front if I stumble words or become emotional. I've been still experiencing severe anxiety due to delayed post-traumatic stress disorder [PTSD], which was directly caused by my employer's actions in regards to COVID policies.

As a young woman back in the late 70s and early 80s, I was involved in freedom movement against the communists. In 1980, in August, our movement became legal and official under the Solidarity Union. I was involved in my company that I worked for. I was the president of the union, and I was also a secretary in our local union division.

**Shawn Buckley**
And I'll just say that you're referring to the Solidarity Union; so you were the president of the Solidarity Union in your company, and the solidarity group in your municipality.

**Regina Goman**
Yes, because at that time, during the communism, we did not really have unions. That was the whole movement, the whole freedom movement was called a union. That's how we became a union solidarity.

**Shawn Buckley**
Okay, so carry on. So you were talking about August 1980. Tell us what happened in December of 1981.

**Regina Goman**
On December 13, our government called the Martial Law, which deprived all of us of any rights. And just like it happened here, like I can see the analogies here in Canada when we got this *Emergencies Act*. That suddenly, there was a beautiful protest in Ottawa, and it became illegal, and people were being persecuted. The same thing happened back in Poland when our leaders, on December 13, were pulled out of their— At night they were pulled out of their homes by our military and the police, and they were put in isolation.

From that point on, we started helping out the families of those who were being isolated. And at that time, of course, there was no freedom of speech anymore, and our society relied on the mainstream media, just like here again, where is all lies. And people don't see the alternative news. So I got involved in editing, printing, and distribution of the literature, which included all the information: what was actually happening in the country, how people were being persecuted.

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And that led to me being arrested, and that happened on Good Friday in 1982.

And I was tried by the Navy Court that was during the martial law, and I was sentenced to three and a half years in jail just for doing— Every time when I go to rallies, and when I see

the people who are distributing *Druthers* or other information, that reminds me right away, that was my crime that I was actually sentenced for.

And I spent time with criminals, and they made sure that we supposed to get re-socialized. So the only source of anything to do was just, like, you had to ask to get a book to read when you were sitting in your cell and doing nothing. You were only allowed to go for half an hour walk, but that was only if you behaved. And because at that time during the communism, there was no political prisoners. The only political prisoner in that jail that I stayed in was the lady who was in charge of the camp for the children during the Second World War.

So all of us, we were treated worse than criminals. And we had to listen, all the hours we were awake, to the communist propaganda for the government, hoping that we'll get re-socialized.

And that's again— I can see what happens here when the mainstream media are keep on telling us what we're supposed to be thinking. And just like this COVID—when after the first few months, I thought yes; like, I was actually scared when I was watching those movies out of China, those videos when people were dropping dead. But it didn't take long just because we, during the communism, we learned how to critically think. We right away, we found something is wrong here in this picture. So, of course, I started seeking some alternative information, and sharing with others when I found out what is really happening.

**Shawn Buckley**
And I'm just going to refocus you because I want people to understand that you were sentenced to three and a half years in prison for distributing information that was not aligned with the government information. Is that correct?

**Regina Goman**
That's correct.

**Shawn Buckley**
So it wasn't that it was against the law to distribute information, but not information that went against the government narrative.

**Regina Goman**
Exactly, because there was the government narrative that the people who stood up were the outcasts, who were just causing the beautiful communist country to prosper.

**Shawn Buckley**
Okay, and so basically it was a crime to do what we're doing here: is sharing information that goes against the government narrative.

**Regina Goman**
Yes, exactly. And that's why I'm pleading to you all. Please take advantage of the time that we have left because the time is coming, with that Bill C-11 is just the beginning. But what you're seeing now when they call— For example, the other day I was listening about, I

**think, Thailand where they're talking about the misinformation—how to stop it. And here in Canada, what to do to stop the misinformation, which means the truth.**

**We are to— We should be speaking when we still got that time. We shouldn't be actually looking for what others think because these are the precious moments. This will pass, and with all this propaganda happening right now, which scares me so much because, of course, first it's COVID. The Big Pharma, and even Trudeau, they're investing big money, so there will be lots more of this, this vaccines, this mandatory vaccines.**

**But then again, just like the previous witness said, the biggest is actually this climate change. That's what I'm worried about. What happened when I came a few years back—it was just when Greta Thunberg came to Edmonton—I took time to go downtown in** Edmonton and just watch it. And it scared me totally because, just like you said Shawn, about the Nazi times— Those times— Like, of course, I lived through the communists. But we were witnessing people who survived the Holocaust, and those people were telling us what was happening.

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Actually, my diploma, I based on writing the interviews with people who survived. And I've seen those Hitler Jugend organizations, how the young generations was being brainwashed, and indoctrinated. And this is what's happening now in Canada. We are worried, of course, very much about this sexuality being taught in schools, and those poor children being indoctrinated.

But what I saw in Edmonton when Greta Thunberg came, it scared me so much. And I need to talk about it to warn you about. Because that day I went downtown and I saw those buses, and those were coaches coming from all over Alberta bringing those young kids. And they walk through Jasper Avenue towards the legislature in Edmonton. And when I saw this anger and hate in those little kids; how they were being programmed and indoctrinated: yelling, screaming— Right away, I thought this is just like Hitler Jugend operated. This is what our little kids are being programmed to, and they hated.

Since I was there, I, of course, counter-protested and stood by the one father. He took time off work, and he came with his two little children to counter-protest. There's this whole show of Greta and those kids. And we've been watching those big coaches, it was cold, I think it was spring, if I recall, and those are all diesel fuelled. They lined up those big coaches along 109 Street in Edmonton next to the legislature and burning that fossil fuels. Those kids were yelling they hate it, they say leave the planet for us. This is being— And sometimes when I'm watching, flipping through the channels, and seeing that advertisement—

**Shawn Buckley**
**Regina, I don't want to stop you, and yet on the one hand, I want to focus you. I'm going to give you a lot of time to talk because you have some experience that we need to hear from.**

**I'm just wanting to refocus you more on the COVID issue and your experience, and then I will let you talk further. Because you have an experience that no one else in this room has, and for the people that will be watching your testimony online, both live and afterwards, you have some wisdom to give us. But I just want to kind of focus on the COVID stuff first.**

So your sentence for three and a half years, my understanding is this is after a year, you were granted an amnesty and were released.

**Regina Goman**
Yes, that was about thirteen months.

**Shawn Buckley**
Okay, but after you were released, the Interior Ministry was going after people like you, so you came to Canada as a political refugee.

**Regina Goman**
Yes, because we still continue to believe in the cause, so I still was fighting. And at that time, we could see the corruption again, like even in all these organizations, just like it's happening here. The organizations that were supposed to be protecting us, of course, like they failed, and even churches failed. At that time, we had one priest who actually was murdered by our intelligence services, who actually had to admit to that.

The situation was getting worse, and some of my friends who decided to move on because we felt betrayed, and they started seeking asylum in other countries. At the point when even my family was indirectly, of course, persecuted, I listened to the advice of one of my colleagues who actually came first to Canada. He encouraged me to go to Canadian Embassy to get them promissory of the visa so I could be protected by the Canadian government before I leave.

**Shawn Buckley**
Can I just back you up though because somebody just has indicated to me that C-11 passed today. But I just want to ask because it's with some irony, I think, your answer. But why did you choose to come to Canada

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because you could have gone as a political refugee, you could have gone to pretty well any country because of treaty obligations. Why did you choose to come to Canada?

**Regina Goman**
Yes, and I actually would be much better to stay in any of Western European countries because I was close to home. And here in Canada, I have no ties, no relatives. But a friend of mine who actually immigrated to Ontario, he encouraged me to come to Canada because he says, "Here we're going to have freedom of rights and our religion. "

And again, ironically, this is the same friend who now, he practically sold everything he had in Canada and moved out to the Third World country in pursuing the freedom. Because we know there is no more freedom in Canada. And we all know it.

**Shawn Buckley**
So can you share with us, because you lost your job over this, the vaccine mandate. Can you just share with us what happened about that? And I will ask actually to do that briefly because I want us to get back to kind of you explaining some lessons to us.

**Regina Goman**
Yes, so from the very beginning, I knew that we're being lied to, and all this COVID is about stripping us of our rights and freedoms and replacing that with privileges.

And also, I've been Christian, and I've never in my life, adult life, I cannot say when I was just born in a hospital, but in my conscious life, I've never have taken a vaccine. And I believe that God never failed me because I've been working up north, walking through the office in minus 40, 50 degrees, and I've never, in all of my years with my employer, I've never taken a sick day. That's how my God protects me, and which is why I would never allow for any injection to be put into my body, and especially something that could corrupt my DNA, which I believe is God's signature on my body.

And that was my argument back to my company when I was saying there's all this billions of people in this world, and there's no two people with the same DNA. What does it say? When God creates you, he breathes his life into you, and gives you that gift, which I'm going to cherish, regardless of what's going to happen to me. I will never allow any treatment, regardless, if it's something that has been established, just like, for example, tetanus.

I've been a passionate gardener. I would never do that.

**Shawn Buckley**
I'm just going to focus again. Sorry. Now, you applied for a religious exemption, and I think you didn't want me to name your company, but the company you worked for is quite a large company. And my understanding is that a large group of people applied for a religious exemption, but not a single one was granted in the company. Is that right?

**Regina Goman**
That, I cannot say. From the group of people that I'm in touch with, which is about 70 of us, we all received the rejection, and that was exactly the same rejection letter. And it was sent on exactly the same date on November 23rd, regardless of when we submitted our requests. I submitted my request on September 30th, and I had to wait almost two months for the response, which, of course, caused me a lot of trauma. Because I loved my job. I loved what I was doing, and I was appreciated by my supervisors. And I was hoping to work there until I retire.

**Shawn Buckley**
So can I just point something out? So you apply for a religious exemption on September 30th, 2021. You have a performance review the following month in October 2021, where basically you were highly praised by the management for the excellent work,

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and you were recognized for your achievements in your performance review. Am I right?

**Regina Goman**
That is correct.

**Shawn Buckley**
And then the following month, you basically learned that your application for religious exemption had been denied. And so basically you were forced out on— You were going to lose your job but something else happened. You went and you ended up on medical leave. Can you tell us about that?

**Regina Goman**
Yes. I felt that my rights were being abused by my employer. It started all back in 2020 December, when I knew things are not going to get any better. I wanted to go for visit with my family in Poland, and that was during my vacation.

At the time there was no government restriction to travel overseas; however, there came a memo from my senior management that any travel has to be approved by our vice president. I went and checked with my supervision to make sure that this is only for work related travel. However, my supervisor checked with the management and was told that no, it includes all travel, including personal. At that point because I truly always cherished my freedom, at that time, I felt like my rights are being infringed on since I did not see any reasonable explanation for trying to take away my right to freely travel. And that was during my vacation, and at that time we have already as non-essential employees, we've been working remotely from home, and so even if I did come back with COVID, I wouldn't pose any danger to my co-workers because you cannot get infected through your computer.

So I knew that my employer was actually going over the rights and taking away my freedoms. And that situation, because I kept on following up, the time was running out, and I wanted to go for my vacation. Of course, flights were being booked. And it came to a point where I kept on pushing my management to intervene with the senior management to obtain this approval. And that caused quite the tension that I should— I done something wrong because I wanted to use my right to freely travel.

**Shawn Buckley**
Yeah. Now a couple of things were going on, as I understand. So your employer, and I know we've skipped over some stuff like I mean, they were pressuring you guys to get vaccinated, and they were treating you unfairly with this travel. And my understanding is, in February, you ended up seeing a psychologist who diagnosed you with delayed post-traumatic stress disorder.

**Regina Goman**
Yes, because the main reason I took it really hard was when after waiting almost two months to receive the response to my request, and I was very sure because I did comply with all the requirements. So I was sure that I would get the religious exemption because at that time, I was already a member of the church where Pastor supported my views on keeping my body clean as the temple of the Holy Spirit, and I would not tamper. And I thought I will receive that approval. However, that letter, it was implied; there was not really a specific reason given at that time. It's only when we filed a statement of claim with the Court when, [inaudible], my employer actually responded and said that they believe that the letter from the spiritual leader has been taken off internet.

That hit me so hard because in this beautiful country, I've never been accused of any lies. I've never compromised my— I've never done anything to, to be told that I lied.

[00:25:00]

And so I responded to Human Resources, and I said that I can provide any supporting documentation including a statement from my pastor, again, that that letter was genuine, and I had fulfilled all the required conditions to receive this religious exemption.

**Shawn Buckley**
And they wouldn't let you basically provide that.

**Regina Goman**
No, they refused. They say that decision is final, it's not up to appeal.

**Shawn Buckley**
But that actually reminded you of your trial in Poland, didn't it, where you really weren't able to defend yourself.

**Regina Goman**
Yes.

**Shawn Buckley**
And your psychologist basically has found that your post-traumatic stress disorder is a combination of what you experienced with your persecution in Poland, and now you're experiencing the exact same thing in Canada, and that's creating this reaction.

Now, you came to Canada believing that this country would give you freedom, and you came after you had actually been imprisoned in Poland for standing up against communism.

My understanding is that in February of 2022, you were invited by the Polish government to a ceremony where you were to receive the Cross of Freedom and Solidarity for the contribution you had made to, really, what was a revolution in Poland. But ironically, in February of 2022, because of the Government of Canada travel mandates: here after coming to Canada to be free, you could not go back to Poland to receive the Cross of Freedom and Solidarity because you were of a class of citizens that was not allowed to fly in Canada. Is that right?

**Regina Goman**
Yes, that's correct. I was just told— Well the lady volunteer, when she did the interview with me, she asked a question, "Where is my cross?" And I followed up with the Polish Consulate in Vancouver and was told it is being kept safe in the Consulate.

**Shawn Buckley**
**Well, I can also tell those watching, if you go to the Canada Gazette, which is basically the federal government's newspaper where they publish regulations and things like that, and you do a search under Regina's name, you will find that it's recorded in the Canada Gazette that the Polish government awarded her this Cross of Freedom and Solidarity. So now, I told you that I was going to give you the opportunity to basically share your thoughts on what we should do.**

**And so you've lived through a police state, and you come from experience that none of us in this room have, and so I'm asking you now: What is your advice for us? What should we do?**

**Regina Goman**
Actually, just like the Bible states, you have to be either hot or cold. You cannot be lukewarm. This is the time now. This is the time to speak up. And I know because I come across my friends and when I ask them, "Please come to the rally, please support this when you still can. Because the day will come that anything, that it will be called misinformation, that's what we're going to go to jail to. And this is the time now. The time is precious. And we cannot come up with excuses." Because sometimes my friends say, "Well, I'm going to be with you in my spirit." I say, "No, your flesh is needed." And just like we were told by the previous witnesses, we have to get involved. We have to get involved in every level of politics.

I promised myself when I came to Canada— The Polish organization approached me and they asked me, "Do you still going to join us in the fight?" And I said, "If I was to fight, I would have stayed back in Poland." And I stayed out of the politics for over 30 years, building my life and providing for the family.

But now is the time. We cannot just pull back and say, "Well, I don't want to be involved in politics." Because the politics are going to shape what is going to happen to you tomorrow. And tomorrow it will be too late. Because our children, grandchildren, they're being indoctrinated.

[00:30:00]

Just like when I saw that group following Greta Thunberg, those kids, they were full of rage. And I was shocked. I was scared. These beautiful Canadian kids who never experienced any hardships in their life—where that rage comes from is indoctrination. That's what's happening in the schools. That's where they are being told that we are destroying their future.

**Now is the time. It's the time to speak and teach them. And regardless, I became an outcast even within my own family. Because I was told that I shouldn't be speaking politics, I shouldn't be speaking religion, or COVID. I still do speak. Because just like when I accepted Jesus, and I knew I have to share that good news with people, I lost my friends. But this is something the same, we need to speak, regardless how they take it.**

**And if they don't want to accept, at least we'll know, we'll have a clean conscience. We've done what we possibly could have done. And we lived, we stood up till the very end. And we did not allow the evil to destroy us, to destroy our children. And this is the time. That time, just like we've heard that Bill C-11 that got passed, this is going to affect all of us.**

And that kind of gathering, it will become illegal, and it can happen overnight. And we were told about that, and we saw it here in Canada, when this *Emergencies Act* was called. And that's exactly what happened back in Poland in 1981. It happened overnight.

So this is what I'm pleading with you. Don't push, don't feel like, well, I shouldn't do, I shouldn't, I should be gentle. Maybe they will listen to me, no. We need to speak truth, and we speak, have to speak very with power, and not pull back. And regardless of the cost. That's what I'm telling my friends. "Today you're telling me you're not going to come to the rally because you have extra, some work at home to do." Pretty soon, you will not have your work, saying, "Oh, well, I have to take my kid to the hockey game." Pretty soon, you will not be allowed to have a hockey game. And we have experienced that already, right? And the sad part is, the history repeats itself. Every single time, when you look at the pattern, when you look at the Hitler era, when you look at what Goebbels did, when you look what the communists did, and when you're seeing what the mainstream media are doing now.

The people who are apathetic, who are just sitting and saying, "Well, I'm not going to vote, I'm not, I'm not, I don't want to be involved." We know, we have to, we have to speak up, and we have to go to every single level. We have to go to the school boards. We have to. We have to go to all the political rallies, we have to. Because otherwise, one day, we're going to stand, and those kids are going to tell— "Where were you when those decisions were being made? Now it's too late." And your own children will hate you because they will be fed. That's what kids in schools during the communists, were fed with. That's why my neighbours, in my neighbourhood, they were laughing at me. They were saying, "What is she doing?" Because there was a handful of us. And suddenly, now, what the history says, "Well, yes, you've been a hero. You have been awarded the cross for what you stood up then." And the same thing is happening now.

We need to stand up. And regardless, again, regardless of the cost because pretty soon nothing will matter. They're going to implement this digital ID, and they're going to take all our rights. And then you will be at their mercy, begging them for the privilege to travel, for the privilege to go to a game, or to a restaurant. And I was being yelled at in stores because I refused to wear a mask. And even I went to the doctor to get that mask exemption, just so I have it. I've never shown to nobody. But I was still denied. My employer would not actually recognize my mask exemption when they called us for a couple of weeks because that was one of their trying to pressure us to take the vaccine.

You know, when we were getting those letters, and they were telling us, "You're not going to earn your yearly bonus." Many people went and got vaccinated. I got this outstanding review. And what happened? I never got my bonus. Do I care about it? No, because I know we have much higher principles than just money. And at some point, that money will mean nothing again anyways.

[00:35:00]

So this is the time.

**Shawn Buckley**
Regina, I'm going to let the commissioners, I'm going to ask them if they have any questions for you. And there are questions.

**Commissioner Kaikkonen**
Thank you for your testimony. When you speak of the indoctrination of our children and that we're told we're destroying our children's future, and that is what they're hearing in school, I can attest to that as a school trustee in my area that that's what they're doing.

But I know also there's a body of research that you may be able to speak to and you may not. It's called the coloured shirt movement, when some of us might remember the Brown Shirt movement in Nazi Germany. There's a Pink Shirt movement, how it's tied specifically to tyranny. You can go find that research. It's online. It's pretty available. And it talks about all of the different shirt movements that our youth do, and how it links with tyranny and the research is very solid. I'm just wondering if you could speak to that.

Did you see any youth that had colored shirt movements that were working through the school system that would lead to some of us to be informed about where tyranny would be the next step for those youth, those young people?

**Regina Goman**
For what I've been seeing was how those children were being indoctrinated and they've been rewarded. And to belong to a specific colour, you had to earn to that level.

When I was doing my research and writing based on those experiences from people who actually experienced that, and the ones who stood up to this propaganda, they were being beaten by those groups of youngsters because there was so much hate being planted in their minds, that they could not act in a human way. It was all about this propaganda machine.

And that's what I'm seeing here where the children are being— Because we taught them that about the authority, "Your teacher is an authority. And whatever the teacher is teaching you, you bring home." And actually, I've heard from my niece's little son came home from school and telling his dad that fossil fuels, that's evil, that we need to stop it. And the little children, like 10 years old, those are the kind of topics they're being taught in schools.

**Commissioner Kaikkonen**
Thank you.

**Shawn Buckley**
Regina, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for setting an example for us and coming and sharing your experiences with us at the National Citizens Inquiry.

**Regina Goman**
Actually, I thank you for the opportunity and for this great initiative when we can still record all the damage that had been done to this society. Because when I came here almost 40 years ago, that was a beautiful country and built on Christian values. And what happened to this country when we are looking for possibly just leaving it and going somewhere else in search of freedom. Thank you.

[00:38:56]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 11: Babita Rana**
**Full Day 2 Timestamp: 09:59:36–10:14:09**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Babita Rana. Babita, can you please state your full name for the record spelling your first and last name?

**Babita Rana**
Babita Rana, B-A-B-I-T-A R-A-N-A.

**Shawn Buckley**
Babita, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Babita Rana**
Yes.

**Shawn Buckley**
Now, you are a computer programmer at the University of Alberta.

**Babita Rana**
Yes.

**Shawn Buckley**
And you have worked there for over 20 years.

**Babita Rana**
Yes, I've been there for about 28 years as a student and staff.

**Shawn Buckley**
**Right, right. Now, can you tell us what happened, what your experience was as an employee at the university when COVID came along?**

**Babita Rana**
**Okay, so March 2020, everything shifted to remote work. So ever since March 2020, I've been working from home. My whole team shifted to remote work and that transition went pretty smoothly, just given the nature of our jobs. It was all on computers online, so we found our groove pretty quickly. And yeah, we worked from home until September 2021.**

**Shawn Buckley**
I'll just stop you. Because you're a computer programmer, you and your whole team can— You don't have to be on site; you can work from home.

**Babita Rana**
Exactly. I was able to perform 100 per cent of my duties remotely in that year. In those 18 months between March 2020 and September '21, I did not have to go into the office at any point to do my job.

**Shawn Buckley**
Okay. I just think it's important for people to understand that as your story goes forward. So I'm sorry, continue.

**Babita Rana**
Okay, so September 2021, that is when the university introduced the COVID-19 directive. Compliance was mandatory, and they had given us the options— Or they had told us that they would make accommodations for medical exemptions and religious exemptions. So I applied for a religious exemption early October 2021. That exemption was denied. I received an email late on a Friday night around 10 p.m. telling me that the exemption was denied, and I was given five days to appeal. So essentially, two business days to appeal. I managed to get in the appeal, and the appeal was also denied. And shortly thereafter, I was informed that I would be placed on leave without pay.

**Shawn Buckley**
Can I just back up and flesh out with you a few questions about the religious exemption? **Because my understanding is that a number of employees, over 100 applied for religious exemptions and that you're aware of this because of discussions with the union. Am I correct?**

**Babita Rana**
**That's right. I'm told that the university received over 100 religious exemption requests from staff. That doesn't include students and that doesn't include the medical exemptions.**

**Shawn Buckley**
Okay, we're just speaking about staff. But as far as religious exemptions, you were advised by the union that over 100 applied. And my understanding is that 100 per cent of those applications were denied.

**Babita Rana**
Yes, that's what I was told by the union.

**Shawn Buckley**
And that they were all denied on the same day.

**Babita Rana**
They were all denied in the same fashion. We were all given similar canned email responses that went out at the same day. I know this because I was in communication with other staff who were affected by this. We were sharing stories, and they had said that they had received the same email at the same time.

**Shawn Buckley**
Okay, now the University of Alberta actually has its own human rights office.

**Babita Rana**
Right.

**Shawn Buckley**
And so you made an application to the University of Alberta Human Rights Office. Can you tell us what happened?

**Babita Rana**
So yes, after my appeal was also denied, I submitted a formal application. The university has this office called, Office of Safe Disclosure and Human Rights. And through our union collective agreement, there's a process whereby you can submit a formal discrimination complaint. So I ended up submitting that complaint

[00:05:00]

after I received my notice that I was going to be placed on leave. There was also this work-from-home program that the university had introduced in mid-November of 2021. So that was basically just formalizing what we had already been doing, working from home. It was just paperwork. But that work-from-home program wasn't available to me because I wasn't vaccinated. The rest of my—

**Shawn Buckley**
I just want to get it clear. So first of all, you had a job that 100 per cent you could do from home, and you were doing from home.

**Babita Rana**
Yes.

**Shawn Buckley**
You weren't asked to come back to the campus.

**Babita Rana**
Yes.

**Shawn Buckley**
But notwithstanding that you were working from home, there was a program that you could apply for to be classed as working at home. But to qualify for that you had to be vaccinated.

**Babita Rana**
Right, so my entire team was approved to continue working from home, but I was excluded from that.

**Shawn Buckley**
So the university thought that because you were unvaccinated, you weren't safe to work at home, apparently.

**Babita Rana**
Yes.

**Shawn Buckley**
Okay. Did they explain that to you? Because I'm having a few cognitive difficulties.

**Babita Rana**
They would phrase it as I was non-compliant with the COVID mandate; therefore, I couldn't apply for the work-from-home program. And I would argue that I would try to be compliant with their COVID directive via this exemption route, but they kept denying that.

**Shawn Buckley**
So you filed under this safe disclosure and human rights process. My understanding is there was four of you that did this. There were four complaints that were submitted.

**Babita Rana**
Yes, four.

**Shawn Buckley**
And my understanding is that actually the University of Alberta then stepped in and just stopped those complaints, terminated them.

**Babita Rana**
Right. So I was checking in with my union. This would have been probably early February 2022. I was checking in on the status of my complaint, and my understanding was that they were trying to settle on an arbitrator. And then shortly thereafter, I received notice that the University had reviewed the complaint and decided that an investigation was not needed. So they closed it. Closed all four.

**Shawn Buckley**
So your union had to file a grievance about that process now.

**Babita Rana**
Right.

**Shawn Buckley**
And you've been waiting 14 months on that grievance and nothing has happened.

**Babita Rana**
That's right.

**Shawn Buckley**
And you also then filed an Alberta Human Rights complaint, and you've been waiting 14 months, and nothing's happened.

**Babita Rana**
That's right, yes. My human rights complaint was accepted by the intake officer pretty quickly. But it's been pending approval from the director.

**Shawn Buckley**
I'm wondering if you can share with us, how have you been affected by this experience that you've had?

**Babita Rana**
Well, I was under a lot of stress in late 2021 when I was trying to get the University to see my perspective. I'd emailed the president several times; I'd emailed the board of governors several times. I got no response from them. I emailed the minister of advanced education and that office eventually got back to me and said that it was out of their hands and that I should get vaccinated.

But yeah, I was under a lot of stress at that time. I was worried about how we were going to manage our family finances when we were missing an entire income. And that's when a lot

of my physical health issues started as well. I think that's all because of the stress. And I still deal with those physical health issues today. It's been a long recovery.

**Shawn Buckley**
Right, so now that we're in April of 2023, you're still affected with depression.

**Babita Rana**
Yeah, so January 2022, that's when I was on leave. And looking back at that time now, I realized I was depressed. I was depressed, I was frustrated, and I was confused. I couldn't understand. That first week, I literally just sat on the couch with my kid, and I watched cartoons. I thought about nothing. I did nothing.

[00:10:00]

And I couldn't understand why I was sitting here when I could have been sitting ten feet over there at my desk working. But somehow that was unsafe for me to be ten feet over there. I was confused. I was angry.

**Shawn Buckley**
I know you don't want to go into details, so we won't. But I did want to just confirm with you that when you're talking about physical health issues that you also experienced because of the stress, it literally affected your day-to-day life for some period of time.

**Babita Rana**
Yeah. Everything from my ability to sleep, to being able to do basic hygiene, to getting dressed, to cooking, to cleaning, to being able to play with my kid. Every single thing that I did in my day was affected. There was a lot of pain, and it was extremely debilitating. And I still am trying to recover from that. I'm told that it's possible that it may not be a 100 per cent recovery.

**Shawn Buckley**
Right. I wanted to bring that up, even though you didn't want to go into the details, just so that people understand that this is something that's been lasting and significant. We're just not going into the details.

Now, I don't have any further questions for you. I'll ask if the commissioners have any questions.

**Commissioner Drysdale**
One of the things I've been hearing from multiple witnesses is that they applied for religious exemptions. I've heard this from police; I've heard it from doctors. I've heard it from folks like yourself. Did the university explain to you how they judged whether or not you believed in whatever it was you believe in, in your religion? How were they the arbiters of that?

**Babita Rana**
In my requests, I had made it very clear to them that I felt very strongly about my position. I had made it very clear to them that there were elements, from like a Hindu and a Christian background, that supported my arguments. Because I have both in my background. So I thought that I had met the legal definition of a valid religious belief, a sincere belief that connects to a larger belief system.

And they said, "No." They said, "No, your beliefs are not sincere. Your beliefs do not connect to a larger system; therefore, you're denied." And I found that to be extremely offensive. I laid out my personal history, my religious background. I laid it all out for them in an attempt to convince them of how important this was to me. And then for them to come back and say, "No, your beliefs are not good enough." That was extremely offensive and degrading to go through that.

**Commissioner Drysdale**
How did you feel and how do you feel about your employer looking into and questioning probably one of the most personal aspects of your life?

**Babita Rana**
Yeah, it's wrong. I tried to express to them that this is something that I'm very passionate about. Who are they to judge my beliefs? I couldn't understand it. It made me very frustrated, very angry.

**Commissioner Drysdale**
Thank you.

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

**Babita Rana**
Thank you.

[00:14:33]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 12: Madison Lowe**
**Full Day 2 Timestamp: 10:14:12–10:24:27**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Madison Lowe. Madison, can you please state your full name for the record, spelling your first and last name?

**Madison Lowe**
Madison Ragna Lowe, M-A-D-I-S-O-N L-O-W-E.

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

**Madison Lowe**
Yes, I do.

**Shawn Buckley**
Now, you are a software developer, you've got a software engineering degree, and you've been working as a software developer for nine years.

**Madison Lowe**
That's correct.

**Shawn Buckley**
Now, you made a decision to get vaccinated with the COVID-19 vaccine. Can you share with us what led you to that decision?

**Madison Lowe**
Well, I felt pressured to get the vaccine to see people, to go to restaurants, to travel. And I went to a government website, a canada.ca website, that was displaying the number of adverse events and the number of shots distributed in Canada. And I used that website to determine if I was comfortable with the risk of the vaccine.

**Shawn Buckley**
Okay, so you're basically going to a Government of Canada site to get truthful information about adverse reactions so you can figure out, basically— Do a risk benefit analysis for yourself.

**Madison Lowe**
That's right.

**Shawn Buckley**
Did you also look at how they were collecting the data? Can you speak about that?

**Madison Lowe**
Yeah, the same canada.ca website, I was curious how adverse events were collected, how post-marketing surveillance was performed. And I found guidance on submitting an adverse event form on the website. The guidance included what constituted a serious adverse event. It had timelines for if a symptom shows up within a certain amount of time from getting a vaccine, then you should report an adverse event. It had this information for non-mRNA vaccines, but I made the assumption that the process would apply to mRNA vaccines as well.

**Shawn Buckley**
Is it fair to say that you felt assured that the data was being collected in a rigorous way and an unbiased way?

**Madison Lowe**
Yes, I made the assumption that it was collected in a rigorous and unbiased way, and also that new, bad side effects were being actively looked for.

**Shawn Buckley**
Right, and I use terms that actually you had brought up during an interview, just in case anyone thinks I'm leading this witness. You were actually basically doing due diligence to try and make an informed decision.

**Madison Lowe**
Yes, I was.

**Shawn Buckley**
And then you decided the risk was low, so you took the vaccine.

**Madison Lowe**
Yeah.

**Shawn Buckley**
So can you tell us what happened?

**Madison Lowe**
So I got two shots of Moderna, and three days after my second shot, I started getting new symptoms that I'd never had before. I had a high resting heart rate. I'm a runner, so my resting heart rate is usually around 60 beats per minute, and it was spiking over a hundred beats per minute and getting up to 130. Sometimes these episodes would come along with feelings of anxiety, but the worst part was that they would trigger pre-existing gastrointestinal issues, and that was really the debilitating part.

**Shawn Buckley**
Now, but when you say pre-existing gastrointestinal issue— Before the second shot, you managed that; you managed the symptoms of that pre-existing issue; you were able to, you know, live reasonably normal.

**Madison Lowe**
That's correct. I was able to participate in all aspects of life, fine.

**Shawn Buckley**
Okay, so you're speaking about something completely different than before.

**Madison Lowe**
Yeah.

**Shawn Buckley**
And how long did these symptoms persist?

**Madison Lowe**
Well, many months. Six months full on and then started getting better, and I am much better now, but still not 100 per cent.

**Shawn Buckley**
Okay, now you actually went to your doctor to see if you could get your adverse reaction reported. Can you tell us about that?

**Madison Lowe**
That's right. So I went on this canada.ca site that was showing how to submit an adverse event report. And I brought that site to the doctor I was seeing at the time and told her,

"Look, I meet the criteria for an adverse event. So we should report it so that it's tracked." And she agreed, and she submitted the adverse event report, which is great.

[00:05:00]

**Shawn Buckley**
Okay, so your doctor was on side. Your doctor submitted the form. And what happened after that?

**Madison Lowe**
A little while later, AHS [Alberta Health Services] phoned me to tell me they weren't going to submit my report to the surveillance database because it was not a known side effect.

**Shawn Buckley**
I'm just going to stop you there. I think you need to repeat that and speak slowly.

**Madison Lowe**
AHS phoned me to tell me they were not going to submit my adverse event report to the surveillance database. This is the database that I believe was driving that webpage that I was using to make the decision because it was not a known side effect. So at that point in time, I knew that that webpage wasn't showing all the data that I cared about.

**Shawn Buckley**
Right, so basically the message is that they were not looking for new side effects.

**Madison Lowe**
That is what I concluded from that.

**Shawn Buckley**
How did you feel about that?

**Madison Lowe**
I was shocked. I had no idea that the post-marketing surveillance system was so broken, I guess.

**Shawn Buckley**
Right, so how would you recommend that we do things differently going forward?

**Madison Lowe**
To make an informed decision about a pharmaceutical, I would like data to be collected in a thorough, accurate, and unbiased way. I would like statistical analysis to be performed on all the data by experts. I would like the methods, results, and conflicts of interest to be publicly available. And I would like the risks and unknowns to be made public.

Since my report was tossed away, I don't trust that anyone is investigating whether or not my symptoms were caused by the vaccine. And to me, that's an unknown. And when I make a decision, the unknowns, matter as much to me, as the known risks.

**Shawn Buckley**
Thank you. And I actually thank you for those four points which I saw the commissioners writing down, because I know you actually you put in a lot of thought in making those recommendations. I'll ask the commissioners now if they have any questions of you.

**Commissioner Drysdale**
When you were given your two Moderna shots did whoever provided those injections, did they talk to you about what the unknowns were, what the side effects might be, what the risks were, what the benefits were, so you could make an informed decision?

**Madison Lowe**
No, certainly not. The only messaging I remember receiving about the shots was that they were safe. And that's basically it.

**Commissioner Drysdale**
And you reviewed the government website as well, you were saying in your testimony, prior to getting the shots?

**Madison Lowe**
Yes, I looked at the webpage that was showing the number of adverse events.

**Commissioner Drysdale**
And they didn't provide any information about adverse effects or the risks of having taken the vaccine, as well?

**Madison Lowe**
There was a lot of— There were some adverse events listed. The rate was quite low, so I thought it was acceptable for myself.

**Commissioner Drysdale**
Did the website tell you that death was a possible side effect?

**Madison Lowe**
I specifically remember looking that up. And that was really interesting for me because I was looking at— I looked for the criteria for how they figured out if death was associated, or death was caused by the vaccine. And what they reported was, they had a number of deaths that were reported as being caused by the vaccine, and then they decided that they weren't, and then several that were inconclusive. But none that they had determined were actually caused by the vaccine.

**Commissioner Drysdale**
Did you have any understanding before you went in for your shots what your risk of actually contracting and dying of COVID-19 was, given your age group?

**Madison Lowe**
No, I don't think I did.

**Commissioner Drysdale**
Thank you.

**Shawn Buckley**
There being no further questions, Madison, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

**Madison Lowe**
Thank you for the opportunity.

[00:10:15]

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***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Witness 13: Garry Bredeson**
**Full Day 2 Timestamp: 10:24:26–10:38:30**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
Is Garry Bredesen still here? Yes, Garry's coming to the stand.

Garry, can you please state your full name for the record, spelling your first and last name?

**Garry Bredeson**
Garry Bredesen, G-A-R-R-Y B-R-E-D-E-S-O-N.

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

**Garry Bredeson**
I do.

**Shawn Buckley**
Now, you are a small business owner in the area of freight logistics, and you've been doing that for 25 years.

**Garry Bredeson**
Yes.

**Shawn Buckley**
And I forget now, when I wrote down your kids' ages, whether it was at COVID time or now. But I wrote down your kids are 25, 23, and 21. So is that now or when COVID hit?

**Garry Bredeson**
That's approximately what it is now, yes.

**Shawn Buckley**
Okay. Now, when COVID hit, your oldest was at UBCO, which is the University of British Columbia University campus in the Okanagan.

**Garry Bredeson**
Correct.

**Shawn Buckley**
And your middle child was at the University of Alberta?

**Garry Bredeson**
Yes.

**Shawn Buckley**
And your youngest child was at the University of Victoria.

**Garry Bredeson**
Correct.

**Shawn Buckley**
So now you're here to testify in— One of the themes is about the impact of the lockdowns and the COVID measures on education, and I'm wondering if you can share with us what you saw and what your thoughts were.

**Garry Bredeson**
Well, all three boys were in university as of 2019, and we did hear of some rumblings coming out of China around Christmas time in 2019. And at that point, the boys were all home for Christmas, and then on their departure back to university, we told them to be careful not to expose themselves needlessly, and just to be careful.

And promptly, the oldest boy got sick with flu-like symptoms, very severe. He missed about 10 days of school. And then the youngest, he likewise got ill. Probably not as severe, but he did experience discomfort. And from that point on—later on in the school year—around March, we had heard that, I believe it was that year, that the universities were going to shut down and go online for the remainder of the year.

My wife and I were taken unawares of that edict coming down, so we had to scramble to get our youngest back from UVic [University of Victory] and get him back into Alberta so that he could continue and finish off his year. So basically, we had to scramble, get the truck out, and load up all his stuff out of Res, and get him back to Alberta. So obviously, that was quite the undertaking on last-minute notice.

**Shawn Buckley**
**Can you speak to us about the social impacts on your kids with the lockdowns and online and all of that?**

**Garry Bredeson**
**For sure. Obviously, all young people are very social, and them having to come home and learn from our basement online was, it was a definite negative. And it seemed like the universities, they made some effort to make it seamless, but obviously it's never the same when you have two young men in the same room trying to learn with labs and whatnot, online. It's practically impossible for them to absorb and to excel.**

From what they accomplished, it's very impressive how they managed to make that happen despite what the government had put in front of them. And basically, it was done to them. It was not something that happened. It was done to them.

**Shawn Buckley**
Right, and I remember when we were talking, you were kind of just expounding on your first year of university.

[00:05:00]

So your youngest child at UVic, I mean that's when you make your connections, and that's when you meet people, and it's very social. And that, basically, it just didn't go that way for him.

**Garry Bredeson**
Correct, you know, he— For first year, you know, they want to be making those contacts where you might be in class with these people for the next four or five years. And he never had that opportunity. And next thing you know, everybody's hiding from each other. It was a matter of you're— If you get too close to somebody, you know you're impacting their health, and all of a sudden, you're being labelled a killer.

**Shawn Buckley**
So it's not just that the universities were shut down, that they weren't having the activities, but it's actually the university students, a lot of them were afraid of each other.

**Garry Bredeson**
**Correct. They didn't know any better than the rest of us; what they were being fed was a continual diet of fear and admonishment for being social, or even just trying to be a regular student. The University of Alberta still has that up on their website. Stay away from each other. Get vaccinated. It's all— It just never stops. How they could ever get beyond that if they ever followed the edicts that the universities were putting out?**

**Shawn Buckley**
**Right. And how do you think the quality of education was when they had to switch to online? Clearly you'd already mentioned labs, and I can't see those being very effective. What are your thoughts on the quality of education?**

**Garry Bredeson**
Well, in talking with our boys, obviously it was a clear travesty against their education. They clearly got a much lower level of instruction, and— But on the plus side, we got to pay more.

**Shawn Buckley**
There's always a silver lining.

**Garry Bredeson**
Yes.

**Shawn Buckley**
Now my understanding is that in 2021, in the Fall term—your youngest son was still at UVic—that UVic actually surprisingly did not have a vaccine mandate. So you—as long as you were getting weekly PCR [Polymerase Chain Reaction] testing—you didn't have to be vaccinated to attend. But something happened at Christmas. Tell us about getting them home at Christmas, because that was an interesting year for you.

**Garry Bredeson**
Yeah, well, during November of that year, we found out that all the roads got washed out of lower mainland BC. And our plane ticket that we had pre-purchased for our youngest coming out of UVic was not going to be honoured because our government deemed that we were unfit to fly with people that were vaccinated. So we were lowered to a lower status and were relegated to crawl on the ground with the bugs. So we had to find him travel, some sort of travel means to get back into Alberta.

We found a group of parents that were in the same position that we were, and we were looking at all options like chartering an airplane, or chartering a bus, or whatever. But what we found out was that even if we could get an airplane chartered for our kids, there was no airport that would accommodate them, because they were unclear.

**Shawn Buckley**
Right, so even if a chartered plane was there on the tarmac, the airport policy was you couldn't even go on a chartered plane just filled strictly with unvaccinated people. So that was a dead end.

**Garry Bredeson**
That was a dead end, and even going into a small airplane or airport such as— It was nearby Cochrane, which is just a small airport. But because it's federally funded or—

**Shawn Buckley**
I think it's constitutional jurisdiction.

**Garry Bredeson**
Yeah. We weren't able to even accommodate that. So we ended up renting him a car.

[00:10:00]

**Thankfully, they allowed us to rent a car because he's only 21 years old. And so he had to navigate the highways, which were torn apart, and take goat trails back home into Alberta. And it was just a nightmare.**

**Shawn Buckley**
**Now, I just want to switch gears and ask you how you were personally affected by the mandates and the government measures.**

**Garry Bredeson**
Well when the mandates came down, business stopped because all of our trucks were not allowed to go across a border. So we lost contracts that were pre-negotiated during the previous year. And by the time they opened the borders up again for truck traffic, we basically were squeezed out. And at that point, we had to find a different revenue stream.

And then for ourselves, socially, we couldn't go to restaurants. Friends and family that we normally had no issues with, all of a sudden we were being deemed social outcasts because we took a different mindset than what they did. And if you bring up any sort of evidence or websites, and evidence from revered vaccinologists and virus scientists, they were deemed as people we couldn't refer to because they had an alternative agenda. So therefore, we were effectively shut out.

**Shawn Buckley**
We're supposed to ask witnesses how they would do things differently. And I know when we were talking, I made a specific note to ask you about personal responsibility, so can you share your thoughts on that?

**Garry Bredeson**
Well, personal responsibility, we all have to make sure that we are looking into the reasoning behind these laws, or mandates that our government, our representatives are bringing forward to us, ensuring that we are seeing exactly what they are saying is true. We can't just go out and say, "Okay, it's our government. We elected them, so therefore they're telling us the truth." There's just no way that we can just rely on that. We need to go out there, find the truth, make sure that we spread the truth, and we are always asking questions of our elected officials.

**It's always handy that they are not allowing us to talk to them directly anymore, because of the COVID issues of— Whenever there is an election, we cannot ask direct questions because we might be spreading death and destruction as far as the government is concerned.**

**Shawn Buckley**
**Thank you. I'll ask the commissioners if they have any questions for you. There being no questions, Garry, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying.**

**Garry Bredeson**
Thank you.

[00:14:04]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 2**

**April 27, 2023**

## EVIDENCE

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**Closing Statement: Shawn Buckley**
**Full Day 2 Timestamp: 11:05:40–11:06:26**
**Source URL: https://rumble.com/v2kgscc-national-citizens-inquiry-red-deer-day-2.html**

[00:00:00]

**Shawn Buckley**
And that will conclude the second day of hearings in Red Deer.

We invite you to share with us tomorrow as we start at 9 a.m. Mountain Time for the third days of hearings. Again, and I can't stop saying that you cannot attend a day of the National Citizens Inquiry and be the same person at the end of the day.

There's just something— I almost want to say therapeutic, but I don't have a word. There's just something about seeing these people tell their stories that is life changing and I invite you to participate.

[00:00:46]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

## EVIDENCE
## RED DEER HEARINGS

**Red Deer, Alberta, Canada**
**April 26 to 28, 2023**

# ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Opening Statement, Shawn Buckley**
**Full Day 3 Timestamp: 00:46:31–01:20:51**
**Source URL, https,//rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

**Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.**

**As I say, this takes about $35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.**

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

[00:05:00]

just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

**And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.**

**But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.**

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

[00:10:00]

then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

[00:15:00]

The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

[00:20:00]

This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

**where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."**

**Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.**

**I read that book when I was a young university student doing my first degree, and it never** dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

**So it's not a mistake.**

**[00:25:00]**

**And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.**

**I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're**

**doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.**

**And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.**

**And the question is:Have you had enough?" Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's** nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying.
So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have **never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,**

**[00:30:00]**

**and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.**

**And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.**

**So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.**

**You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.**

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

**[00:34:20]**

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 1: Christopher Scott**
**Full Day 3 Timestamp: 01:20:51–02:12:52**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

**Christopher Scott**
Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

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

**Christopher Scott**
I do.

**Shawn Buckley**
Now, as I understand it, you are the owner of the Whistle Stop Cafe.

**Christopher Scott**
That's correct.

**Shawn Buckley**
And what town is that in, and what's the population of this town?

**Christopher Scott**
The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

**Shawn Buckley**
Okay, hey, so it's growing.

**Christopher Scott**
Growing, like a weed.

**Shawn Buckley**
When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

**Christopher Scott**
That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

**Shawn Buckley**
And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

**Christopher Scott**
No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

**Shawn Buckley**
Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

**Christopher Scott**
I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

**Shawn Buckley**
Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

**Christopher Scott**
Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

[00:05:00]

And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

**Shawn Buckley**
My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

**Christopher Scott**
That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

**Shawn Buckley**
Right, okay. Now, so you're complying, and how is that affecting your business economically?

**Christopher Scott**
**Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.**

**Shawn Buckley**
**Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?**

**Christopher Scott**
**Sure. So as many people will likely remember— The election prior to this, we elected a** government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about **protecting people's health. This was not about keeping people safe. It was about control.**

**And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.**

**Shawn Buckley**
And that happened on January 24th, 2021.

**Christopher Scott**
That's correct.

**Shawn Buckley**
So what happened after you opened in protest?

**Christopher Scott**
Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

[00:10:00]

We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."

**Shawn Buckley**
So I just want to make sure that I'm clear. This is the Chief of Police?

**Christopher Scott**
Yeah, Chief of Police.

**Shawn Buckley**
So it would be an RCMP officer?

**Christopher Scott**
Right.

**Shawn Buckley**
So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

**Christopher Scott**
That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want $25,000 from you upfront, before they even do anything. It costs $10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

[00:15:00]

in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

**your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.**

**Shawn Buckley**
**Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that?** Because that, I think it's important to understand, that just you taking a step created hope.

**Christopher Scott**
Yeah, we've had people from all over the country show up there. There were people driving 8-12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

**Shawn Buckley**
If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-**funding, so that people have an opportunity to stand together against the government.**

**Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.**

**And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to**

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

**Christopher Scott**
Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

**Shawn Buckley**
Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

**Christopher Scott**
Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

**Shawn Buckley**
Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Heath Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

**Christopher Scott**
I lost count when I ran out of fingers and toes, but I think it was 23.

**Shawn Buckley**
Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

**Christopher Scott**
They did, yeah.

**Shawn Buckley**
They got Occupational Health and Safety involved to come and visit you.

**Christopher Scott**
Yes.

**Shawn Buckley**
They seized liquor.

**Christopher Scott**
Yeah.

**Shawn Buckley**
They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

**Christopher Scott**
They did.

**Shawn Buckley**
So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

**Christopher Scott**
Yes, they did.

**Shawn Buckley**
So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

**Christopher Scott**
Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

**Shawn Buckley**
Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

**Christopher Scott**
It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

**Shawn Buckley**
And my understanding is you spent three days in jail.

**Christopher Scott**
I spent three days in jail. I was subject to sanctions of $30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

**Shawn Buckley**
So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to $30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

[00:25:00]

So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

**Christopher Scott**
That's correct.

**Shawn Buckley**
Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

**Christopher Scott**
Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

**Shawn Buckley**
Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

**Christopher Scott**
Yes, I do.

**Shawn Buckley**
I'm inviting you to share them.

**Christopher Scott**
I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

**That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer $50 or a $100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.**

**As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to** having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

**Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.**

**Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the**

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

[00:35:00]

or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put $10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

**Shawn Buckley**
I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

**Commissioner Drysdale**
Good morning.

**Christopher Scott**
Good morning.

**Commissioner Drysdale**
Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

**Christopher Scott**
Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

**Commissioner Drysdale**
How were you treated by the alternative media in Canada?

**Christopher Scott**
Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.

**Commissioner Drysdale**
Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

**Christopher Scott**
**Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.**

**[00:40:00]**

**And it's not supposed to be that way. The legislation was supposed to protect Canadian content.**

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

**Commissioner Drysdale**
**You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.**

**Christopher Scott**
**Right.**

**Commissioner Drysdale**
Did they handcuff you when they arrested you?

**Christopher Scott**
Of course.

**Commissioner Drysdale**
Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

**Christopher Scott**
No, they left me in the drunk tank for three days.

**Commissioner Drysdale**
Can you describe that room for me please?

**Christopher Scott**
Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

**Commissioner Drysdale**
Were you violent?

**Christopher Scott**
How so?

**Commissioner Drysdale**
I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

**Christopher Scott**
No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

**Commissioner Drysdale**
My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

**Christopher Scott**
Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

[00:45:00]

is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

**Commissioner Drysdale**
You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

**Christopher Scott**
In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

**Commissioner Drysdale**
Thank you.

**Commissioner Kaikkonen**
You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

**Christopher Scott**
Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

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So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

**Commissioner Kaikkonen**
Thank you very much.

**Shawn Buckley**
Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 2: Dr. Misha Susoeff**
**Full Day 3 Timestamp: 02:12:52–02:52:37**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

**Dr. Misha Susoeff**
Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

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

**Dr. Misha Susoeff**
Yes, sir, I do.

**Shawn Buckley**
Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

**Dr. Misha Susoeff**
Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

**Shawn Buckley**
Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

**Dr. Misha Susoeff**
Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

**Shawn Buckley**
Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

**Dr. Misha Susoeff**
Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

**Shawn Buckley**
I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

**Dr. Misha Susoeff**
Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

**Shawn Buckley**
In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

**Dr. Misha Susoeff**
Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

**Shawn Buckley**
So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

**Dr. Misha Susoeff**
Yes, sir, internal passport version two.

**Shawn Buckley**
**And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.**

**Dr. Misha Susoeff**
**Exactly. And it was at that moment I realized that we were in big trouble.**

**[00:10:00]**

**Shawn Buckley**
It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

**Dr. Misha Susoeff**
As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

**Shawn Buckley**
So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

**Dr. Misha Susoeff**
**Yes, sir, sadly.**

**Shawn Buckley**
**Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?**

**Dr. Misha Susoeff**
There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

**Shawn Buckley**
Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

**Dr. Misha Susoeff**
Prior to the pandemic, I don't recall that ever happening.

**Shawn Buckley**
Okay, now did that change after the vaccine rollout?

**Dr. Misha Susoeff**
Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

**Shawn Buckley**
Okay, and how often has that happened to you now?

**Dr. Misha Susoeff**
Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

**Shawn Buckley**
Seventeen.

**Dr. Misha Susoeff**
Yes, sir.

**Shawn Buckley**
So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

**Dr. Misha Susoeff**
Yeah, exactly. To my recollection prior to the pandemic.

**Shawn Buckley**
Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

**Dr. Misha Susoeff**
Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

**Shawn Buckley**
And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

**Dr. Misha Susoeff**
Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

**Shawn Buckley**
Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

**Dr. Misha Susoeff**
Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

**Shawn Buckley**
Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

**Dr. Misha Susoeff**
They at least accepted the possibility.

**Shawn Buckley**
Right, and they're volunteering this, right?

**Dr. Misha Susoeff**
Yes, sir.

**Shawn Buckley**
And yet they they've made a comment how stupid people are who aren't vaccinated.

**Dr. Misha Susoeff**
It's unbelievable.

**Shawn Buckley**
But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

**Dr. Misha Susoeff**
In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

**Shawn Buckley**
Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

**Dr. Misha Susoeff**
Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

**Shawn Buckley**
And did anything happen?

**Dr. Misha Susoeff**
Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

**Shawn Buckley**
And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

**Dr. Misha Susoeff**
Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

**Shawn Buckley**
Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

**Dr. Misha Susoeff**
I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

**Shawn Buckley**
I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

**Dr. Misha Susoeff**
I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

**Shawn Buckley**
Thank you. I'll ask the commissioners if they have any questions.

**Commissioner Kaikkonen**
Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

**Dr. Misha Susoeff**
So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

**Commissioner Kaikkonen**
Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

**Dr. Misha Susoeff**
In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

**Commissioner Kaikkonen**
And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

**Dr. Misha Susoeff**
I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

**Commissioner Kaikkonen**
Thank you very much.

**Dr. Misha Susoeff**
Thank you.

**Commissioner Drysdale**
Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

**Dr. Misha Susoeff**
No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

**Commissioner Drysdale**
You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

**Dr. Misha Susoeff**
Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

**Commissioner Drysdale**
But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

**Dr. Misha Susoeff**
Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

**Commissioner Drysdale**
We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

**Dr. Misha Susoeff**
That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

**Commissioner Drysdale**
Thank you.

**Commissioner Massie**
Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

**Dr. Misha Susoeff**
Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

**Commissioner Massie**
Thank you very much.

**Commissioner Drysdale**
Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

**Dr. Misha Susoeff**
Yes, sir.

**Commissioner Drysdale**
But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

**infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?**

**Dr. Misha Susoeff**
**I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.**

**Commissioner Drysdale**
**Thank you.**

**Shawn Buckley**
Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

**Dr. Misha Susoeff**
**Thank you.**

**[00:39:45]**

***Final Review and Approval:*** *Anna Cairns, August 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.***

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 3: James Coates**
**Full Day 3 Timestamp: 03:03:58–03:56:25**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

**James Coates**
Okay.

**Wayne Lenhardt**
There.

**James Coates**
I'm not sure how to mitigate that.

**Wayne Lenhardt**
I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

**James Coates**
Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

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

**James Coates**
Of course.

**Wayne Lenhardt**
Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

**James Coates**
Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

**Wayne Lenhardt**
Excuse me?

**James Coates**
Yeah.

**Wayne Lenhardt**
Do you recall exactly what the undertaking was?

**James Coates**
Well, it was an undertaking ordering me to comply with *the Public Health Act*.

**Wayne Lenhardt**
Oh, okay. Okay.

**James Coates**
That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

**Wayne Lenhardt**
Okay. Carry on.

**James Coates**
In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

**Wayne Lenhardt**
So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

**James Coates**
Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

**Wayne Lenhardt**
I don't exactly recall, either.

**James Coates**
So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

**Wayne Lenhardt**
Okay, so is there anything else still pending that you want to tell us about?

**James Coates**
You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a $1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

**Wayne Lenhardt**
At this point, do the commissioners have any questions?

**Commissioner Kaikkonen**
I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

**Wayne Lenhardt**
I suppose we could, if we have a copy of it.

**Commissioner Kaikkonen**
Are you okay if we have a copy of those two sermons that went viral?

**James Coates**
Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

*God vs. Government*, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

**Commissioner Kaikkonen**
Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

**James Coates**
You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

**Commissioner Kaikkonen**
And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

**James Coates**
Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

**Commissioner Kaikkonen**
It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

**James Coates**
Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

**Commissioner Kaikkonen**
And churches are known for their good works in the community, is that right?

**James Coates**
Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

**Commissioner Kaikkonen**
And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members. where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

**James Coates**
Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**James Coates**
You're welcome.

**Commissioner Drysdale**
Good morning, Pastor Coates.

**James Coates**
Good morning.

**Commissioner Drysdale**
Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

**James Coates**
Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

**Commissioner Drysdale**
What is the physical capacity of your facility?

**James Coates**
Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

**Commissioner Drysdale**
So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

**James Coates**
Yeah, I don't know how to answer that. I mean—

**Commissioner Drysdale**
Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

**James Coates**
Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

**Commissioner Drysdale**
The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

**James Coates**
Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

**Commissioner Drysdale**
I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

**James Coates**
Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

**Commissioner Drysdale**
One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

**James Coates**
Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

**Commissioner Drysdale**
Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

**James Coates**
Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

**Commissioner Drysdale**
Were you humiliated by that?

**James Coates**
Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

**Commissioner Drysdale**
Thank you, sir. That's all my questions.

**Wayne Lenhardt**
Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

**James Coates**
Thank you for having me. Appreciate it.

[00:52:27]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 4: Dr. Eric Payne**
**Full Day 3 Timestamp: 04:38:08–06:23:33**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

**Dr. Eric Payne**
Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

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

**Dr. Eric Payne**
I sure do. So help me God.

**Wayne Lenhardt**
You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

**Dr. Eric Payne**
Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.
I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

**Wayne Lenhardt**
At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

**Dr. Eric Payne**
Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

**I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.**

**The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.**

**We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.**

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudency. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your **concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.**

**At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.**

**Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.**

**Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.**

**He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.**

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it **was a defamatory**

**[00:15:00]**

**sort of process that took place.**

**Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.**

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience uncomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk–benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, they deemed them well-written and justified.

On January 6th, Alberta Health Services sent me a letter stating that they were not going renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against COVID.

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

**[VIDEO 1] Paul Offit**
Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

**[VIDEO 2] Paul Offit**
Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

**[VIDEO] Unnamed Speaker**
And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

**Dr. Eric Payne**
They're not that interested.

**[VIDEO 2] Paul Offit**
—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

**Dr. Eric Payne**
And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

**[VIDEO] Bill Gates**
—they're not good at infection blocking.

**Dr. Eric Payne**
So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

**And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.**

**These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an** increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

**If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.**

**The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.**

**[00:40:00]**

**This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.**

**Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.**

**What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.**

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

**Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.**

**Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study**

**that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.**

**I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.**

**Dr. Fauci was under oath and he couldn't name a single study in support of masking.**

**And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works** for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

[00:45:00]

he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0–19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you **take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.**

**We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.**

**This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.**

**And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.**

**This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.**

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received $800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost $2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that $2 million, the University of Calgary, the university that won't let me interact with trainees, took $600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

**[00:50:00]**

**$2 million is an enormous unconscious financial bias.**

**And when you're not willing to discuss things, that's when things get into trouble.**
**And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."**

**If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.**

**[VIDEO] Anthony Fauci Interview**
**[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]**

**Dr. Eric Payne**
**Somehow that was lost in history for a couple of years.**

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigiAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it **shows you that there's something else going on.**

**This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."**

**So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.**

**And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.**

**We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.**

**They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.**

This is the most recent bio-distribution data

[00:55:00]

that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

**If you can play the one on the left first.**

**[VIDEO] Bill Gates Interview**
**[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]**

**Dr. Eric Payne**
**And then the one on the right please.**

**[VIDEO] Interviewer**
**. . . Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.**

**[VIDEO] Anthony Fauci**
**If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?**

**Dr. Eric Payne**
I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to **kids.**

**The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.**

**They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.**

**So we are actually slightly increasing a child's risk**

**[01:00:00]**

**of getting RSV and influenza by giving them a COVID shot.**

**Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.**

**Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.**

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got **lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.**

**This is the last slide.**

**For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.**

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

**Wayne Lenhardt**
I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

**Commissioner Massie**
Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

**Dr. Eric Payne**
Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was— I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

*Journal of Medicine* paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

**Commissioner Massie**
You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

**Dr. Eric Payne**
Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

**Commissioner Massie**
Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

**Dr. Eric Payne**
We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

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is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

**Commissioner Massie**
We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

**Dr. Eric Payne**
I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

**Commissioner Massie**
So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

**Dr. Eric Payne**
I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

[01:15:00]

that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

**Commissioner Massie**
So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

**Dr. Eric Payne**
It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

**Commissioner Massie**
Thank you very much.

**Commissioner DiGregorio**
Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting.
I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

**Dr. Eric Payne**
Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

**Commissioner DiGregorio**
So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

**Dr. Eric Payne**
Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

**Commissioner DiGregorio**
So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

**Dr. Eric Payne**
We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

**Commissioner DiGregorio**
Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

**Dr. Eric Payne**
Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

**Commissioner DiGregorio**
And he was emailing you at your Alberta Health Services account?

**Dr. Eric Payne**
Yeah. It was one of those things that was not an attorney/client— I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

**Commissioner DiGregorio**
Thank you.

**Commissioner Drysdale**
Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

**Dr. Eric Payne**
Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

**Commissioner Drysdale**
So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

**Dr. Eric Payne**
Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

**Commissioner Drysdale**
One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

**Dr. Eric Payne**
If I was getting a shot, I would go to see another doctor.

**Commissioner Drysdale**
Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

**Dr. Eric Payne**
Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

**Commissioner Drysdale**
Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

**Dr. Eric Payne**
It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

**Commissioner Drysdale**
How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

**Dr. Eric Payne**
No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

**Commissioner Drysdale**
From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

**Dr. Eric Payne**
I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called" western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

**Commissioner Drysdale**
My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

**Dr. Eric Payne**
And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

**Commissioner Drysdale**
Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

**Dr. Eric Payne**
Yeah, you'll learn that in nine months with thalidomide.

**Commissioner Drysdale**
And so we didn't wait nine months.

**Dr. Eric Payne**
No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick* [*News*]. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

**Commissioner Drysdale**
Thank you.

**Wayne Lenhardt**
Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

**Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.**

**Dr. Eric Payne**
**You're absolutely right.**

**If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.**

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

**Vitamin D is a hormone that in is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."**

**In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.**

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

**Wayne Lenhardt**
My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

**Dr. Eric Payne**
I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

**Wayne Lenhardt**
Yes. And this entity was formed in the fall of 2019. It would have been just before—

**Dr. Eric Payne**
Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

**Wayne Lenhardt**
Have you seen that before and can you tell us anything about?

**Dr. Eric Payne**
Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030.
So our leaders don't seem to be playing for our team sometimes.

**Wayne Lenhardt**
On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 5: John Carpay**
**Full Day 3 Timestamp: 06:23:39–07:28:12**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our next witness today is John Carpay.

John, can you state your full name for the record, spelling your first and last name?

**John Carpay**
John Victor Carpay. John, J-0-H-N, Victor, V-I-C-T-O-R, Carpay, C-A-R-P-A-Y.

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

**John Carpay**
I do.

**Shawn Buckley**
Now, John, you have a bachelor's degree in political science from the University of Laval.

**John Carpay**
That's correct.

**Shawn Buckley**
You have a law degree from the University of Calgary.

**John Carpay**
Correct.

**Shawn Buckley**
And you have, you are, and have been for some time the President of the Justice Centre for Constitutional Justice or Freedoms [JCCF]. Can you share with us about the JCCF, what you guys are about, and give us a brief outline of the involvement that you guys have taken with the COVID pandemic? Because you guys have been quite busy.

**John Carpay**
So the Justice Centre is a registered charity. We are a non-profit. We are 12 years old. We were founded in 2010. Our mission is to defend constitutional freedoms through litigation and education.

We were, to my knowledge, the first non-profit in Canada to call for an end to lockdowns. This was in May of 2020, so we were two months into violation of Charter rights and freedoms, and we have a paper on our website called, "No Longer Demonstrably Justified." And our argument in May of 2020, and since that time, is that the lockdowns are doing more harm than good. Therefore, under the *Canadian Charter of Rights and Freedoms*, those are not justified violations of our Charter rights and freedoms.

So since March of 2020, we've had court cases across Canada. We have challenged lockdown measures in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec. We represent Sheila Annette Lewis, who is the lady that needs a double organ transplant, who currently, in Alberta, will die without that medical treatment. Prior witness Dr. Eric Payne alluded to that. That's one of our clients. We've defended the free speech rights of doctors and nurses to speak freely and honestly their own views and opinions about medical and scientific issues. We've represented students threatened with expulsion from university for refusing to take the COVID vaccine, government workers threatened with loss of employment.

We also are paying for the legal defence, the criminal defence, for people like Tamara Lich and Chris Barber, who've been criminally charged for doing nothing other than peacefully exercising their Charter freedoms of expression and association and so on. And so we have lawyers in BC, Alberta, Saskatchewan, Ontario, Quebec, fighting court cases all across Canada.

**Shawn Buckley**
And am I correct that basically you guys depend on donations from the public to fund these lawsuits?

**John Carpay**
We neither ask for nor receive any government funding for our work, and indeed we rely entirely on voluntary donations to carry out our work.

**Shawn Buckley**
Okay, thank you for sharing that. So now you are invited here today to share with the National Citizens Inquiry your thoughts actually on specific actions or changes that could

**be made, so that going forward we don't experience things the way we have experienced them. And I'd like to invite you to start your presentation at this time [Exhibit RE-12].**

**John Carpay**
**Yes, I've got a got my own computer here, but I don't know if the Commission staff is able to put the—**

**Shawn Buckley**
**Yeah, we're up and if you open that laptop likely it would show up on that laptop also, it won't, okay, so—**

**John Carpay**
No, I've got the same presentation on my own laptop. So protecting Canadians' human rights and constitutional freedoms in the context of a public health emergency. So we acknowledge that it is a valid choice on the part of governments and legislatures

[00:05:00]

to have public health legislation on the books. We're not calling for a repeal of that. It's also perfectly valid for legislation to provide parameters and guidance on what to do in a public health emergency. We're assuming that that legislation is valid and it should remain on the books, but I have 18 recommendations, which I'll go through briefly.

Maybe the next one or two slides down. Next one down. One further.

Yes, chief medical officers, health authorities, and so on, must at all times disclose to the public the specific assumptions, data, statistical models, sources for their modelling, etc. Case in point: here in Alberta, Premier Jason Kenney and Chief Medical Officer Deena Hinshaw, on April the 8th, 2020 presented a model to the Alberta public suggesting that even with lockdown measures in place, 32,000 Albertans could die of COVID. That number, 32,000, is higher than the 27,000 total annual deaths in Alberta from all causes. All-cause mortality in Alberta: 27,000 per year. And here we have the chief medical officer and the premier saying 32,000 people could die of COVID. Of course, this proved to be completely false, and so wildly exaggerated as to become false. Governments were asked, I asked the government, what is your basis for this model? How did you come up with this number of 32,000? Is it based on Neil Ferguson modelling? Did you pull it out of thin air? What's the source? How did you come up with this number? No answer: completely stonewalled.

**So this first recommendation, I could give many, many other examples: The specific documents need to be made available to the public at all times on everything pertaining to the public health emergency. Go to the next slide if you like.**

**This recommendation is that the chief medical officer must submit to a weekly questioning by elected members of the legislature. I use the word legislature to mean both federal Parliament and the provincial Legislative Assembly. So I'm using one word. These 18 recommendations are intended to apply to both levels of government, federal, provincial, and territorial, which is analogous to provincial.**

**One aspect of our Constitution, one of the constitutional principles, is democratic accountability. It is the idea that we, the people, elect our representatives and our elected**

representatives pass the laws under which we live. And there is maybe not direct accountability through citizens' initiative, but at least there's some accountability because you can hold to account the federal MPs [Members of Parliament], provincial MLAs [Members of the Legislative Assembly], for the laws that they are passing. This went out the window in March of 2020, where the chief medical officer in Alberta, BC, Saskatchewan, and so on, federally— All of a sudden, these chief medical officers became like medieval monarchs. In fact, Deena Hinshaw's orders, "I, Deena Hinshaw, Chief Medical Officer of Health, decree as follows." I mean, it was literally like a medieval monarch. And there was zero accountability. There was buck passing. You phone your MLA to say that you disagree with lockdowns, and they say, "Oh, well, you know, we're just listening to the Chief Medical Officer." But she, in turn, often said, "Well, it's really up to the Premier. I'm just your lowly humble, you know, making recommendations." There's just this ongoing buck-passing for three years.

Anyway, legislation needs to be amended to make it such that the chief medical officer appears weekly for questioning before all party committees, federally, provincially, as the case may be, to answer questions. Next slide, please.

Using existing emergency response plans—I'm not going to dwell on this. I believe that this was addressed extensively by Lieutenant Colonel Redmond or another witness. This needs to be legislated. Obviously, if these plans are disregarded— Well, okay, so for next time around, we need legislation that says that existing emergency use plans have to be used, barring unanticipated information that transparently justifies a deviation.

[00:10:00]

Next slide, please.

Next recommendation for legislative change is that if the chief medical officer declares a public health emergency, that needs to go to the legislature for an open debate followed by a vote. And in that debate, the chief medical officer puts forward all of the documents on which she or he relies; so it's transparent. The public can see it; the MLAs can see it. And members of the legislature can also table alternative and additional sources of information. So all of the information on the table, vigorous debate, and then a free vote. Next slide, please.

We have automatic recommendation for automatic expiration, 30 days after that vote has taken place. Now, it can be renewed. Some public health emergencies could legitimately be longer than 30 days. It's not up to the legislation to determine that. That should be determined by reality and science. It can be renewed, but there has to be another debate and another vote and the presentation of documents and data. So we have an open, public, transparent process. And so we have the debate.

Why? Because debate is a tool for arriving at the truth. When everybody thinks alike, nobody thinks very much. Many of these recommendations directly or indirectly get back to free expression, which is a pillar of our free and democratic society. The only way to move forward in science, the only way to pursue truth is when there are no sacred cows. And you can freely challenge other people's views, and then you have pushback, refutation, debate. Next slide, please.

Number six: recommendation that the documents on which the chief medical officer relies as a basis for a declaration of public health emergency be made available to the public. I

actually, I'm noticing now that might be redundant with the previous recommendation, but in any event, we can move to the next one. There's a blank.

Adopting a broad approach to public health societal well-being. It is imperative that governments provide a cost–benefit analysis. This is also required by the *Canadian Charter of Rights and Freedoms*. In section one of the Charter, it says "the *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in its subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

The onus is on the government to justify any violation, whether it's a violation of our freedom of speech, association, conscience, religion, peaceful assembly. The Charter right to bodily autonomy, which is protected by the Charter section 7, right to life, liberty, security of the person, includes expressly—courts have been very definitive on this—we have a right to bodily autonomy. Individuals have a right to decide what medical treatments to receive or not receive. It's in the Charter, section 7. We have mobility rights: Charter section 6, to enter and leave Canada freely. To move freely within Canada.

Any of these Charter rights and freedoms, if violated by government, the onus is on the government to justify with evidence the violation of these Charter rights and freedoms. Now, there's a complex test called the Oakes test, and it's quite nuanced. We don't have time to get into it. It's not in this presentation, but I'm focusing on one element of the Oakes test, which is that when governments violate any of our Charter rights and freedoms, the onus is on government to show that the benefits of that violation outweigh the harms.

So it's a requirement, which our Alberta government, and to my knowledge, every provincial government, and most certainly the federal government, have failed miserably to adhere to what our Constitution requires. This is a requirement. This is not optional. This is a requirement of the Constitution of Canada, that when a government violates any right or freedom, the onus is on the government to demonstrably justify that violation. So with what we've seen, the failure of the last three years to have an honest cost–benefit analysis, to have instead a fanatical, dogmatic approach whereby governments have clearly already arrived at the conclusion that lockdowns are wonderful and are saving many lives:

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instead of that, there needs to be an honest, ongoing assessment. Next slide, please.

Part of that is that health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. That happens to come from the World Health Organization, but in spite of that, it's a very good definition. There's more to health than simply avoiding one illness or one disease. And so in formulating government responses to a public health emergency, our government officials, both elected and non-elected, should take into account all dimensions of human health: physical, mental, psychological, so on and so forth. Next slide, please.

And so we recommend that legislation be amended so as to include a requirement on the government to provide a comprehensive report once per month, which evaluates, measures, monitors, explains the impact of public health measures on individuals' mental health, and that would include things like alcoholism, drug overdose, spousal abuse, child abuse, suicide, physical health, cancer, obesity, all-cause mortality, access on data to diagnostic procedures and surgeries, and individuals' financial well-being, also relevant. There are many medical and scientific studies showing there's a correlation between

higher standard of living and better health. So if you hurt people economically, you're also hurting their health. Next slide, please.

Government's monthly report: seniors' long-term care must be included in that monthly report. What we did to our seniors in long-term care homes in the last three years was horrific. It was abuse. It was torture to isolate people, lock them up, to make it illegal and impossible for them to get the love and care and attention and affection of their own family members. It was also the media fear-mongering that kept young, healthy workers away from the long-term care facilities where they worked, because they were scared of COVID unnecessarily. And so in Montreal in particular—and I apologize, that's not first-hand testimony, but that's from media—horrific situations with seniors not getting care in long-term care facilities. Why? Because the staff were frightened away by media propagandists and afraid of COVID. Next slide, please.

Eleventh recommendation is that we need to pay special attention to how lockdowns, vaccine passports, harm the vulnerable. That would be groups like recent immigrants, those experiencing physical and mental disability, those experiencing addictions, Indigenous persons, and so on and so forth. Next slide, please.

Number 12: I alluded to this. The right to bodily autonomy needs to be expressly enshrined in legislation. Human rights legislation can be amended to add as a prohibited ground of discrimination. So for example, we already have on the books: you cannot discriminate against somebody on the basis of sex, religion, skin colour, national or ethnic origin, family status, et cetera, et cetera, et cetera. So it would be very simple, very easy. You add to that list no discrimination based on medical treatments received or not received. And there you go. You've got the protection there.

Legislation should also spell out that it becomes illegal—in the context of employment and in the context of providing public services—to ask people about their vaccination status. Private conversation, that's completely different. If you want to ask a family member, your next-door neighbour, go ahead and ask away. But when you're applying for a job or if you're in a restaurant, public services to where human rights legislation applies.

And then last point there: an appropriate exception can be created for medical doctors, other health care providers. Obviously, there can be an appropriate time in a place where doctors and other health care providers should be able to ask patients about their medical history and treatments. So human rights legislation would not apply to that. Next slide, please.

There should be a statutory right of a civil remedy, making it possible to, if somebody pressures you, coerces you into receiving a medical treatment, then you can sue that person and that remedies are available. And that can be created by statute. Next slide, please.

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This one is imperative, one of the most—perhaps the most important—recommendation.

Legislation needs to be amended so as to force the colleges of physicians and surgeons to respect the pursuit of truth, to respect the free expression rights of their members. And they should apply as well to the colleges of nurses, colleges of midwives, chiropractors, psychologists, psychiatrists, podiatrists, paediatricians, et cetera, et cetera, et cetera, et

cetera. Nobody should lose their free speech rights just because they enter into a profession. These are government bodies.

And prior to 2020, the college did not tell doctors how to treat their patients. There were ethical standards, yes. A medical doctor cannot have sex with his patients, for example. Or if a medical doctor was rude or verbally abusive, that would be an ethical violation. So by all means, these colleges appropriately are empowered to uphold and enforce a code of ethics. Prior to 2020, the college did not jump into the doctor-patient relationship and start to tell doctors, "Well, you shall prescribe anti-cholesterol medication to patients with high cholesterol levels. Or you shall not prescribe anti-cholesterol medication." It was left to the judgment of every doctor. There's all kinds of medical debates that have taken place recently and over the centuries. In recent times, the college does not interfere.

Science progresses and moves forward. Once upon a time, there's a very high—and the doctors in the room will know this to be true—a very high rate of women who died after childbirth. Why? Because medical doctors were not washing their hands prior to delivering babies. And so there was a doctor who happened to be a woman. I don't know if it matters or not. And she said, "Hey, we need to start washing our hands before delivering babies." And initially, she was mocked and ridiculed, and she was dismissed as a conspiracy theorist, and a kook and anti-science, et cetera, et cetera. But scientific progress and through debate, science advanced, and everybody came to realize that this doctor was correct. And doctors should wash their hands before delivering babies, and that vastly reduced the mortality rate amongst women, postnatal. Next slide, please.

Contracts need to be transparent. When they involve millions of dollars, millions of tax dollars, even if they involve only thousands of tax dollars, the public has a right to see these contracts while they're being negotiated and after they've been signed. Next slide, please.

Legislation should be amended to say that pharmaceutical companies are liable for use of their products. There shouldn't be any exemption through legislation or through contracts. Next slide, please.

Democratic accountability / Access to justice: A public health emergency should not become an excuse or pretext for our democracy to diminish as it has in the last three years, where we have reverted to a medieval monarch who decrees from week to week what laws we shall live under. Chief medical officers need to be accountable to the legislature, and again, federally, provincially. And it's very important that the legislatures, federal and provincial, not be disrupted just because there's public health emergency. And there's no excuse now with the technology that we have today that maybe didn't exist 20 or 40 years ago. Same thing applies to the courts. Most of the work done by judges is from behind a laptop. It involves paper. Yes, there are trials, and there are times when a judge has to be in the courtroom and listening to the witnesses. But most of the work of the courts is not done in that context. Most of it is done when judges are reading the case law and reviewing the written documents, reviewing the evidence. So the public health emergency should not become an excuse for courts to deny access to justice, which sadly has happened since March of 2020.

Eighteenth and final recommendation for legislative change is that once a public health emergency has ceased to exist for 90 days, the responsible government shall commence a public inquiry.

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Public inquiry shall have 90 days to gather evidence and shall release a report 90 days thereafter. So 270 days after the conclusion of public health emergency, there will be a report that will assess and evaluate the government's response.

I applaud the National Citizens Commission for doing what the governments themselves ought to have done. And it is a shame and a disgrace that generally, and I think we have an exception in Alberta, but other governments, they're not even looking at what's gone on in the last three years. So this too, legislation needs to be changed to require governments to hold that inquiry.

So my thanks again to the Commission for inviting me to be here. It is a great honour and subject to any questions, I would conclude my submissions here. Thank you.

**Shawn Buckley**
So John. I was just hoping to clarify a couple of things and it's just when we have an expert up here, sometimes, they just assume that some people know things. And so your point number 12, when you're saying well, we should include in human rights legislation the right to basically decide not to accept a treatment. I'm hoping that the commissioners and people participating watching your testimony will understand the *Charter of Rights and Freedoms* only applies to governments, but provincial human rights legislation applies to non-government bodies and that's why it would be added.

**John Carpay**
Exactly. Exactly.

**Shawn Buckley**
Because some people might not understand that nuance. And then I don't let any lawyer escape the stand, especially I wouldn't let the president of the JCCF, without asking this question. And it's just, we've experienced the largest intrusion of government over our rights in our lifetime, even for older people that have been through the war. We have now suffered a larger intrusion into our rights.

Can you think of a single case going forward that would act as a break on any level of government doing the exact same thing again?

**John Carpay**
I'm not sure if I'm following your question. Can I think of a single case, meaning like a court action or could you elaborate a little bit?

**Shawn Buckley**
Yeah. A court action. So where a court has said, "Hey wait a second school, you can't impose masking, or you can't impose a vaccine passport, or you can't lock people in their homes, or you can't tell people they can't travel on a plane or a train."

**John Carpay**
I'm very sympathetic to the arguments put forward by Ghent University Professor Mattias Desmet, who talks about mass formation, mass psychosis, and how fear can take over. And I

**think what we've seen in Canada in the last three years is a lot of fear—a lot of it, self-perpetuating. Some of it, you know, falls from the get-go.**

**I mean, Neil Ferguson stating in March 2020 that COVID would be as bad as the Spanish flu of 1918: that proved to be demonstrably false as early as April or May. I mean, early on we knew that that was simply not the case. But the fear lingered on.**

**In answer to your question, I apologize for perhaps being a bit indirect. The way to avoid a future repeat of this, I mean, having better legislation on the books is definitely part and parcel of it. But it's for everybody to work hard on speaking truth to our neighbours, our friends, our families, our co-workers, and getting Canadians to a point where we recognize that these lockdowns were horrific human rights violations. And they were not justified.** They were not based on science. They were not excusable. And unless and until we get the majority of Canadians to really recognize that human rights were violated in 2020, '21, '22, to the present. There are health care workers in BC that cannot, they're not allowed to, come back to work, because of a decision they made a year and a half ago to not take the shot. That's still a reality in British Columbia with doctors and nurses and health care workers.

So the solution is to get Canadians to recognize the violations that took place, in the same way that today we recognize that it was a horrific human rights violation to force the Japanese Canadians who were living in the Vancouver area—

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And there was fear. People feared the invasion from Imperial Japan. The Japanese troops would land on the shore and they feared that the Japanese Canadians would rise up and assist the foreign invaders. Even though the police had already told the government that, "No, we think that the Japanese Canadians are safe. They're not a threat to our national security. Many of them are third, fourth generation. They don't even speak Japanese. They're 100 per cent loyal to Canada." Well, never mind the facts. These people were dispossessed of their homes, their fishing boats confiscated, and forced to move into labor camps in the interior. Now, because we recognize today that that was wrong, there's a chance we won't repeat it, right? But imagine if we didn't recognize that that was wrong. It would increase the chance of that being repeated. So public education is very important to avoid this. That would be the best inoculation.

**Shawn Buckley**
Right, okay. I'm just going to circle back because have you— Are you aware of a single case like that, if this happens again, your JCCF lawyers could rely on and say, "No government, **you're not allowed to do this?"**

**John Carpay**
**We've had, you know, we've had mixed success. I have not been too pleased with some of the court rulings where it appears that the judge is simply relying on a media narrative and not really taking a hard look at the evidence before the court. And you can see that in the judgment. There's all these conclusions that have been dumped too, that are not rooted in evidence that was submitted before the court. Disappointment in that is not going to deter us from doing the best we can to be active participants in the system that we currently have. I think it's all you can do.**

**Shawn Buckley**
**Okay, the only other thing I wanted to ask you before I let the commissioners ask you questions or invite them to, is your recommendations are fairly heavy on, you know, this being a public health emergency and public health officer. And Lieutenant Colonel David Redmond makes a point; he says, "Well, actually public health should never be in charge of an emergency." That there specifically was another organization for that, and that if there was what we would call an emergency involving public health, public health would be advising that other agency, but the other agency takes into consideration a wider variable of things.**

**Would it be fair to say that the suggestions you put forward would equally apply if another** agency was put in charge of an emergency, regardless of whether it's public health emergency or some other type of emergency?

**John Carpay**
Well, absolutely. I think what's behind this is that we need to take a holistic approach to whatever crisis there is, whether it's public health emergency or some other kind of emergency. You know, if we've got a big problem with forest fires, I mean by all means we want the expertise of firemen, but do we want one fireman to take over as a medieval monarch and decree all the laws of the land that we're all going to live under, just because he's a fireman? That wouldn't make any sense.

And just because it is a public health emergency, and I recognize that medical doctors do have—medical doctors generally have much more expertise than non-doctors about medical matters. That doesn't qualify a medical doctor to have this kind of autocratic power, where there's this singular fixation, as if the only important thing in life is to stop one virus. Which is impossible by the way. You can't stop the virus. But anyway, so yes, these recommendations would create a situation where, by all means, the chief medical officer plays an important role and can make recommendations. But you still have a holistic approach where the elected members of the legislature, which include doctors and lawyers and firemen and nurses and housewives and so on and so forth, that they have input on this.

**Shawn Buckley**
Thank you. I have no further questions. I'll ask the commissioners if they have any questions.

**Commissioner DiGregorio**
**Thank you so much for coming down today and giving us this very thoughtful and well laid out set of recommendations. I understand that you're proposing these as legislative changes that could be imposed. And so then presumably each province would be looking at making such changes,**

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**if they were to take these recommendations, and potentially even the federal government in the areas for which they're responsible. Are these really representing guardrails to give guidance to governments on how to proceed in emergencies going forward?**

**John Carpay**
Yeah, I like your characterization. I had not thought of the term, but I think it would be fair to say, yeah, these are guardrails. They're not going to guarantee perfection or perfect outcomes. But these legislative changes, I hope, if implemented, would prevent the massive and horrific human rights violations that we've seen since March of 2020.

**Commissioner DiGregorio**
And is it your view that we need these guardrails, given the way that the courts have been responding to Charter challenges and cases in the COVID-19 realm?

**John Carpay**
Yeah, the problem's been courts, politicians, government-funded media, medical establishment: these different actors together. And these legislative proposals, I think, would have an impact on all of those. One of them specifically is about the colleges of physicians and surgeons: that they are to foster, facilitate, respect the scientific process, which includes debate, and not say, this is the truth and you shall abide by it. Because that's anti-science.

**Commissioner DiGregorio**
And so isn't the Charter supposed to already contain protections that these guardrails shouldn't be needed? Are guardrails like these needed in analyzing and applying the Charter going forward?

**John Carpay**
I think these guardrails, if they were on the books federally and in every province, would vastly reduce the chance that that Charter rights and freedom*s* would be violated, so there'd be less of a need to go to the courts. Judges are human and so you know, what we've seen in the last three years is that those who are susceptible to fear and that fall into this absence of thinking and very emotional, fear-driven response, it doesn't discriminate on the basis of education or intelligence. There are highly intelligent people and very educated people who accept as well as who reject the government narrative. So some of these judges are human and they've fallen into that fear and that's very unfortunate.

**Commissioner DiGregorio**
I asked that because we've had a number of legal experts testify before the Inquiry so far, some of who have suggested that we need to delete section 1 of the Charter, or that other amendments need to be made to the Charter. And I guess what I'm trying to explore here is whether these types of measures would eliminate the need that people see for the Charter to have to be gone back into?

**John Carpay**
Obviously, in respect to this presentation today, I have not turned my mind much yet to changing the *Canadian Charter of Rights and Freedoms* itself by, for example, removing section 1 or changing section 1. Legislative changes are a lot. The journey of a thousand miles must begin with a single step. These will not be easy to get these legislative changes through. But I think trying to change the Constitution is nearly impossible. It's much, much

harder than legislative change. I think we should consider both. I think we can do these legislative changes. Get those done quicker, faster, easier than constitutional change. But I think constitutional change, certainly section 1 needs to be looked at, in light of what we've seen in the last three years.

**Commissioner DiGregorio**
Thank you. And if I could just clarify a few of the ones that you went over with us. So specifically, number 12, which was about respecting the right to bodily autonomy and I thought I saw in there restrictions on collecting of private health information.

And I'm just wondering whether that needs to be restricted to health information or if the recommendation would be for other personal information as well? And I apologize I didn't read the whole thing because we were going quickly.

**John Carpay**
No, no problem. They are connected. The Justice Center is active in raising awareness about the dangers of centralized digital ID and of course there's some connection with the health legislation.

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Governments cannot violate— It's very hard for governments to violate your freedoms of travel, mobility, religion, conscience, expression, association if they don't first have data about you, right? So if we can succeed in protecting privacy, where we say, look, it's not government's business, where I go and who I hang out with and my personal banking and finances and purchases, and my travel and my political opinions, et cetera, et cetera, it's none of the government's business. The government has no right to collect this data on me, okay? If we achieve that, then the chance of the government being able to violate our rights and freedoms is a lot smaller and certainly with medical information.

It was disgraceful here in Alberta early on where the health minister, Tyler Shandro, unilaterally amended legislation to allow police to give, sorry, to allow the Alberta Health Services to give personal, private, confidential medical information to police. It's absolutely outrageous. Now, the pretext was, well, some people are spitting on police officers so we need the DNA sample to make sure that the person that spat on the police officer, et cetera. Okay, fine. You could have a very narrowly crafted, narrowly tailored provision to authorize some partial release of one individual's medical information in that situation, where they spat on a police officer, right. But this was just a global, "Yup, Alberta Health Services can turn information over to police."

**Commissioner DiGregorio**
Thank you. And another one of your slides or recommendations, which I think was number 13, you proposed that there be statutory civil remedy, I think, for harms from the vaccines. At least I think that's what you were getting at there. And then you also went on in number 16 to talk about not giving liability protections to pharmaceutical companies.

And we've also had other people testify as to the need for accountability, which I think taking away the liability protection for pharmaceutical companies does. But do we need to consider what liability protections are appropriate or not appropriate for other, such as the public health officers, the chief medical officers, and do we need to consider that as well?

**John Carpay**
Excellent question. The recommendation here on point number 13 was focused on a right to sue somebody if you got pressured, coerced, manipulated into getting medical treatment like a vaccine, and you were pressured into that you could then sue the person that pressured you into it. These submissions today don't comment specifically on being able to sue for vaccine injury, but obviously I think that that should be possible. And I think that's a good thing and that's all part of justice.

If somebody harms you then you get to sue them. That's part of our justice system—has worked for a long time. In terms of bringing to justice, I'm frequently asked at public meetings: Will our politicians and chief medical officers who imposed these human rights violations on us, will they ever be brought to justice? And my answer is yes, someday, but only if we get to a point where the majority of Canadians recognize that we did suffer massive human rights violations. And as long as the public is not at that point, then those who perpetrated the human rights violations will not be brought to justice. So again, it goes back to changing public opinion is the big task that that lies ahead.

**Commissioner DiGregorio**
Thank you, and my last question just revolves around— I'm struck by your recommendations, how they seem to repeatedly refer to transparency and freedom of speech. And this is a theme we have seen with many of the witnesses over the inquiry. Can you just speak to how important that is and will be going forward?

**John Carpay**
Everybody wants good laws, right? Ask any audience in any room, who wants bad laws? Well, everybody wants good law. How do we get to good laws? Well through debate and discussion, and if debate is stifled and a presupposition is put forward—you know, "Well, we already know what the right tax policy is or the right Aboriginal policy or the right environmental policy or the right criminal justice policy;

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we already know that, and so there's no debate."—You're not going to arrive at good laws.

The whole idea of democracy in the legislature is there should be a cut and thrust. And the government, you know, you have first reading, and then it goes to committee, and the committee looks at it and says, "You know, look maybe the bill generally is a good idea, but you know we should really change section 7 and section 14. And we need to think about this, think about that." And so even in the legislature you have this idea of debate and you improve legislation, so when it comes back again it's better than what it was the first time. So we need the free research, free inquiry, free debate, free speech in order to arrive at truth in all realms. And that can be, that would include science and politics and religion and art. Everywhere, every sphere, every dimension, we need that open debate without censorship as the best means to arriving at truth.

**Commissioner DiGregorio**
Thank you.

**Commissioner Drysdale**
**Thank you for your testimony. Many of the recommendations you're making seem to be focused at trying to make the public health emergency legislation a little more accountable. But I'd like you to talk a little bit about the problem with that. We already have also legislation, which is very similar for emergencies all over, overall. And no emergency is one discipline. In other words, when there's a hurricane or a tornado or an earthquake or something else, there's multiple disciplines that have to come into it: medical, transportation, engineering, trades, et cetera. And those people who are in the emergencies area, and I've been involved in that, are trained in planning, logistics, figuring out the goal. Lieutenant Colonel Redmond the other day talked about, you know, if you don't establish your target properly, you're obviously not going to hit the proper target.**

Shouldn't the solution or a part of this solution just be to roll that whole medical thing back into the *Emergencies Act*, so that they have the proper planning placed on top of them? Because we hear testimony after testimony about how these public health officers, who may or may not have any training in emergency awareness and understanding the complexity of one of these emergency systems, they're running this thing. As opposed to just getting rid of it and rolling it into the *Emergencies Act* legislation. Can you comment on that?

**John Carpay**
I have not looked at the provincial legislation. If you're talking about the *Emergencies Act* federally, and of course this is quite relevant: the Justice Center has commenced a court action seeking a ruling that the prime minister acted illegally because the Commission report, the Rouleau report, didn't bring a desirable or satisfactory outcome. In fact, the evidence that was placed before the Public Order Emergencies Commission very strongly suggests that the requirements for declaring a national emergency were not met. So that that would be my only response.

**Commissioner Drysdale**
And also within your recommendations, you talk about an investigation 30 days after or 90 days after or whatever the recommendation was. You know, without a functional media, without a media that's looking after the people and pointing out conflict, obvious conflicts of interest, which you kind of sort of referred to just now, how can you rely on again saying that there has to be an investigation where there's no media scrutiny on it and there's no legal reins on it? You can put any person with conflict of interest ahead of that and come out with whatever you want?

**John Carpay**
**Well, I think, the government-funded media—two things: One is they failed us; they failed Canadians. They failed democracy. They failed society by parroting government narrative in a way that I've never seen media do that to the same extent before 2020, where anything that a government official said was taken to be gospel truth and was just propagated and repeated.**

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**So they really lost their way.**

Now, what's interesting though is when we had the Public Order Emergencies Commission, and I suppose some of the reporting may have been biased, but the media did report on that. And it was possible to learn about the evidence that was being presented before that Commission. The media landscape is changing and the government-funded media are becoming less influential every day. The fact that they need to go to the government, cap in hand and beg for money, tells us that they do not have a viable business; and so they're slowly dying, I think, a well-deserved death. And what's happening is you've got independent media such as the *Western Standard*, *The Epoch Times*, the Rebel [Rebel News], *True North*, the *Counter Signal*, and the independent media are growing. *Blacklocks Reporter* is another one: doesn't receive government-funding. Whereas the government-funded media, fewer and fewer people are listening to them. So this is taking much longer than what I would want, but slowly, but surely government-funded media are dying and independent media are growing. And so it's not impossible to get the truth out.

**Commissioner Drysdale**
I appreciate that point, but we heard over and over again in this testimony how the government picked winners and losers. You know, the corner store on the street went out of business and the big box store had all kinds of profitability. So in that consideration, and given that Bill C-11 just passed, can you comment on how Bill C-11 may affect that possibility to continue hearing those alternative sources outside the government narrative?

**John Carpay**
The worst threat to our freedoms is self-censorship and it's a worse threat than C-11. C-11 is a problem because it gives new and additional powers to the CRTC [Canadian Radio-television and Telecommunications Commission], where government looks to be gaining control over our podcasts and YouTube videos, websites so on and so forth, and so the best thing to do with our freedom of expression is to exercise it. Our Charter freedoms are like a muscle, right? I'm not a medical doctor, but I've been told that if you spend your days on a couch watching TV and if you never exercise, that that's bad for your health. Whereas, if you exercise your muscles, it's good for your health, and it's the same with our Charter freedoms.

So the best defence against C-11, unless and until it's altered or repealed or struck down by a court, is to continue to exercise our Charter rights and freedoms in a robust fashion. Not only is that the best defence, I think it's the only defence that we have right now and in the next few days, weeks, months. It's the only thing we can do: to keep on speaking the truth to the best of our ability.

**Commissioner Drysdale**
Thank you, sir.

**Commissioner Kaikkonen**
Thank you for your testimony. I appreciate the fact that you're a lawyer and I'm not. So I qualify myself when I say that. But one of the things that my understanding is, since '82 when the Charter was enacted, we had three years in every province and federal government to align the laws with the *Charter of Rights and Freedoms*. Since '85 we've watched a proliferation of laws go into place and that was by the legislature, you're right on that. But the judiciary had a responsibility to pull it back and they have not.

So I just wonder how we're supposed to rein in a legislature, when that's where most of the recommendations that you've made go to, when the judiciary itself is providing, as you say, mixed decisions that really don't protect the rights of ordinary Canadians? And for ordinary Canadians, if I turn that the other way: How do they have access to a judiciary when they have their rights and freedoms violated, without prohibitive costs and having to deal with that as well, in terms of just moving the law to a place where it recognizes—and the judges as well—that Canadians are the ones who have a right to be free? They're born free, and their God-given right is to be respected by their institutions.

**John Carpay**
Thank you. Pre-2020 there are mixed results insofar as lots and lots of court rulings, where the courts sided with the government and upheld the law,

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but also lots and lots of rulings where the courts sided with the Charter claimant and struck down a law in whole or in part. I don't know off the top of my head what the specific breakdown would be.

There's certainly been a shift in the last two years with rulings pertaining to COVID and lockdowns. I'm seeing a lot more deference to government than what I was seeing prior to 2020. The cost of litigation—it's a huge problem. I mean this is why you've got groups like the Justice Center, where we get the donations from Canadians, and then we provide legal representation free of charge because the people that we represent, they would need a hundred thousand or two hundred thousand dollars in the bank to pay for legal bills if they had to represent themselves. So that's a big problem—how expensive litigation is. And there's no easy answer to that. I welcome a follow-up question. I have a feeling I haven't really addressed kind of the heart of what you're getting at.

**Commissioner Kaikkonen**
So one of the people who testified this morning, one of the witnesses advocated that millions of complaints should be made against the professionals in their discipline that refused to— That did not provide informed consent. So that would be one way that the people could actually address in some form some of the abuses that they have suffered over the last three years.

But how do we—if we take that thought further, because that's an action that everybody can take personal responsibility for and actually follow through with—how do we make a judiciary accountable to the people? Where do we start, as ordinary Canadians, to change that mindset that whatever the government says the judge will agree with, as opposed to the fact that ordinary Canadians are willing to take their finances and their assets and put them on the line to fight abuses that were clearly wrong and clearly violate the Charter?

**John Carpay**
You can have an accountable judiciary where perhaps you have the election of judges, would be an example, or you can have an independent judiciary. You can't have both. The way our system is right now, in theory, and I think largely in practice, is you have the accountability on the democratic side; so the lawmakers can be removed from office if you don't like your MLA or the party or the government. You can be involved in the democratic process. You can remove people from office and replace them. You know, there are pros

and cons to elected judges. There are some U.S. states that have that, and there are people who say that that works really well, and other people argue it does not work very well. Our system in Canada: the idea is the judges are independent, so that there cannot be any kind of threat or, you know, something hanging over the judge's head that if you don't rule the way that I want you to, there's going to be accountability there. So we have an independent judiciary. I don't know how you can have a judiciary that's both independent and accountable. I just don't know how one could achieve that.

**Commissioner Kaikkonen**
And then I'm just going to pull out an example, and I wish I had all the details. So I may be a little bit lost on some of the details. Certainly, in the time frame I'm not aware of it or I can't really pin it down.

But in Ontario, the legislature decided, I'm going to say six or seven months ago, that they should have an appointed chief medical officer that was above the legislature. That would have a five-year contract, a five-year renewable contract, and a year I believe it was on top of that, if the legislature so chose. So is that not contrary to everything that we're talking about here? That we've addressed that there is the problem has been this kind of dictator at the top of the legislature above the legislature, and how do we counter that as people? That, our legislature who you're giving all these recommendations to, would actually think it's okay to have a chief medical officer that is over and above the elected official? And again, I'm going to take it back to, Where do the people of Canada get that accountability and transparency if the legislature itself, the MPPs [Members of Provincial Parliament] in Ontario, think that that's a good idea?

[01:00:00]

And they think that that's okay to push first, second, and third reading quickly through.

**John Carpay**
Well, that proposal, as you've described it, sounds like a permanent medical dictatorship; even worse than the quasi-permanent medical dictatorship that we've already suffered through.

Most politicians, in my view, are followers, not leaders. And that's for better or for worse. I don't mean it as an insult or a compliment, but just as a description.

If in Alberta, if three-quarters of Albertans in 2020 had been vociferously opposed to lockdown measures, I don't think the government would have imposed those lockdown measures. But I think there was strong public support; to the precise extent, it's hard to know. But there was considerable public support. And so there were people phoning and emailing their MLA's saying, "Lock us down harder, and we want more of our rights and freedoms taken away. We want more restrictions." And that's what a lot of MLAs were hearing, and they're sensitive to that. So I think when you get what sounds like a very bad proposal to have an appointed chief medical officer serving a five-year term with all kinds of powers, well, people in Ontario need to contact their MPP and say, "That sounds really awful. I want you to vote against it. And if you don't vote against it, I'm going to vote against you in the next election." And just be involved in the democratic process. I think that's really important.

**Commissioner Kaikkonen**
And on your last, I believe it was the 18th, you suggested that there should be a public inquiry 90 days in, and that that report from the public inquiry should be made available to the public 270 days later. We've had those. And it didn't go in the favour of the people. So I just wonder whether it needs to be a broader or more specific, maybe, recommendation. Like here, we're going across the country. We are listening to the views and opinions and the experiences of ordinary people. People who are Canadians who have experienced atrocious abuses in all sorts of factors. And we will have a report. But how do you, again, bring government to the point where they recognize that this is a huge proportion of the population in Canada and beyond, that has experienced things that they actually perpetrated? So how do we bring it back?

**John Carpay**
I think the work that the National Citizens Inquiry is doing is contributing to that. You are doing what the federal government and every province should be doing right now. So these 18 proposals are more of a skeleton. So for each one of these proposals, there would be a lot of extra work and that's okay. Every legislature has a team of drafting lawyers whose full-time job it is to draft legislation, right?

So these are kind of broader statements of principle. But say, on point number 18, mandatory public inquiry after conclusion of public health emergency, there's an example of where the elected politicians with their staff lawyers that work for the legislature could sit down and could very specifically craft, you know: How do the commissioners get appointed? How do we make sure that we get unbiased commissioners? What kind of evidence is received? And all the details will be spelled out. So this is kind of the skeleton, the starting point.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**John Carpay**
Thank you.

**Shawn Buckley**
John, there being no further questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and giving your testimony today. And I'll advise you that the PowerPoint that you provided will be made in exhibits so both the public and commissioners can review it, to understand your testimony better.

**John Carpay**
Thank you. It's a real honour for me to have been here with you today. Thank you.

[01:04:33]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

## EVIDENCE
## RED DEER HEARINGS

**Red Deer, Alberta, Canada**
**April 26 to 28, 2023**

# ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Opening Statement, Shawn Buckley**
**Full Day 3 Timestamp: 00:46:31–01:20:51**
**Source URL, https,//rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

**Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.**

**As I say, this takes about $35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.**

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

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just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

**And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.**

**But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.**

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

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then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

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The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

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This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

**where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."**

**Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.**

**I read that book when I was a young university student doing my first degree, and it never** dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

**So it's not a mistake.**

**[00:25:00]**

**And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.**

**I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're**

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is:Have you had enough?" Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying.
So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

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and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

**So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.**

**You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.**

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

**[00:34:20]**

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 1: Christopher Scott**
**Full Day 3 Timestamp: 01:20:51–02:12:52**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

**Christopher Scott**
Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

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

**Christopher Scott**
I do.

**Shawn Buckley**
Now, as I understand it, you are the owner of the Whistle Stop Cafe.

**Christopher Scott**
That's correct.

**Shawn Buckley**
And what town is that in, and what's the population of this town?

**Christopher Scott**
The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

**Shawn Buckley**
Okay, hey, so it's growing.

**Christopher Scott**
Growing, like a weed.

**Shawn Buckley**
When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

**Christopher Scott**
That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

**Shawn Buckley**
And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

**Christopher Scott**
No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

**Shawn Buckley**
Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

**Christopher Scott**
I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

**Shawn Buckley**
Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

**Christopher Scott**
Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

[00:05:00]

And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

**Shawn Buckley**
My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

**Christopher Scott**
That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

**Shawn Buckley**
Right, okay. Now, so you're complying, and how is that affecting your business economically?

**Christopher Scott**
**Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.**

**Shawn Buckley**
**Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?**

**Christopher Scott**
**Sure. So as many people will likely remember— The election prior to this, we elected a** government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about **protecting people's health. This was not about keeping people safe. It was about control.**

**And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.**

**Shawn Buckley**
And that happened on January 24th, 2021.

**Christopher Scott**
That's correct.

**Shawn Buckley**
So what happened after you opened in protest?

**Christopher Scott**
Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

[00:10:00]

We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."

**Shawn Buckley**
So I just want to make sure that I'm clear. This is the Chief of Police?

**Christopher Scott**
Yeah, Chief of Police.

**Shawn Buckley**
So it would be an RCMP officer?

**Christopher Scott**
Right.

**Shawn Buckley**
So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

**Christopher Scott**
That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want $25,000 from you upfront, before they even do anything. It costs $10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

[00:15:00]

in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

**Shawn Buckley**
Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

**Christopher Scott**
Yeah, we've had people from all over the country show up there. There were people driving 8-12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

**Shawn Buckley**
If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

**Christopher Scott**
Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

**Shawn Buckley**
Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

**Christopher Scott**
Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

**Shawn Buckley**
Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Heath Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

**Christopher Scott**
I lost count when I ran out of fingers and toes, but I think it was 23.

**Shawn Buckley**
Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

**Christopher Scott**
They did, yeah.

**Shawn Buckley**
They got Occupational Health and Safety involved to come and visit you.

**Christopher Scott**
Yes.

**Shawn Buckley**
They seized liquor.

**Christopher Scott**
Yeah.

**Shawn Buckley**
They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

**Christopher Scott**
They did.

**Shawn Buckley**
So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

**Christopher Scott**
Yes, they did.

**Shawn Buckley**
So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

**Christopher Scott**
Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

**Shawn Buckley**
Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

**Christopher Scott**
It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

**Shawn Buckley**
And my understanding is you spent three days in jail.

**Christopher Scott**
I spent three days in jail. I was subject to sanctions of $30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

**Shawn Buckley**
So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to $30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

[00:25:00]

So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

**Christopher Scott**
That's correct.

**Shawn Buckley**
Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

**Christopher Scott**
Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

**Shawn Buckley**
Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

**Christopher Scott**
Yes, I do.

**Shawn Buckley**
I'm inviting you to share them.

**Christopher Scott**
I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

**That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer $50 or a $100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.**

**As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to** having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

[00:30:00]

alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

**Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.**

**Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the**

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

[00:35:00]

or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put $10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

**Shawn Buckley**
I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

**Commissioner Drysdale**
Good morning.

**Christopher Scott**
Good morning.

**Commissioner Drysdale**
Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

**Christopher Scott**
Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

**Commissioner Drysdale**
How were you treated by the alternative media in Canada?

**Christopher Scott**
Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.

**Commissioner Drysdale**
Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

**Christopher Scott**
**Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.**

**[00:40:00]**

**And it's not supposed to be that way. The legislation was supposed to protect Canadian content.**

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

**Commissioner Drysdale**
**You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.**

**Christopher Scott**
**Right.**

**Commissioner Drysdale**
Did they handcuff you when they arrested you?

**Christopher Scott**
Of course.

**Commissioner Drysdale**
Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

**Christopher Scott**
No, they left me in the drunk tank for three days.

**Commissioner Drysdale**
Can you describe that room for me please?

**Christopher Scott**
Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

**Commissioner Drysdale**
Were you violent?

**Christopher Scott**
How so?

**Commissioner Drysdale**
I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

**Christopher Scott**
No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

**Commissioner Drysdale**
My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

**Christopher Scott**
Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

[00:45:00]

is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

**Commissioner Drysdale**
You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

**Christopher Scott**
In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

**Commissioner Drysdale**
Thank you.

**Commissioner Kaikkonen**
You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

**Christopher Scott**
Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

[00:50:00]

So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

**Commissioner Kaikkonen**
Thank you very much.

**Shawn Buckley**
Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 2: Dr. Misha Susoeff**
**Full Day 3 Timestamp: 02:12:52–02:52:37**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

**Dr. Misha Susoeff**
Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

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

**Dr. Misha Susoeff**
Yes, sir, I do.

**Shawn Buckley**
Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

**Dr. Misha Susoeff**
Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

**Shawn Buckley**
Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

**Dr. Misha Susoeff**
Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

**Shawn Buckley**
Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

**Dr. Misha Susoeff**
Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

**Shawn Buckley**
I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

**Dr. Misha Susoeff**
Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

**Shawn Buckley**
In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

**Dr. Misha Susoeff**
Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

**Shawn Buckley**
So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

**Dr. Misha Susoeff**
Yes, sir, internal passport version two.

**Shawn Buckley**
**And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.**

**Dr. Misha Susoeff**
**Exactly. And it was at that moment I realized that we were in big trouble.**

**[00:10:00]**

**Shawn Buckley**
It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

**Dr. Misha Susoeff**
As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

**Shawn Buckley**
So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

**Dr. Misha Susoeff**
**Yes, sir, sadly.**

**Shawn Buckley**
**Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?**

**Dr. Misha Susoeff**
There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

**Shawn Buckley**
Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

**Dr. Misha Susoeff**
Prior to the pandemic, I don't recall that ever happening.

**Shawn Buckley**
Okay, now did that change after the vaccine rollout?

**Dr. Misha Susoeff**
Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

**Shawn Buckley**
Okay, and how often has that happened to you now?

**Dr. Misha Susoeff**
Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

**Shawn Buckley**
Seventeen.

**Dr. Misha Susoeff**
Yes, sir.

**Shawn Buckley**
So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

**Dr. Misha Susoeff**
Yeah, exactly. To my recollection prior to the pandemic.

**Shawn Buckley**
Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

**Dr. Misha Susoeff**
Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

**Shawn Buckley**
And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

**Dr. Misha Susoeff**
Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

**Shawn Buckley**
Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

**Dr. Misha Susoeff**
Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

**Shawn Buckley**
Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

**Dr. Misha Susoeff**
They at least accepted the possibility.

**Shawn Buckley**
Right, and they're volunteering this, right?

**Dr. Misha Susoeff**
Yes, sir.

**Shawn Buckley**
And yet they they've made a comment how stupid people are who aren't vaccinated.

**Dr. Misha Susoeff**
It's unbelievable.

**Shawn Buckley**
But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

**Dr. Misha Susoeff**
In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

**Shawn Buckley**
Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

**Dr. Misha Susoeff**
Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

**Shawn Buckley**
And did anything happen?

**Dr. Misha Susoeff**
Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

**Shawn Buckley**
And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

**Dr. Misha Susoeff**
Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

**Shawn Buckley**
Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

**Dr. Misha Susoeff**
I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

**Shawn Buckley**
I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

**Dr. Misha Susoeff**
I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

**Shawn Buckley**
Thank you. I'll ask the commissioners if they have any questions.

**Commissioner Kaikkonen**
Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

**Dr. Misha Susoeff**
So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

**Commissioner Kaikkonen**
Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

**Dr. Misha Susoeff**
In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

**Commissioner Kaikkonen**
And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

**Dr. Misha Susoeff**
I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

**Commissioner Kaikkonen**
Thank you very much.

**Dr. Misha Susoeff**
Thank you.

**Commissioner Drysdale**
Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

**Dr. Misha Susoeff**
No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

**Commissioner Drysdale**
You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

**Dr. Misha Susoeff**
Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

**Commissioner Drysdale**
But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

**Dr. Misha Susoeff**
Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

**Commissioner Drysdale**
We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

**Dr. Misha Susoeff**
That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

**Commissioner Drysdale**
Thank you.

**Commissioner Massie**
Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

**Dr. Misha Susoeff**
Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

**Commissioner Massie**
Thank you very much.

**Commissioner Drysdale**
Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

**Dr. Misha Susoeff**
Yes, sir.

**Commissioner Drysdale**
But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

**infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?**

**Dr. Misha Susoeff**
**I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.**

**Commissioner Drysdale**
**Thank you.**

**Shawn Buckley**
Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

**Dr. Misha Susoeff**
**Thank you.**

**[00:39:45]**

***Final Review and Approval:*** *Anna Cairns, August 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.***

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 3: James Coates**
**Full Day 3 Timestamp: 03:03:58–03:56:25**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

**James Coates**
Okay.

**Wayne Lenhardt**
There.

**James Coates**
I'm not sure how to mitigate that.

**Wayne Lenhardt**
I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

**James Coates**
Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

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

**James Coates**
Of course.

**Wayne Lenhardt**
Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

**James Coates**
Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

**Wayne Lenhardt**
Excuse me?

**James Coates**
Yeah.

**Wayne Lenhardt**
Do you recall exactly what the undertaking was?

**James Coates**
Well, it was an undertaking ordering me to comply with *the Public Health Act*.

**Wayne Lenhardt**
Oh, okay. Okay.

**James Coates**
That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

**Wayne Lenhardt**
Okay. Carry on.

**James Coates**
In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

**Wayne Lenhardt**
So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

**James Coates**
Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

**Wayne Lenhardt**
I don't exactly recall, either.

**James Coates**
So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

**Wayne Lenhardt**
Okay, so is there anything else still pending that you want to tell us about?

**James Coates**
You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a $1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

**Wayne Lenhardt**
At this point, do the commissioners have any questions?

**Commissioner Kaikkonen**
I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

**Wayne Lenhardt**
I suppose we could, if we have a copy of it.

**Commissioner Kaikkonen**
Are you okay if we have a copy of those two sermons that went viral?

**James Coates**
Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

*God vs. Government*, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

**Commissioner Kaikkonen**
Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

**James Coates**
You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

**Commissioner Kaikkonen**
And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

**James Coates**
Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

**Commissioner Kaikkonen**
It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

**James Coates**
Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

**Commissioner Kaikkonen**
And churches are known for their good works in the community, is that right?

**James Coates**
Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

**Commissioner Kaikkonen**
And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members. where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

**James Coates**
Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**James Coates**
You're welcome.

**Commissioner Drysdale**
Good morning, Pastor Coates.

**James Coates**
Good morning.

**Commissioner Drysdale**
Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

**James Coates**
Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

**Commissioner Drysdale**
What is the physical capacity of your facility?

**James Coates**
Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

**Commissioner Drysdale**
So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

**James Coates**
Yeah, I don't know how to answer that. I mean—

**Commissioner Drysdale**
Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

**James Coates**
Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

**Commissioner Drysdale**
The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

**James Coates**
Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

**Commissioner Drysdale**
I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

**James Coates**
Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

**Commissioner Drysdale**
One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

**James Coates**
Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

**Commissioner Drysdale**
Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

**James Coates**
Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

**Commissioner Drysdale**
Were you humiliated by that?

**James Coates**
Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

**Commissioner Drysdale**
Thank you, sir. That's all my questions.

**Wayne Lenhardt**
Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

**James Coates**
Thank you for having me. Appreciate it.

[00:52:27]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 4: Dr. Eric Payne**
**Full Day 3 Timestamp: 04:38:08–06:23:33**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

**Dr. Eric Payne**
Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

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

**Dr. Eric Payne**
I sure do. So help me God.

**Wayne Lenhardt**
You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

**Dr. Eric Payne**
Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.
I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

**Wayne Lenhardt**
At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

**Dr. Eric Payne**
Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

**I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.**

**The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.**

**We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.**

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

[00:10:00]

and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudency. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your **concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.**

**At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.**

**Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.**

**Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.**

**He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.**

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it **was a defamatory**

**[00:15:00]**

**sort of process that took place.**

**Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.**

**But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.**

**One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.**

**I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not** going make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience uncomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk–benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

**The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.**

**We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.**

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, they deemed them well-written and justified.

On January 6th, Alberta Health Services sent me a letter stating that they were not going renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against COVID.

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

**[VIDEO 1] Paul Offit**
Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

**[VIDEO 2] Paul Offit**
Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

**[VIDEO] Unnamed Speaker**
And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

**Dr. Eric Payne**
They're not that interested.

**[VIDEO 2] Paul Offit**
—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

**Dr. Eric Payne**
And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

**[VIDEO] Bill Gates**
—they're not good at infection blocking.

**Dr. Eric Payne**
So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

**And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.**

**These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an** increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

**If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.**

**The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.**

**[00:40:00]**

**This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.**

**Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.**

**What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.**

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

**Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.**

**Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study**

**that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.**

**I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.**

**Dr. Fauci was under oath and he couldn't name a single study in support of masking.**

**And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works** for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0–19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you **take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.**

**We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.**

**This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.**

**And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.**

**This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.**

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received $800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost $2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that $2 million, the University of Calgary, the university that won't let me interact with trainees, took $600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

**[00:50:00]**

**$2 million is an enormous unconscious financial bias.**

**And when you're not willing to discuss things, that's when things get into trouble.**
**And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."**

**If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.**

**[VIDEO] Anthony Fauci Interview**
**[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]**

**Dr. Eric Payne**
**Somehow that was lost in history for a couple of years.**

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigiAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it **shows you that there's something else going on.**

**This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."**

**So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.**

**And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.**

**We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.**

**They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.**

This is the most recent bio-distribution data

[00:55:00]

that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

**If you can play the one on the left first.**

**[VIDEO] Bill Gates Interview**
**[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]**

**Dr. Eric Payne**
**And then the one on the right please.**

**[VIDEO] Interviewer**
**. . . Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.**

**[VIDEO] Anthony Fauci**
**If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?**

**Dr. Eric Payne**
I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to **kids.**

**The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.**

**They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.**

**So we are actually slightly increasing a child's risk**

[01:00:00]

**of getting RSV and influenza by giving them a COVID shot.**

**Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.**

**Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.**

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got **lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.**

**This is the last slide.**

**For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.**

**It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.**

**Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.**

**And with that I'll take any questions.**

**Wayne Lenhardt**
I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

**Commissioner Massie**
Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

**Dr. Eric Payne**
Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was— I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

**The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.**

**This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.**

**In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England***

*Journal of Medicine* paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

**Commissioner Massie**
You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

**Dr. Eric Payne**
Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

**Commissioner Massie**
Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

**Dr. Eric Payne**
We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

[01:10:00]

is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

**Commissioner Massie**
We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

**Dr. Eric Payne**
I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

**Commissioner Massie**
So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

**Dr. Eric Payne**
I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

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that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

**Commissioner Massie**
So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

**Dr. Eric Payne**
It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

**Commissioner Massie**
Thank you very much.

**Commissioner DiGregorio**
Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting.
I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

**Dr. Eric Payne**
Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

**Commissioner DiGregorio**
So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

**Dr. Eric Payne**
Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

**Commissioner DiGregorio**
So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

**Dr. Eric Payne**
We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

**Commissioner DiGregorio**
Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

**Dr. Eric Payne**
Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

**Commissioner DiGregorio**
And he was emailing you at your Alberta Health Services account?

**Dr. Eric Payne**
Yeah. It was one of those things that was not an attorney/client— I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

**Commissioner DiGregorio**
Thank you.

**Commissioner Drysdale**
Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

**Dr. Eric Payne**
Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

**Commissioner Drysdale**
So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

**Dr. Eric Payne**
Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

**Commissioner Drysdale**
One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

**Dr. Eric Payne**
If I was getting a shot, I would go to see another doctor.

**Commissioner Drysdale**
Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

**Dr. Eric Payne**
Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

**Commissioner Drysdale**
Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

**Dr. Eric Payne**
It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

**Commissioner Drysdale**
How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

**Dr. Eric Payne**
No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

**Commissioner Drysdale**
From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

**Dr. Eric Payne**
I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called" western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

**Commissioner Drysdale**
My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

**Dr. Eric Payne**
And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

**Commissioner Drysdale**
Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

**Dr. Eric Payne**
Yeah, you'll learn that in nine months with thalidomide.

**Commissioner Drysdale**
And so we didn't wait nine months.

**Dr. Eric Payne**
No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick* [*News*]. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

**Commissioner Drysdale**
Thank you.

**Wayne Lenhardt**
Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

**Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.**

**Dr. Eric Payne**
**You're absolutely right.**

**If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.**

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

**Vitamin D is a hormone that in is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."**

**In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.**

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

**Wayne Lenhardt**
My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

**Dr. Eric Payne**
I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

**Wayne Lenhardt**
Yes. And this entity was formed in the fall of 2019. It would have been just before—

**Dr. Eric Payne**
Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

**Wayne Lenhardt**
Have you seen that before and can you tell us anything about?

**Dr. Eric Payne**
Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030.
So our leaders don't seem to be playing for our team sometimes.

**Wayne Lenhardt**
On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 5: John Carpay**
**Full Day 3 Timestamp: 06:23:39–07:28:12**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our next witness today is John Carpay.

John, can you state your full name for the record, spelling your first and last name?

**John Carpay**
John Victor Carpay. John, J-0-H-N, Victor, V-I-C-T-O-R, Carpay, C-A-R-P-A-Y.

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

**John Carpay**
I do.

**Shawn Buckley**
Now, John, you have a bachelor's degree in political science from the University of Laval.

**John Carpay**
That's correct.

**Shawn Buckley**
You have a law degree from the University of Calgary.

**John Carpay**
Correct.

**Shawn Buckley**
And you have, you are, and have been for some time the President of the Justice Centre for Constitutional Justice or Freedoms [JCCF]. Can you share with us about the JCCF, what you guys are about, and give us a brief outline of the involvement that you guys have taken with the COVID pandemic? Because you guys have been quite busy.

**John Carpay**
So the Justice Centre is a registered charity. We are a non-profit. We are 12 years old. We were founded in 2010. Our mission is to defend constitutional freedoms through litigation and education.

We were, to my knowledge, the first non-profit in Canada to call for an end to lockdowns. This was in May of 2020, so we were two months into violation of Charter rights and freedoms, and we have a paper on our website called, "No Longer Demonstrably Justified." And our argument in May of 2020, and since that time, is that the lockdowns are doing more harm than good. Therefore, under the *Canadian Charter of Rights and Freedoms*, those are not justified violations of our Charter rights and freedoms.

So since March of 2020, we've had court cases across Canada. We have challenged lockdown measures in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec. We represent Sheila Annette Lewis, who is the lady that needs a double organ transplant, who currently, in Alberta, will die without that medical treatment. Prior witness Dr. Eric Payne alluded to that. That's one of our clients. We've defended the free speech rights of doctors and nurses to speak freely and honestly their own views and opinions about medical and scientific issues. We've represented students threatened with expulsion from university for refusing to take the COVID vaccine, government workers threatened with loss of employment.

We also are paying for the legal defence, the criminal defence, for people like Tamara Lich and Chris Barber, who've been criminally charged for doing nothing other than peacefully exercising their Charter freedoms of expression and association and so on. And so we have lawyers in BC, Alberta, Saskatchewan, Ontario, Quebec, fighting court cases all across Canada.

**Shawn Buckley**
And am I correct that basically you guys depend on donations from the public to fund these lawsuits?

**John Carpay**
We neither ask for nor receive any government funding for our work, and indeed we rely entirely on voluntary donations to carry out our work.

**Shawn Buckley**
Okay, thank you for sharing that. So now you are invited here today to share with the National Citizens Inquiry your thoughts actually on specific actions or changes that could

**be made, so that going forward we don't experience things the way we have experienced them. And I'd like to invite you to start your presentation at this time [Exhibit RE-12].**

**John Carpay**
**Yes, I've got a got my own computer here, but I don't know if the Commission staff is able to put the—**

**Shawn Buckley**
**Yeah, we're up and if you open that laptop likely it would show up on that laptop also, it won't, okay, so—**

**John Carpay**
No, I've got the same presentation on my own laptop. So protecting Canadians' human rights and constitutional freedoms in the context of a public health emergency. So we acknowledge that it is a valid choice on the part of governments and legislatures

[00:05:00]

to have public health legislation on the books. We're not calling for a repeal of that. It's also perfectly valid for legislation to provide parameters and guidance on what to do in a public health emergency. We're assuming that that legislation is valid and it should remain on the books, but I have 18 recommendations, which I'll go through briefly.

Maybe the next one or two slides down. Next one down. One further.

Yes, chief medical officers, health authorities, and so on, must at all times disclose to the public the specific assumptions, data, statistical models, sources for their modelling, etc. Case in point: here in Alberta, Premier Jason Kenney and Chief Medical Officer Deena Hinshaw, on April the 8th, 2020 presented a model to the Alberta public suggesting that even with lockdown measures in place, 32,000 Albertans could die of COVID. That number, 32,000, is higher than the 27,000 total annual deaths in Alberta from all causes. All-cause mortality in Alberta: 27,000 per year. And here we have the chief medical officer and the premier saying 32,000 people could die of COVID. Of course, this proved to be completely false, and so wildly exaggerated as to become false. Governments were asked, I asked the government, what is your basis for this model? How did you come up with this number of 32,000? Is it based on Neil Ferguson modelling? Did you pull it out of thin air? What's the source? How did you come up with this number? No answer: completely stonewalled.

**So this first recommendation, I could give many, many other examples: The specific documents need to be made available to the public at all times on everything pertaining to the public health emergency. Go to the next slide if you like.**

**This recommendation is that the chief medical officer must submit to a weekly questioning by elected members of the legislature. I use the word legislature to mean both federal Parliament and the provincial Legislative Assembly. So I'm using one word. These 18 recommendations are intended to apply to both levels of government, federal, provincial, and territorial, which is analogous to provincial.**

**One aspect of our Constitution, one of the constitutional principles, is democratic accountability. It is the idea that we, the people, elect our representatives and our elected**

representatives pass the laws under which we live. And there is maybe not direct accountability through citizens' initiative, but at least there's some accountability because you can hold to account the federal MPs [Members of Parliament], provincial MLAs [Members of the Legislative Assembly], for the laws that they are passing. This went out the window in March of 2020, where the chief medical officer in Alberta, BC, Saskatchewan, and so on, federally— All of a sudden, these chief medical officers became like medieval monarchs. In fact, Deena Hinshaw's orders, "I, Deena Hinshaw, Chief Medical Officer of Health, decree as follows." I mean, it was literally like a medieval monarch. And there was zero accountability. There was buck passing. You phone your MLA to say that you disagree with lockdowns, and they say, "Oh, well, you know, we're just listening to the Chief Medical Officer." But she, in turn, often said, "Well, it's really up to the Premier. I'm just your lowly humble, you know, making recommendations." There's just this ongoing buck-passing for three years.

Anyway, legislation needs to be amended to make it such that the chief medical officer appears weekly for questioning before all party committees, federally, provincially, as the case may be, to answer questions. Next slide, please.

Using existing emergency response plans—I'm not going to dwell on this. I believe that this was addressed extensively by Lieutenant Colonel Redmond or another witness. This needs to be legislated. Obviously, if these plans are disregarded— Well, okay, so for next time around, we need legislation that says that existing emergency use plans have to be used, barring unanticipated information that transparently justifies a deviation.

[00:10:00]

Next slide, please.

Next recommendation for legislative change is that if the chief medical officer declares a public health emergency, that needs to go to the legislature for an open debate followed by a vote. And in that debate, the chief medical officer puts forward all of the documents on which she or he relies; so it's transparent. The public can see it; the MLAs can see it. And members of the legislature can also table alternative and additional sources of information. So all of the information on the table, vigorous debate, and then a free vote. Next slide, please.

We have automatic recommendation for automatic expiration, 30 days after that vote has taken place. Now, it can be renewed. Some public health emergencies could legitimately be longer than 30 days. It's not up to the legislation to determine that. That should be determined by reality and science. It can be renewed, but there has to be another debate and another vote and the presentation of documents and data. So we have an open, public, transparent process. And so we have the debate.

Why? Because debate is a tool for arriving at the truth. When everybody thinks alike, nobody thinks very much. Many of these recommendations directly or indirectly get back to free expression, which is a pillar of our free and democratic society. The only way to move forward in science, the only way to pursue truth is when there are no sacred cows. And you can freely challenge other people's views, and then you have pushback, refutation, debate. Next slide, please.

Number six: recommendation that the documents on which the chief medical officer relies as a basis for a declaration of public health emergency be made available to the public. I

actually, I'm noticing now that might be redundant with the previous recommendation, but in any event, we can move to the next one. There's a blank.

Adopting a broad approach to public health societal well-being. It is imperative that governments provide a cost–benefit analysis. This is also required by the *Canadian Charter of Rights and Freedoms*. In section one of the Charter, it says "the *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in its subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

The onus is on the government to justify any violation, whether it's a violation of our freedom of speech, association, conscience, religion, peaceful assembly. The Charter right to bodily autonomy, which is protected by the Charter section 7, right to life, liberty, security of the person, includes expressly—courts have been very definitive on this—we have a right to bodily autonomy. Individuals have a right to decide what medical treatments to receive or not receive. It's in the Charter, section 7. We have mobility rights: Charter section 6, to enter and leave Canada freely. To move freely within Canada.

Any of these Charter rights and freedoms, if violated by government, the onus is on the government to justify with evidence the violation of these Charter rights and freedoms. Now, there's a complex test called the Oakes test, and it's quite nuanced. We don't have time to get into it. It's not in this presentation, but I'm focusing on one element of the Oakes test, which is that when governments violate any of our Charter rights and freedoms, the onus is on government to show that the benefits of that violation outweigh the harms.

So it's a requirement, which our Alberta government, and to my knowledge, every provincial government, and most certainly the federal government, have failed miserably to adhere to what our Constitution requires. This is a requirement. This is not optional. This is a requirement of the Constitution of Canada, that when a government violates any right or freedom, the onus is on the government to demonstrably justify that violation. So with what we've seen, the failure of the last three years to have an honest cost–benefit analysis, to have instead a fanatical, dogmatic approach whereby governments have clearly already arrived at the conclusion that lockdowns are wonderful and are saving many lives:

[00:15:00]

instead of that, there needs to be an honest, ongoing assessment. Next slide, please.

Part of that is that health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. That happens to come from the World Health Organization, but in spite of that, it's a very good definition. There's more to health than simply avoiding one illness or one disease. And so in formulating government responses to a public health emergency, our government officials, both elected and non-elected, should take into account all dimensions of human health: physical, mental, psychological, so on and so forth. Next slide, please.

And so we recommend that legislation be amended so as to include a requirement on the government to provide a comprehensive report once per month, which evaluates, measures, monitors, explains the impact of public health measures on individuals' mental health, and that would include things like alcoholism, drug overdose, spousal abuse, child abuse, suicide, physical health, cancer, obesity, all-cause mortality, access on data to diagnostic procedures and surgeries, and individuals' financial well-being, also relevant. There are many medical and scientific studies showing there's a correlation between

higher standard of living and better health. So if you hurt people economically, you're also hurting their health. Next slide, please.

Government's monthly report: seniors' long-term care must be included in that monthly report. What we did to our seniors in long-term care homes in the last three years was horrific. It was abuse. It was torture to isolate people, lock them up, to make it illegal and impossible for them to get the love and care and attention and affection of their own family members. It was also the media fear-mongering that kept young, healthy workers away from the long-term care facilities where they worked, because they were scared of COVID unnecessarily. And so in Montreal in particular—and I apologize, that's not first-hand testimony, but that's from media—horrific situations with seniors not getting care in long-term care facilities. Why? Because the staff were frightened away by media propagandists and afraid of COVID. Next slide, please.

Eleventh recommendation is that we need to pay special attention to how lockdowns, vaccine passports, harm the vulnerable. That would be groups like recent immigrants, those experiencing physical and mental disability, those experiencing addictions, Indigenous persons, and so on and so forth. Next slide, please.

Number 12: I alluded to this. The right to bodily autonomy needs to be expressly enshrined in legislation. Human rights legislation can be amended to add as a prohibited ground of discrimination. So for example, we already have on the books: you cannot discriminate against somebody on the basis of sex, religion, skin colour, national or ethnic origin, family status, et cetera, et cetera, et cetera. So it would be very simple, very easy. You add to that list no discrimination based on medical treatments received or not received. And there you go. You've got the protection there.

Legislation should also spell out that it becomes illegal—in the context of employment and in the context of providing public services—to ask people about their vaccination status. Private conversation, that's completely different. If you want to ask a family member, your next-door neighbour, go ahead and ask away. But when you're applying for a job or if you're in a restaurant, public services to where human rights legislation applies.

And then last point there: an appropriate exception can be created for medical doctors, other health care providers. Obviously, there can be an appropriate time in a place where doctors and other health care providers should be able to ask patients about their medical history and treatments. So human rights legislation would not apply to that. Next slide, please.

There should be a statutory right of a civil remedy, making it possible to, if somebody pressures you, coerces you into receiving a medical treatment, then you can sue that person and that remedies are available. And that can be created by statute. Next slide, please.

[00:20:00]

This one is imperative, one of the most—perhaps the most important—recommendation.

Legislation needs to be amended so as to force the colleges of physicians and surgeons to respect the pursuit of truth, to respect the free expression rights of their members. And they should apply as well to the colleges of nurses, colleges of midwives, chiropractors, psychologists, psychiatrists, podiatrists, paediatricians, et cetera, et cetera, et cetera, et

cetera. Nobody should lose their free speech rights just because they enter into a profession. These are government bodies.

And prior to 2020, the college did not tell doctors how to treat their patients. There were ethical standards, yes. A medical doctor cannot have sex with his patients, for example. Or if a medical doctor was rude or verbally abusive, that would be an ethical violation. So by all means, these colleges appropriately are empowered to uphold and enforce a code of ethics. Prior to 2020, the college did not jump into the doctor-patient relationship and start to tell doctors, "Well, you shall prescribe anti-cholesterol medication to patients with high cholesterol levels. Or you shall not prescribe anti-cholesterol medication." It was left to the judgment of every doctor. There's all kinds of medical debates that have taken place recently and over the centuries. In recent times, the college does not interfere.

Science progresses and moves forward. Once upon a time, there's a very high—and the doctors in the room will know this to be true—a very high rate of women who died after childbirth. Why? Because medical doctors were not washing their hands prior to delivering babies. And so there was a doctor who happened to be a woman. I don't know if it matters or not. And she said, "Hey, we need to start washing our hands before delivering babies." And initially, she was mocked and ridiculed, and she was dismissed as a conspiracy theorist, and a kook and anti-science, et cetera, et cetera. But scientific progress and through debate, science advanced, and everybody came to realize that this doctor was correct. And doctors should wash their hands before delivering babies, and that vastly reduced the mortality rate amongst women, postnatal. Next slide, please.

Contracts need to be transparent. When they involve millions of dollars, millions of tax dollars, even if they involve only thousands of tax dollars, the public has a right to see these contracts while they're being negotiated and after they've been signed. Next slide, please.

Legislation should be amended to say that pharmaceutical companies are liable for use of their products. There shouldn't be any exemption through legislation or through contracts. Next slide, please.

Democratic accountability / Access to justice: A public health emergency should not become an excuse or pretext for our democracy to diminish as it has in the last three years, where we have reverted to a medieval monarch who decrees from week to week what laws we shall live under. Chief medical officers need to be accountable to the legislature, and again, federally, provincially. And it's very important that the legislatures, federal and provincial, not be disrupted just because there's public health emergency. And there's no excuse now with the technology that we have today that maybe didn't exist 20 or 40 years ago. Same thing applies to the courts. Most of the work done by judges is from behind a laptop. It involves paper. Yes, there are trials, and there are times when a judge has to be in the courtroom and listening to the witnesses. But most of the work of the courts is not done in that context. Most of it is done when judges are reading the case law and reviewing the written documents, reviewing the evidence. So the public health emergency should not become an excuse for courts to deny access to justice, which sadly has happened since March of 2020.

Eighteenth and final recommendation for legislative change is that once a public health emergency has ceased to exist for 90 days, the responsible government shall commence a public inquiry.

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Public inquiry shall have 90 days to gather evidence and shall release a report 90 days thereafter. So 270 days after the conclusion of public health emergency, there will be a report that will assess and evaluate the government's response.

I applaud the National Citizens Commission for doing what the governments themselves ought to have done. And it is a shame and a disgrace that generally, and I think we have an exception in Alberta, but other governments, they're not even looking at what's gone on in the last three years. So this too, legislation needs to be changed to require governments to hold that inquiry.

So my thanks again to the Commission for inviting me to be here. It is a great honour and subject to any questions, I would conclude my submissions here. Thank you.

**Shawn Buckley**
So John. I was just hoping to clarify a couple of things and it's just when we have an expert up here, sometimes, they just assume that some people know things. And so your point number 12, when you're saying well, we should include in human rights legislation the right to basically decide not to accept a treatment. I'm hoping that the commissioners and people participating watching your testimony will understand the *Charter of Rights and Freedoms* only applies to governments, but provincial human rights legislation applies to non-government bodies and that's why it would be added.

**John Carpay**
Exactly. Exactly.

**Shawn Buckley**
Because some people might not understand that nuance. And then I don't let any lawyer escape the stand, especially I wouldn't let the president of the JCCF, without asking this question. And it's just, we've experienced the largest intrusion of government over our rights in our lifetime, even for older people that have been through the war. We have now suffered a larger intrusion into our rights.

Can you think of a single case going forward that would act as a break on any level of government doing the exact same thing again?

**John Carpay**
I'm not sure if I'm following your question. Can I think of a single case, meaning like a court action or could you elaborate a little bit?

**Shawn Buckley**
Yeah. A court action. So where a court has said, "Hey wait a second school, you can't impose masking, or you can't impose a vaccine passport, or you can't lock people in their homes, or you can't tell people they can't travel on a plane or a train."

**John Carpay**
I'm very sympathetic to the arguments put forward by Ghent University Professor Mattias Desmet, who talks about mass formation, mass psychosis, and how fear can take over. And I

**think what we've seen in Canada in the last three years is a lot of fear—a lot of it, self-perpetuating. Some of it, you know, falls from the get-go.**

**I mean, Neil Ferguson stating in March 2020 that COVID would be as bad as the Spanish flu of 1918: that proved to be demonstrably false as early as April or May. I mean, early on we knew that that was simply not the case. But the fear lingered on.**

**In answer to your question, I apologize for perhaps being a bit indirect. The way to avoid a future repeat of this, I mean, having better legislation on the books is definitely part and parcel of it. But it's for everybody to work hard on speaking truth to our neighbours, our friends, our families, our co-workers, and getting Canadians to a point where we recognize that these lockdowns were horrific human rights violations. And they were not justified.** They were not based on science. They were not excusable. And unless and until we get the majority of Canadians to really recognize that human rights were violated in 2020, '21, '22, to the present. There are health care workers in BC that cannot, they're not allowed to, come back to work, because of a decision they made a year and a half ago to not take the shot. That's still a reality in British Columbia with doctors and nurses and health care workers.

So the solution is to get Canadians to recognize the violations that took place, in the same way that today we recognize that it was a horrific human rights violation to force the Japanese Canadians who were living in the Vancouver area—

[00:30:00]

And there was fear. People feared the invasion from Imperial Japan. The Japanese troops would land on the shore and they feared that the Japanese Canadians would rise up and assist the foreign invaders. Even though the police had already told the government that, "No, we think that the Japanese Canadians are safe. They're not a threat to our national security. Many of them are third, fourth generation. They don't even speak Japanese. They're 100 per cent loyal to Canada." Well, never mind the facts. These people were dispossessed of their homes, their fishing boats confiscated, and forced to move into labor camps in the interior. Now, because we recognize today that that was wrong, there's a chance we won't repeat it, right? But imagine if we didn't recognize that that was wrong. It would increase the chance of that being repeated. So public education is very important to avoid this. That would be the best inoculation.

**Shawn Buckley**
Right, okay. I'm just going to circle back because have you— Are you aware of a single case like that, if this happens again, your JCCF lawyers could rely on and say, "No government, **you're not allowed to do this?"**

**John Carpay**
**We've had, you know, we've had mixed success. I have not been too pleased with some of the court rulings where it appears that the judge is simply relying on a media narrative and not really taking a hard look at the evidence before the court. And you can see that in the judgment. There's all these conclusions that have been dumped too, that are not rooted in evidence that was submitted before the court. Disappointment in that is not going to deter us from doing the best we can to be active participants in the system that we currently have. I think it's all you can do.**

**Shawn Buckley**
**Okay, the only other thing I wanted to ask you before I let the commissioners ask you questions or invite them to, is your recommendations are fairly heavy on, you know, this being a public health emergency and public health officer. And Lieutenant Colonel David Redmond makes a point; he says, "Well, actually public health should never be in charge of an emergency." That there specifically was another organization for that, and that if there was what we would call an emergency involving public health, public health would be advising that other agency, but the other agency takes into consideration a wider variable of things.**

**Would it be fair to say that the suggestions you put forward would equally apply if another** agency was put in charge of an emergency, regardless of whether it's public health emergency or some other type of emergency?

**John Carpay**
Well, absolutely. I think what's behind this is that we need to take a holistic approach to whatever crisis there is, whether it's public health emergency or some other kind of emergency. You know, if we've got a big problem with forest fires, I mean by all means we want the expertise of firemen, but do we want one fireman to take over as a medieval monarch and decree all the laws of the land that we're all going to live under, just because he's a fireman? That wouldn't make any sense.

And just because it is a public health emergency, and I recognize that medical doctors do have—medical doctors generally have much more expertise than non-doctors about medical matters. That doesn't qualify a medical doctor to have this kind of autocratic power, where there's this singular fixation, as if the only important thing in life is to stop one virus. Which is impossible by the way. You can't stop the virus. But anyway, so yes, these recommendations would create a situation where, by all means, the chief medical officer plays an important role and can make recommendations. But you still have a holistic approach where the elected members of the legislature, which include doctors and lawyers and firemen and nurses and housewives and so on and so forth, that they have input on this.

**Shawn Buckley**
Thank you. I have no further questions. I'll ask the commissioners if they have any questions.

**Commissioner DiGregorio**
**Thank you so much for coming down today and giving us this very thoughtful and well laid out set of recommendations. I understand that you're proposing these as legislative changes that could be imposed. And so then presumably each province would be looking at making such changes,**

**[00:35:00]**

**if they were to take these recommendations, and potentially even the federal government in the areas for which they're responsible. Are these really representing guardrails to give guidance to governments on how to proceed in emergencies going forward?**

**John Carpay**
Yeah, I like your characterization. I had not thought of the term, but I think it would be fair to say, yeah, these are guardrails. They're not going to guarantee perfection or perfect outcomes. But these legislative changes, I hope, if implemented, would prevent the massive and horrific human rights violations that we've seen since March of 2020.

**Commissioner DiGregorio**
And is it your view that we need these guardrails, given the way that the courts have been responding to Charter challenges and cases in the COVID-19 realm?

**John Carpay**
Yeah, the problem's been courts, politicians, government-funded media, medical establishment: these different actors together. And these legislative proposals, I think, would have an impact on all of those. One of them specifically is about the colleges of physicians and surgeons: that they are to foster, facilitate, respect the scientific process, which includes debate, and not say, this is the truth and you shall abide by it. Because that's anti-science.

**Commissioner DiGregorio**
And so isn't the Charter supposed to already contain protections that these guardrails shouldn't be needed? Are guardrails like these needed in analyzing and applying the Charter going forward?

**John Carpay**
I think these guardrails, if they were on the books federally and in every province, would vastly reduce the chance that that Charter rights and freedom*s* would be violated, so there'd be less of a need to go to the courts. Judges are human and so you know, what we've seen in the last three years is that those who are susceptible to fear and that fall into this absence of thinking and very emotional, fear-driven response, it doesn't discriminate on the basis of education or intelligence. There are highly intelligent people and very educated people who accept as well as who reject the government narrative. So some of these judges are human and they've fallen into that fear and that's very unfortunate.

**Commissioner DiGregorio**
I asked that because we've had a number of legal experts testify before the Inquiry so far, some of who have suggested that we need to delete section 1 of the Charter, or that other amendments need to be made to the Charter. And I guess what I'm trying to explore here is whether these types of measures would eliminate the need that people see for the Charter to have to be gone back into?

**John Carpay**
Obviously, in respect to this presentation today, I have not turned my mind much yet to changing the *Canadian Charter of Rights and Freedoms* itself by, for example, removing section 1 or changing section 1. Legislative changes are a lot. The journey of a thousand miles must begin with a single step. These will not be easy to get these legislative changes through. But I think trying to change the Constitution is nearly impossible. It's much, much

harder than legislative change. I think we should consider both. I think we can do these legislative changes. Get those done quicker, faster, easier than constitutional change. But I think constitutional change, certainly section 1 needs to be looked at, in light of what we've seen in the last three years.

**Commissioner DiGregorio**
Thank you. And if I could just clarify a few of the ones that you went over with us. So specifically, number 12, which was about respecting the right to bodily autonomy and I thought I saw in there restrictions on collecting of private health information.

And I'm just wondering whether that needs to be restricted to health information or if the recommendation would be for other personal information as well? And I apologize I didn't read the whole thing because we were going quickly.

**John Carpay**
No, no problem. They are connected. The Justice Center is active in raising awareness about the dangers of centralized digital ID and of course there's some connection with the health legislation.

[00:40:00]

Governments cannot violate— It's very hard for governments to violate your freedoms of travel, mobility, religion, conscience, expression, association if they don't first have data about you, right? So if we can succeed in protecting privacy, where we say, look, it's not government's business, where I go and who I hang out with and my personal banking and finances and purchases, and my travel and my political opinions, et cetera, et cetera, it's none of the government's business. The government has no right to collect this data on me, okay? If we achieve that, then the chance of the government being able to violate our rights and freedoms is a lot smaller and certainly with medical information.

It was disgraceful here in Alberta early on where the health minister, Tyler Shandro, unilaterally amended legislation to allow police to give, sorry, to allow the Alberta Health Services to give personal, private, confidential medical information to police. It's absolutely outrageous. Now, the pretext was, well, some people are spitting on police officers so we need the DNA sample to make sure that the person that spat on the police officer, et cetera. Okay, fine. You could have a very narrowly crafted, narrowly tailored provision to authorize some partial release of one individual's medical information in that situation, where they spat on a police officer, right. But this was just a global, "Yup, Alberta Health Services can turn information over to police."

**Commissioner DiGregorio**
Thank you. And another one of your slides or recommendations, which I think was number 13, you proposed that there be statutory civil remedy, I think, for harms from the vaccines. At least I think that's what you were getting at there. And then you also went on in number 16 to talk about not giving liability protections to pharmaceutical companies.

And we've also had other people testify as to the need for accountability, which I think taking away the liability protection for pharmaceutical companies does. But do we need to consider what liability protections are appropriate or not appropriate for other, such as the public health officers, the chief medical officers, and do we need to consider that as well?

**John Carpay**
Excellent question. The recommendation here on point number 13 was focused on a right to sue somebody if you got pressured, coerced, manipulated into getting medical treatment like a vaccine, and you were pressured into that you could then sue the person that pressured you into it. These submissions today don't comment specifically on being able to sue for vaccine injury, but obviously I think that that should be possible. And I think that's a good thing and that's all part of justice.

If somebody harms you then you get to sue them. That's part of our justice system—has worked for a long time. In terms of bringing to justice, I'm frequently asked at public meetings: Will our politicians and chief medical officers who imposed these human rights violations on us, will they ever be brought to justice? And my answer is yes, someday, but only if we get to a point where the majority of Canadians recognize that we did suffer massive human rights violations. And as long as the public is not at that point, then those who perpetrated the human rights violations will not be brought to justice. So again, it goes back to changing public opinion is the big task that that lies ahead.

**Commissioner DiGregorio**
Thank you, and my last question just revolves around— I'm struck by your recommendations, how they seem to repeatedly refer to transparency and freedom of speech. And this is a theme we have seen with many of the witnesses over the inquiry. Can you just speak to how important that is and will be going forward?

**John Carpay**
Everybody wants good laws, right? Ask any audience in any room, who wants bad laws? Well, everybody wants good law. How do we get to good laws? Well through debate and discussion, and if debate is stifled and a presupposition is put forward—you know, "Well, we already know what the right tax policy is or the right Aboriginal policy or the right environmental policy or the right criminal justice policy;

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we already know that, and so there's no debate."—You're not going to arrive at good laws.

The whole idea of democracy in the legislature is there should be a cut and thrust. And the government, you know, you have first reading, and then it goes to committee, and the committee looks at it and says, "You know, look maybe the bill generally is a good idea, but you know we should really change section 7 and section 14. And we need to think about this, think about that." And so even in the legislature you have this idea of debate and you improve legislation, so when it comes back again it's better than what it was the first time. So we need the free research, free inquiry, free debate, free speech in order to arrive at truth in all realms. And that can be, that would include science and politics and religion and art. Everywhere, every sphere, every dimension, we need that open debate without censorship as the best means to arriving at truth.

**Commissioner DiGregorio**
Thank you.

**Commissioner Drysdale**
**Thank you for your testimony. Many of the recommendations you're making seem to be focused at trying to make the public health emergency legislation a little more accountable. But I'd like you to talk a little bit about the problem with that. We already have also legislation, which is very similar for emergencies all over, overall. And no emergency is one discipline. In other words, when there's a hurricane or a tornado or an earthquake or something else, there's multiple disciplines that have to come into it: medical, transportation, engineering, trades, et cetera. And those people who are in the emergencies area, and I've been involved in that, are trained in planning, logistics, figuring out the goal. Lieutenant Colonel Redmond the other day talked about, you know, if you don't establish your target properly, you're obviously not going to hit the proper target.**

Shouldn't the solution or a part of this solution just be to roll that whole medical thing back into the *Emergencies Act*, so that they have the proper planning placed on top of them? Because we hear testimony after testimony about how these public health officers, who may or may not have any training in emergency awareness and understanding the complexity of one of these emergency systems, they're running this thing. As opposed to just getting rid of it and rolling it into the *Emergencies Act* legislation. Can you comment on that?

**John Carpay**
I have not looked at the provincial legislation. If you're talking about the *Emergencies Act* federally, and of course this is quite relevant: the Justice Center has commenced a court action seeking a ruling that the prime minister acted illegally because the Commission report, the Rouleau report, didn't bring a desirable or satisfactory outcome. In fact, the evidence that was placed before the Public Order Emergencies Commission very strongly suggests that the requirements for declaring a national emergency were not met. So that that would be my only response.

**Commissioner Drysdale**
And also within your recommendations, you talk about an investigation 30 days after or 90 days after or whatever the recommendation was. You know, without a functional media, without a media that's looking after the people and pointing out conflict, obvious conflicts of interest, which you kind of sort of referred to just now, how can you rely on again saying that there has to be an investigation where there's no media scrutiny on it and there's no legal reins on it? You can put any person with conflict of interest ahead of that and come out with whatever you want?

**John Carpay**
**Well, I think, the government-funded media—two things: One is they failed us; they failed Canadians. They failed democracy. They failed society by parroting government narrative in a way that I've never seen media do that to the same extent before 2020, where anything that a government official said was taken to be gospel truth and was just propagated and repeated.**

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**So they really lost their way.**

Now, what's interesting though is when we had the Public Order Emergencies Commission, and I suppose some of the reporting may have been biased, but the media did report on that. And it was possible to learn about the evidence that was being presented before that Commission. The media landscape is changing and the government-funded media are becoming less influential every day. The fact that they need to go to the government, cap in hand and beg for money, tells us that they do not have a viable business; and so they're slowly dying, I think, a well-deserved death. And what's happening is you've got independent media such as the *Western Standard*, *The Epoch Times*, the Rebel [Rebel News], *True North*, the *Counter Signal*, and the independent media are growing. *Blacklocks Reporter* is another one: doesn't receive government-funding. Whereas the government-funded media, fewer and fewer people are listening to them. So this is taking much longer than what I would want, but slowly, but surely government-funded media are dying and independent media are growing. And so it's not impossible to get the truth out.

**Commissioner Drysdale**
I appreciate that point, but we heard over and over again in this testimony how the government picked winners and losers. You know, the corner store on the street went out of business and the big box store had all kinds of profitability. So in that consideration, and given that Bill C-11 just passed, can you comment on how Bill C-11 may affect that possibility to continue hearing those alternative sources outside the government narrative?

**John Carpay**
The worst threat to our freedoms is self-censorship and it's a worse threat than C-11. C-11 is a problem because it gives new and additional powers to the CRTC [Canadian Radio-television and Telecommunications Commission], where government looks to be gaining control over our podcasts and YouTube videos, websites so on and so forth, and so the best thing to do with our freedom of expression is to exercise it. Our Charter freedoms are like a muscle, right? I'm not a medical doctor, but I've been told that if you spend your days on a couch watching TV and if you never exercise, that that's bad for your health. Whereas, if you exercise your muscles, it's good for your health, and it's the same with our Charter freedoms.

So the best defence against C-11, unless and until it's altered or repealed or struck down by a court, is to continue to exercise our Charter rights and freedoms in a robust fashion. Not only is that the best defence, I think it's the only defence that we have right now and in the next few days, weeks, months. It's the only thing we can do: to keep on speaking the truth to the best of our ability.

**Commissioner Drysdale**
Thank you, sir.

**Commissioner Kaikkonen**
Thank you for your testimony. I appreciate the fact that you're a lawyer and I'm not. So I qualify myself when I say that. But one of the things that my understanding is, since '82 when the Charter was enacted, we had three years in every province and federal government to align the laws with the *Charter of Rights and Freedoms*. Since '85 we've watched a proliferation of laws go into place and that was by the legislature, you're right on that. But the judiciary had a responsibility to pull it back and they have not.

So I just wonder how we're supposed to rein in a legislature, when that's where most of the recommendations that you've made go to, when the judiciary itself is providing, as you say, mixed decisions that really don't protect the rights of ordinary Canadians? And for ordinary Canadians, if I turn that the other way: How do they have access to a judiciary when they have their rights and freedoms violated, without prohibitive costs and having to deal with that as well, in terms of just moving the law to a place where it recognizes—and the judges as well—that Canadians are the ones who have a right to be free? They're born free, and their God-given right is to be respected by their institutions.

**John Carpay**
Thank you. Pre-2020 there are mixed results insofar as lots and lots of court rulings, where the courts sided with the government and upheld the law,

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but also lots and lots of rulings where the courts sided with the Charter claimant and struck down a law in whole or in part. I don't know off the top of my head what the specific breakdown would be.

There's certainly been a shift in the last two years with rulings pertaining to COVID and lockdowns. I'm seeing a lot more deference to government than what I was seeing prior to 2020. The cost of litigation—it's a huge problem. I mean this is why you've got groups like the Justice Center, where we get the donations from Canadians, and then we provide legal representation free of charge because the people that we represent, they would need a hundred thousand or two hundred thousand dollars in the bank to pay for legal bills if they had to represent themselves. So that's a big problem—how expensive litigation is. And there's no easy answer to that. I welcome a follow-up question. I have a feeling I haven't really addressed kind of the heart of what you're getting at.

**Commissioner Kaikkonen**
So one of the people who testified this morning, one of the witnesses advocated that millions of complaints should be made against the professionals in their discipline that refused to— That did not provide informed consent. So that would be one way that the people could actually address in some form some of the abuses that they have suffered over the last three years.

But how do we—if we take that thought further, because that's an action that everybody can take personal responsibility for and actually follow through with—how do we make a judiciary accountable to the people? Where do we start, as ordinary Canadians, to change that mindset that whatever the government says the judge will agree with, as opposed to the fact that ordinary Canadians are willing to take their finances and their assets and put them on the line to fight abuses that were clearly wrong and clearly violate the Charter?

**John Carpay**
You can have an accountable judiciary where perhaps you have the election of judges, would be an example, or you can have an independent judiciary. You can't have both. The way our system is right now, in theory, and I think largely in practice, is you have the accountability on the democratic side; so the lawmakers can be removed from office if you don't like your MLA or the party or the government. You can be involved in the democratic process. You can remove people from office and replace them. You know, there are pros

and cons to elected judges. There are some U.S. states that have that, and there are people who say that that works really well, and other people argue it does not work very well. Our system in Canada: the idea is the judges are independent, so that there cannot be any kind of threat or, you know, something hanging over the judge's head that if you don't rule the way that I want you to, there's going to be accountability there. So we have an independent judiciary. I don't know how you can have a judiciary that's both independent and accountable. I just don't know how one could achieve that.

**Commissioner Kaikkonen**
And then I'm just going to pull out an example, and I wish I had all the details. So I may be a little bit lost on some of the details. Certainly, in the time frame I'm not aware of it or I can't really pin it down.

But in Ontario, the legislature decided, I'm going to say six or seven months ago, that they should have an appointed chief medical officer that was above the legislature. That would have a five-year contract, a five-year renewable contract, and a year I believe it was on top of that, if the legislature so chose. So is that not contrary to everything that we're talking about here? That we've addressed that there is the problem has been this kind of dictator at the top of the legislature above the legislature, and how do we counter that as people? That, our legislature who you're giving all these recommendations to, would actually think it's okay to have a chief medical officer that is over and above the elected official? And again, I'm going to take it back to, Where do the people of Canada get that accountability and transparency if the legislature itself, the MPPs [Members of Provincial Parliament] in Ontario, think that that's a good idea?

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And they think that that's okay to push first, second, and third reading quickly through.

**John Carpay**
Well, that proposal, as you've described it, sounds like a permanent medical dictatorship; even worse than the quasi-permanent medical dictatorship that we've already suffered through.

Most politicians, in my view, are followers, not leaders. And that's for better or for worse. I don't mean it as an insult or a compliment, but just as a description.

If in Alberta, if three-quarters of Albertans in 2020 had been vociferously opposed to lockdown measures, I don't think the government would have imposed those lockdown measures. But I think there was strong public support; to the precise extent, it's hard to know. But there was considerable public support. And so there were people phoning and emailing their MLA's saying, "Lock us down harder, and we want more of our rights and freedoms taken away. We want more restrictions." And that's what a lot of MLAs were hearing, and they're sensitive to that. So I think when you get what sounds like a very bad proposal to have an appointed chief medical officer serving a five-year term with all kinds of powers, well, people in Ontario need to contact their MPP and say, "That sounds really awful. I want you to vote against it. And if you don't vote against it, I'm going to vote against you in the next election." And just be involved in the democratic process. I think that's really important.

**Commissioner Kaikkonen**
And on your last, I believe it was the 18th, you suggested that there should be a public inquiry 90 days in, and that that report from the public inquiry should be made available to the public 270 days later. We've had those. And it didn't go in the favour of the people. So I just wonder whether it needs to be a broader or more specific, maybe, recommendation. Like here, we're going across the country. We are listening to the views and opinions and the experiences of ordinary people. People who are Canadians who have experienced atrocious abuses in all sorts of factors. And we will have a report. But how do you, again, bring government to the point where they recognize that this is a huge proportion of the population in Canada and beyond, that has experienced things that they actually perpetrated? So how do we bring it back?

**John Carpay**
I think the work that the National Citizens Inquiry is doing is contributing to that. You are doing what the federal government and every province should be doing right now. So these 18 proposals are more of a skeleton. So for each one of these proposals, there would be a lot of extra work and that's okay. Every legislature has a team of drafting lawyers whose full-time job it is to draft legislation, right?

So these are kind of broader statements of principle. But say, on point number 18, mandatory public inquiry after conclusion of public health emergency, there's an example of where the elected politicians with their staff lawyers that work for the legislature could sit down and could very specifically craft, you know: How do the commissioners get appointed? How do we make sure that we get unbiased commissioners? What kind of evidence is received? And all the details will be spelled out. So this is kind of the skeleton, the starting point.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**John Carpay**
Thank you.

**Shawn Buckley**
John, there being no further questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and giving your testimony today. And I'll advise you that the PowerPoint that you provided will be made in exhibits so both the public and commissioners can review it, to understand your testimony better.

**John Carpay**
Thank you. It's a real honour for me to have been here with you today. Thank you.

[01:04:33]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 6: Dr. Jonathan Couey**
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**Shawn Buckley**
We welcome you back to the third day of hearings in Red Deer, Alberta, of the National Citizens Inquiry. Our next guest is Jay Couey. Jay, can you hear me?

**Dr. Jonathan Couey**
I can, yes, sir.

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

**Dr. Jonathan Couey**
My name is Jonathan Couey, J-O-N-A-T-H-A-N, last name Couey, C-O-U-E-Y.

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

**Dr. Jonathan Couey**
I do.

**Shawn Buckley**
Now my understanding is you can be described as an academic neurobiologist, and you've been doing that for about 20 years before the pandemic.

**Dr. Jonathan Couey**
That's correct. I actually lost my position as an academic biologist as a result of taking a stand against the transfection and masking in 2020.

**Shawn Buckley**
Right, you went against the narrative and lost your teaching position at the School of Medicine at Pittsburgh University.

**Dr. Jonathan Couey**
Yeah, I was a research assistant professor, which means I was in the lab all the time. I taught only as an extra side thing.

**Shawn Buckley**
Right. Okay. And now you're teaching immunology and biology.

**Dr. Jonathan Couey**
Yes, just online, and I consult for a couple people as well, to make a little extra on the side.

**Shawn Buckley**
Okay, and we've entered your CV as Exhibit RE-11. And you've been invited here today because you've got a hypothesis to speak of, and my understanding is that you have a presentation, so I'm just going to invite you to launch into your presentation and share with us your hypothesis.

**Dr. Jonathan Couey**
Thank you very much.

I'm really pleased to hear previous witnesses pointing out so clearly that the principle of informed consent has been ignored for the duration of the pandemic. I want to point out that the last witness was very good at pointing out that you need to be able to say, "No." You do not have the possibility of exercising informed consent if no is not an option.

And the principle of informed consent from the perspective of me as a biologist, it requires that you understand. And I would argue that you can't really understand the coronavirus pandemic, given the biology that we have been provided with over the last three years on television and social media.

And because of the lack of the proper understanding of this biology across our medical communities in America and Canada and all over the world, doctors aren't even able to enable people to exercise informed consent because they themselves don't have the requisite knowledge. So these are the two topics I'd like to cover quickly tonight and then open for questions: the endemic hypothesis, and infectious clones defined.

I would like to put everybody on the same page by first just stating something that I want to justify through the rest of this talk.

**The TV algorithms and NIH [National Institutes of Health] and CDC [Centers for Disease Control and Prevention] and all of these organizations like the WHO [World Health Organization] have convinced us that coronaviruses are a source of pandemic potential, and that this pandemic potential can be accessed through cell culture passage with a relatively benign virus being turned into a pandemic potential virus.**

**There's also the idea that you can passage it in animals and make it from a relatively safe virus to one that is pandemic potential. And the latest addition to this mythology is the idea that clever scientists can stitch together the right combination of genes and then these viruses can circle the globe for three years and do what we call pandemic. I believe that this mythology has been created over the last 20 or more years, especially with regard to coronavirus, with the idea of us having to surrender our individual sovereignty in a global** inversion from freedom to some kind of fascism where you must have permission to do everything.

This mythology, I'm going to argue in this talk, is wholly unsupported by what we know about RNA [Ribonucleic Acid] versus DNA [Dioxyribonucleic Acid] replication possibilities and also just the behaviour of these entities that we are now calling RNA viruses in this talk. Not coronavirus, we're just saying RNA viruses, so we make that distinction.

So to put everybody on the same page, I just want to get everybody aware of where the endemic hypothesis fits in. Tony Fauci would have you to believe that in 2018—above my head—there was no coronavirus;

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2019 in September at some point, a coronavirus was released in Wuhan, and something like the fuse of a firecracker, it went around the earth and spread in many different directions: eventually became Alpha, Beta, Delta and eventually Omicron in South Africa, which then took over the globe, and now we are on some ancestral version or next ancestor of, or descendant of, rather, of Omicron.

In this model, the earth remains green because there were no health problems before the pandemic, and no health problems were caused by the lockdowns, the protocols, and the vaccines. Without those changes, many more millions of people would have died. In this scenario, we have defeated epidemics in the past with vaccination. Novel coronaviruses can jump from species and go around the world—they can pandemic. False positives are rare because PCR [Polymerase Chain Reaction] is good and specific, and variants are evidence of both spread and the continued evolution of a single pathogen. We spend money studying viruses using gain-of-function research. This is the basic TV narrative on one side.

**And what they would like you to fight about, really, is whether or not it was a natural virus that just happened to fall out of a cave and get onto a train and a plane; or if it was a mistake made in a laboratory by some very arrogant scientist who either took a virus out of the wild and then infected his local town or a city; or that they, even worse, made something in a laboratory that otherwise wouldn't have existed. But again, green earth, there are no health problems, and then the pandemic comes along and here we are. Same difference.**

**The virus spreads. It changes to Omicron. It takes over the world and now we're at a new version of Omicron taking over the planet. In this scenario, again, the lockdowns don't have to have hurt anyone. Vaccines can have saved lives. The protocols were the best they could do, and the same thing holds true for all of these things. We used vaccination to defeat**

epidemics in the past. Novel coronaviruses can jump from the wild. PCR works great. Variants are evidence of spread, and we spend money on gain-of-function research.

You can tweak this one a little bit if you want and say that the lockdowns and the EUAs [Emergency Use Authorization] caused some excess deaths, but the majority of people still died from a virus. And so there are many different ways to tweak this narrative.

Another way that this narrative has been tweaked is that there are no viruses at all. That measles doesn't exist, that there was never a coronavirus, that everything is a lie. This is, of course, not very— It's not very acknowledging of what we know of all of the molecular biological techniques and the synthetic viruses and clones that they can make. So there are these entities and we have studied them for a long time, and I think this scenario is one of those traps.

So you have three traps here. You have a natural virus, you have a lab leak virus, and you have absolutely no viruses at all.

And none of those three encompass the true biology that we knew already for basically the duration of modern medicine. If you go before the pandemic into a medical textbook and look up coronaviruses, they will tell you that between 25 and 35 per cent of all respiratory disease without a known cause is thought to be caused by coronaviruses, of which there may be up to 200 varieties which circulate in humans.

And now instead of this being the baseline, we start with a baseline where there are coronaviruses. And then in 2019, it doesn't even matter. Was there a release? Was it a natural one? Did a few people get sick in Wuhan? It doesn't matter because the PCR can't differentiate between any of these coronaviruses.

This is the illusion that they've placed on you because all they needed to do was accentuate different coronaviruses found in the background and claim a phylogenetic progression. Sounds wizardry, but it is one of the only ways in which this molecular signal will be shared so beautifully. The lockdowns, protocols, vaccines, account for the total excess deaths in the pandemic. There, nothing unusual happened until we stopped treating respiratory disease the usual way.

The interesting thing about this endemic background hypothesis is that the PCRs are not

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having false positives in the way that you think, all the time. Yes, you can over-cycle a PCR test, but if the background is hot for homologous genes from endemic coronaviruses that they are pretending are not there, you have a situation where a vast majority of the good positives are still picking up background coronavirus and not whatever they purport to have been released.

**Shawn Buckley**
Now, Jay, can I just interrupt you just to make sure that people understand what you're saying? What you're saying is that there are a number of coronaviruses that we just live with, and have lived with all of our lives. And that the PCR test is not specific to what governments call COVID-19. The PCR test is just testing for genetics that are already in this background of coronaviruses that we live with. Is that what you're saying?

**Dr. Jonathan Couey**
I'm saying that, yes, that is the scientific literature at this stage. The ability to pinpoint a particular coronavirus is not a level of fidelity that they had before the pandemic. And there's no reason to believe, from looking at any of the PCR tests and the primers that they've put forward, that they've come up with a unique and highly specific PCR test that can differentiate between one coronavirus and the hundreds of others that are in the background and rare.

**Shawn Buckley**
So sorry for interrupting. I just thought that was important for people to understand.

**Dr. Jonathan Couey**
Absolutely. It's not a problem at all.

Additional harms were also caused by the response and including the lockdown, including use of specific agents like midazolam and remdesivir. The point of this of this hypothesis is to remind everyone that your gut feeling that the PCR test was one of the primary ways that the hood was pulled over our eyes, you are absolutely correct.

And the one trick that they still have up their sleeve is the idea that there was a novel virus for which you had no previous immunity. Even in the worst-case scenario here, where there is a release from a laboratory, you still would have had previous T cell and B cell immunity from previous coronaviruses because of the homology between these genes had a great chance of overlapping. And so the concept of this being a novel virus is also cancelled out in this hypothesis. It's not possible.

And people were making that argument in 2020 from March on, and they were just ignored. Mike Yeadon is one of them. So if we move forward, then let's think about how this could be possible.

In the United States, the total number of deaths is in sky blue here behind my head. And the number of pneumonia deaths is in light blue down here on the bottom. And I hope you can see this arrow. The very yellow at the bottom here are identified flu virus deaths. And so what you see here at this part is the beginning of the pandemic. This is 2014 to the pandemic. And what you see is: Although year on year, it seems like we got pneumonia under control—remember, ladies and gentlemen, these are pneumonia deaths; many, many, many more people get pneumonia, but don't die—and then suddenly after 2014, '15, '16, '17, '18, '19, '20, '21, What? Up to three times as many people in the United States started dying of pneumonia in a way that they've never done before. And that is a number of deaths which correlates precisely with any possible excess deaths. It is extraordinary, really, that this correlation is so high, and people have still ignored it.

And I know everybody here is familiar with Denis Rancourt's work, and he has done an excellent job of dissecting how the all-cause mortality in America was organized in different places around different times. And John Bodeman [Note: Researcher's name cannot be confirmed] is another researcher in the United States, who's done excellent work correlating these new causes of death. And what happened during the beginning of the pandemic was simply a mismanagement of respiratory disease in hospitals.

And it's been done with one particular methodology, right? They said there was a dangerous novel virus. It could be detected by a PCR test. And they correlated that PCR test

**with detrimental health protocols, where they took away antibiotics from people who probably should have just had antibiotics.**

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**They didn't allow people to be treated with repurposed drugs, and instead insisted on remdesivir. They ventilated people to prevent spread; and these detrimental health protocols were encouraged by giving hospitals $35,000/a patient that got on a vent. That enabled a larger portion of all-cause mortality than PnI—that's pneumonia and influenza—to be prioritized as a national security threat. That's what you're referring to, your previous speakers are referring to, when they say that this is a military operation. This was identified as a national security threat caused by a novel virus. Therefore, we could execute** a plan that we had, and it is still in motion.

My argument would be that if you need a molecular signature, which would have seeded this event around the world, it could not have been a point release of a coronavirus because its genetic signature would have changed sufficiently in different directions around the world so that none of this uniformity in variance could have ever occurred. And yet somehow or another, we are told this story of a clean progression of variants around the world, sweeping, sweeping, sweeping in these waves and colors. There's no precedence—none, zero precedence in biology—for any phenomenon of an RNA virus to do such a thing. And yet without any questioning at all, we just took it.

And I'm saying to you now that I think the only way this could have happened is if they purposefully planted these— these molecular signatures in the places that they were going to blame and call part of the pandemic because a natural coronavirus swarm cannot do this.

And then the goal again is a total surrender of individual sovereignty and removing these basic human rights granted permissions.

The way that they did it with four basic ideas: they did it by changing the way you think about respiratory disease. We just got through saying that there used to be hundreds of causes of respiratory disease, and now we have all basically saying it's either not that one or it's that one.

They also changed how we think about all-cause mortality. That's why I show you that picture with the blue and the blue, because in America, we never saw the light blue. Nobody ever looked at all-cause mortality and said, "Okay, let's put this in perspective. We're in America. Three million people die every year." Nobody said that. Nobody told us that every week, between 50 and 70,000 Americans die. So when they say that, "wow, a thousand people died of COVID," it sure sounds crazy.

**Then they changed how we think about our immune response to disease. This was very diabolical because it was part of the way that they sold us on the shot. Antibodies are what you need. They had to change the way you think about your immune response to a respiratory disease.**

**And then they changed the way that you think about vaccination so that you don't question the applicability of transfection for immunization. That's what these are. These are transfections. Everybody should be calling them that because this technology has been around for more than two decades, and it's never been called anything else.**
**That's why I originally got in trouble with my job and got too much attention was because of speaking out about transfection because I used it on mice for many, many years.**

**So after they changed their mind about these four basic biological principles, they were able to ventilate people to prevent spread. They used remdesivir and midazolam to kill old people and young. The untreated bacterial pneumonia went up by at least three to four times: shutting down schools; masking children; and social distancing, even people who were married for 50 years, and let them die apart.**

**And at the same time in *Scientific American*, the WHO just recently in March put out an article, which stated, of course, "mRNA vaccines are safe, powerful, and effective." Those are exact words. Masks work; indoor air quality matters; wastewater tracking is useful; and genomic surveillance is key.**

They are doing exactly what they planned. They are going in exactly the direction that they planned to go. So they haven't wavered at all.

So how can we get them to— How can I help you, rather, to understand this endemic hypothesis and what it really means? I think you got to understand the infectious cycle and the infectious clone, and what it is. So that's what we're going to do here. And then I'll be done.

The infectious cycle is depicted in this cartoon here. You have a viral particle, it binds to its receptor, it comes into the cell and releases its RNA,

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and then the RNA needs to get translated into proteins, and then those proteins start copying the RNA into different segments. And then this long genomic RNA gets packaged into new viruses and those new viruses go out into the wild to infect other people. You've seen lots of versions of this, this cartoon, in all of the news programs.

You may have even seen a cartoon where they show you in three dimensions, the RNA and the N protein and the invagination of the viral particle and the formation of the full variant inside of an endosome.

But this is a lot of hand waving in terms of what they know about what happens here, and they know about what the fidelity of this, it's all hand waving; because up until now, these are RNA viruses. The only way to look at them is to use reverse transcriptase to turn them into DNA and then do PCR. And once you do that, you really only find what you're looking for because your PCR is pulling up things that are specific for the primers. So if you don't choose the primers correctly, you're not going to see everything that's here. So up until this stage, it was pretty hard for them to say, "What are these viruses that get produced look **like? How many of them are there? How uniform are they? What is the genetic variation between the particle that you get infected with and the particles that get produced by supposedly the hundreds or the thousands during infection?"**

**And so if I simplify this a little bit, the TV and Fauci has told you that you get infected with the coronavirus. The coronavirus goes into your lungs. It makes copies of itself. And if it makes too many copies of itself, you start coughing those out on people around you, and then they also get sick from the variant that you're sick with. That's why all these virions are yellow. The question is, why do they have so much trouble culturing these viruses?**

**You're going to hear a lot of people say, "Oh, they don't have trouble culturing them." But they do. They have to use a 96 well plate and they look for cytopathic effects and they**

**might find it in two wells. And then they call that a viral isolate. They can do a PCR test on that. Maybe find an E protein. "Oh, see, now there's definitely a coronavirus there." That's the isolate; that's culturing. It's not like growing mushrooms, and then you grow some more, and give them to your friends so they can grow them, or give them a tomato cutting. Or, say, give them a couple of breeding pair of mice, so that they can have the same mice that your laboratory invented.**

**If you find a novel coronavirus, the only thing you can do to share it with somebody is to give them the sequence. Because you can never grow enough coronavirus from a magic bat swab to, let's say, divide it between four labs and let them do their thing with it. That's not how RNA viruses work.**

Unfortunately, not very many virologists are adequately informed of the limitations of their work. A lot of them are not adequately informed about how this is a particular limitation in coronavirus. The reason why this is, is because a large majority, if not the vast majority, of the particles that are produced during a coronavirus infection are in fact replication incompetent. What that means is they have a mistake. They're missing genes. Their genome did not get completely run, but it still got packaged. And so even though they look like a virus, when they bind to the next cell and release their contents in there, those contents won't have all the doodads and gazoos ready to go, all the genes present in order to make copies of itself. Therefore, in the cartoon above my head, it now becomes more obvious why it's difficult to culture coronaviruses; because not all the particles that you detect that might be PCR positive for an N protein are going to be infectious. Now you might think, where'd you learn that?

[The witness plays a brief video of Robert Malone stating that "in most cases, a large fraction, if not the majority, of the virus particles that are produced are defective. They're not good for anything."]

So I learned it from Robert Malone. Once you once you know this, you can go back into the literature before 2020, before they were trying to obfuscate all this lack of fidelity. And you can see them plainly complain about it. In fact, describe looking for coronaviruses using pan-coronavirus PCR primers because it's very, very difficult to find a particular coronavirus.

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And so the people that have known this— Everybody knows this, but this all started way back in the 80s with Vincent Racaniello and David Baltimore, because they did this technique with the polio virus.

**But since then, almost everybody that works on coronaviruses from coronaviruses in plants, in salmon, in mice, it doesn't matter. They never start with a wild sample that they went deep into the forest to get. They start with a sample that they cloned. So what does that mean?**

**Well, as I explained, the wild virus here depicted as a cassette tape is lacking fidelity because DNA versus RNA. Basically, you can copy DNA because it's double-stranded. You can also check and proofread it. And there are a whole host of secondary enzymes that are very good, optimized at doing that.**

**With RNA, because it's single-stranded, although it is purported that there is proofreading in coronaviruses, the biology of coronaviruses requires them to be able to have a certain**

**mutation rate. And even more, it requires a regular recombination rate because of the subgenomic RNA production. Therefore, there is a great fraction because of errors in recombination, because of shortened genomes, which are called defective genomes in other viruses, where you get essentially a large portion that are replication incompetent.**

**But when you use PCR to sequence this group of viruses that you might find in a bat, you can get a consensus sequence. And that consensus sequence can be translated into DNA. And you can think of that as a CD [Compact Disc]. And you can make lots of copies of a CD because CDs are digital. And DNA can kind of be thought of high fidelity like that. You know, one in a million bases is a mistake, maybe even less than that. And so if you use bacteria, you can actually make a bunch of this CD. You can make a bunch of this CD in a bacterial culture.**

And keep in mind, this is exactly how they make the RNA for the shot. They make a circular DNA that encodes the spike protein RNA. And they make lots of copies of that DNA in a bacterial culture. And then they add an RNA polymerase and that produces the genomic RNA, or for the shot, it would produce the spike RNA. And that spike RNA that needs to be separated from that plasmid DNA before they inject it in your kids. But apparently, they didn't do that very well.

Now, this process here, very similar, you use circular DNAs to encompass the entire genome of the coronavirus. You add RNA polymerase to make lots of RNA copies of that same clone. One sequence, that's it. It's not going to be perfect.

But let's say the RNA polymerase is pretty good. So most of these are going to be fairly long transcripts. And they're all going to be the transcript that you built out of this DNA. Then you take that, and you use electricity or a centrifuge or any other number of ways. You take that pure genomic RNA for that virus, and you put it in a cell culture. And then what that cell culture makes will make animals sick. What that cell culture makes will cause cytopathic effects. And you can do plaque assays and all that stuff.

But you can always send the DNA. You can always send the DNA to your friends. You can put the DNA in the freezer. You can print the DNA. You can order it from companies. You can order these five plasmids from companies, and they'll print them right up. And then you put them in your bacteria and grow as many litres as you want. And then convert that litres to as much RNA as you care to make over and over again. This is gain-of-function. Not the mixing and matching. Not going into bat caves. It's making pure versions of what they detect in the wild using PCR and sequencing. This is how they get around it. This is how RNA virology is done and especially coronavirus biology.

And Ralph Baric's lab is famous for the techniques that are necessary to assemble these **long genomes and produce infectious clones that can be used in laboratories.**

**So the point is that if we could do that, right, we can look at this, we can ask ourselves what kind of viruses are produced? Can we look at that infectious versus non-infectious?**

**[00:30:00]**

**Can we look at that fraction and see it?**

**Up until now, it's been very hard because we use PCR, which means we have to convert these RNAs to DNAs, and then we have to amplify them up. And then all the fractions and all of the relationships between which was more abundant, is lost. So they have recently**

**come up with a way of doing it where they can sequence the RNA directly, which means that they can just look at, well, are you going to take all the viruses that are supposed to be in this culture and we're going to dump them through a nanopore and we're going to see how many of these different RNAs we find.**

**So in a virus, when the virus makes copies of itself, it makes copies of the whole genome, which is 30,000 bases long, but it also makes skip copies with a leader sequence that then skip down to these TRSB [Tandem Repeat Sequence B] sequences and make what is called subgenomic RNA. And these subgenomic RNAs turn out to be several orders of magnitude more abundant than the genomic RNA, which should be the RNA that gets packaged in the new viruses and sent out to infect other cells. So if we use a clone of SARS-CoV-2 and we put it in a cell culture and we watch it replicate, what we see is 400–600,000 copies of the N** protein.

I think I got one more click here. No, I don't. So I'm going back. Sorry about that. I thought this zoomed in a little bit, but it doesn't.

So here you can see on this map, they're doing coverage of the genome here on the bottom. You don't have to look at these two on the bottom. I should have covered these up. We're just looking at this one "B" figure right here. This is the genome on the bottom, nucleotide 0–30,000. And as this black line rises, they find more sequences of this part of the genome. And so it's way down here at under 1,000 over here. And it starts to rise. The S protein is above 50,000. And then we get up to 200,000 with the E and the M. And then we get up above 400–600,000 with the N protein. So 600,000 copies of the subgenomic RNA for the N protein.

And how many copies of the full genome did they find? The longest tags correspond to the full-length genomic RNA. And they found 111: 111 full genomes and about 600,000 copies of the N protein and thousands of copies of these other subgenomic RNAs. So interestingly, this breakdown, where you have hundreds of thousands of these subgenomic RNAs and only a handful of full genomes that are supposed to be the new infectious virus that you've been culturing: this has been known for decades.

Ever since they've been able to isolate the RNA from a picture like this, or purporting to isolate the RNA corresponding to a picture like this, when they try to isolate these viruses here, they don't find a pure— You know, these are all really long genomes, and we sort through them and sequence. There's never been an experiment done like that. When they do this, they find this crazy ratio of almost no genomes, and thousands and thousands of copies of these partial subgenomic RNAs.

Now, the argument that the virologist will make is that you need a lot more N protein and S **protein and M protein in order to package new virus. And so that's why you need hundreds of thousands of those RNAs and only a handful of the full genome.**

**But that still doesn't jive with the known amount of non-infectious particles that the right side of virology often will acknowledge. So again, if you look at this and you think about what's really being packaged here, they have no—they have none—experimental evidence that it's only full genomes being packaged.**

**And in fact, by the abundance of the RNA, by what they found in all previous experiments, it's very likely that the vast majority of the particles that are produced are having incomplete genomes, if not even subgenomic RNA.**

**So just to be sure**

**[00:35:00]**

**you don't think I'm crazy, right before the pandemic, they did this with a human coronavirus called 229E. They made a clone of it. They grew it in a cell culture. They did exactly the same measurement. Here's the entire genome on the bottom. Here's 10 to the fourth, 10 to the fifth, of N protein. And then all the way down here, if you look at the last figure of the paper, you find that they found two whole genomes in that clone. Two.**

**So we're not getting thousands of viral particles being produced when we do these culture experiments.**

And I think coronavirus— People have known this for some time and they just kind of hand wave it. Because here's a paper from 2001 where you can see the full genome is barely a ghost. And the N protein and the E protein and the S—these guys are gigantic overexposed blots.

So they've known that this ratio occurs no matter how they set up these clones, no matter how they do it. They know that these partial genomes get packaged. Since before the 80s and 90s they've been looking at the replication and packaging of coronavirus infections, bronchitis, defective RNAs. It's essentially how come there's so many of these viruses that just have like junk or partial what we thought were the genome of these.

That's because that's the way this works. That's the best fidelity that these things are able to usurp from our own cell's machinery.

Here's a paper from 2023 acknowledging the generation and functional analysis of defective viral genomes during SARS-CoV-2 infection. Those are non-infectious particles. And if you read this paper here, right here in the importance, "Defective viral genomes are generated ubiquitously in many RNA viruses including SARS-CoV-2. Their interference activity to full-length viruses and interferon stimulation provide potential for them to be used in novel antiviral therapies and vaccines." This has been known for some time in flu, although the flu field seems to like to ignore this.

So infectious clones defined is, simply put, that RNA viruses are tricky. They've been very hard to understand and study, because they are often only observable as what is an indirect shadow of a genetic signature found through reverse transcriptase PCR. And that ability, or lack of ability, lack of fidelity, has opened this door for people to say that, "look, they haven't isolated the virus. The isolation doesn't work. These experiments are nonsense. Therefore, there are no viruses at all." And this is a very, very dangerous place for us to be.

**We need to wake up and realize that we've never really understood coronaviruses with the fidelity portrayed on television. We've never been able to tractably manipulate them in the lab the way it's been portrayed on television. And they certainly do not travel the globe in the fidelity that has been portrayed on television.**

**So has it actually been cultured?**

**Just to address this quick before we stop, let's look at this paper. This paper actually became famous because a correlation between 3,790 quantitative polymerase chain reaction, positive samples, and positive cell cultures. It says here that, "up to the end of**

**May, 3,790 of these samples reported on a positive nasopharyngeal samples were inoculated and managed for culture as previously described."**

**Interesting. Let's go to where they're previously described.**

**This is the paper that they previously described it in. You can see that they're almost all the same authors, just in different order. A total of 183 samples tested positive by RT-PCR [Reverse Transcription Polymerase Chain Reaction], including nine sputum samples, 174 nasopharyngeal swabs from 155 patients were inoculated in cell cultures. SARS-CoV-2 RNA positivity in patient samples, was assessed by real-time PCR targeting the E gene. Not the S, not the RNA-dependent RNA polymerase, not the N protein, the E gene. That's it.**

So listen carefully. This is culturing coronavirus at the beginning of the pandemic and showing 3,000 positives. All patients, 500 micro liters of that swab fluid, or sputum, were passed through a 0.22 micrometer pore filter. That's to remove bacteria. And then were inoculated in four wells of 96-well culture microplates

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containing Vero E6 cells. After centrifugation, that's to get the stuff to go into the cell culture.

After centrifugation at 4,000 Gs [Gravity], microplates were incubated at 37 degrees. They were observed daily for evidence of cytopathogenic effect. Two subcultures were performed weekly. That means every week they split them, so they moved, whatever was growing they moved it into a new fresh well with cells next to it. Two subcultures weekly, presumptive detection of virus in supernatant showing cytopathic effect was done in a scanning electron microscope. No images shown.

So if there was cytopathic effect, they assumed that there was a virus and they put it under the microscope to see, but they didn't show you anything. And they don't tell you how many of those they found anything in. There's no data from that. And then confirmed by specific PCR targeting the E gene. It's a loop. Don't you see? It's just a loop.

I tested positive for an E gene, then they made me cough into a dish. And then if any of those cells died, they said, wow, that's pretty cool. That's the coronavirus because he tested positive for the E gene.

Now they tested again in that culture and find the E gene again. The E gene is not proof of a coronavirus. The E gene doesn't prove that a coronavirus caused the cytopathic effects. These are the objections that the no virus people bring to the table.

**And these objections are very solid for a vast majority of these papers, during the pandemic. It is just an insufficient level of scrutiny. It's an insufficient level of control. And it is a giant pile of assumption that is instead, interestingly enough in this paper, confusing people by saying hydroxychloroquine and azithromycin were effective at shortening the duration of this read. And so this is another aspect of the immune-mythology you've got to be very careful of. So many of these repurposed drugs were given in combination with other drugs and then over and over sold as the drug.**

**For example, this paper was pushed as evidence that hydroxychloroquine can work, without acknowledging that azithromycin is given with it. The games that they have been playing are many.**

If we go back to before the pandemic to a guy like Marc Van Ranst, who was the flu commissioner for Belgium for the 2009 flu, and has got his own infectious disease lab where he works on testing for coronavirus. Here he is arguing why we need— Coronaviruses can't be found without using pancoronavirus primers. He's got a whole book chapter about how pancoronavirus RT-PCR assay for detection of all known— This is how they did it.

It's not specific, ladies and gentlemen, and these people have known that.

And so they tell you these stories about these imperfect genetic ghosts in the wild that have potential to become permanent circulating pathogens. They talk about how if you let the wrong guy like Peter Daszak into the wrong bat cave, he can passage those viruses in cell culture and pull out pandemic potential on the other side. They might also do it with ferrets someday. Or worse yet, somebody like Ralph Baric will stitch a bunch of things together that should have never been there, and we'll have a pandemic.

In reality, the only potential danger that could be used and weaponized against us is the production of RNA viruses using DNA clones. That is the danger.

That is the reason why they don't ever talk about it. They talk about gain-of-function as a way of making sure that you don't understand that that's not the danger. There was never a danger from coronavirus. Coronaviruses were always largely— If they are part of this causes of respiratory disease yearly, then they are part of a very benign set of somethings that float around. They are not part of this never-ending source of pandemic potential.

So this is what I think they did. They declared a pandemic of a

[00:45:00]

dangerous novel virus for which the PCR was not specific, and yet they applied a unique and mostly detrimental protocol for respiratory disease to those people that tested positive; and they enforced that with financial incentives. This was all part of a military plan in the United States, which was ready to be executed when the excuse was given, and the excuse was given when these protocols were changed. It could have been an infectious clone.

You could have used a clone to see the same sequence in Iran and Wuhan and in Italy, and that unique and identical sequence around the world would have been a molecular selling point for there being an ongoing pandemic. And if it was required in order to fool these governments in Europe and in Italy (like Italy's not Europe), but to fool these governments around the world, if that was required, a clone of a wild coronavirus would have been more than sufficient for us to have seeded these things, and then let the plan roll on forward with just using this a-specific PCR test.

Again, I want to plug Denis Rancourt's data, because it's so important to understand how, if there was a novel respiratory disease for which no one had any immunity, then there would have been a predicted impact on all-cause mortality. And those predicted impacts were not seen at all, and his analysis is fantastic.

And then finally I just want to make sure I remind you one more time that nobody should be using "transfection." I was so excited to hear someone say that earlier today. There's no

**debate. It should not be used in healthy humans, and up until the pandemic, it was only used on people who were likely going to die anyway.**

**So please stop transfection because they want to eliminate the control group. Once everybody's been transfected a few times, all of these ailments, all of these increases in illness and autoimmunity, will all just blend into a background of increasing public health problems, rather than being able to be identified as, "Wow, the people who have triple transfected themselves are having worse and worse outcomes, year on year." Which I think is the truth that has already emerged, and can only emerge in greater and greater numbers as we move forward.**

**Thank you for your patience. I hope that was okay. That was the end of my presentation.**

**Shawn Buckley**
That was really interesting. I'm just hoping to clarify a couple of things with you and ask you something new. You use the term transfection, which for most of us is a new term. We think of mRNA [Messenger Ribonucleic Acid] technology, but that's a new term for transfection. You're saying transfection instead of mRNA vaccine, because transfection is the correct term.

**Dr. Jonathan Couey**
Yes, that's correct. So if I can add to that a little bit, for the academic bench biologist, that means somebody that plays with mice or monkeys in a laboratory, and they want to change the local protein expression, upregulate it, downregulate it, maybe even knock down a gene. There are ways that that's done, and that's ways that's been done for about 20 years.

One way to do it is to use an adenovirus, where you put the DNA of interest, encoding the protein that you want to express in that adenovirus, then you put that adenovirus in the brain of the mouse, and it will go where it's going to go and express that protein. Using DNA to express protein in a cell is called "transformation." And if you use mRNA to do the same thing, you can use electricity to put the mRNA in, you can use lipids like they're doing now, sometimes people use gold particles.

There's lots of different ways to do it, but regardless of how you do it, you use mRNA, it's called transfection. If you use DNA, it's called transformation.

And so if you go on the website of Sigma or Thermo Fisher and you just look for transfection products, they'll have a whole web page on it. And there's no difference between the mRNA shots that they're giving and any previous transfection technology, **except for maybe the proprietary bubble that they put it in. But it's the same technique, with the same lack of tissue specificity and dose control that they've never been able to replicate in any other application of it.**

**Shawn Buckley**
**Now you've said that that we shouldn't use transfection in humans. And can you explain, give your reasons why we should not use transfection—**

**[00:50:00]**

**or as most of us know, mRNA technology—in humans?**

**Dr. Jonathan Couey**
The proof is in the use. So in a laboratory animal, for example, if your using transfection, you're inevitably going to get autoimmunity. Animals that are transfected are not intended to live long, healthy lives. They're always sacrificed and then their tissue is used to look at the changes that you made. And so up until very recently, I don't think anybody's really thought about this as a very viable technique, except to use for somebody who's already going to die from, like, cancer or something like that.

And the trick is to realize, and I think that this is a very true statement, although this is more of a gut feeling to me—but it's a gut feeling that a lot of other people have had for a long time—it doesn't matter, really, if you expressed a particular toxic protein. It doesn't have to be the spike. If you've expressed a foreign protein in your cells, and it's random cells in your body, your immune system only can do one thing. It can unleash the neutrophils, destroy those cells, and clean them up.

Now if those are your heart cells, it's permanent damage. If it's endothelial cells, you have endothelial damage. If it's ovary cells, you have ovary damage.

And this is a known downside of transfection. It's a blunt tool. It's been used for a long time in academic medicine, and for 20 years, people have been dreaming about making it into a viable therapeutic methodology, but they've never even come close to getting it to work in single examples, never mind on a scale of billions. And there is no other conclusion to come to, that if you want to treat, beneficially, a mammalian, like a human that you want to live for 20 more years, transfection is not a therapeutic option. And anybody that has sold it as such has either been telling us lies or has been just really wrong. It's not to be done. It's not fit for purpose.

They would like you to believe that it is, but you cannot usefully augment someone's immune system by transfecting foreign proteins randomly in their body. It's just ridiculous.

**Shawn Buckley**
Okay, and your opinion on that is based on animal study after animal study after animal study after animal study, and some use in a very small subset of humans who are, you know, terminal with cancer and things like that.

**Dr. Jonathan Couey**
Yeah, and also very anecdotal personal experience: I can tell you one three-second story. I was asked to help do an experiment in squirrel monkeys where they wanted to express an algae protein. It's a long story about why they would do that, but they wanted to express this protein in the brain of the monkey so that they could manipulate some circuitry, and then go back to that brain region afterward and see what neurons they manipulated and see how they were connected anatomically, and maybe that was going be a good idea.

But, when we started this experiment, I suggested to these primate neuroscientists that, look, when we transfect a mouse, I've got a window of, like, let's say three to four weeks where I can do my experiment and everything is okay; but if I wait any longer than that, the place where I initiated the transfection starts to have problems, and starts to have an immune reaction which leads to a lot of neuronal death. So I tried to tell these primate scientists that, like, if we do this experiment, we got to do it on an animal that you're all done with, and that's already scheduled to be sacrificed because otherwise, you might just lesion that area of the brain in four months and then you won't even know what you did.

Well, what did they do? Monkeys are expensive, so you can't just sacrifice them. So they let this experiment run—I think, for, I think they let it run for 12, but it might even have been 18 weeks—and then when we did the anatomy and we cut into that area, almost all the neurons were gone. And that's because, again, transfecting neurons and getting them to express foreign proteins is eventually a challenge that your immune system can't ignore.

[00:55:00]

And that is true no matter where transfection is done, and in any current application of it, it should be an expected outcome. And so yes, it's not fit for purpose.

**Shawn Buckley**
Right. Now, I wanted to go back. You've made the point, and I think it's important for people to understand, is, coronaviruses are part of, just basically the environment that we live in. There's a number, there's hundreds and hundreds of coronaviruses, and so many that the conventional wisdom is that—what did you say?—20 or 30 per cent of our flus, annual flus, are considered to be caused by one or another of these hundreds of corona viruses. That's— I've got that right?

**Dr. Jonathan Couey**
Yes, correct.

**Shawn Buckley**
So what my question is: this started with just a bang in the media in early 2020; and all of a sudden, we seem to be using the PCR test for a specific coronavirus that we're told is SARS-CoV-2, or named COVID-19. Is it possible that there was a specific PCR test for a specific new virus at that time?

**Dr. Jonathan Couey**
It's not. I don't think that it is possible for them to have had the fidelity to use the— The PCRs that they designed, were not designed, cannot be designed to be specific the way that they were designed. As far as I understand, for example, in Canada, after talking to Dr. David Spector, they didn't have nested primers for your PCR, which means that any overlap on the PCR sequences, or partial overlap, would likely result in amplification, which again makes them a-specific for the genes that they're amplifying. And because this was a national security issue, the goal would not have been to be as specific as possible, but of course, as you guys know in Canada, to rope in all possible suspected cases.

And so again, the more specific the test would be, I think the less appropriate it would be for the national security threat. So there's motivation for them to have not made a specific test. And more importantly, the background and lack of fidelity means that they could not have made such a specific test.

**Shawn Buckley**
So the technology of the PCR, would it be your opinion then, that they were basically, that PCR test would just be identifying a family of coronaviruses?

**Dr. Jonathan Couey**
At best. And again, remember, it's only identifying small fractions of the genome being present, which does not in any way, shape, or form indicate infectivity, or even the presence of a contiguous virus, but just the presence of these genes, which are homologous across lots of coronaviruses. So it's a very, very different lack of fidelity relative to what is portrayed.

**Shawn Buckley**
So you know, if we had a multivitamin with 100 different vitamins in it, this is really a test for one vitamin and then pretending that there's a multivitamin there.

**Dr. Jonathan Couey**
Uhhh...

**Shawn Buckley**
Just using an analogy that maybe people might understand, right? So think about that.

**Dr. Jonathan Couey**
It's a bit more like saying that there's a— That not telling anybody that there are any automobiles in the world, and then saying, "Oh, there's a pandemic of KIAs, and if we just test we can—" Lots of people end up having KIAs. And it's like wow, that's pretty crazy. And then, "Oh, yeah. Look, now we have Toyotas, and now we have Hondas," and as we change what we're identifying with the test, it seems like, wow, it's spreading all around the world. But those cars have always been there.

And so in this case, they told us, I guess, that there's an epidemic of Teslas, which can be tested for by looking for wheels and four doors and a windshield. And so when people tested their garage, they go wow, I guess I got a Tesla too.

And it's probably closer to something like that, where the specificity is implied, when in reality they're testing for things that all automobiles have. And so there is no pandemic of a particular kind of automobile. It's just that the test is confirming everybody's got a car, or there are a lot of cars around.

[01:00:00]

**Shawn Buckley**
So just so that we're clear: so if the test is non-specific, and even because it's just testing for a part that doesn't even tell us we have a whole genome, conceivably, then, they could just come up with another virus name, start running a bunch of PCR tests, and convince us that we're in the pandemic again.

**Dr. Jonathan Couey**
Absolutely. Absolutely. I think this is the one you should almost assume that's what's going to happen. That's their plan. That's what PCR has been established as, they can— That's what the WHO said in that article that I shared. Genomic surveillance is a good way of

following these things. So they would like to sequence the sewer all the time. They would like to, yeah, they would like to swab you monthly if they could. That's what they want. Definitely.

**Shawn Buckley**
Right, but it's really just a tempest in a teapot, it's a phantom.

**Dr. Jonathan Couey**
I mean, think of it this way, like rhinoviruses are a virus that we all know are very common, part of the common cold bouquet, and we're not sequencing and doing PCR for rhinoviruses right now, but they could. And as soon as they rolled those tests out at people that were asymptomatic and then cycled them too far, you'd get a lot of false positives right away. And if they told you it was one rhinovirus instead of a-specific for many, they could also convince you that, "look, it's changing." So it's very tricky game they played on us.

**Shawn Buckley**
Right, now do you have any information— We've heard about people taking antibody tests for SARS-CoV-2, and do you have any information on whether or not those are realistic tests, or whether, to use your term, they would have high fidelity?

**Dr. Jonathan Couey**
I think they're probably, if done correctly, they're actually probably very good identifying people with previous immunity and recent exposure. It's tricky, right, because they, I think, use the antibody test as a way of emphasizing the seroprevalence to the spike protein.

So they get to choose what they search for when they say that they're going to build this antibody test. If they were going to be honest with it, we would look at these papers that we looked at today, and we see that the N gene, or the N RNA, is produced in the most abundance. So the loudest signal to look for, if you were going to see if someone recently exposed to a coronavirus, would be that N protein. But there's almost no tests can find the N protein epitope immune response in people that are vaccinated because they don't have a natural response to the virus anymore, which would be to respond to the RNA that gets produced the most and the protein that gets produced the most.

They are responding to the protein that they were forced to respond to. And that illusion was partially seeded by the idea of saying, "here's an antibody test for the spike protein. It can show you if you've been infected."

And so people got it in their head that all the spike protein antibodies that tell if I'm infected, when in reality, you'll have T cells to the RNA dependent RNA polymerase and T cells to the N protein and B cells to the N protein, all from overlapping previous infections. So you could have tested positive before the pandemic, too, because you had natural immunity and were exposed.

**Shawn Buckley**
So I guess to refine my question. I mean, I'm just wondering if it's possible that there's an antibody test specific to what were called, this you know, COVID-19 or SARS-CoV-2, as opposed to an antibody test, really, for just this background group of coronaviruses that—

**Dr. Jonathan Couey**
I think we're really— I think you and I would be buying in to their simplified biology if we said that there was a SARS-CoV-2 to separate from all of these other viruses.

**Shawn Buckley**
No, it's just interesting, because I live in the drug approval world regulation part. In Canada, we didn't have an emergency order the government came out with, or rather, we don't have an emergency pathway that they could use. We hear in the U.S., this emergency approval. So we had an interim order that didn't define a specific virus. So they define COVID-19 as relating to something that was not a specific virus. And that got me very suspicious about our ability to identify a specific virus.

[01:05:00]

**Dr. Jonathan Couey**
I mean, much of the literature supporting this panoply of viruses that's circulating in the wild: if you look through this literature before the pandemic, you will find that entire papers are written about the diversity of coronaviruses in bat caves by looking for a 296 base length part of the RNA-dependent RNA polymerase. And if they find it, well, that's a coronavirus; they find another one, that's a coronavirus. And we find all these and then we make a little chart of how they're related. And this is a phylogenetic tree of bat coronaviruses: no spike proteins, no full sequences, and no viruses cultured, just genetic sequences found using pan-coronavirus primers for the RNA-dependent RNA polymerase.

And so to go from a literature which is so amorphous, to "now we can definitively tell you that this is the sequence and this is you, positive or negative," all this stuff is just smoke and mirrors, they do not have that fidelity.

**Shawn Buckley**
Thank you. Those are my questions. I'll ask if the commissioners have some questions for you.

**Commissioner Massie**
Thank you, Dr. Couey, for this very interesting presentation. I mean, you certainly did a lot of effort to make it somewhat accessible for a layperson, because I mean, what you're discussing is fairly complex. I have a background in biology, and I've developed adenovirus vaccines, and all kind of things, so I understand where you're coming from. But there's a few questions that popped in my mind. Do you have experience growing viruses, either small scale or large scale, or different type of viruses in your lab?

**Dr. Jonathan Couey**
I only have had the privilege of working with somebody who does it for me. So no, I've never enriched adenovirus, for example, or anything like that. It's stuff that I take for granted that has been commercially available since, I guess, since I had my first lab. For me, I take a lot of things, especially with adenovirus production and the transformation experiments that I've done, I just take it as very commercially accepted that adenovirus can be made, and it can be packaged with the DNA that I want in it.

**Commissioner Massie**
My question has to do with your very interesting concept of infectious clone. I mean, to me it's not a big surprise because I know that even DNA viruses based with adeno-AAV, when you actually go to the trouble of doing deep sequencing and you isolate clone based on plaque formation and you're very careful to make sure that it's clonal and you grow it just one cycle, you'll see variants immediately after one cycle of replication. And as you pointed out, the fidelity of replication for DNA is way higher than RNA. So I've always thought of RNA viruses from any source, would it be plant or bacteria or mammalian viruses, as kind of quasi-species, I mean the extreme being the HIV [Human Immunodeficiency Virus] where I mean, where hepatitis, I mean, you find a lot of variation, which makes the characterization of a clone that much more difficult.

Having said that, we now have tools to do that, and I've noticed that you were citing a paper from Didier Raoults' lab that has done— I've been following his work for more than three years now, and he has done a large number of clonal isolation and tried to characterize it, doing deep sequencing to confirm that it's not just PCR sequence that they were looking at; they were very thorough in order to do phylogenetic tree and so on.

Are you wondering whether when you actually isolate a clone from an individual that is sick—and now you're trying to identify within this individual a clone or variant, and now they've called it "variants of concern" and stuff like that—are you questioning that the moment you start to grow it in culture, after a few cycles, you might end up with something that has already started to evolve, or have differences in the overall sequence because it's a long genome and the fidelity of the replication is not so great?

**Dr. Jonathan Couey**
So I assume that that happens, and that's the argument that pervades my head when I think about the idea that we were told that

[01:10:00]

from Wuhan to Washington to California to New York and Italy, there were less than three amino acid differences for four months. And thousands of people, hundreds of thousands of asymptomatic infections, were supposedly spreading around the world, but the virus was keeping a fidelity of a ridiculous level. And the original SARS [Severe Accute Respiratory Syndrome] virus that was tracked in 2002 had an average of between 33 and 50 amino acid changes per patient for the first six months. And then this one changed 10 amino acids in the first six months.

So the stability of the portrayed sequences has no previous biological precedence. So the only way that this could have happened is if somebody seeded this level of fidelity around the world, like put a clone in, so that everybody that they tested would have a culturable virus for a little while, and it would be a sequence of very high homology with the ones they released elsewhere. And then they slowly drifted away. They slowly recombined with the background. I don't even think that they would have to do it with very many patients.

If you look through the literature, you will find a very large paucity of actual, and I'm talking about experiments now, like from 2020, where they really isolated the virus sequence and then said, "Wow, it's pretty much the same." It's not based on very many observations like that. America's entire pandemic is based on one sequence collected in Seattle from the Snohomish County man, and that's it. Every other sequencing reaction that was ever done was done behind CDC closed doors, and the sequences were reported only

**after the CDC decided to report them. There's no open sequencing in America, and there never was.**

**And so if these sequences are real, as we are here now, the point is what happened in 2020 was a portrayal of something that couldn't have happened. Now we're talking about a background sequencing coronaviruses when we've never sequenced them with this rigor before 2022. It doesn't surprise me that we find all of this stuff. But to say that this is evidence of a pandemic is very, very different; and I don't think that that's evidence of a pandemic. It's evidence that those genetic sequences might be there. But he's got no data from 2019, so he doesn't know if he would find the exact same data set had he started looking then.**

**Commissioner Massie**
So what we're seeing right now, though, I mean, in this Omicron era is that it seems that when you do a rigorous analysis, you do find other types of variants that seems to be more prevalent, in the sense that I understand there's going to be a very wide diversity of different sequences of the SARS-CoV-2 virus. But the one that seems to be growing better in a given population, in a given time, will eventually be, if you want, sampled more frequently, and in the end you will have an over-representation of this variant until another one will supersede that. So that's kind of a cycle. And it's probably, it has probably been like that before we started to analyze the coronavirus. I just didn't know about it.

**Dr. Jonathan Couey**
That's it. There you go. There you go. You just said it. If it was like this, and this pattern existed before the pandemic, and they just announced it now, then we are being bamboozled. It's like saying that, where there's a pandemic of automobiles, while forgetting that we've always had them.

**Commissioner Massie**
So your hypothesis in terms of the endemic state is that we have been, the human population, have been in an endemic state of coronavirus that could give respiratory infection as other viruses could, like rhino and even adeno and RSV [Respiratory Syncytial Virus], you name it. And somehow emerged, or decided, that these atypical respiratory infections was triggered by this particular new virus that has come in the environment, and now was spreading all over the world. And it was almost the same kind of virus everywhere.

[01:15:00]

**And you find that difficult to fathom with the way normally coronaviruses will actually be in the environment. Is that your thesis in terms of a pandemic versus having local reproduction of coronaviruses in a population?**

**Dr. Jonathan Couey**
**Right. Remember, the pandemic definition is a virus that starts in a room and then spreads around the world without being able to be stopped. And that is a very, very specific set of biological claims. And so the idea that there are these many, many stories of people having an interesting respiratory disease is completely and wholly disconnected from the idea that**

a pathogen, or a virus, is moving around the world with high fidelity, and is tracking with that disease. Because that is the illusion of the PCR.

If you assume that a PCR test identifies a case, knowing that the PCR can be false-false positive, and also positive-false positive, in the sense of a wrong coronavirus gene, then we have a really huge problem because the statement that a virus was released at a point and is still circulating the globe is not possible. And that requires an extraordinary amount of evidence. It's an extraordinary claim. It requires an extraordinary amount of evidence, way beyond doctors saying, "I've seen a few people with a new sickness. And so I decided not to give them antibiotics and throw them early on the ventilator and give them some remdesivir and they died." That's not an atypical respiratory disease.

And you can't differentiate from that, and mistreating it, if you changed your protocols across the entire nation. How can you call that a unique respiratory disease when you stop treating the respiratory disease the way you used to? And you started giving remdesivir, or midazolam, or not giving them steroids?

All of these changes that were made, and the autonomy taken away from doctors, caused unique respiratory symptoms. That's the more likely explanation than an RNA virus maintaining fidelity for three years, and now having a slightly different hat on that we call Omicron.

**Commissioner Massie**
So if I understand what your hypothesis is, is that the SARS coronavirus COV2 exists and it can potentially induce diseases, but it was this kind of disease—among all of the other disease you can find from respiratory viruses—was not the unique cause of this so-called pandemic. And what we see in excess mortality is more likely attributed to what we've done in terms of lack of treatment, and also all of the things that we've imposed to, quote-unquote, control the spread of the virus. Is that your working hypothesis?

**Dr. Jonathan Couey**
Absolutely. Because if you talk about how people died, you don't have to talk about very much virus. Absolutely.

**Commissioner Massie**
Thank you very much.

**Dr. Jonathan Couey**
You're welcome.

**Shawn Buckley**
Dr. Couey, those are the questions of the panel. This was very illuminating. On behalf of the National Citizens Inquiry, we sincerely thank you for attending today and providing your testimony.

**Dr. Jonathan Couey**
It was my honour, thank you very much. And I wish you guys the best of luck in this most important endeavor.

**[01:19:06]**

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 7: Sierra Rotchford**
**Full Day 3 Timestamp: 08:59:19–09:22:57**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Could you give us your full name and then spell it, and then I'll do an oath with you.

**Sierra Rotchford**
It's Sierra Rotchford, spelled S-I-E-R-R-A R-O-T-C-H-F-O-R-D.

**Wayne Lenhardt**
Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

**Sierra Rotchford**
I do promise that.

**Wayne Lenhardt**
You have been a paramedic for a number of years. Or is that the right term to use?

**Sierra Rotchford**
I've been a registered paramedic in Alberta for 10 years.

**Wayne Lenhardt**
Okay. Why don't you just lead us through what happened in your paramedic practice, if I can call it that, until you get to 2020 for us.

**Sierra Rotchford**
Sure. So it's pretty brief. Before 2020, I was registered in 2012 as a primary care paramedic in Alberta. I did start working on suburban-rural EMS [Emergency Medical Services] in areas surrounding Edmonton, so Stony Plain, Spruce Grove, Warburg, like all around. And then I ended up getting married, having babies, back-to-back to back. I don't recommend that. So I ended up working in between kids: doing remote clinics, drug and alcohol tester, some clinics around Edmonton in some big industrial areas. Then finally, I did return to ground ambulance in February of 2020.

Did you want me to continue from there?

**Wayne Lenhardt**
So you got a bit of a flavour for what was normal across the city of Edmonton. Correct?

**Sierra Rotchford**
That's right because suburban-rural, even if you do work in those surrounding areas outside of Edmonton, as soon as you bring a patient into a hospital like the Misericordia, you end up what's called, "being sucked into the vortex." And so the AI picks up that you're there and you get sent to a call in Edmonton. So I still did attend calls in Edmonton, previous to 2020.

**Wayne Lenhardt**
Okay. If I've got this right, I think you were off for a bit with some sort of an ailment. You went off about October of 2020, and then you came back in January of 2021.

**Sierra Rotchford**
That's right. So briefly, for 2020. I came back, was orientated to ground ambulance again in February. We weren't locked down yet. So I did see a bit of pre-pandemic call volume just in that single month before we were announced for lockdown. Calls were very normal, the usual stuff: some people experiencing homelessness, overdoses, maybe senior citizens who have some concerns about their health, calling an ambulance, that kind of thing.

I finished mentorship in the middle of the lockdown. So I actually saw very little high-acuity calls to prepare me to go back to work because there just wasn't any at the beginning of the lockdown.

So then, come April 2020, now we're into the normal swing of things. I'm off mentorship; I now work on a car with a single partner in the city centre of Edmonton. For the majority of 2020, if I sum it up without making it a long story: a lot of mental health calls; a lot of people calling with anxiety, thinking they'd contracted COVID or given COVID to someone; having those symptoms of anxiety, like tachycardia, pressure in the chest, those kinds of things. So we did those. We did quite a bit of overdoses, suicidal thoughts, some domestic abuse calls.

The only time I can really remember in 2020, between February and October, —there was quite a substantial rise in calls— Was the initial cool down after those first few weeks we were locked down, there was quite a rise in calls because what had happened is doctors stopped seeing their patients in person. So doctors were doing lung consultations with seniors over the phone while they're seated. Can't see if they were experiencing shortness

of breath if they were moving around exerting themselves, those kinds of things. Maybe someone was starting to have hypertension,

[00:05:00]

put on blood pressure medication; maybe they were put on a beta blocker to control their heart rate with no follow-up. So we had this rise in calls where people who were put on new medications were suddenly experiencing medical crises, cardiac arrests, because of these new medications with no follow-ups. And that's the only rise that I can remember in that time that I attended.

And then, the duration of the rest of 2020 leading up to October, there was quite a few overdoses on the rise, as we know in the Alberta release statistics.

Then in October 2020, I ended up having emergency abdominal surgery. Then two weeks later, I contracted sepsis. And so yes, I was off. I ended up being hospitalized at the U of A [University of Alberta] for sepsis. I wasn't treated for 12 hours, despite being a health care provider and recognizing the signs of sepsis. I was tested for COVID in the hospital. I tested negative.

I had three different doctors come in over a 12-hour period and say, "Even though you've tested negative for COVID, that's probably what you have," despite having all of the symptoms of sepsis. I was sent home, called back later by a separate doctor once blood results had come in. They called me back and said, "You're going to die at home unless you come back."

So I ended up with a health condition, the effects of post-sepsis syndrome. After that, I was off work for the rest of 2020 and did return in January 2021.

**Wayne Lenhardt**
So was there anything different when you came back in 2021 than when you had left prior to the sepsis problem?

**Sierra Rotchford**
So the beginning of 2021, January to about March, coming close to April, there was more mental health calls than ever, more overdoses, especially narcotics-use overdoses. And then we were starting to see the beginning of a rise in MIs [Myocardial Infarctions], strokes, seizures, those kinds of things leading up to April 2021.

**Wayne Lenhardt**
I think during our previous discussion, you had said that there was a certain number of ambulances taken off the roads, I think in December of 2021?

**Sierra Rotchford**
Sure, I can finish the chronological order to end up there, if you'd like.

**Wayne Lenhardt**
Sure. Tell me that story.

**Sierra Rotchford**
So starting then, in April 2021 is when I started attending— I should be really clear about that, that I am just one ambulance out of between 40- 50 that is on the roads. So this is just my experience of the calls I personally attended. But we started going to many strokes in people my age demographic, the 30–40 range, as well as first-time seizures, in that same demographic. This is when the beginning of that first rollout of that category of age for AstraZeneca, Pfizer, and Moderna. I had taken people my age who were having a full stroke, full paralysis, drooling to the U of A. We were taking people with first-time, full tonic-clonic seizures to the U of A. I just spent a lot of time there with those types of acuity calls.

**Wayne Lenhardt**
Going back, you were a paramedic since 2012. So is this normal?

**Sierra Rotchford**
So in 2012, I maybe attended one single cardiac arrest in 2012, one deceased person in 2012. The rest are pretty normal-type calls: your various mental health; your various people who worry about their health, but maybe it's not an emergency, that kind of spread.

By the end of April 2021, we were now surged for calls. There is an EMS documentary that came out last year that won awards that was put on by CTV [CTV Television Network] News. They've quoted that we've had 30 per cent increased call volume since May 2021. On May 9th, after bringing in one of three seizures that day to the U of A, there was a very senior nurse at the U of A triage who asked me if we were asking if people had their shots recently.

[00:10:00]

If they had had AstraZeneca we needed to be asking because they were seeing this huge rise in blood clot injuries. She said to me that the U of A was going to be asking the government to stop the AstraZeneca shots. The very next day, the government had pulled those shots.

In addition to working emergency cars, I also worked facility-to-facility transfers within Edmonton. At that time, I was able to take one documented vaccine injury from AstraZeneca from one facility to stroke rehab. It was for a patient who was approximately 50 years old: full left-side paralysis; no major comorbidities in history; had experienced a deep brain stroke, which only accounts for 5-7 per cent of all strokes. It's a stroke that happens in the brainstem.

There was a sheet that was attached to his file. We get a transfer sheet with all of the information plus a medical. It's called a MAR, Medical Administration Record. And then there was this sheet attached also to this patient that said, "Is this a vaccine injury? "And it was checked off, "Yes." It was tracking which vaccines this patient had been given. And this patient had received AstraZeneca. It was not mentioned in report with the nurses. But when we went to get our patient and put him on the stretcher, he was already asking us, before we even took him out of the room: "When can I get my next shot?" So this patient was documented. But was not told he was a vaccine injury. We transferred him to the next facility, and he was asking, when can they give him his next shot.

At that time, that facility—even though the news and the media was saying that you could mix your shots—when we got there, they were very hesitant. They wouldn't explain to him

why he couldn't have a shot or where they were going to get his shot—if it was going to be Pfizer or Moderna. It was just very clear, at that time, that some things were being tracked but also not being passed on to the patients who suffered effects from them.

So May 2021, now AstraZeneca is pulled. We're still having this massive rise in calls. By the beginning of July 2021, the news reported what our average calls in EMS at that time, over Alberta, were 1,000 calls per day.

By the beginning of July 2021, there was a day I was at the hospital, one of the major trauma hospitals in Edmonton, and we had never seen it before. There were paramedics there who said they'd never seen this in their twenty years. Basically, every trauma room was full. Every recess room was full. There were ambulances lined up down the ramp out of the hospital with patients so acute they were already on their stretchers lined up down the ramp. There were people being told right in front of us in ER that their loved ones were dying. These were not expected deaths at that time. When that happened in that first week of July, we were at 1,700 calls per day in Alberta. That's a 70 per cent increased call volume that the news reported at that time.

For the summer of July 2021— Let me just be clear: I didn't respond to a single deceased person in Edmonton in 2020. But I ended up attending four sudden unexpected deaths in Edmonton between June and August 2021. And I only worked 12 shifts. The range of age for these sudden deaths was 50–70 years old. These were people who died so suddenly they were sitting up watching TV across from a loved one who did not realize they'd passed away. They passed away walking out of their house to go to their car, not found till the next morning. One of them that I attended had just been discharged from a hospital in Edmonton, was told to eat his lunch. When they came back to make sure he was leaving, he had already passed away. And that patient was in his 50s.

On top of that, we ended up with the mandate. So I worked through the mandate in Edmonton, pursued a medical exemption. If you don't know what can happen to you after you have sepsis, you can end up with something called elevated CRP [C-reactive protein], something they test in your blood; it's an inflammation marker in the liver. But at a CRP level above 10, you can end up at risk of an arrhythmia for your heart.

[00:15:00]

So I had been having these symptoms after having sepsis, pursued it with my doctor to get a medical exemption. I didn't think there would be a problem. My doctor refused to take blood tests to look at my CRP, refused to send me to a specialist. Just anything on my doctor's end to just prove that I might be healthy enough to take that shot.

AHS at the time, even though they were saying apply for medical exemption, they had put out the criteria for exemption from that shot. And so their criteria was you either had to have a reaction from a past shot that was anaphylaxis or you had to have an active case of myocarditis. I was very lucky not to end up with atrial fibrillation, which is an irregular heartbeat, after having sepsis, and I was at risk of myocarditis just from having tachycardia often, after having sepsis. I had supervisors calling me from Edmonton EMS. I had my manager call me asking me to apply for a medical exemption, even though my company that I worked for had already set the criteria for what my doctor could exempt me for. They still wanted me to just fill out the paperwork saying I pursued a medical exemption.

Throughout the mandate time, I saw a lot of discrimination against patients; a lot of harassment, bullying against co-workers, not only in the hospitals but also on ground ambulance. I saw it from staff towards patients, at that time.

What happened was, as the mandate deadline kept getting pushed back, some other paramedics and I had this idea that it was really hard to fight the information about the shot because we're not researchers, we're not medical scientists. But we do like answering questions with what we see because that's all we are, boots on the ground, on an ambulance.

So we decided that we were going to show visual impact. So Kate King, Todd Semko, and I all gathered in Edmonton. We coordinated with Alberta Health Services workers across Alberta and got them to drop off shoes and signs at my house in Edmonton so that we could build this picture of what that impact is. Because our question was, does a mandate further exacerbate an already short [-staffed] medical system? And so we ended up gathering all of these shoes.

We ended up doing this presentation at the legislature grounds in Edmonton with the permission of a government official. And we answered this question. So we kept track of everything, but again it's really hard. We don't know how many nurses are on a ward; we don't know how many it takes to run certain parts of health care. But we did know how many people it takes to run an ambulance. Of course, it's two. But we had enough evidence there to show and enough numbers that we were missing between 35 and 40 ambulances a day in Alberta. And so just from that number, we were able to take that to the government, not to AHS, but to the government official who was very supportive of that mandate being brought down. And they were able to show AHS that it was affecting health care, that a mandate was detrimental to patient care.

**Wayne Lenhardt**
Just to take you back for a second. When was it that they took 40 ambulances off the road, which amounted to 1,600 personnel? Was that during, supposedly, when people were getting sick from COVID?

**Sierra Rotchford**
So the number of 40 ambulances being taken off the road, those staff were off for various reasons. Some had gone off on stress leave before the end of the mandate. And to give you an idea of how many of those might have gone off, our stress-leave rate at EMS was 30 per cent, and that went up to 45 per cent in a single month from September to October. Some of those people were able to get medical exemptions from their doctors, maybe they went off for other reasons. But that was a number that just showed over time. It wasn't all overnight at once. But it was significant by the end there, in December.

**Wayne Lenhardt**
And the significant upturn in your activity,

[00:20:00]

when you were on, was after the blitz to get everybody vaccinated. Is that correct?

**Sierra Rotchford**
That's right. Yeah, the 70 per cent increase was just in that couple weeks of July [2021]. But that was four to six weeks after people had received their second shots. So that's where we saw the greatest rise.

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

**Commissioner Massie**
Thank you very much for your testimony and lots of detail you're providing. I'm curious about the sepsis you suffered. It's very strange to come in the hospital and be turned back home because they were suspecting COVID with a PCR [Polymerase Chain Reaction] negative test. Sepsis can evolve very quickly. You could have passed away. When you came back to the hospital, what kind of treatment did you get? And did it work very rapidly, or did you take time to recover?

**Sierra Rotchford**
Oh no, it took time to recover. When I came back, they told me they didn't know how I was a GCS-15— which means fully cognitive, fully aware, can answer questions. Because I think my CRP level was 70 when I came back, which is when people start hallucinating. So immediately when I came back, I received IV [Intravenous] antibiotic treatment, anti-inflammatories. And then, I wasn't able to be hospitalized because they were saving space for COVID patients. So I ended up having to be an outpatient for over a week just for IV therapy at the U of A.

**Commissioner Massie**
Okay. My other question has to do with the medical exemption that you didn't manage to get. I have problems to understand why a doctor would not, given your medical condition, at least do a simple CRP test to see whether you would be at risk. What was the rationale that the doctor provided?

**Sierra Rotchford**
Not really much rationale, actually. The doctor said she had no concerns about my health at that time. That I wasn't going to meet criteria, anyways, for exemption. I was offered a medical exemption from a doctor that the government official, who gave us permission to use the legislature grounds, knew. But at that time, it was the only card I had where my co-workers would listen because for them, I had all this criteria that should meet an exemption, and I wanted to keep that bridge between my co-workers and I. There was opportunity for me to get one from a willing doctor, just not my own.

**Commissioner Massie**
Thank you.

**Sierra Rotchford**
You're welcome.

**Wayne Lenhardt**
Any other questions from the commissioners? Okay, I want to thank you very much for giving your testimony to us today. Thank you.

**Sierra Rotchford**
You're welcome.

[00:23:38]




***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 8: Grace Neustaedter**
**Full Day 3 Timestamp: 09:23:15–09:41:19**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our next witness is Grace Neustaedter. Grace, can you state your full name for the record, spelling your first and last name, please?

**Grace Neustaedter**
Sure. My name is Grace Neustaedter. My first name, G-R-A-C-E. Last name, N-E-U-S-T-A-E-D-T-E-R. I challenge any of you to repeat that.

**Shawn Buckley**
And I thought it was just the usual spelling. Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Grace Neustaedter**
Yes, I do.

**Shawn Buckley**
Now, you worked as a nurse for a full 41 years.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
In fact, it's not just that you have a degree in nursing; you had gone and gotten a master's degree in nursing.

**Grace Neustaedter**
That's correct.

**Shawn Buckley**
And your last 18 years of practice, you were what is called "a clinical nurse specialist," and you worked at a clinic that focused on pelvic health issues for women.

**Grace Neustaedter**
That's correct.

**Shawn Buckley**
So COVID comes along, and there start to be murmurs about a mandate for vaccines by AHS [Alberta Health Services]. Can you tell us what your experience was and what happened?

**Grace Neustaedter**
In the very early months of COVID, I thought a vaccine sounded like a reasonable idea. But because of the advanced research courses I had taken in my master's degree and also the research projects I'd been personally involved in, I knew that the process of especially a new medication would take many years. So I thought maybe 5, 10 years down the road, a vaccine would be, maybe, a good idea. But I didn't expect anything to happen soon.

So when it started to be talked about more and more, and I realized that the due process for informed consent and for the trial of putting a new medication on the market wasn't going to be happening, as it should be, I became more and more concerned about it.

Personally speaking, I was very in turmoil as well because I do have a strong personal faith, which affects every aspect of my life. And when I'm in turmoil and anxiety, I know that I'm not being directed by God. So I knew that I couldn't take part in this as well. So there's sort of the two things that were happening.

**Shawn Buckley**
Right. Can I just slow you down?

**Grace Neustaedter**
Sure.

**Shawn Buckley**
Because my understanding is that you really did a dive into whether this is a good vaccine or not. Am I right about that?

**Grace Neustaedter**
Yes, I did look around—what was happening around the world, and a lot of that has been covered with the previous testimonies. And I was very uneasy because of the death rates not really rising and all those kinds of things.

**Shawn Buckley**
I didn't need you to go into the details, but I just wanted to confirm, you're not a regular nurse. You've got a master's in nursing; you know how to research. It's part of what you do for your job, and you had a hard look at this and had concerns. Is that fair to say?

**Grace Neustaedter**
I definitely did.

**Shawn Buckley**
But what I wanted you to talk about— Because when we were discussing this earlier, you were talking about how you tried to talk to other doctors and nurses and just the— I wrote down "medical acceptance" of the government narrative. I want you to talk about that and what you thought of that.

**Grace Neustaedter**
Well, I was actually astounded because as time went on, in just casual discussion in the clinic, it seemed that everyone was gung-ho, including the highly trained physicians I worked side by side with, who should know better than accepting a medication that hasn't been done due process. The rigorous research that needs to be done before releasing a medication to the public wasn't done. And yet, they didn't seem to blink an eye. They were all gung-ho over, as the time progressed, to taking the vaccine as quickly as they could. And I was astounded. I basically kept my mouth shut a lot. But the conversations around me were swirling at the disgust that they felt for those who chose not to be vaccinated.

**Shawn Buckley**
So let me just stop you. So here you've looked into it and you've got serious concerns.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
And this would be based on credible information that you've been trained to evaluate.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
And so not only are you not able to talk about it with doctors and nurses, but they're just enthusiastically adhering to the government narrative. So you couldn't even have discussions.

**Grace Neustaedter**
I couldn't have discussions. I didn't want to get into arguments or big fights with my colleagues, my friends, peers I'd worked with for many years.

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But it was becoming more and more vocal, to the point where there was this group of people at the front desk, physicians, clerical, all discussing— and I could hear it way down the hall in my office what they were discussing. And there was patients in the waiting room. And I walked up there and I looked at everyone. And I was thinking: You don't know if some of these patients waiting to see a doctor have been vaccinated or not. How can you be so vocal and so anti—so cruel in your words? It was astounding.

**Shawn Buckley**
So you mean they were running down unvaxxed people?

**Grace Neustaedter**
Yes.

**Shawn Buckley**
Okay. So my understanding is, eventually, you applied for a religious exemption.

**Grace Neustaedter**
I did. As I mentioned before, I felt no peace at all about going forward with this vaccination. When I make a decision and I know I'm in God's will, I do have peace. I'm well aware that partly due to all the medical stuff going on around and the research side of things, personally, I felt no peace about being forced to take a medication, even realizing it would cost me my job. It was take a jab or take a hike. And all the work I had done: I had been deeply involved in many projects; I presented internationally. I've been on medical boards right up to and during COVID. I, actually, was very well known in my specific area. And just to throw it all away, I couldn't believe it was going to happen. I actually didn't believe it until it happened. They kept postponing the deadlines as well. But I just basically had to walk away from all the projects that I was in the middle of and my work and my career.

**Shawn Buckley**
Right. So basically, after 41 years, and that's an incredible amount of service as a nurse, you felt disposable. Is that fair to say?

**Grace Neustaedter**
Exactly. I was sharing with him previously— I hope it's okay. I received my 40-year award in the mail, a little plaque and a congratulations letter on my many, many years of faithful service and dedicated work, blah, blah, blah, on the very same day that I was no longer allowed to enter any AHS facility because I hadn't been vaccinated.

**Shawn Buckley**
December 15th, 2021.

**Grace Neustaedter**
That's right.

**Shawn Buckley**
Just so people understand: AHS sent you an award or a congratulation for 40 full years. So four decades of service, and by some ironic twist of fate, you receive that in the mail the very same day you are prohibited from continuing or basically attending on any AHS property?

**Grace Neustaedter**
That's exactly right.

**Shawn Buckley**
So what happened to your religious exemption? You applied.

**Grace Neustaedter**
I applied. I had been hearing by the grapevine that people who applied were not being granted any religious exemption. The same happened with me. I never heard back, one way or another, about it being received, acknowledged, or accepted. I again heard from a bit of a support group I was in that there was only one religious exemption of the many, many that were submitted, that was accepted. It was from someone, and I mean no prejudice here, but from a different culture and a different faith. So I didn't, yeah.

**Shawn Buckley**
And so a different faith, you mean a non-Christian faith.

**Grace Neustaedter**
That's right. Yeah.

**Shawn Buckley**
You also spoke, not just to the support group, but you spoke to your union about whether or not religious exemptions were being granted, and you were given the same information, were you not? That there was only one granted.

**Grace Neustaedter**
Exactly, that's exactly what I heard.

**Shawn Buckley**
And that was to a person of a non-Christian faith.

**Grace Neustaedter**
Mm-hmm. Yep.

**Shawn Buckley**
Now, my understanding also is that you are a nurse, that you had your own patients.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
But you also did research.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
And you did, basically, process projects and learning modules—that it was possible for you to work at home.

**Grace Neustaedter**
Yes, I had done so in the earlier months of COVID when our clinic was shut down for a period of time. I had an AHS laptop with all the programs needed. And we had reverted to doing a portion of our assessments of patients, the history part, over the phone. So when they eventually did arrive to the clinic, we could get on with business, so to speak. I could easily have continued with that with telephone reviews as well on how they were doing.

And I was, as I said before, in the middle of a variety of projects. I was very involved in creating educational programs, learning modules for all the new staff in our clinic. And I was hoping to revise them. We have videos that are on the AHS website that were used by patients across the province

[00:10:00]

and actually, internationally. And I was just revising and modifying them. We were probably 75 per cent of the way through the project, and I could have finished a lot of these projects at home. It would have probably been six months or so of work at home. But I was not allowed to work at home, at this point, at the end, as I was not vaccinated. Other staff members were, but there was no rationale or explanation for why I wasn't.

**Shawn Buckley**
Okay, so your manager wasn't going to allow you to work from home, although other people were allowed to work from home.

**Grace Neustaedter**
That's right.

**Shawn Buckley**
So you were forced off work as of December 15th, 2022. How did this affect you mentally and what happened with that?

**Grace Neustaedter**
I was blindsided in a way. I knew it was coming. But I couldn't believe it was really going to happen, that I wasn't allowed to continue my career. I was very distressed. I was very anxious. I had a new family doctor who I was seeing at that point who said, "You can't go back to work in this state of mind." So she put me on stress leave for a period of time. So I was. Then I ended up having a minor surgery, and I was off on medical leave for a bit, and then afterwards, I just couldn't go back. I had no idea what had happened to the work I was involved in. Who was doing it, or was anybody doing it? I couldn't stomach facing my colleagues after all that they had been saying. So I chose to just retire early and not go back. So a bit of a coward, perhaps, but I just couldn't do it.

**Shawn Buckley**
I'm just switching gears. My understanding is that you had been going to a church for 40 years. And can you tell us what your experience was with your church and COVID?

**Grace Neustaedter**
Me and my husband had been attending, our family had been attending this church. It was our faith community for over 40 years. We had lifelong friends there, basically. We were quite involved at various levels, including on the board. I was really astounded again at how many people there just seemed to say, "Okay, what the government says is what God wants us to do." They were entertaining the notion of vaccine passports to even enter the building. Masks were mandatory. My husband has a challenge with masks due to a genetic inherited condition of extra mucus. And so he would take it off, from time to time, when he was in the foyer, and people were swearing at him. People were complaining to the pastors, to the office.

It was a horrible situation. We felt like we were the only ones. And when he finally got a call from one of the leadership saying, "About the mask," the decision was made that we would just step aside for a period of time until this all calmed down. Our impression was people were far more concerned about their health and their comfort than actually doing what Jesus would want them to do. Jesus touched the lepers; he embraced them. He didn't shut out anyone.

And so we decided to step aside for a while, and we started attending a church that had remained open during COVID. There was many more like-minded people. It was a vibrant, growing community. We loved it. And so after a few months there, we finally decided that it was time to move on to this new church, that God had moved us somewhere else. So we left them all behind, unfortunately. Many of them are still friends, but it was very, very difficult for us.

**Shawn Buckley**
Now, my understanding is that you have four adult children.

**Grace Neustaedter**
Yes.

**Shawn Buckley**
Basically, there was a split in your family, at least with your children, in that half were vaccinated and half were not vaccinated.

**Grace Neustaedter**
Pretty much. Our oldest child decided not to be, along with her husband and their four children. Our second child decided to be vaccinated because they needed to keep their jobs. They didn't want to, but they felt they had no option. And then the third and the fourth embraced it. Because of that, there was quite a division. We weren't allowed to see our grandchildren for months at a time and only then, with a waste of money, with the PCR [Polymerase Chain Reaction] testing to prove we were negative.

We weren't allowed to see my husband's mother, who was in a seniors' complex. She was there alone. We would visit outside her window, basically, just to keep contact with her to some level. Thankfully, she was on a main floor. And then extended family as well. We would travel across provinces, and we weren't allowed in their homes.

[00:15:00]

We were, basically, shunned because we were about the only people, except for one of my nephews, who chose not to be vaccinated. People just thought we were crazy.

**Shawn Buckley**
Right. My understanding is your husband and you spent two Christmases, just the two of you.

**Grace Neustaedter**
Pretty much, yes. Exactly.

I also lost a relationship with my previous family doctor, who was very gung-ho. I think there had been some COVID issues in her family. But she was rude to me. She put me down; she wouldn't speak to me. She basically walked out of the room and slammed the door. So I had no recourse but to try and find a new family doctor, which isn't an easy process these days. But she was very, very angry with me. So that relationship was lost as well. As well as friends that were so gung-ho. They just couldn't tolerate the fact that we weren't doing the same thing that they thought we should do. So they've cut us out of their lives.

**Shawn Buckley**
Now, do you know anyone that has either died or been disabled from COVID?

**Grace Neustaedter**
Personally, no, I do not. You hear of somebody's mother or aunt or something. But, no, I don't.

**Shawn Buckley**
But within your circle, you don't.

**Grace Neustaedter**
No.

**Shawn Buckley**
Within your circle, are you familiar with anyone who has died from what you believe to be the vaccine, just because of the circumstances?

**Grace Neustaedter**
Yes, a close friend of my husband's who, to keep peace in his marriage, was going along with his wife's desire to have him vaccinated. A couple of days after a booster, he went down to work out, and he collapsed from a heart attack. Two weeks ago, our next-door neighbour collapsed.

**Shawn Buckley**
How old was that gentleman?

**Grace Neustaedter**
That gentleman was in his early 70s. But he was in very good health.

**Shawn Buckley**
Ok.

**Grace Neustaedter**
A couple of weeks ago our next-door neighbour basically died suddenly, while having a visit with his wife. He was in his 50s, healthy man. In January, the neighbour of very close friends of ours—in one of our church groups, and we knew him actually, as well—died in his sleep. He was in his 40s. No reason, healthy man. So personally we have been affected by that, and we know of many people who say, "My uncle, my brother, my brother-in-law," as well. So not people we know personally. And maybe there's more. I've forgotten. I'm not sure.

**Shawn Buckley**
Right okay. Those are the questions I have for you. I'll ask if the commissioners have any questions. And there being no questions, Grace, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

**Grace Neustaedter**
Thank you.

[00:18:04]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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

# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 9: Suzanne Brauti**
**Full Day 3 Timestamp: 09:41:36–09:59:22**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
I think I see Suzanne. Yeah, there you are. Can you say something so that we can be sure that we've got you on audio?

**Suzanne Brauti**
Hi. Is this Wayne?

**Wayne Lenhardt**
Yes.

**Suzanne Brauti**
Hi.

**Wayne Lenhardt**
Okay, I think we're on hookup. Could you give us your full name, and then spell it, and then I'll do an oath with you?

**Suzanne Brauti**
Okay, sure. My name is Suzanne Brauti. It's spelled S-U-Z-A-N-N-E. And my last name is spelled B-R-A-U-T-I.

**Wayne Lenhardt**
Do you promise that the evidence you'll give today is the truth, the whole truth, and nothing but the truth?

**Suzanne Brauti**
I do.

**Wayne Lenhardt**
Okay, perhaps let me just take you back to the beginning of the pandemic and just tell us the story of all the problems that you had. I'll prompt you if we need to.

**Suzanne Brauti**
Okay, well first if I could give you a little background about myself.

**Wayne Lenhardt**
Yes.

**Suzanne Brauti**
I've been a single mother of three children for the past 12 years. Prior to that, I was a stay-at-home mom for 11 years. After my separation and divorce, I struggled to find adequate work, so I decided to go back to school and get a college diploma in holistic nutrition. Unfortunately, one year later, I suffered a severe neck injury where I was paralyzed on my left side for seven months, and that took two full years to recover where I could actually work again. So during that time, I had to use all my savings to pay my bills and continue to support my family and myself.

Once I was able to, I applied for work with the federal government. I was very grateful when I was finally offered the position 18 months later, which was July of 2019. To me at that time, I felt it was just the best job I could have gotten as I was just starting over in career life again. And because it offered security and stability that I needed to support myself and my family and to hopefully put me in a decent retirement situation in 15 years' time.

When the COVID policy came into effect, well, I was working for the government since 2019. When the pandemic hit, I was still training in a new department. I had actually just started a month prior, when the pandemic was declared. So I did all my training through COVID. And because the office is shut down, shortly after, I did all my training from home. So it took longer than usual to get my training done. And then, I worked at home for about a year before the offices reopened.

Then this COVID policy came into effect on October 29, 2021, for all federal employees. I'd been working for the government, at this point, for two and a half years. I was just six months shy of becoming a permanent employee with them. I had also received a six-month performance review at that same time, in the same month, and it had been the best one that I had had. So I felt confident that my employer was happy with me and wanted to keep me.

But due to my spiritual beliefs, I requested an accommodation under this new policy, and I submitted all the required documents requested by my employer, including an eight-page affidavit explaining my background, my beliefs, and why I couldn't take the vaccine. However, that didn't seem enough for my employer, so they requested additional information. I had two additional meetings, and I provided a second affidavit a month later in November, further explaining why I couldn't get vaccinated based on my beliefs. Two months after that, they denied my request in January of 2022 but offered, under their Duty

to Accommodate policy, an opportunity to submit further information. So I did. A month later in February, I submitted a third statement offering additional information to support my beliefs.

[00:05:00]

I want to state, too, that I followed every rule, guideline, safety protocol and procedure, COVID training, and policies during the entire pandemic. Like I said, I was already set up and working from home for the past year.

When our offices reopened and I had to start working some shifts in the office again, I did the rapid testing three times a week, regardless of whether I was scheduled at home or not. So while I was still waiting for a final decision on my request, I got notice from my employer that they were putting me on leave without pay on February 25th of 2022. But I hadn't received their final decision. It was two weeks later, March 7th, when I finally got a decision that they denied my third submission.

Because of the timeline, though, this is how I ultimately, eventually, won my EI claim. I applied a week after I got put on leave and I was denied. So based on the fact they said I voluntarily left my employment, I requested a reconsideration. And then they changed their decision on my claim and accused me of misconduct under the *EI Act* [*Employment Insurance Act*]. I persisted and appealed that to the Social Security Tribunal. And finally won my case nine months later due to the fact that my employer did put me on leave without pay prior to any decision being made on my request. So in my opinion, it was their misconduct, not mine.

I was really curious, though, how and why my employer came to that conclusion that they could not accommodate my request. So I submitted a request through the *Privacy Act* to see all the correspondence regarding their decision-making process on my file around this new policy. I just didn't understand why or how I could have possibly been denied. And I finally received all that correspondence, 800 pages, six months later.

In the correspondence that I sifted through, I was quite disappointed to find a lack of due diligence, I thought, a lack of care and attention from my employer in considering my accommodation. They advised me one way, and then they would change it and advise me a different way. I was given misleading information about the timelines of my request being processed.

I was initially refused an extension from my director because I had been sick and couldn't submit on time. And only received an extension once I went up further to her supervisor and explained the situation. I also found an email in that correspondence from my manager dated less than a week after my original submission in October telling my team leader that I would likely be put on leave without pay. Yet it took them four months to make a final decision after three submissions of mine. But yet my manager already had a feeling I was going to be put on leave without pay. So I started really seeing that they didn't have, seemed to me, not good intention of giving me an accommodation. I also have reason to believe from these documents that I was discriminated against. So I have, therefore, filed a human rights complaint as well.

The reason I feel discriminated is because the documents for my privacy act request seem to reveal that although I stated in my affidavit that I am Métis, but since I didn't indicate to them that my relatives suffered from residential schools, my file did not progress for further consideration. I think that this is quite absurd since my family did indeed suffer

from the residential school system, as I would say, all, if not all, the majority of Indigenous people did. The employer proclaims to want reconciliation. But for some reason because I did not make mention of residential schools, my name was dropped off a list. While others who did state their family suffered

[00:10:00]

from residential schools got a checkmark by their name and processed further. At least, that's what it seems. So I'm requesting Human Rights to look into that.

I also have another obstacle to contend with. First, I was told I have to wait until my union process is complete before Human Rights looks into my complaint. Unfortunately, my union has not been completely on my side during this. And so, not surprisingly, my second-level hearing was unsupported. And I've not heard back from them since. So I reached out and asked what the next steps were. And now I've been told I have to wait for a third-level hearing, which could take another year or more.

And so on another note too, I'd like to mention that after the mandates were lifted for federal employees in July of 2022, I reached out to my team leader about getting rehired. And she said, personally, I would be welcome back. However, my manager told her that I have to go through the rehiring process all over again if I wanted to work there. So once again, my manager showed me that they didn't really care about me.

So when I think about how this has affected me, I have to say that since our Prime Minister Trudeau announced his intention to implement this policy in August of 2021, it's been very stressful on me. I've used up all my available sick days, vacation, and family days while waiting for their decision to be made. Four months is a long time to wait, wondering if I'm still going to have my job or not. I've had ongoing mental, emotional, physical, and financial burdens and repercussions from this. And it seems far from over, as everything I've done has been delayed and these processes take a long time. So it's been energy draining, to say the least.

That was the best paying job I have ever had. So I had to ultimately give up my property to lessen my expenses. I'm unable to afford extra health care that my daughter needs. And I continue to go into debt. I'm disappointed in my employer. And though I've never had much faith in the government to look out for my best interests because that is ultimately up to me, but I did expect a higher level of engagement and respect from them since that is all they expected from us.

And before I finish here, I just want to say thank you to everyone here volunteering at the National Citizens Inquiry for your time and your efforts, and to everyone else supporting this. Because I feel this is an opportunity for me to be heard and supported for standing up in truth, and for everyone else, including my Indigenous community and my fellow federal employees whose accommodations were also denied. So thank you.

**Wayne Lenhardt**
If there was one or two things that you could change, what would they be?

**Suzanne Brauti**
About my employer and the situation?

**Wayne Lenhardt**
About the whole situation.

**Suzanne Brauti**
Well, for one, they could have easily given me an accommodation to continue to work from home. I know co-workers of mine who at the beginning of the pandemic easily received accommodations for their health issues to work from home due to their fear of getting COVID. And they're still doing so, the last I heard, even after our offices reopened. I feel that they should have had to prove that it would have caused them undue hardship. Which is the only reason, I believe, under their own Duty to Accommodate policy for not accommodating my request.

Also, once they lifted the mandates, they should have easily offered me my job back. Especially since they still allowed me to work during the four months it took them to review my request. And after having all the time and money and resources spent into training me, it sure wasn't easy for me to get that job and to get trained and become proficient at it. And yet they willingly let me go and then turn around and hired a bunch of new staff just to repeat the whole process of training again. So, to me, that affects every Canadian

[00:15:00]

who relies on the government for good service and accountability, in my opinion, anyway.

They also could have set a better example of themselves for their own promotion of inclusivity, respect, and fairness for their staff. They promoted that daily in emails. And it's just so ironic to me that it was their actions that actually made me feel uncomfortable and labelled and discriminated, just for asking my beliefs to be respected, when I wasn't even putting anyone at risk by working from home and continuously testing when I was at the office.

Nothing makes sense to me at this point when it comes to dealing with them and the government. I feel rejected: I feel mistreated. I can't express enough the disappointment that I feel. Sadly, it has affected my family in many ways. The whole pandemic has affected my family. It's definitely caused division amongst friends, relatives, and family members.

Losing my job over this, it just puts an even darker light on that, with them, with my family, relatives. And puts them all into more worry and fear. I just refuse to stay quiet about it. And I'm grateful for this opportunity to speak my truth because I feel that so much injustice has been done, not only to me, but many, many others.

**Wayne Lenhardt**
At this point. I'm going to ask if the commissioners have any questions. No. I think there are no questions. So I want to thank you very much for your articulate testimony today. I thank you very much on behalf of the National Citizens Inquiry.

**Suzanne Brauti**
Thank you. You're welcome.

[00:17:46]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 10: Darcy Harsch**
**Full Day 3 Timestamp: 09:59:50–10:12:59**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Wayne Lenhardt**
Could you give us your full name and then spell it for us? And then I'll swear an oath with you.

**Darcy Harsch**
Full name is Darcy Linden Richard Harsh. First name is D-A-R-C-Y, last name is H-A-R-S-C-H.

**Wayne Lenhardt**
During your testimony today, will you tell the truth, the whole truth, and nothing but the truth, so help you God?

**Darcy Harsch**
I so swear.

**Wayne Lenhardt**
You have been working in Kelowna with a government job since about 2018, which is prior to the COVID pandemic occurring. Can we start you at 2018, and tell us what you were doing and what had developed at that point when COVID came along?

**Darcy Harsch**
Sure. I had just reinvented myself and switched careers. I moved into working with adults with disabilities. I went from working directly with individuals, and then moving into management of the house. I was working as manager just before the pandemic began. I was, I guess, looking squarely in the eye of a lot of unknowns, a lot of fear, a lot of changes in what we were doing with the individuals. So I had to adjust.

**Wayne Lenhardt**
And you are at least mildly disabled yourself. I believe you had a stroke at some point. Am I correct?

**Darcy Harsch**
Well, it's late in the day. I am a storyteller. If you want me to put together the whole thing in a package, I can.

**Wayne Lenhardt**
No, I think we just want to get a snapshot of your life and your jobs.

**Darcy Harsch**
I had reinvented myself because I had had a stroke in 2016. I was landscaping. My stroke was caused by high blood pressure, and so it was an unknown, came out of the blue. I lost my landscaping business. I looked at what other skills I had, and I knew that I could work with people. And so I switched into a career working with adults with disabilities.

**Wayne Lenhardt**
Okay. So what happened as COVID came along in 2019, 2020?

**Darcy Harsch**
Lots of rumours about lots of fears: We didn't know exactly how to handle the whole situation, working so closely with individuals. Sometimes they were less than cooperative, and so we had to find ways to accommodate that.

We ended up hearing that there was a vaccine being developed, that it was going to be released. So many of my colleagues were looking at that. But because of my history with how I went through my stroke and was misdiagnosed, instead of getting appropriate treatment, I had gotten sent home, and that's where I lost the use of my left arm, my left leg, my speech was inhibited. And so I was very reluctant to go along with what was going on without an extreme amount of caution.

That's why I was watching how my co-workers were interacting with each other. How they seem to be motivated more by fear than common sense. And so I kept looking at the data. When they rolled out the vaccine initially, I was part of a training program. And some of the people who were part of that Zoom training program, as everything was back then, they told us that they were leaving for an hour to go get their shot and then come back. So I was able to witness what was going on. They took an hour break; they came back. They were all proud of getting the shot. And within the next hour after they returned,

[00:05:00]

they were both taken back to the hospital.

So I was seeing things like that. It was enough to make me investigate further. I didn't want to get the shot. But then the rumours began about— We were going to be mandated in our segment of that industry.

So I approached my employer, and I said, "I'd like to negotiate a different way for myself. Is there any way that I could do remote work from home? Is there any way I could do a different—" There was Novavax that was being tossed around. It was a different type of vaccine: one that I was more familiar with. So I tried numerous times to work with my employer. They just kept putting me off and saying they haven't made a decision yet. And so I continued working. And closer to November-ish, they said, "We are going to mandate." And then they did. And so the mandate came down.

We were told that we had to reveal our vaccination status by December 10th or be put on unpaid leave. I refused to disclose my medical information, and they assumed that it was because I was unvaccinated, which is indeed the case. So then, I was put on unpaid leave as of December 10th.

**Wayne Lenhardt**
Are you still on unpaid leave?

**Darcy Harsch**
Amazingly, yes. I don't know how that works. I have not been contacted directly by my employer, but I am still on unpaid leave. I still can access my payroll account and see nothing happening because they haven't paid me for over a year.

**Wayne Lenhardt**
In the meantime, you move from Kelowna to Alberta. Correct?

**Darcy Harsch**
I attempted once again to reinvent myself. My wife is actually highly trained as a cook, but that means that she could actually get jobs like cooking in a senior's residence or hospital or someplace else. She and I both struggled extremely, looking for work, trying to find gainful, meaningful, appropriate employment, and it just was not working. We were in financial dire straits. So we opened up the scope of where we were looking, and we ended finding something in Alberta. So that's why we moved.

**Wayne Lenhardt**
Did you try to apply for employment insurance?

**Darcy Harsch**
I had been told when I was put on unpaid leave by my employer that there was no employment insurance. I was unaware that two weeks after I was put on unpaid leave, they had submitted a ROE [Record of Employment]. They didn't inform me. They didn't send me a copy. They didn't do anything. I assumed—and because I'm somebody who gets up when I get knocked down—I just assumed that I had to go out and make my own way again. I didn't apply for EI [Employment Insurance] until I heard that others were successfully making claims, that were in the industry that I was in. That was late in September of 2022. I had to get it backdated to then, but I didn't apply until November of 2022.

**Wayne Lenhardt**
So you did get some EI?

**Darcy Harsch**
I did get some EI.

**Wayne Lenhardt**
Has your search for work been successful?

**Darcy Harsch**
I am presently employed in a totally different industry in Drumheller, Alberta.

**Wayne Lenhardt**
At this point, I think I'll ask the commissioners if anyone has any questions for you.

**Commissioner Kaikkonen**
I'm just wondering what kind of disabled adults? What were the issues that would put them in a group home?

[00:10:00]

**Darcy Harsch**
There was a wide spectrum of diagnosis. I was in a forensic home, so these were individuals that had extreme issues that would have resulted in run-ins with the law. They were not cooperative individuals, most of the time. But we learned how to work with them and how to find ways to help them understand what was going on.

The ironic part was that, as a worker there, one of my tasks was to continually teach them their rights and freedoms. That was something that I had to, on a regular basis, monthly record that I had actually gone over one of their rights, one of their freedoms. And then, I was denied that myself by my employer.

**Commissioner Kaikkonen**
Were they allowed to leave with those rights and freedoms, or did they have visitors? Just trying to get a feel for how the group home worked.

**Darcy Harsch**
They were accompanied everywhere they went. And so we, as staff, actually were able to take them out into the community, but they were accompanied by us at all times.

**Commissioner Kaikkonen**
And did they have visitors or family?

**Darcy Harsch**
The residents that did have family that were still connected were able to go visit their family, and they were able to have family come visit them. Yes.

**Commissioner Kaikkonen**
And do you miss that interaction with disabled adults?

**Darcy Harsch**
I am able to adjust to whatever, working with people. The job I have right now is managing an RV [Recreational Vehicle] resort. And so I'll be dealing with people all summer. I'll be happy to be around people. That's one thing that I like. So I can do that in a group home. I can do that where I am, even construction and owning my own landscaping business. It doesn't matter. But I like to be around people. This situation definitely cut me off of a lot of friends, a lot of family. Mean things were said. Done. It doesn't matter because I've got tomorrow and today.

**Commissioner Kaikkonen**
Thank you very much for your testimony.

**Wayne Lenhardt**
Are there any more questions? No. On behalf of the National Citizens Inquiry, thank you very much for coming and telling your story today. Good luck.

**Darcy Harsch**
Thank you.

[00:13:09]

***Final Review and Approval:*** *Anna Cairns, August 30, 2023.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Witness 11: Jennifer Curry**
**Full Day 3 Timestamp: 10:13:15–10:41:05**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Our last witness of the day is Jennifer Curry. Jennifer, can you state your full name, spelling your first and last name?

**Jennifer Curry**
My name is Jennifer Curry, Jennifer Lynne Curry, J-E-N-N-I-F-E-R-C-U-R-R-Y.

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

**Jennifer Curry**
I do.

**Shawn Buckley**
Jennifer, you are nervous on the stand today.

**Jennifer Curry**
Yeah.

**Shawn Buckley**
And the nervousness is part of your story isn't it.

**Jennifer Curry**
It is, yeah.

**Shawn Buckley**
You used to work in the oil patch, you were a safety representative, you would basically lecture up to 400 people at a time and not be nervous.

**Jennifer Curry**
No. I knew what my job was.

**Shawn Buckley**
Right, okay. So I just want people to understand that when you're nervous today, that's part of your story. You used to be able to present in front of people without being nervous.

**Jennifer Curry**
Yeah.

**Sean Buckley**
You are an assistant manager at a bar?

**Jennifer Curry**
Yeah.

**Shawn Buckley**
And you also have a cleaning contract for a building for Service Canada?

**Jennifer Curry**
I do.

**Sean Buckley**
And it's because you were a federal employee that was part of why you decided to get vaccinated.

**Jennifer Curry**
Yes.

**Sean Buckley**
Can you tell us what was going through your mind before you were vaccinated? Because my understanding is that you had a lot of anxiety about it.

**Jennifer Curry**
I did. I have a couple of nurse friends. One of them had tried to tell me not to take it, and she was scared for me. I had another friend that worked in the hospital and says, "Try to get it, Jen, because there's people that are hurt." I felt pulled from both sides. I didn't want to get the shots because I was scared. I'm not scared. I was terrified.

**Shawn Buckley**
Okay, and now at the end of the day, why did you get it then?

**Jennifer Curry**
I wanted to travel with my family. I couldn't think of another job that would pay as good as this job—that I had to get rid of—to keep that pay, I would have had to completely change my career. I would have had to find a babysitter for my daughter. This job allowed me to pay my bills and pick up my kid from school. And it was very important that that's a big part of my life, of spending time with my child.

**Shawn Buckley**
Okay, so that's the federal job with Service Canada.

**Jennifer Curry**
Yeah.

**Sean Buckley**
So it paid well, and it gave you a lot of flexibility as a mother.

**Jennifer Curry**
It sure did.

**Sean Buckley**
Okay, so really it was for employment purposes that you decided to get the shot.

**Jennifer Curry**
It is, yeah.

**Shawn Buckley**
So my understanding is it was in October of '21, October 23rd, you get your first dose of the Pfizer vaccine?

**Jennifer Curry**
I did, yeah.

**Sean Buckley**
Can you share with us what happened afterwards?

**Jennifer Curry**
We went through a drive-through centre in Swift Current, where you have a van: door pulls up, you pull your car in, and you don't even have to get out. And they come over. You sign your paper. Tell you what could happen. If you have problems, come back.

**Shawn Buckley**
So do you recall what they told you could happen?

**Jennifer Curry**
It could be an anaphylactic shock, allergy, or it could be— Some people have problems with anxiety, so it could have had variable issues that I could have been dealing with. And they let me know that to stick around for a bit afterwards.

**Shawn Buckley**
Okay, so carry on.

**Jennifer Curry**
My partner and I decided to leave about 15 minutes after I had the shot. We felt okay. I was driving home, and a couple blocks away from home, my face started to feel tingly and I slowed down. And my honey was, "What's going on?" I said "Something's wrong with my face," and I said, "I don't know." And I had such numbness by the time I got home. So within five blocks, my whole face went numb. And then it started to get itchy. And that night I had to tell myself that I'm going to be okay. And I was so scared because nobody could tell me what was going on.

**Shawn Buckley**
So when you say your face was numb, can you describe for us what that was like?

**Jennifer Curry**
Very much so. So you're at the dentist, and you get your shot. And you're coming out of the dentist and you sort of feel it a little bit, but it's still puffy and swollen. And you can touch it but it doesn't feel like you're touching your face. And it was itchy because it was tingling, kind of like you were sleeping on it with your foot.

**Shawn Buckley**
Right, okay. So you've got this face that's numb. Is there anything else going on that first night?

**Jennifer Curry**
I started to get itchy at about right after supper time. The itching started to be more all over the body. I started to feel tightness all over and fullness, like my body was puffy. I had a hard time sleeping that night because I felt like things were crawling on me. I thought there was a hair on me,

[00:05:00]

and I made people look to make sure that I didn't have a bug on me. The scratching gave me so much anxiety because I felt like I looked like a freak. And I lost work because I had to stay home because all I could do is scratch.

**Shawn Buckley**
So literally you're scratching yourself so much that you're marking yourself up.

**Jennifer Curry**
I did.

**Sean Buckley**
And so it would then be too embarrassing for you to leave the house.

**Jennifer Curry**
When I put on a facemask, it would activate the numbness more, and it would be itchy. So I couldn't even wear a mask to my bar. I couldn't wear a mask. It made me feel like I wanted to—pardon my saying—rip my face off. It was that bad.

**Shawn Buckley**
Okay. And when you're describing about things crawling on you, you use the word bug. So at times it literally feels like there's bugs crawling on your body?

**Jennifer Curry**
Yes.

**Shawn Buckley**
Was that just a single part of your body or was that—

**Jennifer Curry**
All over. There was one time at work, I couldn't get my gloves off, and I had a scratch. And I know that the scratches, if you do get them— They'll be okay, but if you don't, they'll start to crawl. And one of the scratches was on my eye. And I couldn't get my glove off and the scratch went behind my eye. And I almost wanted to stick my finger in there and rip it out because it was so, so much!

**Shawn Buckley**
I think we'll just slow this down a little bit because I think that some people don't understand what you mean that the scratch will move. So can you just kind of slow it down, and explain what you mean, and then go back to the story about the eye?

**Jennifer Curry**
Okay. So the itching that I would feel would make me think that there's something crawling, so I would start to scratch it. It would be in the same place mostly, but then it would move. Always though my face would be itchy all the time. So if I didn't try to stop scratching my face, and put socks on my hands, and took a lot of the allergy pills that I was given; but they weren't working. I didn't know if it was an allergy or not.

**Shawn Buckley**
Okay, so when you're telling us that story at the bar. So you're wearing gloves, and you start to get an itch close to your eye but it's moving. If you don't scratch before it moves, the itch will just keep moving.

**Jennifer Curry**
And grow, yeah.

**Shawn Buckley**
Okay, and so that itch goes behind your eye—

**Jennifer Curry**
Yeah, it did.

**Shawn Buckley**
—and so you can't scratch it. What was that experience like?

**Jennifer Curry**
My bosses were in the other side of the bar and they heard me crying. And I had to tell them what happened and if I could go home. They could tell that I was very distraught. I couldn't stop crying that day. It was pretty bad. That was the day I phoned 8-1-1.

**Shawn Buckley**
Right and that's about three days after your—

**Jennifer Curry**
Yeah.

**Shawn Buckley**
So you find that you're so distraught, you're crying at work in the bar.

**Jennifer Curry**
Mm-hmm.

**Shawn Buckley**
Had that type of thing ever happened to you before?

**Jennifer Curry**
No.

**Shawn Buckley**
Okay, and the reason I'm asking that question is just so that the commissioners understand that the mental anxiety is brand new.

**Jennifer Curry**
Yeah.

**Shawn Buckley**
So you didn't have anything like that before the first shot?

**Jennifer Curry**
No.

**Sean Buckley**
So that in itself is a new experience in reaction to the shot?

**Jennifer Curry**
Yeah.

**Shawn Buckley**
Okay. So you told us that you ended up calling for help. Tell us what happened.

**Jennifer Curry**
The ladies on 811 were very concerned. They asked me what shots that I took, what my symptoms were? And they were very concerned when I told them that my whole body was numb. And they said that I need to go to the emergency. And if I would like to go right away, that they would call an ambulance. And I said, "No, I'm okay. I can go." But it was them that told me to go. I wasn't sure.

**Shawn Buckley**
And I just want you to also share with us because you described your face being numb, but you would experience numbness over your entire body.

**Jennifer Curry**
Yeah, I had. When I'm cleaning sometimes, I'll put my phone up in my shirt so it doesn't fall out. And I had pinched the side of my breasts, and I didn't feel it. And that's how I knew that it was going down all the way to my feet. And I started touching my body everywhere and I got really scared because I thought it was going to go away and not get worse.

**Shawn Buckley**
At the hospital they basically told you that this was just an allergic response?

**Jennifer Curry**
They could see that my anxiety was very high. They assured me that some of this could be anxiety.

[00:10:00]

That I could be making myself numb, or I could be doing this. So I didn't know how to retaliate to someone telling me what's wrong with me, if they didn't listen to me. I just didn't feel like they were.

**Shawn Buckley**
Okay, and you're having an experience like you have never had before in your life.

**Jennifer Curry**
No.

**Shawn Buckley**
And somebody's telling you that it's just caused by anxiety. Right?

**Jennifer Curry**
Yeah.

**Shawn Buckley**
And you were feeling anxious, but you had never had an issue with anxiety before.

**Jennifer Curry**
Not like this. No.

**Shawn Buckley**
Right. Okay. So you'd felt that you weren't being listened to.

**Jennifer Curry**
No.

**Shawn Buckley**
So what happened? You did leave the hospital. Did the symptoms persist?

**Jennifer Curry**
Very much so. By day seven you could start to see the scratches all over my face. And the cognitive, the memory, started to get kind of shaky here and there. I wasn't able to remember things anymore. And it was a lot of stress, a lot of troubles.

**Shawn Buckley**
Can you give us some examples about the memory issues?

**Jennifer Curry**
As a waitress or a bartender at a bar, it is very essential to be able to remember prices and drinks, and how many in a row, and fancy frou-frou things on the cups and stuff. I would walk up to a table of ten people, not a problem, and write down, not even write down their drinks, but just put it in here. And now I walk up to a table of four with a pen and pad because I don't think I'm going to remember by the time I get back to the bar.

**Shawn Buckley**
So a significant change in your memory.

**Jennifer Curry**
Significantly.

**Shawn Buckley**
Right. You ended up getting your second shot on November 13th, 2021.

**Jennifer Curry**
Mm-hmm.

**Shawn Buckley**
Why did you get your second shot, being that you had had so much trouble after the first shot?

**Jennifer Curry**
Thank you for asking that question because a lot of people did. I was feeling so much stress, so much itchiness, so much anxiety, so much segregation from my family for making me feel that I was crazy, that if I took that second shot and it made me worse, that it would be okay if I died because I wouldn't be suffering anymore. And I wouldn't hate myself for wrecking my life. So if I had the shot, it didn't matter cause I was already hurt, and if I died then I wouldn't be scratching my face off anymore. Sorry to say that.

**Shawn Buckley**
So you're actually in— A part of you was hoping that the shot would kill you.

**Jennifer Curry**
Yeah. Everybody told me that it was in my head, and that I needed to just wait—calm down—it would get better. And it never did. And I had to deal with that, and people that made me feel less of myself.

**Shawn Buckley**
Now, what happened after the second shot?

**Jennifer Curry**
I had to take the second shot at the hospital, and I had a triage nurse ask me questions. It was crazy. She's like "Well, why are you getting your second shot?" She goes "You have symptoms or you had symptoms?" I say, "No, I'm having symptoms." I say, "My face is numb right now." And she was really "Why are you getting your second shot?" I said "No one will give me an exemption." So while I had the second shot sitting there, the effects didn't happen as fast as the first one.

**Shawn Buckley**
I'll just stop, because I realized that you had attended at a walk-in clinic, and Dr. Savoy would not give you an exemption.

**Jennifer Curry**
No, she didn't.

**Shawn Buckley**
So there was a couple of things going on. Part of you wanted an exemption, and part of you wanted to get the shot, basically to end your suffering.

**Jennifer Curry**
Yeah.

**Shawn Buckley**
Okay. And I'm sorry I interrupted. So you get the shot at the hospital and you're starting to describe for us what happened.

**Jennifer Curry**
They gave me a period of about 45 minutes to make sure that I didn't have any anaphylactic shock or any other troubles or get worse. I thanked them for their time, and I got out. As I was driving home, my body started to feel stiff and numb a little bit again. And then the anxiety set in. So how much was the anxiety? How much was the shot? Everything all happened all over again. A week of home from work. And I couldn't stop scratching again,

[00:15:00]

and I hoped that it would go away.

**Shawn Buckley**
Right, okay. So it's the same symptoms, but it's they're actually stronger this time aren't they?

**Jennifer Curry**
Yeah.

**Shawn Buckley**
So you had the numbness again?

**Jennifer Curry**
I did. It was right away. Stress can do a number on people's bodies. I didn't know if I did it to myself when I was struggling with the answers that I was getting.

**Shawn Buckley**
Right. Your itching is back.

**Jennifer Curry**
It was, yeah.

**Shawn Buckley**
It never really left, but it was stronger now.

**Jennifer Curry**
It was— I remember standing in the shower crying because the droplets of water were making me itch. And I didn't know what to do because I needed a shower. And my honey came in, and he twisted the things, it was less pressure and I could actually have a shower without crying. It was so detrimental to my soul that it was wrong. And I was having problems and nobody, nobody really listened. It was really hard. The scratching on my face. I wanted to rip my face off. I wanted to shave my head so I wouldn't feel any hair touch it. It's an immeasurable amount of— I don't know, it was awful. It still is.

**Shawn Buckley**
And what about your memory and your ability to think?

**Jennifer Curry**
My cognitive has slowed down big time. I will have a conversation sometimes with someone and then I'll forget where it was going to or what it was leading to. And I will have to get them to repeat themselves so I can remember what I was trying to tell them. I have to— I have missed my little girl's "muffin-read" thing at school because I forgot all about it. I have to have stuff, sticky notes, everywhere just to remind myself. And for my job right now, I worry that: Did I get all the garbage cans? Did I wash that one spot on the sink that I always forget? My memory has affected me now, very much so.

**Shawn Buckley**
And so you find you have to go like at work, go and check. Did you clean this? Because you can't remember even though you had.

**Jennifer Curry**
Yeah, yeah. I make lists now so that I don't forget things.

**Shawn Buckley**
So this has had a tremendous impact on your mental health: your mental stability.

**Jennifer Curry**
It is.

**Shawn Buckley**
And then, what about the anxiety that started after the first shot? How has that been after the second?

**Jennifer Curry**
I had a doctor. I think it was eight weeks after the November 13th shot. And I was crying when I went to him because it seems like there was a period of quietness. I've always been numb right from day one, but there were times where it wasn't so bad. But I had a flare or something. I didn't know what it was, and that's what sent me back to the doctor. And he was the one that was concerned, and "What do you mean your face is numb? Let me see. Are you okay?" And he's the one that sent me to the neurologist. It was at that point where if someone didn't listen to me, I was going to start screaming at everybody. I'm sorry if that was the wrong question. Did I answer that for you?

**Shawn Buckley**
No, no, you were answering it just fine. So you ended up going to the hospital.

**Jennifer Curry**
Yeah.

**Shawn Buckley**
And the doctor was surprised that you were describing having a numb face.

**Jennifer Curry**
Yeah, for that long as well. Because anxiety can make people have numbness. But I was numb for three months.

**Shawn Buckley**
How has this affected your energy levels?

**Jennifer Curry**
That's a big question for me because I am a very physical person. I'm a tomboy. I'm a farm kid. I used to work in the oil field picking up 200-pound men and dragging around the corner if they bugged me. I can't pick up a couple cases of beer now without stopping and

having a break. Every single step I take on a stair, I have to make sure I'm stepping right. And I have to stop, if there's many stairs. I'm tired a lot, and I like to sleep at home, and it's hard.

**Shawn Buckley**
Now, you're actually counting the days. Can you tell us how many days that you've been suffering?

**Jennifer Curry**
Five hundred and nineteen today.

**Shawn Buckley**
And why are you counting the days?

**Jennifer Curry**
That was the day that I changed my life. I had a choice. And I didn't say no. I didn't fight.

[00:20:00]

And that's when everything changed; it's never going to be the same again.

**Shawn Buckley**
Are the doctors giving you any hope?

**Jennifer Curry**
Yes. They have given me a couple of MRIs [Magnetic Resonance Imaging], which led me down to the road to more neurologists and a lumbar test. They weren't sure how to deal with me after several trips back to the hospital. They had put me in contact with an MS [Multiple Sclerosis] clinic because I was showing signs of MS. And I was waiting for them to investigate more and do some more tests.

**Shawn Buckley**
And can you describe for us the symptoms that they were thinking suggested MS?

**Jennifer Curry**
There's about eight symptoms that can be from MS. Cognitive is a big one, numbness, energy, loss of bowels, that's not fun, that one. Stiffness of the leg as well, double vision, blurry vision. Hot areas will make a person feel dizzy. So there's dizziness.

**Shawn Buckley**
But those aren't symptoms that you have.

**Jennifer Curry**
I have all of those.

**Shawn Buckley**
Oh, you have all of those, okay.

**Jennifer Curry**
I do. Yeah.

**Shawn Buckley**
So how has this experience made you feel?

**Jennifer Curry**
I have stopped hanging out with my family. Sometimes there's been a family reunion I missed because of this. Because I didn't want to talk about it. Because so many people would tell me that—this is very hard to talk about—so many people told me that it is just something— "You're going to be okay." I tried to tell them I'm not.

Dealing with what I'm dealing now, I am very grateful to be here to share my story. So that the people that I couldn't talk to because I was scared, that you're going to find out this way what I'm dealing with. And I feel 100 percent better talking to you people in the last two weeks. You have made me feel so much better. Thank you.

**Shawn Buckley**
Those are the questions that I have here, Jennifer. I'll ask if the commissioners have any questions.

**Commissioner Massie**
Thank you very much for your very touching testimony.

**Jennifer Curry**
Thank you.

**Commissioner Massie**
Just to make sure I understand, you decided to get the second shot to convince yourself that you were not imagining things, that it was really due to the vaccine.

**Jennifer Curry**
I do.

**Commissioner Massie**
So you could actually make the case to people around you that were more or less saying that you're not really sick, you're just anxious, and you're making yourself sick.

**Jennifer Curry**
Yeah.

**Commissioner Massie**
Did you have an issue with anxiety before?

**Jennifer Curry**
No. I've seen a lot of things in my lifetime, and I've dealt with them very well. Dealing with something that was going against what I believed in broke me. And then when it did break me, it broke me because I knew.

**Commissioner Massie**
So why do you think that people around you had to really come up with the story in that? The reason why you were experiencing the symptoms was due to your anxiety; that it has nothing physical linked to the vaccine?

**Jennifer Curry**
Yeah. A lot of people in this whole world would say that the vaccines were good. That they believe there's not that many people that are getting hurt from it.

Can you repeat the question? I'm sorry.

**Commissioner Massie**
So yeah, my question is— Maybe I can rephrase what I was going to say because I'm trying to wrap my head around your situation. You were not anxious before. Now the situation creates a lot of anxiety because you experience physical symptoms. What do the physical symptoms or consequences of your anxiety, or they're coming from some other condition that we don't know— at the end of the day, because you didn't have these symptoms before—

[00:25:00]

why couldn't people see that there is a link with the vaccine?

**Jennifer Curry**
I believe that because people were scared to say the shot did it. That a lot of people like myself got pushed aside, so to speak. That we didn't get that recognition or validation that we were injured because the people that we were dealing with, doctors and nurses, weren't able to help us if they wanted to. I think their job was important, and they needed their job as well. So helping me out and telling me that this could be from the shot would make them have to write a report. And I think that that's why no one did. No one wanted to put their selves aside and say she was hurt because the symptoms were so all-over that they really weren't sure what it was.

**Commissioner Massie**
So are you improving a little bit, your health condition, or is it stable?

**Jennifer Curry**
On March 23rd, I was diagnosed with MS. And I know that many people listening and many people have told me that MS isn't caused by a shot. I would say that it never created it—but it did cause—the shot. I believe that I had anxiety, and I was so scared that I made my body go into a system of scaredness. I also looked into what the mRNA's [Messenger Ribonucleic Acid] job was, and it was to teach my immune system to fight. If you look up what MS is: your immune system is fighting itself. Maybe my connections got crossed. Certainly 17 minutes after my shot, I'm for sure going to think that it was a COVID shot that did it. I have to. I have never had any of these symptoms before in my life.

**Commissioner Massie**
Thank you very much for your testimony.

**Jennifer Curry**
Thank you.

**Shawn Buckley**
Jennifer there being no further questions from the commissioners, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying and sharing your story with us today.

**Jennifer Curry**
I'm honoured to be here and I'm happy to be a part of this. I appreciate your time. Thank you very much.

[00:27:36]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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# NATIONAL CITIZENS INQUIRY

**Red Deer, AB** **Day 3**

**April 28, 2023**

## EVIDENCE

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**Closing Statement: Shawn Buckley**
**Full Day 3 Timestamp: 10:41:07–10:44:27**
**Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html**

[00:00:00]

**Shawn Buckley**
Jennifer voiced, on the stand, her appreciation for being able to come and share her story. She also was very clear, off the stand, that she was extremely thankful to be able to share her story. She drove from Swift Current, Saskatchewan to be here and had made it clear that she would basically go to be in person at any one of our hearings because she just desperately wanted to be able to tell her story.

And we've heard that from person after person, and what that tells us is that they're not free to tell their stories at home. They're not free to tell their stories to their former friends, who have abandoned them. They're not free to tell their stories to their families. They're not free to tell their stories at work. And we all know exactly what I'm talking about, that we're still divided. But the problem is, if we pretend that the lies that we've been told are true, then these people are not free to tell their stories to us, and they're suffering. And so I've said many times, you cannot sit through a day of the National Citizens Inquiry and be the same, because you can't.

You know we're not alone, in that there are many of us, and the emperor has no clothes. And it doesn't matter how many times they repeat the lie, it doesn't make it true. And we have to stop pretending. We have to start being bold. I was thinking earlier because, and I pointed it out today, but it really came out at the Saskatoon hearings where we'd have people who understand that the world's upside down and the narrative we're being fed is not true. And yet they'd volunteer, but I'm not vaxxed, but I'm not vaxxed. One even said, you know, this group is a freedom group, but we're not an anti-vaccine group.

And it's like, why? I think we should start shaming people that are vaxxed. "Like, what? You're vaxxed? Like, don't you like science?" Like, why don't we turn it on them because the truth is, they've been lying. They've been lied to. Why are we ashamed of the truth? How can it be that we're ashamed of the truth—that we're afraid of being shamed and feeling humiliated from the truth? They're going to learn the truth, and then they're going to be mad at us. Why didn't we speak out sooner?

And for people like Jennifer, who drove from Swift Current to be able to tell her story, we have to free the other people to be able to share their stories. So it's time for us to be courageous, not for ourselves, but for the Jennifers out there. And on that note, we'll conclude the Red Deer Hearings of the National Citizens Inquiry. Thank you for joining us.

[00:03:20]

***Final Review and Approval:*** *Anna Cairns, August 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.*

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