VOLUME THREE

Witness Transcripts

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

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

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

Table of Contents

VOLUME THREE 637

11. Transcripts 640

11.1. Introduction 640

11.2. Opening Statements 641

11.3. Witness Testimony 642

11.4. About the Transcripts 643

Page numbers have been included in the original transcripts to facilitate ease of reference and navigation for readers.

Table of Contents

Witness Transcripts 1

Truro, Nova Scotia Part 1 of 9 1
Day 1 4
Day 2 134
Day 3 314
Toronto, Ontario Part 2 of 9 504
Day 1 507
Day 2 663
Day 3 853
Winnipeg, Manitoba Part 3 of 9 1015
Day 1 1018
Day 2 1169
Day 3 1391
Saskatoon, Saskatchewan Part 4 of 9 1574
Day 1 1577
Day 2 1740
Day 3 1932

Red Deer, Alberta Part 5 of 9 2107
Day 1 2110
Day 2 2298
Day 3 2487
Vancouver, British Columbia Part 6 of 9 2779
Day 1 2782
Day 2 2950
Day 3 3124
Quebec City, Quebec Part 7 of 9 3292
Day 1 3295
Day 2 3461
Day 3 3666
Ottawa, Ontario Part 8 of 9 3856
Day 1 3859
Day 2 4034
Day 3 4234
Virtual Hearings Part 9 of 9 4559
Virtual Hearing 1 4560
Virtual Hearing 2 4610
Virtual Hearing 3 4629

11. Transcripts

11.1. Introduction

The inclusion of full transcripts of each of the witnesses as part of the official record is an essential component of the Commission's work. These transcripts serve to preserve the firsthand accounts, opinions, experiences, and perspectives of those directly impacted by or involved in the issues under investigation.

Process of Transcription: The transcription process involved the detailed recording of all verbal testimony given by the witnesses during the hearings. A team of volunteer transcribers, utilized both manual (human) or automated (AI-based) methods, as well as multi-levels of manual reviews to ensure accuracy and efficiency. Every word is documented in the transcript, preserving the tone and context of the testimony.

Quality Assurance: Transcripts are carefully reviewed for accuracy. This may involve listening to the recorded testimony multiple times and correcting any errors. In some cases, unclear or disputed sections may be annotated within the transcript.

Importance of Transcripts: The transcripts serve multiple purposes. They provide a permanent, verifiable record of the hearings. This is important for ensuring the transparency and accountability of the Commission's work. It also allows those who were not present at the hearings to access the information presented.

Furthermore, transcripts can serve as a valuable resource for future research, policy development, and historical record. They ensure that the experiences and voices of the witnesses are preserved for posterity, contributing to our collective understanding of the issues investigated by the commission.

In this way, the transcription process provides a meticulous, enduring account of the testimonies provided by the witnesses. It plays a vital role in preserving the evidence, upholding the integrity of the Commission's proceedings, and informing future generations.

11.2. Opening Statements

We are proud to present full transcripts of the opening statements made at each of the eight hearings held across Canada as part of this Commission's proceedings. While these statements are not direct testimonies from witnesses, they hold significant value and form an integral part of our understanding of the proceedings.

The opening statements set the tone for each hearing, encapsulating the mood, context, and undercurrents of the deliberations that followed. Delivered by key figures in the Commission, these remarks provide insights into the purpose, motivations, and aspirations of the Inquiry. They elucidate the themes that emerged in each hearing, illuminating the unique character and concerns of the various communities involved.

These transcripts offer an opportunity for readers to delve into the emotions, reflections, and aspirations that framed each of the eight hearings. They capture the intensity, hope, and commitment that defined the opening moments of each session. Each opening statement is a call to attention and a pledge of dedication to the truth-seeking mandate of the Commission.

The Commissioners have underscored the importance of these opening statements as part of the official record. Their inclusion reflects our commitment to preserving a complete and nuanced account of the proceedings. It is our hope that these transcripts will serve not only as a historical record but also as a source of insight and understanding for future generations as they reflect on this pivotal period in our national journey.

With the availability of these opening statement transcripts, we invite you to immerse yourself in the spirit and resolve that catalyzed each hearing, deepening your understanding of the proceedings and the invaluable contributions made by all involved.

11.3. Witness Testimony

We are honoured to present to you the complete transcripts of the testimonies provided by both lay and expert witnesses during the hearings of this Commission. These accounts form the heart of our proceedings, encapsulating a wealth of experience, knowledge, and insight that has been crucial to our understanding of the issues at hand.

Lay witnesses—those individuals who have lived through the events under investigation—provide personal, firsthand accounts that breathe life into our understanding of these experiences. Their testimonies paint a vivid picture of the human impact of these events, revealing the deeply personal and often poignant realities that lay behind the facts and figures. These accounts provide an invaluable perspective that helps us appreciate the complexity and the human dimension of the issues we are exploring.

Expert witnesses, on the other hand, provide a different yet equally valuable perspective. Drawn from various fields such as healthcare, education, law, and social sciences, these individuals offer insights grounded in extensive study, research, and professional experience. Their testimonies help us to understand the broader context, uncover underlying mechanisms, and explore potential solutions.

Both types of testimonies—lay and expert—are integral to our investigation. Together, they offer a nuanced and multifaceted understanding of the subjects at hand. The dialogue between personal experience and professional expertise deepens our appreciation of the complexity of the issues under review, informing our deliberations and guiding our recommendations.

The transcripts of these testimonies, painstakingly prepared by our dedicated volunteer transcription team, offer an accurate, detailed, and enduring record of these proceedings. They ensure that the voices heard during the hearings continue to resonate, informing and inspiring future discussions and decisions.

As you explore these transcripts, we invite you to reflect on the diverse perspectives, experiences, and insights they represent. These are the voices that have shaped our work, and we hope they will also shape your understanding of the important issues that have been brought before this Commission.

11.4. About the Transcripts

Our transcription volunteer team was a dedicated group of individuals who committed their time and expertise to support the essential work of this Commission. Their collective mission was to ensure the accurate and comprehensive documentation of each witness's testimony, preserving their stories and contributing to a deeper understanding of the issues at hand.

This team was comprised of a diverse and skilled group, including both professional transcriptionists and individuals with strong listening and typing skills from various backgrounds. They were united by their shared dedication to accuracy, attention to detail, and respect for the content they handled.

Our volunteers understood the importance of their role in this process. They were committed to translating the spoken word into text with the utmost care, maintaining the tone and intent of the original statement, and ensuring that every voice was accurately represented.

Their work played a critical role in ensuring transparency, promoting accessibility, and preserving the historical record of these proceedings. Through their efforts, we maintained a thorough and lasting account of the testimonies presented to the Commission, contributing to our collective understanding and memory of these impactful events.

In recognition of their dedication and important contributions, we extend our deepest gratitude to our volunteer transcription team. Their unwavering commitment to this task reflected the spirit of service, civic engagement, and commitment to truth that was central to the work of our Commission.

VOLUME THREE

Witness Transcripts

Part 1 of 9: **Truro, Nova Scotia**

NATIONAL CITIZENS INQUIRY

EVIDENCE
TRURO HEARINGS

Truro, Nova Scotia, Canada
March 16 to 18, 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

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Opening Statements: Ches Crosbie and Commissioners
Full Day 1 Timestamp: 00:42:37–00:51:53
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
Thank you, everybody, for your patience during this little bit of delay. We had some technical things to work out. As you can see, we've got a fairly big array of equipment here and talented people working it. Apparently, the Wi-Fi was not quite as muscular as we might have hoped. That was one problem. But I think we've got the bugs worked out of it. And the reason we have all this, of course, is we want to reach a bigger audience than the people in this room.

I've been walking around and chatting with some of you, and I get a real sense of excitement and anticipation from the folks I talked to, that they want a process that is going to bring the truth out. And that's what the NCI—the National Citizens Inquiry—and the commissioners are here to deliver to the people of Canada. And that's the truth.

So this is the first of nine hearings that are going to be held across the country: the first one being here in Truro, National Citizens Inquiry. And they're each three-day hearings, and I want to welcome the commissioners. I want to welcome the witnesses, on-site guests, all those following the proceedings from home. My name is Ches Crosbie. I'm a long-time lawyer in Newfoundland and Labrador, and I focused on medical malpractice and class actions. I have a King's Council designation, and I was Leader of the Opposition in the House of Assembly in Newfoundland and Labrador. That's when I chose non-practicing status, so I'm not a practicing lawyer. This means I can't give legal advice or act as a barrister and solicitor in the courts. My position under the rules of this Commission is Administrator.

The Commission is consensual, it makes its own rules, and has no legal powers based in statute. It's based on the desire of Canadians for the truth. Now I'd ask commissioners, in light of this truth-seeking mission, to just say a few words about who they are and why it is they've chosen to devote such substantial volunteer time to the mission of this Commission of truth-seeking. Perhaps we could start on this side, Ken.

Commissioner Drysdale
Hi, I'm Ken Drysdale. I'm a professional engineer with 41 years of experience. I spent a lot of that time preparing forensic engineering reports for various technical issues, and so

that's kind of the background that I bring to this. On a more human side, I have six children, four grandchildren, two godchildren, and that's the reason I'm here.

Commissioner Kaikkonen
Good morning. My name is Janice Kaikkonen. I am here for all sorts of reasons like you. I really believe that the truth must prevail in all our discussions. I'm hoping for open discussion and debate to come back into this country and that our freedom of expression, or constitutional rights and freedoms, are honored once again as the bedrock of our foundation. I have seven children and seventeen grandchildren. I often have to think about how many there are. I work with vulnerable populations, the people who are most at risk, in my day-to-day. I'm an academic and I'm also a researcher. And most recently I was elected as a school board trustee in Ontario.

I live on a farm. I raise turkeys as well. So, I kind of have all the bases covered. And I'm here to hear you. I'm so thankful that there's so many of you who are willing to step up and to speak. I think it's very important. And we will do you justice and we're going to listen. Thank you.

Commissioner DiGregorio
Hi, my name is Heather DiGregorio. I am a lawyer from Calgary, Alberta. I've been practicing at a regional firm in Alberta for close to 20 years. My area of law has been tax, so a little bit different from what we're talking about here. I've appeared at all levels of court for tax:

[00:05:00]

the Tax Court of Canada, the Federal Court of Appeal, most recently at the Supreme Court of Canada.

But why I'm really here is, my wish is that we have an honest and open inquiry here with a group of people who are all committed to be open-minded and to hear from Canadians and really get to the bottom of what it is that we did as a country in our pandemic response, and what effect did it have on us. And we want to determine, was there anything we did that worked? What can we do different next time? And we're here to listen, we're here to learn, and we're going to come up with recommendations on how to deal with the next one that comes along. And that's why I'm here.

Commissioner Massie
[In French] Hello everyone. Hello everyone, I'm Bernard Massie. I'm a consultant in biotechnology. I retired as a scientist at the National Research Council, where I worked for 35 years in biotechnology with expertise in therapeutic antibody development and adenoviral-based vaccines. [In English] I'm going to translate that immediately. My name is Bernard Massie. I'm a retired independent consultant in biotechnology. I've been working at the NRC for 35 years, in the area—to simplify—of therapeutic antibody development and adenoviral-based vaccines.

So I'm bringing to the table, I would say, scientific expertise in therapeutic antibody development. And, as with the other members of the Commission, on a human level I was really—I would say—amiss with all the stories I was hearing from the scientific community and medical community, which to me didn't jive with my understanding of the science. And

I wanted to go to the bottom of it. So that's why I thought I could join the Inquiry and listen to people that can actually bring their perspective on what happened during this crisis of the pandemic.

I have five children, two grandchildren, and I'm really concerned world we're trying to build for them. And I'd like to see something different for the future. And I'm hoping that, with this inquiry, we're going to let truth emerge and we're going to try to find ways to do better next time.

Ches Crosbie
Thank you kindly, Commissioners. There's a fifth Commissioner, Christian Grebe, who has a very distinguished track record. She has a PhD in history. She knows a lot about war crimes and crimes against human rights. She's a practicing lawyer in Alberta, and she'll be able to say a bit more about herself when she appears at the next hearing.

Our rules provide for commissioners, in case of necessity, to not attend. But they have to either be present virtually, so that they can be taking in the evidence as it comes out, or they can review it later. It gives us that bit of extra flexibility.

Now, given the time thing that's gone on here, as much as I might like my own opening remarks, I'm going to suspend them for right now. I think we'll go straight into the evidence. I might get a chance to make these remarks anticipating the evidence that the commissioners should expect to hear sometime later in the proceedings.

Right now, I guess we should really go to our first witness. Are we okay with that? Are we ready to go?

Okay, let's go!

[00:09:27]

NCI CeNC

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 2: Dr. Peter McCullough
Full Day 1 Timestamp: 01:36:15–02:03:01
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Nicolle Snow
Good morning, everyone. Can you hear me okay? My name is Nicolle Snow, and I'm an injury and insurance lawyer with McIlvery Law. And I am honored and very happy to be a part of this process. Thank you for being here. We're just waiting for the witness, who's virtual.

Nicolle Snow
Good morning, Dr. McCollough.

Dr. Peter McCullough
Good morning. Can you hear me?

Nicolle Snow
Not well, so we're going to work with that. We'll keep going here, Dr. McCullough, so they can sort out the sound. I can hear you; it's just not projecting that well.

My name is Nicole.

Dr. Peter McCullough
I have until the top of the hour.

Nicolle Snow
Okay, yes, no problem at all, and I do apologize for being late. We're running a little bit late. We had some technical issues. So we're going to move through, and I'll have you out here by the top of the hour. Thank you for being here. We're going to put you under oath.

Ches Crosbie
Thank you, Dr. McCullough. Do you affirm to tell the truth, the whole truth, and nothing but the truth?

Dr. Peter McCullough
Yes, I do. Thank you.

Nicolle Snow
Dr. McCullough, we know you're a cardiologist, an internist, an epidemiologist. Could you start by giving a summary of your qualifications and experiences?

Dr. Peter McCullough
I'll do so quickly, I'm in practice in Dallas, Texas, in internal medicine and cardiology. I hold degrees from Baylor University, University of Texas Southwestern Medical School, University of Michigan School of Public Health, and Southern Methodist University Graduate School. I've been in practice now for greater than four decades and I have published extensively on the interface between heart and kidney disease. In the last three years, I have directed my clinical and research focus on COVID-19. I have over 60 peer-reviewed papers on SARS-CoV-2 infection, COVID-19 illness, and I've commented extensively in the US Senate, multiple state senates, as well as in the media.

Nicolle Snow
Thank you. And Dr. McCullough, you also have a clinical practice whereby you've had opportunity to treat COVID-19 or vaccines.

Dr. Peter McCullough
Yes.

Nicolle Snow
Okay, I want to turn to SARS-CoV-2, Dr. McCullough. The Government of Canada determined in the early stages of the COVID crisis—so in and around early March 2020—that the virus was highly transmissible and a virulent pathogen with an approximate 1 per cent fatality rate, for which there was no natural immunity and no effective antivirals. Can you comment on those conclusions?

Dr. Peter McCullough
I disagree that SARS-CoV-2 infection was one that was early on well-characterized. It was highly transmissible from symptomatic person to susceptible person. It had an overall case fatality rate far less than 1 per cent available to risk stratification. So, the elderly, those with multiple risk factors, at risk for death. And we knew early on that the virus was amenable to antivirals and, more importantly, use of drugs to reduce inflammation and thrombosis.

Within a few months of the onset of the pandemic, myself and researchers had already synthesized and then quickly published the first peer-reviewed paper describing the treatment of SARS-CoV-2 infection at home to reduce the risk of hospitalization and death.

And that was ultimately well-supported over the next few months with multiple comparative studies.

Nicolle Snow
Thank you. What do we know about the virulence of the virus now, Dr. McCullough?

Dr. Peter McCullough
It's greatly reduced with the continued progression of mutations to the Omicron and the sub-variants.

Nicolle Snow
Dr. McCullough, Canadians were advised that until a vaccine was created, the only available interventions were non-pharmaceutical measures to reduce transmission in the population—such as frequency of contact reduction, such as isolation, as well as probability of transmission-reducing measures such as social distancing, hand-washing, mask-wearing and so forth.

Can you comment on the assertion,

[00:05:00]

that these were the only available measures prior to the vaccine rollout?

Dr. Peter McCullough
Yeah, I disagree with that. Before the vaccine rollout, we had dozens of very viewed manuscripts: comparative studies that sequence multidrug therapy for the acutely ill worked to reduce the risk of hospitalization and death. And just shortly after 2021, we had a breakthrough paper showing that virucidal nasal sprays and gargles markedly reduced PCR positivity and reduce the risk for hospitalization. And there were no published studies at any time showing that public masking, social distancing, hand sanitizers or locking down those people without the illness had any impact on the pandemic.

Nicolle Snow
And Dr. McCullough, is there any real scientific logic to social distancing and masking and lockdowns in the context of this virus?

Dr. Peter McCullough
Not among well people, so there were no data suggesting that somebody perfectly well could transmit the disease and make somebody symptomatic who was adjacent to them. So the only thing that clinically was practical is somebody acutely ill with a characteristic signs and symptoms to keep distance from others. So the only people who needed to go into quarantine were those acutely ill with SARS-CoV-2, not the universe of people without the illness.

Nicolle Snow
Dr. McCullough, I know that you and a group of doctors had did some early research on the COVID in the early stages, treatment of COVID in the early stages. You touched on that a bit earlier. Can you speak about your findings in a bit more detail and how those findings were received once published?

Dr. Peter McCullough
The very first paper published on sequence multidrug therapy for COVID-19 in the *American Journal of Medicine*, August 7, 2020—myself as the first author—was widely applauded. It's still the most frequently read paper from the *American Journal of Medicine* over the last three years. It's listed as a top paper of interest. It received multiple letters to the editor as interest with replies, and it became the base standard of the Association of American Physician and Surgeons Home Treatment Guide in October of 2020.

So it was a breakthrough piece of information, a breakthrough paper. And it was followed up in December of 2020 in an updated protocol, which included now more drugs available to use, in *Reviews in Cardiovascular Medicine* in December of 2020.

Nicolle Snow
Thank you. I want to turn your attention now to the COVID injection. It is sometimes, well it's most often called a vaccine; it's sometimes called gene therapy. Are you able to speak to just what the injection is and how it operates?

Dr. Peter McCullough
In the United States, 92 per cent of those who've received a COVID vaccine—I'll just use the word "vaccine"—have received messenger RNA vaccines. And the messenger RNA vaccines, in my interpretation, are synthetic genetic materials: a genetic code with a three prime and five prime synthetic nucleoside analog caps, which make the messenger RNA essentially indestructible. They are loaded on lipid nanoparticles to provide distribution throughout the body, including the brain, the heart, the adrenal glands, reproductive organs—all the critical organs in the body. Messenger RNA has been demonstrated to be circulatory in the bloodstream for at least 28 days. We know that it codes for the spike protein of SARS-CoV-2. The spike protein was engineered by the University of North Carolina Chapel Hill and published by Manchurian colleagues in 2015. This work was done in the Wuhan Institute of Virology, Biosecurity Annex Level 4.

This messenger RNA that people have received codes for is the lethal part of the virus. And then once the messenger RNA is in the body, there is an uncontrolled production of the **spike protein in terms of quantity and duration. The spike protein is proven in over 1,000 peer-reviewed papers to cause damage to the brain, the heart, the blood vessels; to cause blood clotting; and to cause immunologic problems in the bone marrow.**

Nicolle Snow
Thank you, Dr. McCullough. It sounds like, then, that the COVID injection doesn't operate like a true vaccine. Is that correct?

Dr. Peter McCullough
The messenger RNA vaccines harnessed the body's own genetic material to produce the spike protein.

[00:10:00]

And the spike protein causes damage to the body, as I've described. Now, the aspiration I anticipate was that the spike protein would induce immunity. But we understood very quickly that there was no effective immunity from the vaccines. And so within 90 days of the release of the Pfizer vaccine in the Pfizer post-marketing data—which they kept as regulatory documents and were released under court order to the public—Pfizer had recorded dozens of fatalities due to COVID in people who were fully vaccinated with the product. And sadly, Pfizer recorded 1,223 deaths directly attributable to the vaccine.

Nicolle Snow
Dr. McCullough, are you able to speak on the research and development process for this product? In other words, did it follow established regulatory standards for vaccines?

Dr. Peter McCullough
In a paper by Lalani and colleagues in the *British Medical Journal* in the last month, the description of messenger RNA development is laid out in a timeline since 1985. So the United States has had a long-standing interest in the development of messenger RNA. And then in 2012, DARPA, the research division of the U.S. military, created a program called the ADEPT-P3 program. It's on their website even today stating that the military had a desire to use messenger RNA to end pandemics within 60 days. So the United States made an unprecedented government investment in messenger RNA. However, human studies were never performed until we had a condensed, rushed production of the vaccines for COVID-19 in Operation Warp Speed.

So, it had a very long development cycle. There were many issues to tackle, and then it was in a condensed set of prospective randomized trials to gain emergency use-authorized approval.

Nicolle Snow
Did safety and efficacy have to be proven in the production of the product?

Dr. Peter McCullough
Safety and efficacy always have to be proven. With genetic products, the safety by regulatory standards takes a five-year timeline. So the safety study should have been started way in advance, since the United States been working on this since 1985 and they simply weren't done. Efficacy had to be proved for the outcome of hospitalization and death. And hospitalization and death were never a primary or secondary endpoint of any trial. And so there can be no claims that the vaccines reduced hospitalization and deaths, since they weren't assessed in these trials. Where recorded, there was no reduction in hospitalization and death. In fact, deaths were more frequent in those who took a vaccine. And in the United States, the consent form doesn't make the claim that the vaccines reduced hospitalization and death.

Nicolle Snow
I want to turn your attention to the vaccine event recording systems, Dr. McCullough. I know in the U.S. where you are, there's the VAERS [Vaccine Adverse Event Reporting System]. In Canada, we have CAEFISS, that's the Canadian Adverse Events Following Immunization Surveillance System. There's the yellow card system in the U.K. and the European Safety Monitoring System. These systems have been in place for decades, as I understand it, at least in Canada. CAEFISS has been in place since 1987.

Can you speak about what, if any, unusual findings are showing up in these vaccine reporting systems following the rollout of the COVID injection?

Dr. Peter McCullough
In June 11, 2022, the World Council for Health summarized those safety data systems: 39 total, but four major ones, including VAERS, YellowCard, the EUGIS system, and the WHO VIGI-safe system. All of them have been recording record numbers of injuries, disabilities, and deaths.

For example, in the U.S. VAERS system, all vaccines combined and accumulating all injections before COVID, a child would receive greater than 70 injections over the course of childhood. Per American child—and we knew 98 percent of Americans were taking vaccines at this level—there was a total on average of 158 deaths per year in this entire data system, which is the best. With COVID-19 vaccines as we sit here today, as of March 3rd, 2023, for U.S. domestic cases only, VAERS has recorded 17,071 deaths that have occurred within a few days of taking the COVID-19 vaccines, and 16,454 permanently disabled Americans.

The VAERS reports are largely done by doctors, nurses,

[00:15:00]

and those caring for patients where they believe the vaccine is the cause of the injury or death.

Nicolle Snow
Dr. McCullough, is there an accepted percentage of adverse events that are considered medically tolerable, if you will, beyond which the product would be removed from the market for safety concerns?

Dr. Peter McCullough
I've chaired over two dozen data safety monitoring boards as the head of the board or a member, including those for the NIH [National Institutes of Health], BARDA [Biomedical Advanced Research and Development Authority], the Military Research Division of the NIH, as well as pharmaceutical companies—in vitro diagnostic companies. It's my testimony that five, 10, 15, no more than 50 deaths—even for the largest program—would ever be tolerable. That programs would be shut down. And then a deep dive on safety to figure out why people are dying after taking an injection.

It's my testimony that, knowing what we know— The rollout of Pfizer in the United States was started December 10th, 2020. Pfizer should have been pulled off the market before the end of January of 2021, with fewer than 27 million Americans being injected. Moderna

probably should never have rolled out. And if it rolled out, it would have been pulled off the market shortly afterwards. Janssen, again, should have never had market entry because Pfizer and the entire product line would be off the market because there would be an understanding that the spike protein being produced is lethal to the human body.

Nicolle Snow
Dr. McCullough, you spoke a little bit on adverse events already, but would you speak in a little more detail on the cardiovascular events that are medically known to be connected to these COVID vaccines?

Dr. Peter McCullough
There are over 200 peer-reviewed papers published on cardiovascular syndromes directly attributed to COVID-19 vaccination and agreed to by regulatory authorities. One of them is myocarditis or heart inflammation. Two studies have indicated that 2.5 per cent of people who take a vaccine suffer heart damage. About half of them, it's symptomatic. Half of them, it's not: the peak age is 18 to 24 years, 90 percent are men, 10 per cent women. It's a skewed distribution with a tail up into the 60s and 70s.

There have been fatal cases, autopsy-proven, by Verma, Choi, Patone, and Gill. It is conclusive that in a fraction of those who have received the COVID-19 vaccine, heart inflammation or myocarditis is fatal; and the mechanism of death is sudden cardiac death, a sudden arrhythmic death, a young person collapsing and not being resuscitated by CPR.

This is now well described here in the peer-reviewed literature. An important paper by Yonker and colleagues in circulation from Harvard has shown, in young boys and girls hospitalized at Massachusetts General Hospital with myocarditis, about 90 per cent acutely are hospitalized to recognize the symptoms. Those who are having myocarditis have unopposed spike proteins circulating in the body damaging the heart. Those not affected with myocarditis actually have appropriate antibodies neutralizing the spike proteins. What I conclude is that, unfortunately, a small number of people do produce spike protein that is not effectively neutralized by the antibodies and so they have unevaded heart damage.

Myocarditis is lethal and, of course, a single death in a young person is unacceptable, because young people are not at risk for hospitalization and death with the virus. The COVID-19 vaccines should have always been contraindicated for young people not at risk for the illness. In addition to that, the vaccines cause a progression of atherosclerotic cardiovascular disease. They precipitate coronary atherosclerotic plaque rupture in traditional plaque, cardio infarction. The vaccines are proven to cause blood clots, both in **arteries and in veins. The U.S. FDA [Food and Drug Administration] has published on this. In a paper, Wu and colleagues have demonstrated thousands of Americans developing blood clots after COVID-19 vaccines, where the FDA agrees that vaccines cause the blood clots, describing them going from the ankle to the hip. So, very large blood clots in the venous system: in the Wu paper, 11 per cent are fatal.**

[00:20:00]

Additionally, the COVID-19 vaccines have been associated with a whole variety of other cardiovascular manifestations, including vasculitis, a problem of inflammation in the blood vessels in the kidneys. In a paper in the *Journal of the American Society of Nephrology*, Wu

and colleagues describe the progression of the vasculitic and nephritic kidney disease in those, worsening their chances of survival free of dialysis.

In summary, the COVID-19 vaccines, by the mechanism of myocarditis progression of cardiovascular disease and blood clots, are believed to be the cause of unknown death in any individual where the vaccine is known to be taken by that person.

Nicolle Snow
Thank you. Dr. McCullough, the Canadian government has maintained that the COVID vaccines are both safe and effective, and continues to encourage Canadians to take them, including children: to vaccinate and to booster.

Given what you have had to say about COVID-19, its virulence, the vaccine, and the statistics on adverse events, what is your opinion on whether the vaccine is both safe and effective?

Dr. Peter McCullough
The decision on safe and effective is made by senior care doctors with medical authority. I would have—and I do have—medical authority over government officials in Canada. It's my testimony today that the vaccines are neither safe nor effective. And that opinion has superiority and supersedes any government statement.

Nicolle Snow
Thank you, Dr. McCullough.

My last question is really just about corrective measures. A lot of people the world over have taken the injections. What, if anything, can they do to mitigate the damage they have incurred in their bodies?

Dr. Peter McCullough
Two points. One is the toxicity and the risk of death appear to be cumulative. So the first point is to take no more injections because the next one could be fatal or disabling. Second point is to be vigilant. Blood clots, heart damage, neurologic damage, intracranial hemorrhage stroke: all these need to be clinically recognized and treated the best they can conventionally.

None of the governments have started large research programs into vaccine injuries, disabilities, and death, and that research is greatly needed. Very similar to the tobacco settlement and the final recognition that tobacco causes disease in the U.S. tobacco settlement: much of the money received by the tobacco industry had to be turned around into research for doctors to learn how to treat patients. We'll need a similar type of program with COVID-19 vaccine injuries.

A paper by Zogby and colleagues, a representative survey in the United States, showed that 15 per cent of those who've taken a vaccine have some new medical illness—some new disease that we're dealing with. I've covered just the tip of the iceberg in terms of the cardiovascular complications, but they also span the fields of neuropsychiatric problems, autoimmune problems, and so there's a great medical need to care for those individuals. And I would just say there's also an acute medical need, even though very few people now are taking COVID-19 vaccines. This CDC V-safe data, which was released under court order,

reveals 7 per cent to 8 per cent of people who take a vaccine have to acutely go to the hospital and be hospitalized in the emergency room or urgent care center. So there's a great need to still manage the acute problems that develop within a few hours of taking it in a shot.

Nicolle Snow
Thank you, Dr. McCullough. I thank you sincerely for giving evidence here at this Inquiry today.

Don't go away just yet. I'm leaving a few minutes here in case any of the commissioners would have questions for you. Thank you very much.

Commissioner Massie
I have some expertise in biotechnology and vaccine, so I've been following everything you've published and said on many conferences. One other thing that really puzzles me is: What's happening with all the evidence that has been pouring in for more than two years?

[00:25:00]

What's happening that the medical establishment and all the health institutions are still promoting that kind of intervention?

Dr. Peter McCullough
In the United States, the medical establishment, I think, has been greatly influenced by the COVID Community Corps program. The COVID Community Corps program announced early in 2021 that over $13 billion was sent out by the White House and the Department of Health and Human Services to a variety of health institutions, thousands of media outlets, Hollywood pro sports teams—all to promote the vaccines. We know separately that Pfizer and Moderna contracted a public relations firm called Weber Shandwick. And Weber Shandwick initiated a corporate program called Plan VX. Plan VX promoted vaccine mandates within large companies.

Then lastly, Weber Shandwick had an installed marketing unit within the CDC vaccine office. This has all been uncovered by Senator Rand Paul in October of 2022 and is publicly disclosed.

Commissioner Massie
Thank you.

Nicolle Snow
Okay, those are all the questions. Thank you so much, Dr. McCullough, for appearing here today.

[00:26:46]

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 3: Dr. Patrick Phillips
Full Day 1 Timestamp: 02:31:26–03:26:07
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Nicolle Snow
Okay, everybody, thanks for taking your seats. We have our next witness up, who is Dr. Patrick Phillips out of Ontario. I'll let you bring him up on the screen there.

Hi, Dr. Phillips, how are you?

Dr. Patrick Phillips
Good, how are you?

Nicolle Snow
I'm well, thank you. Before we get started here, we're going to affirm you. I'm going to let that happen now.

Ches Crosbie
Dr. Phillips, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Patrick Phillips
I do.

Ches Crosbie
Thank you.

Nicolle Snow
Good morning, Dr. Phillips, you're joining us from Ontario?

Dr. Patrick Phillips
I am joining you from Ontario.

Nicolle Snow
Thank you for being here to give testimony in this proceeding. Dr. Phillips, can you start by going over your medical credentials?

Dr. Patrick Phillips
Yes, I graduated from Dalhousie Medical School in New Brunswick in 2016. After that, I did go to the University of Toronto, where I completed my two-year family medicine residency. And after that, I entered into practice.

Nicolle Snow
All right, and can you give a little summary of where you were practising?

Dr. Patrick Phillips
Sure, yeah. Like many new graduates, I primarily worked locums, which is basically filling in temporarily at various locations. As well, I had a weekly addictions medicine practice where I saw patients once a week in downtown Toronto, giving methadone and suboxone. But as time went on over the last few years, I did kind of narrow down the places where I was working, doing emerge. and medicine, to Nipigon and Englehart. And then eventually I moved full-time to Englehart at the beginning of 2021.

Nicolle Snow
Okay. And your locums were in the area of family medicine and emergency medicine?

Dr. Patrick Phillips
Yes.

Nicolle Snow
Okay. And your practice in Nipigon was in the area of Emergency Department work or family?

Dr. Patrick Phillips
Both. So comprehensive family medicine, which is in-patients, office-based family medicine and emergency.

Nicolle Snow
Thank you. And Dr. Phillips can you confirm that you sent me a copy of your CV?

Dr. Patrick Phillips
I did.

Nicolle Snow
All right, and the CV for the record is exhibit number TR-0001.

Are you currently practising, Dr. Phillips?

Dr. Patrick Phillips
No, I'm not. My medical licence has been suspended by the CPSO [College of Physicians and Surgeons of Ontario] since May 3rd, 2022.

Nicolle Snow
Okay, and why was your medical licence suspended?

Dr. Patrick Phillips
So, it was suspended primarily for holding a medical opinion that is contrary to the public health directives and some of the consequences of that. We'll get into some of those details later, but that's essentially it.

Nicolle Snow
Okay, thank you. We'll talk about that in a little bit. When was the suspension effective?

Dr. Patrick Phillips
May 3rd, 2022.

Nicolle Snow
Dr. Phillips, did you take the Hippocratic Oath and what is that?

Dr. Patrick Phillips
I did take the Hippocratic Oath as part of our ceremony at Dalhousie Medicine. It's an oath, basically, that the medical profession has taken, or some other oaths that are also taken across the world, in order to uphold medical ethics. And to put the patient and our oath to the patient first, above any other authority, so that the patient's interests are always the number one priority of doctors in that doctor-patient relationship.

Nicolle Snow
And I'm sure you took that oath seriously.

Do you know what the Declaration of Geneva is, Dr. Phillips?

Dr. Patrick Phillips
During the course of World War II—both in Germany and Japan, and many other places—there were atrocities committed by these regimes that were primarily carried out by doctors, physicians. Physicians who were actually captured by a public health ethos of believing they're doing what's best for the race: for the Aryan race as an example in Germany, or just following government directives or following orders. And so, after the

doctor trials in Nuremberg in 1947, Canada, among many other nations, signed on to the World Medical Association. And the World Medical Association came up with this oath,

[00:05:00]

as a way to prevent those atrocities from happening again. So that doctors will not just follow orders blindly but will put the rights of their patient first.

And if I can quote, I won't do the whole thing but a few of these are very relevant. Most have the medical schools in the U.S. make the oath of the Declaration of Geneva and most of them in Europe. I'll just pull a couple out of it here: "I solemnly pledge to dedicate my life to the service of humanity. I will respect the autonomy and dignity of my patients. I will maintain the utmost respect for human life." And most pertinent I think here is: "I will not use my medical knowledge to violate human rights and civil liberties, even under threat."

So that was—Canada was a signatory to this.

Nicolle Snow
Thank you. And it sounds like those passages in particular resonated with you, Dr. Phillips, did they?

Dr. Patrick Phillips
Absolutely.

Nicolle Snow
Dr. Phillips, on April 30, 2021, the College of Physicians and Surgeons of Ontario issued a statement forbidding physicians from questioning or debating the official COVID-19 response measures in Ontario.

What do you know about this, and can you give a little more detail on that?

Dr. Patrick Phillips
Yeah. Although the College was quietly coming after doctors for having an opinion that goes contrary to the government narrative before this, amazingly, the College came out and very explicitly forbade doctors from carrying out our oath and scientific method for patients.

So, what they state in their message, that they just sent out as a tweet; it wasn't a policy, it wasn't a regulation. But they put this out saying that, "Physicians hold a unique position of trust within the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements, and/or promoting unsupported, unproven treatments for COVID-19." They go on to say, "physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted."

This was shocking to me and many others. As a result, I gathered together with a group of physicians, and we together created Canadian Physicians for Science and Truth. And made the declaration asking and demanding for the CPSO to rescind their statement. And in that declaration, which has thousands of signatories of the public, and there's over 700 signatories in the physician category. Well, not all those have been vetted, but there's

definitely hundreds in there. Basically, saying that this statement—to follow this, would be a violation of three things. So, one is the scientific method, which requires the advancement of medicine, requires that we have to challenge the status quo. We have to be able to speak freely again, to debate things. And that requires us to be able to be wrong, right? Because otherwise you can never challenge things.

The other one is our obligation to give evidence-based medicine to our patients. And that means discussing the evidence. If the evidence says people are dying from this vaccine, that people are suffering severe adverse events, or that it's not effective, those could be considered as anti-vaccine views. But they're true. And so, we have an obligation as physicians, no matter what the College says, to give the truth to our patients as we see it.

The third one is our duty of informed consent. In order for us to administer a vaccine to somebody, they have the right to be informed of all of these things. About the fact that we don't have any long-term data. About the fact that patients have died from these vaccines and many others, including for lockdowns, for masking, and others. Without that, if doctors are muzzled, patients don't get informed consent. And that is their right. So we basically demanded from the CPSO to rescind this statement, which they did not do.

Nicolle Snow
Okay. And you mentioned this group of physicians that got together and created this declaration: do you happen to know the website?

Dr. Patrick Phillips
Yes, CanadianPhysicians.org, where you can see our declaration in its entirety, and the signatories to it.

Nicolle Snow
Thank you.

[00:10:00]

Dr. Phillips, where were you practicing in and around the time of the pandemic when the pandemic was declared?

Dr. Patrick Phillips
In the beginning of 2020, I was working between two sites. I was living in downtown Toronto, but working primarily in northern Ontario, flying in and flying out to Nipigon and Englehart.

Nicolle Snow
Okay. And your practice was in a hospital setting?

Dr. Patrick Phillips
Hospital and an office space as well.

Nicolle Snow
What measures were taken in your region with respect to the COVID crisis? In the hospitals you're working in and, et cetera.

Dr. Patrick Phillips
There were a number, and they were changing all the time. But some of the most striking ones were the switch from in-person medical care to phone-based care in the medical community. That was throughout all of Ontario. Patients could not see their doctor unless in very rare circumstances. So almost all medicine was done just by phone, where doctors were asking patients to do their own physical examination, which they're not trained to do. And basically, doing guesswork, which was quite concerning.

Nicolle Snow
Did that pose any other concerns for you?

Dr. Patrick Phillips
Definitely. In the beginning, I was watching a lot of what the media was showing on Italy and New York. And so, I was concerned that there was an extremely deathly virus coming around at that time. I don't believe that now. But at that time, I thought maybe this is worth it. Maybe there's something we need to do, because if everybody comes into the office and catches COVID—the deadly form of COVID that I thought was coming—then I thought it could be worth it.

But yeah, that was kind of my main concern until later on, when I started to see the real consequences of this shift. And that's when I began to speak out.

Nicolle Snow
Okay, and what kind of consequences were you seeing in your practice?

Dr. Patrick Phillips
I was seeing a few things. One is devastation to both the physical health and the mental health of patients. To give you one example, there was one patient who I saw in emerge. Over the last year, she was treated for back pain over the phone—severe back pain to the point that she was on opioids. And she only came to see me in emerge. by the time her pain was so bad she had to call an ambulance. And when I saw her and physically examined her, what she called back pain was actually a giant tumor. It was actually a liver riddled with cancer.

That was not the only example of this, of late-presenting cancer of patients who were treated over the phone. If they were able to see their doctor in person, that could have been caught much earlier and possibly treated. But by the time I saw her, it was metastatic. I saw a number of patients like that.

The other thing I saw that really concerned me was the mental health of patients. And while I did see an uptick in overdoses in suicidality and depression in emerge. in adults, what was most striking was the children. I'd never seen so many suicidal children—as young as eight, right? And it's very rare for that to happen. But I noticed a common thread, and that was children— During the height of lockdown, when schools were closed, parents

were told by public health to keep their kids at home. No play dates, no play, no sports, nothing. And so, these children were essentially locked up at home with no friends, no socialization. And that, I believe, was the leading cause of the suicidality in children. Which concerned me.

And nobody was saying anything. In fact, what I found most concerning is, at that exact same time, the Ontario Medical Association, the Ontario Hospital Association, and Public Health were putting out advertisements saying: "Ontario's doctors are calling for stricter lockdowns to stop the spread of COVID." And I'm like, "No, I'm not. I'm definitely not!" And they didn't even send out a survey to ask what my opinion was.

That was what really led to me believing I needed to speak out here: because there's no other side of the story that's getting heard.

Nicolle Snow
Okay. Dr. Phillips, you worked in a hospital setting and there was a lot of early concern that hospitals were going to be overrun by patients with COVID-19. What did you observe with that respect?

[00:15:00]

Dr. Patrick Phillips
I did not see that at all, quite the contrary. I saw, especially in the beginning, a steep decline in the number of patients who came in—especially in the early 2020. I thought it was kind of nice at the time, not knowing these harmful consequences, because I was paid the same amount to do very little.

But our emergency rooms were empty and there was very little COVID in our communities. Nevertheless, because of the media, the people in our communities were still afraid and still reluctant to come in to seek care in the Emergency Department, which is devastating for some people.

Nicolle Snow
Have you had occasion to treat any patients that you believe were suffering from COVID-19?

Dr. Patrick Phillips
Very few but yes, I did. We had a few in our community. The COVID wave came later, mostly after I was no longer working in the hospital. But while we did have a few; I did treat one while I was working in the hospital in Kirkland Lake.

Nicolle Snow
And can you offer any details about that?

Dr. Patrick Phillips
In my opinion, it was a very disturbing story. It was a middle-aged, like 50s, 60s, woman who came in, diagnosed with COVID. And she was short of breath, and she needed oxygen.

At that time, there was so much evidence. There was study upon study: I think there were 30 to 40, when you bring those together, showing that ivermectin would reduce mortality by 50 to 70 per cent. We have very few drugs that can do that.

When she came in and she was under my care—at that point, I was working as a hospitalist on the floor in Kirkland Lake, which is the sister hospital to mine in Englehart. I felt a duty to give her informed consent and to prescribe to her ivermectin for the treatment of her COVID, because she had a number of risk factors for severe disease or death.

When I wrote that, the pharmacist reported me to the chief of staff. The chief of staff then ordered me to cancel that order for ivermectin, including the zinc and vitamin D and other harmless vitamins that I also prescribed to her, which we know can be helpful. And he ordered me to call the local ICU in Sudbury—well, the distant ICU in Sudbury—and get their permission to prescribe outside the guidelines, which requires remdesivir, which is very harmful, and others, such as steroids. And they basically only allowed me to prescribe the steroids, so I gave her steroids. But I was shocked that this chief of staff ordered me to cancel lifesaving treatment to this patient that peer-reviewed research shows reduces mortality.

Nicolle Snow
Approximately when was that?

Dr. Patrick Phillips
This was in March 2021.

Nicolle Snow
Okay. And I think you said that was March 2021 that that occurred?

Dr. Patrick Phillips
Yes.

Nicolle Snow
Okay.

Have you had occasion to prescribe ivermectin again or was that the end of your prescriptions for ivermectin?

Dr. Patrick Phillips
I would have, but again, in my community, there was very little COVID and the ones that were there were very mild. They didn't need to be hospitalized for the most part.

I did prescribe ivermectin again to a patient who had what I believe could have been a vaccine injury. She received a dose of the vaccine and after that, had nausea lasting for weeks— nausea, fatigue, muscle aches. So, I did prescribe according to the FLCCC [Front Line COVID-19 Critical Care Alliance] protocol, which was ivermectin, fluvoxamine and atorvastatin, which was successful. It did resolve her symptoms, but the pharmacist reported me to the College. And as result of that, the College did put a restriction on my

licence forbidding me from prescribing ivermectin, fluvoxamine or atorvastatin for COVID—among other things, such as vaccine exemptions and mask exemptions.

Nicolle Snow
Okay, and we'll get into some of those details on the charges in a moment. I want to move into the post-vaccine period.

You've spoken about that a little bit.

[00:20:00]

You had a patient that had a vaccine injury. The rollout of the vaccines was in and around early 2021. What, if any, protocols were put in place at the hospital you were working in with respect to monitoring vaccine effects?

Dr. Patrick Phillips
So, I mean, our hospitals spoke nothing at all about monitoring vaccine effects, but we do have a legal obligation to report adverse events. Some of the more serious ones we're obligated to and other ones we're kind of permitted to.

Nicolle Snow
Is it a form that you complete, Dr. Phillips?

Dr. Patrick Phillips
Yeah, there's a form. The CAEFISS [Canadian Adverse Event Following Immunization Surveillance] System basically is very local in the sense that there's a form through Ontario Public Health that we fill out and send to our local public health officer. Who then is supposed to investigate and pass the investigation onto Public Health Ontario, and then they're supposed to amalgamate the data and pass it on.

Nicolle Snow
Okay, and you mentioned CAEFISS. That's the Canadian Adverse Event Following Immunization Surveillance System. It's a bit of a mouthful.

The adverse event forms that that you were just speaking about: those were the forms that the doctors would fill out in the hospital if they thought something was a vaccine adverse event? And can you confirm that you gave me one of those blank forms?

Dr. Patrick Phillips
Yes.

Nicolle Snow
Yes. Okay, and that is marked as Exhibit TR-0001a. So TR-0001a is the exhibit, it's the Adverse Event Following Immunization Reporting Form.

Dr. Phillips, as I understand the evidence that you just gave, you would not be forwarding that form to the CAEFFIS system. You would be forwarding it to a public health officer who would then determine whether it would be filed with CAEFFIS.

Dr. Patrick Phillips
Correct.

Nicolle Snow
Okay. Is vaccine aftermarket monitoring an expectation for physicians?

Dr. Patrick Phillips
It's supposed to be, yes.

Nicolle Snow
And for what reason?

Dr. Patrick Phillips
Yeah, we're actually obligated by law. For certain severe ones, we're obligated to report these adverse events when we see them. And then outside of that there's kind of more of a permissive requirement. I think it's an ethical requirement to pass on all adverse events that happen after these, especially in the context of an emergency use authorization. So, something that's not fully tested but yet was rolled out early. Even more, we have in my opinion an ethical obligation to report all possible adverse events, so that the CAEFFIS system will be able to detect possible harm and be able to withdraw the product if it's warranted.

Nicolle Snow
Okay. And the purpose is to monitor the safety and the effectiveness of the product. Is that correct?

Dr. Patrick Phillips
Exactly.

Nicolle Snow
What kind of events were physicians required to take note of, according to the form—the adverse event form?

Dr. Patrick Phillips
It's pretty broad on the form. I can't recall all of them off the top of my head. I don't have it in front of me.

Nicolle Snow
Yeah, it's okay. If you don't have it in front of you, it's marked as an exhibit in any event. Did you have any occasion to complete any of those adverse event forms?

Dr. Patrick Phillips
Yes.

Nicolle Snow
All right, can you elaborate on that?

Dr. Patrick Phillips
Yeah, I did. I did complete 10 adverse event reports that I sent in. I'll give you kind of the basic details of these reports really quickly here. All but one of them, as far as I know, were not submitted. So nine of them were rejected, as far as I know. The first one is a person with nausea for two weeks and vomiting, including hematemesis or bloody vomiting. This started four days after the second dose of Moderna.

The second one was a new onset severe vertigo and ringing ears, by diagnosis vestibular neuritis, that came up four weeks after his Moderna shot. The third one was sudden onset, in a young woman: sudden onset arm weakness for four hours. Weakness in the arm and complete decrease of sensation in an entire half of her body,

[00:25:00]

with persistent loss of sensation in fingers, lasting hours to days. In my opinion, it was stroke until determined otherwise, so I started the stroke protocol.

Nicolle Snow
How many days post-vaccination was she?

Dr. Patrick Phillips
Oh, sorry—this was nine days after her Moderna shot.

The fourth one was an elderly woman with severe delirium, a high fever, and left arm numbness four hours after her Moderna shot, lasting greater than 48 hours. That's the point I saw her.

The fifth one was a woman with dementia but was functional at home, able to talk and walk. But after her dose—I'm not sure which vaccine it was—she lost the ability; she slowly declined over the course of about two to three weeks and lost the ability to communicate and to walk as well.

The sixth one was an older woman who developed palpitations, so a heart issue, possible arrhythmia with severe hypertension, and that started one week after her Moderna shot.

The seventh one was a younger woman with persistent numbness to the right side of her forehead; she lost sensation there entirely. No other symptoms really, but that started two hours after her Pfizer shot and then persisted.

The eighth one was intermittent left arm weakness. His arm would become weak, he was dropping things and no longer able to work. That would happen three to five times a day. That started two days after his Pfizer shot. And two weeks later—so it was two days after and then persisted—then developed persistent daily headache, nausea, and vomiting. It could have been something going on in his brain or others. I don't have the final diagnosis because, as an Emergency [Department], we don't follow our patients, we pass them on to others; they're investigated.

The ninth one was a middle-aged woman, who tragically—16 days after her Pfizer shot, with no other health history—had a devastating bleed into her brain after her blood pressure surged into the two hundreds. She lost the ability to talk and walk, she was found on the floor. She then was devastated.

The tenth one is, the only one that I know was actually accepted as an adverse event, and that was a severe rash on a woman's arm that came on eight days after the vaccine. That was kind of a ring-like rash that spread up above her shoulder and down the arm.

Nicolle Snow
And so, as you as you've indicated, that tenth one where there was the rash on the arm, that was at the site of the vaccination, was it?

Dr. Patrick Phillips
Yep.

Nicolle Snow
That's the only one that you know definitively was accepted.

What happened with the rest of them? Did anyone contact you?

Dr. Patrick Phillips
I was contacted by the public health officer; he sent me a letter after the first five. He told me that none of these five meet their criteria for an adverse event, so they've all been rejected and, "Take note of that because I'm doing my reports." I send a note back to him by fax asking for the details of why each one of these were rejected. "Do you need more information?" I want to make sure that not just rejected for a clerical reason and I did not get a reply.

I was very concerned about this. I was concerned that the public was not getting informed the consent about these possible severe adverse events. Many of those may have been strokes. And so, in order for us to have a safe vaccine safety system, they need to be able to get these reports to be able to know if a product needs to be pulled off. So I did go public. I did an interview with Rebel News where I spoke about these adverse events. And the letter that I got sent saying they're all getting rejected, and as a result that public health officer complained to the CPSO. And they're investigating me, and I'm charged for professional misconduct for those nine of the adverse events that were not accepted. They're saying that I'm being incompetent for filing these adverse event reports and they're saying I failed to meet the standard of practice in the profession.

Nicolle Snow
Okay, stunning. All right, Dr. Phillips, let's talk a little bit about your personal life outside of your clinical practice. You've indicated that you were quite vocal about the concerns that you had that were going on inside your practice and in the hospital system. Can you speak a little bit about that?

[00:30:00]

Dr. Patrick Phillips
Like my Twitter feed, you mean?

Nicolle Snow
You indicated that you were quite vocal outside of the hospital system. And you also indicated that public health officer came after you when you were vocal, so maybe you could talk about that.

Dr. Patrick Phillips
Yeah, so around that time—like I said, at the end of 2020—when I was seeing those harms from the lockdowns, and the medical association was saying, "doctors are calling for harsher lockdown," that was the moment that I made the decision that I need to speak out.

I got onto my Twitter account, and that's where I've done a lot of my speaking out about public health measures: about the science that public health isn't talking about, like vitamin D, exercise, things like that—other public health measures that are effective, and the ineffectiveness and harms of lockdowns, of masking, and of these vaccines.

I spoke out on Twitter, and I've done a number of alternative media interviews, and I even did a press conference with [inaudible] on Parliament Hill in June. And for all of these, the College opened up a section 75 investigation here in Ontario. And they have charged me with professional misconduct and incompetence for my communications, saying, again, that statement from before: that we're forbidden from saying anything that goes contrary to other public measures, and therefore they've charged me with professional misconduct for all of it.

Nicolle Snow
Okay, and is that what led to the eventual licence suspension?

Dr. Patrick Phillips
Yes, all of these things combined. Yeah, they opened up a number of investigations that kind of all piled on top of each other. Essentially, the charges are on my public speaking contrary to public health measures. They're charging me with professional misconduct for providing prescriptions for ivermectin, for vitamin D, for zinc, and vitamin C. They have charged me with professional misconduct for providing vaccine exemptions to patients, for either medical conditions or for being coerced, as somebody promoting their autonomy. They've charged me with professional misconduct. I think that's the majority of it.

There's a lot of side charges as well. Yeah, as well as reporting all these adverse events. I have those nine charges of professional misconduct for each of my adverse event reports.

Nicolle Snow
All right. I think you indicated some of this was also related to you writing exemptions and so forth. And was that in the context of a family practice?

Dr. Patrick Phillips
Yeah, so some of them I did privately. And some of them I did in the Emergency Department. I had people coming to me. After they saw me speaking publicly, they would come into the Emergency Department and ask for letters of support or for notes and I gave that to them—either if they had a medical condition or sometimes for patients who were being forced against their will and they were under duress and couldn't give their consent. And so, I gave letters of support in those cases.

Nicolle Snow
Okay. It sounds as though, Dr. Phillips, that when you spoke out about your views with respect to your concerns with the protocols and so forth, were you somewhat under the microscope after that point?

Dr. Patrick Phillips
Oh, absolutely. Any interview that I gave on media, every Tweet that I've ever made, anything that I've ever said, they have recorded and gotten transcripts of to prosecute me. One funny story about this: I spoke in Toronto at the World Freedom Rally, I think it was in January. And there was a whole crowd of people at the rally: none of them wearing masks at all, right? Because it's a freedom rally. There's two people that are coming in with masks with a microphone and a recorder, and they kind of came right up to me. There's only two people in the whole place wearing masks. I later found out in my disclosure that that was the College actually coming to record my speech. And I have the transcript of it from those two people at the rally.

Yeah, I was definitely under the microscope!

Nicolle Snow
Okay.

[00:35:00]

Is it fair to say that your actions throughout the pandemic and your willingness to speak out is directly connected to your desire to protect your pledge to your patients?

Dr. Patrick Phillips
Absolutely. What I'm most concerned about— And as a physician, the way I've always practised medicine, is that we're there as an advisor. We're there to share our medical knowledge to help patients make choices with their own health care. And I was so concerned about this change in ethics in the medical community, where coercion is normalized, and where doctors participate in coercion in forcing patients into things. I found it abhorrent. And that was what mostly led me to want to speak out: to protect the rights of patients for their wants, their desires, their freedoms to be at the center of the medical system and the doctor patient relationship. Yes.

Nicolle Snow
Thank you so much for offering your testimony here today, Dr. Phillips. There may be questions from the commissioners, so I'm going to ask you to hold on there. Hold on one moment, there may be questions.

Commissioner DiGregorio
Thank you, Dr. Phillips. I just have a few questions following up on some of the things that you've spoken about today. Early in your testimony, you talked about there being a college statement that was issued forbidding doctors from communicating anti-vaxx, anti-mask, anti-lockdown type positions. Is that something that we have in our evidence as an exhibit? And if not, is that something that we would be able to take a look at?

Dr. Patrick Phillips
Oh, yeah, definitely. It's still on their Twitter feed. It's on their website. They have not taken it down. Yeah, I can send it on to you.

Commissioner DiGregorio
Thank you.

Another thing you mentioned was some of the early measures that were taken early in the pandemic and the switch from in-person visits with doctors to phone-based appointments. I'm just wondering if that was a a recommendation, or what was the impetus for that to happen on such a large scale.

Dr. Patrick Phillips
It was essentially a requirement put out there. Virtually everybody was doing this and suggestions by the College we now know are our requirements. They treat a suggestion as a suggestion, "you will be prosecuted." So yeah, that's basically what happened. They did have exceptions. If a child was to get a vaccine or if somebody—we were supposed to basically talk to them first on the phone. Then if required, you bring them in for a physical examination. So, there were still physical examinations happening, but it was drastically reduced. And most doctors were depending on patients to kind of report their physical exam.

Commissioner DiGregorio
Thank you. And the last question I had was around the public health officer investigation that you talked about. I think you mentioned that it was after you had submitted your first five reports that you received a call.

Were you not contacted earlier than that as part of the investigation?

Dr. Patrick Phillips
No, I thought I would be. I thought they'd call me because I dictate a lot of my reports. Again, working in emerge., it's not the same as a family practice where you have an ongoing relationship with a patient. When I work that day, I submit my reports and paperwork that same time. A lot of my reports are dictated; they're kind of not fully done yet. So I expected he would contact me back, asking for more information, or asking for— I dictated reports

for my emerge. visit. And they didn't contact me at all, even after I requested him to contact me. Because I was concerned about these rejections.

Commissioner DiGregorio
Thank you.

Commissioner Massie
Thank you very much.

Based on your assessment of the, I would say, state of the art in terms of evaluating whether an adverse event report is serious or not: What was the protocol that was explained to doctors to guide them to fill out those reports? Did you have access to a specific protocol?

Dr. Patrick Phillips
I didn't know about the protocol until after. But in his letter, he sent me the guidance document,

[00:40:00]

for what criteria they use to determine whether something qualifies for an adverse event or not. It is an extensive document. But the number of adverse events they're looking for is very limited, to kind of one and a half pages. For COVID specifically, it was about 10 adverse events they would look at, and if it didn't fit in that category it didn't count.

The one example I liked for how arbitrary a lot of these criteria were, I'll give you one example: If you administer a vaccine and a patient has syncope, they faint, it doesn't count at all, unless they also have an injury. So, if they faint, hit their head, and have a bleeding to their brain, that does count. But again, even in that circumstance, it only counts if it happens within 30 minutes. If that person faints at 31 minutes and then they fall and have a bleeding to their brain, that report will be rejected.

For each category they have arbitrary time requirements and if it doesn't fall within those strict criteria, they're rejected. And these were developed before the COVID vaccines, before Pfizer data that came out in a post-marketing analysis that they were forced to release under a FOIA [*Freedom of Information Act*] request in the United States showing pages and pages of adverse events of concern. So they had 10—just 10 on this form when there were hundreds to thousands that Pfizer notified and found were adverse events that we should be monitoring for.

My patients didn't fit in those categories of those 10, therefore they were rejected. But we now know that even Pfizer themselves acknowledged a wide array of adverse events that my patients certainly would have been fitting into.

Commissioner Massie
Based on your best assessment again, what would you say about the so-called under-reporting factor that, in the States, has been calibrated or has been assessed in the range of 40 to sometimes up to 100. Some people say it's 10-fold. What would be your evaluation on that in your practice in Canada?

Dr. Patrick Phillips
Yeah. I mean, if you look at what happened with me, it shows you what happens when you report adverse events. So, there's a number of things that happen. One, they often get rejected. So you get pushback from public health themselves. The other one is I got reported to the College and I'm being prosecuted for reporting these adverse events. Even if my adverse events were wrong, even if they weren't adverse events, how does it make any sense that it's professional misconduct to report them? People know that. My case is very public. I just use that as an example that doctors know there's consequences.

There are consequences on a number of levels: from public health; from the colleges, their licences at risk for reporting; and within their hospitals as well. So, doctors—besides their maybe internal biases—even if they didn't have those biases, their license is at risk from reporting any adverse events.

Yeah, it's definitely underreported, to answer the question.

Commissioner Drysdale
I have a couple of questions about the CAEFISS system. And some people don't even understand what that system is. Is it fair to say that it's very similar to the VAERS [Vaccine Adverse Event Reporting] System in the United States?

Dr. Patrick Phillips
No. It's the same idea in that it's vaccine adverse event reporting. The VAERS has problems with its transparency, but it is extremely transparent compared to our Canadian system. So you can go on the VAERS, and you can look at those reports. They're just de-identified and you can look at them. Anybody can report to the VAERS system, not just your doctor. You can report it yourself. They verify them to make sure that the lot numbers line up and the patient to make sure that they're genuine. But in Canada, it's completely opaque. Nobody knows who's reporting what. And there's multiple levels of censorship. So the doctor can choose not to report, even if the patient asked him to. Then, even if the doctor does report, it goes to the local public health officer, who is the person tasked with promoting the vaccine and forcing people to get the vaccine, that's their role. So they have a major conflict of interest in investigating adverse events. They have the ability to reject it.

[00:45:00]

And then they send it to Public Health Ontario, which has the ability to amass the information and filter even more out. And then they report it to Health Canada.

There are so many layers for things to get censored, covered up. And I can tell you, I got an email as part of disclosure for my charges at the College that the public health officer sent on June 11th to the College, saying that my batch of adverse event, none of them were— My batch of adverse event reports were not submitted to Public Health Ontario. So yeah, none of them as far as I know, made it into the system to be able to be reported in the safety system.

Commissioner Drysdale
Did you know prior to submitting those adverse events reports that they were subject to censor?

Dr. Patrick Phillips
No, I did not know that. I didn't know much about the system. I learned it along the way.

Commissioner Drysdale
Have you had any of your colleagues indicate to you that they were hesitant in reporting to that system, based on your experience?

Dr. Patrick Phillips
Based on my experience, yeah. When people heard what happened to me, then yes, I've heard from some that said they wouldn't report. I'll mention one more thing that really, I found disturbing to me, that influenced myself and some other doctors. And that was: In that letter, and what I found out about that process is, when the public health officer investigates, and they decide something is not an adverse event, they called up each and every one of those patients that I saw, told them it was not an adverse event, and told them that they're required to get their next dose. So that's documented in paper with every single one of them.

That I found very disturbing. What I started to realize is that I'm actually putting my patients in harm's way by reporting, because they're going to be at risk of being gas lit in the sense that they're going to be told that this is not an adverse event, because it doesn't meet the strict criteria, and therefore they should get another dose of something that could have caused them severe harm.

It's malpractice in my mind. If somebody had a reaction to Tylenol, we would put that in their chart and say, "don't take Tylenol." Even if we're wrong about it, you want to be cautious and say, "okay, look, stay away from Tylenol, this caused your arm to go numb, don't take another one." But instead, when I report them, they're getting told to take another and they're told it's not related. And I realized at some point that it's actually harmful to patients to report.

Commissioner Drysdale
Prior to the public health officer essentially making a medical determination with one of your patients, are you aware of— Two parts to the question: First, did the public health officer in any instance actually bring the patient in for examination before making a recommendation to that patient?

Dr. Patrick Phillips
No, they called them up, but there were no physical exams in the documentation that I saw.

Commissioner Drysdale
And do you know anything at all—and this is perhaps a bit of a stretch of a question—but do you know anything at all about the public health officer's clinical experience in treating patients?

Dr. Patrick Phillips
In my area he actually does. He's a part-time family and emergency doctor and then part-time does the public health office. I think in the majority of places that are more populated, it's a full-time job. But in my case, he does have clinical experience.

Commissioner Drysdale
Okay, my last question on this is: Is there any practical suggestions that you might make for the future in order to improve this system, the CAEFFIS system?

Dr. Patrick Phillips
Yeah. There's a number of them. I think we need to follow the VAERS system, where any reports that go into that system need to be available to the public, with removal of identifying information.

There should be a verification process, but it should be more around the details, right? Name, age, date of birth, lot numbers. To make sure it's a genuine report. But then don't censor it or keep it hidden.

There needs to be a division of powers when it comes to investigating adverse events from vaccines and promoting vaccines.

[00:50:00]

That's a major conflict of interest for the public health officer to be tasked with those same things. If you're pushing these vaccines on everybody, you're not going to want to see adverse events. You're not going to want to believe that you're pushing something that might be harmful to people, so you're going to be more likely to discount those adverse events. So yeah, I think it needs to be transparent, so they're submitted right away. The public need to be able to submit them as well. If your doctor doesn't want to report it, the patient should be able to report as well.

And we need cut-off criteria. How many deaths are we going to tolerate before we pull something off the market? They pulled off treadmills after four people just got injured, no deaths at all. It's pulled off the market immediately. Breast milk, I think one baby died from baby formula. They pulled it off the market immediately.

At this point, there's tens of thousands of deaths, credible reports of deaths reported to the VAERS system. It's still on the market—not only on the market but being forced on people. It's an atrocity, honestly. But we need that criteria. We need to be, after how many deaths? I **would say five. Five credible reports of death, pull something off. We should not be giving this to the public. Maybe even five is too many.**

But right now, what's the point in reporting? The criteria are already met. These things are deadly. They're dangerous. They kill people, including my own cousin. Autopsy confirmed. And they're dangerous. The reporting system is useless unless you're going to act on it. We need to have laws in place that, after certain criteria, a product needs to be pulled off the market to protect public safety.

Commissioner Drysdale
Thank you.

Commissioner Kaikkonen
A quick question: is it normal historically for pharmacists to report physicians when they prescribe medications for their patients?

Dr. Patrick Phillips
That's not normal. I've never experienced that before. Pharmacists do have a role to verify things and double check things, right? Because sometimes doctors do make mistakes, and that's legitimate. But in all of those circumstances, they call back the doctor and they ask you to clarify, "Is this what you meant to prescribe? Is this the right dose?" And they'll often catch things. But I've never seen where they go directly— They don't even call you and they directly report a prescription to the College of Physicians. That's new, I think.

It's a snitch culture that's kind of developed over the course of COVID. And it happened not just with the pharmacists for prescriptions for ivermectin, it also happened with vaccine exemptions. So if you filled out an exemption, a good chunk of the exemptions that I filled out were sent to the College from employers as well. So yeah, I think it's a cultural thing that's happened. It was seen in totalitarian regimes like Russia and Germany, and it's part of the totalitarian experience.

Commissioner Kaikkonen
My last question is, if you had to do this all over again, would you do anything different?

Dr. Patrick Phillips
Yeah, I would. There were a few things that I would have done differently. Essentially, no. Like on all these things, reporting adverse events or other things: maybe looking back now, seeing those patients that got called and told to get another shot, maybe I wouldn't have reported them as much. Or I would have stopped earlier. I would have still told the patients, like, "Look, don't get this."

But essentially, no. I think I made the decision according to my conscience at the right time. And I learned so much along the way. Of course, there's always things you would have done differently if you went forward. But as far as providing treatment with ivermectin, providing exemptions to people who are being coerced against their will into gene therapy, for reporting adverse events, and for speaking out to give people the other side of the story: the facts, the scientific facts, the harms, the lockdowns, and other things. I would totally do that again, even knowing I would lose my license.

Commissioner Kaikkonen
Thank you, Dr. Phillips.

[00:54:44]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 4: Cathy Careen
Full Day Timestamp: 03:32:00–03:53:30
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
There's Cathy. How are you today, Cathy?

Cathy Careen
I'm very well, thank you. How are you?

Ches Crosbie
I'm well, thank you as well. It's a great room of people here who seem to be very interested and enthusiastic to hear all the evidence, including yours.

I'm going to ask you first, though: do you affirm to tell the truth, the whole truth, and nothing but the truth?

Cathy Careen
I do.

Ches Crosbie
Thank you.

Criss Hochhold
Hi, Cathy. We meet again.

Cathy Careen
Absolutely. Before we start, though, I do really want to thank everybody involved with this and just giving everybody an opportunity to speak their experience and share what they've experienced for the past few years. It's an honour to be able to speak here today, so thank you for that.

Criss Hochhold
You're welcome, Cathy. So. tell us a little bit about yourself, Cathy. What do you do?

Cathy Careen
I'm an educator. And I say educator because I am a teacher by trade. But when I was working in the school system, but not as a classroom teacher, I was what was called a TLA, a teaching learning assistant. So, when all this happened, I was full-time permanent.

I'm a mom. I have three kids, ages 7 to 21. I'm a big animal lover, and, you know, I'm just an average person.

Criss Hochhold
Absolutely. What do you teach, Cathy? Do you still work as a TLA now?

Cathy Careen
So, we were able to go back to work last June 1st, and then I did. And then I went back in the school year, starting in September. So I worked with Newfoundland and Labrador English School District. And then I just got this other job opportunity, which I just thought I would explore. It was more money, and not that that's really the issue, but given the fact that I was unemployed for a number of months, our family was financially stretched. So I really had to explore this opportunity and see. My heart is still in education, and I do hope to go back at some point.

Criss Hochhold
Absolutely. How long were you working as a TLA?

Cathy Careen
I've been in the school system with the NLESD since 2007, sometimes replacement. I've moved in and out of doing different things. I've consistently worked with young people; I've worked with Choices for Youth in the past. So as a TLA in this permanent position, that was— I guess this is my fifth year. 2019 is when I started.

Criss Hochhold
Okay, excellent. What grades are you mainly involved with?

Cathy Careen
My school is K to [Grade] 4.

Criss Hochhold
K to 4. And the ages that you typically teach will be—?

Cathy Careen
The way that the TLAs are support, so we basically helped the teachers. So, I was most often with the K to 2. They were 5 to 7 years old.

Criss Hochhold
Okay so just starting out in life really.

Cathy, in your submission to the NCI, you had stated that you were diagnosed with Guillain-Barré Syndrome.

Cathy Careen
Yes.

Criss Hochhold
Can you tell me more about that, please?

Cathy Careen
So, I am a Newfoundlander, but I was living in Ontario. Just after I moved back home to Newfoundland, I became ill with— I had pneumonia and I was experiencing really weird symptoms. I was getting hives and weakness in my extremities. And just without sharing all the details, I ended up— Nobody really knew what was wrong with me. I went to emerge. My doctor was following me, the symptoms kept getting worse. Remembrance Day weekend, after seeing another specialist on Friday, who kind of wrote it off as a flu, on the Sunday of Remembrance Day weekend—I think it was actually Remembrance Day—I woke up and I couldn't move. It's hard to explain. Anyone who's had an epidural or given childbirth and how heavy your limbs feel, that was the feeling that I had, and it was a struggle for me to walk and it was progressively getting worse.

By the time I went to emerge., I could only get my hands up like this to my head, but I couldn't comb my hair; I couldn't brush my teeth, and I was like, "Okay, this is not a flu." So I went and I saw a neurologist, who just so happened to be at emergency that day for something else.

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He came and saw me and decided that I had to stay for observation. After some tests, it was determined that I had Guillain-Barré Syndrome. The first thing they did for me was put me on IVIG [intravenous immune globulin]. And it got worse: I couldn't move my arms at all. It's really weird with Guillain-Barré: like, it's not like if you had a car accident, you're paralyzed from the waist down and everything is known. I couldn't move. With help, I could get to a seated position, but I couldn't go to the washroom myself. I couldn't feed myself. My mom gave up her job and came to my bedside and she helped me actually. Yes, I was in hospital, but she did all my primary care for me. I was a young mother at the time. My children—I only had two then—were five and eighteen months old.

After two weeks of being in the hospital— Sorry I focus on this part, but it is important to understand where I was coming from. After two weeks of being in the hospital, it was— Like I said, they treated me with IVIG first, and it got worse. And then it was determined that I should have what was called plasma paresis, where I had a line inserted in my jugular. My blood was put through a centrifuge and all the bad plasma was taken out. And that went on for two weeks with the hopes of getting rid of all the plasma.

What happens with Guillain-Barré, your immune system— A doctor would better be able to explain it, but essentially what happens is your immune system is attacking your body. My

immune system was attacking the myelin sheets around my nerves, that was preventing my brain from communicating and doing certain things. I know of people who've been paralyzed to the point that they were on respirators.

Thank God that did not happen to me. But I was essentially paralyzed. I couldn't do anything for myself. I couldn't lift my arms. I couldn't feed myself. I couldn't comb my hair. I couldn't dress myself. I couldn't go to the bathroom without help.

And so then, once I was considered medically stable, I was moved into the Miller Center, which is a physical rehabilitation center in St. John's. A lot of times you'll see stroke patients there. And so, I stayed there then for four weeks as an inpatient. It might have been six, but for sure it was four. As an inpatient, where I had intensive physiotherapy and occupational therapy to try to get myself back to where I was—even though sometimes people are not lucky enough to get back to where they were and have long term residual effects.

But I was a mom. And not being able to hug my children, it was really hard. That was a thing that got me through—was thinking about getting back to my kids. After a lot of hard work— I used to be able to go home on visits. Sometimes on the weekends, sometimes in the evenings just for a few hours. But on the weekends, there were certain stipulations that my family had to have. There had to be a bed on the main floor. I was allowed to go home on weekend visits to visit my kids.

I remember one night sitting in a wheelchair and not being able to move. And my little 18-month-old, this toddler, fell flat on her face. And your instinct is to hug her, and you just can't move. And I had to sit there and just watch her cry while I summoned my mother-in-law to come pick her up and console her.

It was very surreal, a very traumatic experience for me. As you can see, I can move, I'm back to normal. My neurologist said it was pretty much miraculous that I gained the recovery level that I have. I should be very grateful for that. Now, I do have residual effects. I don't know how to describe them, they're like pins and needles in my extremities sometimes. But they're more intense than that. It's more like razors. And they just kind of come and go. And I do have a lot of tight muscles that I regularly have to get massage therapy and stuff for, like in my legs and hips.

After discussions with my neurologist— I have a letter that I submitted to you, where he said to my family doctor that it was advised for me not to get. He specified vaccinations in the letter as pneumococcal and influenza, which really, at that time, the only respiratory-type vaccinations that were available. But in our conversations, he would discourage me against vaccination period. Unless there was, you know, a way to benefit sort of deal.

So I've kind of lived my life that way for 15 years. Not as an anti-vaxxer.

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I have three children; my children are all vaccinated. My pets are all vaccinated. I was not an anti-vaxxer.

But just to give you a level of an idea of the kind of support I had for this: because, since I recovered from Guillain-Barré syndrome, we had the H1N1 epidemic, that outbreak. And, you know, my family doctor was a doctor who I had with Guillain-Barré syndrome. I was her first Guillain-Barré patient. And she always, always supported me with this. So the

conversation around H1N1— I was a substitute teacher at the time. Classes were filled with sick children going home during the day and that sort of thing.

She wanted me to get my children vaccinated and my husband vaccinated for what she considered herd immunity to protect me, because I wasn't going to get vaccinated against H1N1. And that was what we determined together as a team: well, no, you can't be getting vaccination. So, I'm not an anti-vaxxer but I typically never got my children vaccinated for influenza. I really do believe, when it comes to influenza, healthy children should just deal with that growing up. I think that's part of building your immune system. And after some serious thought, I was like, "Okay, maybe I should have gotten it, a lot of young people are dying." So, they did get vaccinated.

But I, on the other hand, continue to teach out in the school system. So, one night I get a phone call from my family doctor who was very concerned about me out there teaching. She just said, "I've been thinking about you. Would you mind if I put a prescription of Tamiflu at your pharmacy for you? So that if you get any signs whatsoever of this H1N1 influenza, that you go get it." Now, I never needed it.

Another example is I used to volunteer with Therapy Dog. I volunteered at the Janeway here, which is a children's hospital. And I volunteered in seniors' homes. Now, you have to always get your tests, do the tuberculosis test. You submit your vaccination record and that sort of thing and your MMR. My MMR comes back as inconclusive because I was born before 1982, when we only got one shot. Now, I could get another one, but they advised against it.

Even when it came to the tuberculosis test, where they insert a little bit of the virus under your skin: again, they found the alternate blood test for me so I could go volunteer in these places. Now, I don't remember exactly, but I believe I did have to sign a waiver for volunteering at these, but I was allowed to go. I was allowed to go.

So, when it came to this vaccine, I was very vigilant. I started listening to people, reading things as quickly as I could just to see what this was about. I was scared too of COVID.

Criss Hochhold
Cathy, let me just quickly interrupt you then. You've got a wonderful flow going. I really appreciate the wealth of information you're providing us. I'd just like to ask a couple of clarifying questions.

What year was the original diagnosis of your Guillain-Barré syndrome?

Cathy Careen
November 2006.

Criss Hochhold
So that was in 2006. And you said there was a neurologist there at the time that happened to be there. And I do have a letter, and I will forward that to the commissioners as well for consideration: the medical exemption and recommendation. But the neurologist suggested to you in writing not to get any vaccines because of the potential hazards associated with it, is that correct?

Cathy Careen
Yes.

Criss Hochhold
Yes. Okay. Now, you may not remember the exact conversation that you had with your general practitioner—your family doctor—in regards to the vaccine. Specifically, let's say to the COVID-19 vaccine. Can you surmise potentially the conversation that you had with your physician?

Cathy Careen
I grappled with getting this when I knew it was going to possibly be mandated. I wasn't sure what to do. Let me be clear: I really did value my family doctor. I felt I had a really good relationship with her, so I called her just to talk this out with her. In all fairness, she didn't push it on me. But she didn't have—or didn't express—the same kind of concern that she did, for example, when H1N1 happened. It was basically, "Well, this is what we're recommending, and we recommend everyone to get it."

She didn't want to see me lose my job. So, she did agree to write a letter for me—again which I submitted to you as well. Because what happened, so you know— I listened to different sources of information. I've often followed the GBSCIDP.org website.

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They had a whole section for people like myself, who were feeling like survivors. Apparently in December of 2020, Dr. Fauci recommended against the vaccine for people who were— Sorry, survivors of Guillain-Barré syndrome. And this organization actually wrote an open letter to Dr. Fauci asking that he reconsider that. There was a doctor on that website as well. Dr. Peter Donofrio, I believe his name was, was this chairman of the Global Medical Advisory Board. And I watched a video from him where he talked about how miraculous these vaccines were: 95 percent effective, no adverse effects.

So, as time went on, there was a news story that came out, Global News out west, I think it was dated June 17th. It was of a gentleman who had gotten Guillain-Barré syndrome from the vaccine and was seeking compensation. And in that news article, there were, I think, 14 people identified in Canada who were getting Guillain-Barré syndrome as a result of the vaccination.

I followed what was happening in the States. I followed people like Dr. Peter McCullough, who spoke earlier, and Dr. Robert Malone and their concerns. And the more I had those concerns—and, like I said, I had concerns anyway just with vaccination. I've lived my life 15 years without that. When there was outbreaks of anything at school, hand washing essentially is what I did.

So when our premier met with Francois Legault, who— Quebec had already had the mandates. I felt, okay, that's exactly where we're going, and we did. I reached out to my union on September 29th to express my concerns. At no point was I what you'd call angry. I wanted to change the conversation, because I felt like this was just too black and white of an issue.

Not that my concern is any more than anyone else's concern. But I know there had to be people like me, who had similar concerns, whether it was just because it was a new vaccine,

or they had something like blood clot issues, or— and you couldn't even have the conversation.

So my doctor did write a letter for me. But in that same letter she basically confirmed my diagnosis, said that I was advised of the COVID vaccine benefits. And I declined because of the small chance of relapse. And my neurologist told me that relapse— So the average population has a one in 100,000 chance of getting Guillain-Barré syndrome. Mine was now increased significantly because of having it again. It is still rare, don't get me wrong. It's still rare, but it's there. And my neurologist also emphasized the importance of being healthy. I take my health very seriously now. I mean, I suppose I always did on some level, but probably even more so now.

So it's not something I took lightly. And the way I see a vaccine: Why would I stimulate my immune system, which has already shown that it can turn on me on purpose? If I get a cold or pneumonia or something, I mean, I do my best to avoid that. I do my best to avoid getting sick. I take my vitamins, I exercise, I go outside. I wash my hands—

Criss Hochhold
Cathy, I think it sounds like you're taking all the necessary caution that are best for you to make sure that you're as protected as you can be without taking a vaccine. And I hate to interject, but we are running a little bit short on time. I really appreciate your story. I know you have much to tell us, but unfortunately, we have such limited time.

I just have one final question before passing on to the commissioners if they have any. Just briefly: How has this experience affected your financial situation with your family? Because I believe there was an impact there, too.

Cathy Careen
Well, I was put on paid leave. I went through the whole process of my union. I was advised to seek an exemption. That's not what I originally wanted. I wanted to just grieve the process in the beginning because I felt everyone should have a choice. I applied for EI [Employment Insurance]. I was denied. I appealed it. It was denied. On my ROE [Record of Employment], it says that in the little note box I was unvaccinated as for the mandatory policy. I had no source of income. My elderly parents were on standby, ready to sell their house so I wouldn't lose mine.

It put a lot of stress in our house, obviously—me not working. My kids got to see me being stressed.

[00:20:00]

I cried pretty much every day, because it's just a disbelief. I sit home and I was like, "I can't go to work, I'm not allowed to go to work." Even now, I still have trouble processing that.

Criss Hochhold
It is difficult to believe that, even with a medical exemption, your record of employment—which will be in exhibit for you—actually mentions in the comment section, "not vaccinated as per mandatory policy."

Cathy Careen
Thank you. I was going say, I did try all the regular ways to have the conversation. I reached out to my union before the mandates. I reached out to local radio talk show hosts. I reached out to politicians. I wrote an eight-page letter to our premier and I got no response.

Criss Hochhold
Thank you very much, Cathy. I really appreciate your time. Just if there are any questions from the commissioners, please.

No? Okay, there are no questions.

Cathy, once again, thank you very much. I really appreciate your time and I wish I would have more time to listen to more of what you have to say.

Thank you very much.

[00:21:30]

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 5: Shelly Hipson
Full Day 1 Timestamp: 04:42:47–05:37:30
Source URL: https://rumble.com/v2djjsi-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
The Commission is back in sitting, and I'd ask us to come to order, please. Thank you. Next witness is Shelly Hipson. Shelly, I'd ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

Shelly Hipson
I do.

Ches Crosbie
Thank you.

Gayle Karding
Good afternoon, Ms. Hipson. If you could just tell us what brings you here today. What role have you played in this situation?

Shelly Hipson
Over the last two years, I've been interested in finding out the truth from government. In order to do that, there's a process called Freedom of Information. Online you can pay $5 and request any record, and so I became kind of obsessed. I got lots and lots of records, 80 to 100 records, trying to piece this all together.

Gayle Karding
So, just walk us through, very briefly, how you do that and what exactly you can ask for.

Shelly Hipson
You can't ask a question, or you can't ask for analyzed data. You have to ask for a specific record. So, you may ask for a record about vaccines and adverse reactions to the vaccines, hospitalizations. There's the Department of Health and Wellness, and then there's the Nova Scotia Health Authority. The Department underneath that has a Public Health Branch:

that's where Dr. Robert Strang would be working. And then separate from that is the Nova Scotia Health Authority, which is a registered charity. And you're also able to do Freedom of Information requests to both of those entities.

Gayle Karding
You brought hard copies of a selection of your, we'll call them FOIPOPs [requests under *The Freedom of Information & Protection of Privacy Act*], just for ease of reference. I take it these aren't all of them.

Shelly Hipson
Oh, heck no. I've got about four large, huge binders, so I was very kind to you guys. You've got the mini version of some of the highlights, and I hope that it presents enough of the picture of what I've accumulated.

Gayle Karding
Just to be very clear, every single document that we're going to be looking at today, the source is government?

Shelly Hipson
Yes, it's a government document. It's something that's come directly from those departments or the Nova Scotia Health Authority.

Gayle Karding
And specifically, I think, with the exception of maybe one or two pieces of paper, these are all specifically from the Nova Scotia government?

Shelly Hipson
Yes.

Gayle Karding
All right, for ease of reference for you explaining this to us, as well as for the Commissioners, we've divided these FOIPOPs into basically three temporal periods. So, why don't you start with describing what is the first temporal period that we're dealing with, and then you can start walking us through the information that you have received.

Shelly Hipson
What I wanted to start with is a foundation, and that foundation piece is in your binder. It's Nova Scotia Health Authority zero eight two. What that provides us goes back to 2015. So, 2015, 2016, 2017, 2018, 2019, 2020, and 2021. What we're looking at are the ICUs, the total ICUs throughout Nova Scotia. It's a big one like this, if you want to follow.

So the Nova Scotia Health Authority ICUs, and then Aberdeen Hospital, Cape Breton Health Care, Colchester, Cumberland, Dartmouth, QE2, South Shore, St. Margaret's Valley Regional and Yarmouth Regional at the top. This provides us with a scope, a context.

We can see from looking at this, in 2020, if we go down to ICUs and hospitalizations, the total for 2020 was 7,306.

Gayle Karding
Seven thousand, three hundred and six, what?

Shelly Hipson
ICU hospitalizations.

Gayle Karding
Okay.

Shelly Hipson
If we go up to 2015 and look at the total ICUs in that first column, we can see that, in 2020, it was the lowest number of ICUs since 2015, at the 7,306. Other years were 7,906, 8,300.

[00:05:00]

You would have thought maybe a pandemic would have been in 2016, as that was the highest.

2017: 8,014.
2018: 8,005.
2019: 7,708.

And we go down to 7,306 in 2020. And when we add those ICUs together for 2020, the 7,306 – I've just added to July, for example, because I have other documents that go along with that timeline – there were 12,220 ICU's.

Gayle Karding
Tell us where you found the 12,000 number?

Shelly Hipson
It's the 7,306 total for 2020 and then I've added January, February, March, April, May, June, July of 2021. I didn't include August and September because other documents go along just to the end of July. That totals 12,220. So, if we can remember that number, around 12,000 people went into ICU for about a year and a half of the pandemic.

Gayle Karding
So just to be clear, this very large document, essentially what it is: the NSHA-082 was multiple pages, and all you've done is tape them together so that it's visible all at once.

Shelly Hipson
Yes, we can also see in March 2021 that the number of ICU beds went from 121 to 117. So even in a pandemic, they were reducing the number of ICU beds. This happened throughout several hospitals. For example, Cumberland went down two, Cape Breton went down one,

Aberdeen Hospital went down four. So, it's just an interesting observation to me during a pandemic, that there would be a decrease in hospitalizations overall.

Gayle Karding
As well as a decrease in the number of ICU beds available.

Shelly Hipson
Yes. So when somebody says there's four people in hospital it can give us a reference, but there's a lot of beds there. So it's a helpful tool.

Gayle Karding
Okay, and you've put some yellow highlights, at least on my copy. Have you done that on the commissioners' copies?

Shelly Hipson
I sure hope so. That was my intention last night. I'm trying to get them done.

Gayle Karding
So those are not original to the documents, obviously.

Shelly Hipson
No, they're not. Just to help people see what I'm trying to do here: If we turn the page in your document, everybody was hearing and being bombarded with the ICUs and the hospitalizations. I was curious what was really going on, so I did a Freedom of Information request: How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month up to, including July? So, when I did that, this is what I got back, was this one.

Gayle Karding
It's entitled COVID-19 ICU hospitalizations.

Shelly Hipson
And if we want to take a brief look at that, we can glance down again by hospital. And these are just your 10 ICU hospitals. So out of the 10, five of them had no ICU hospitalizations for a year and a half into the pandemic. Aberdeen, Cumberland, South Shore, Regional, St. Martha's, and Yarmouth had no ICU hospitalizations. If we look at the rest of them, they are less than five.

Gayle Karding
With the exception of the QE2. On a couple of occasions.

Shelly Hipson
Yes.

Gayle Karding
Okay, and when you say ICU hospitalizations, this is specifically referring to in the COVID-19 units?

Shelly Hipson
Yes, this is COVID-19 ICU hospitalizations. So when we look at the 12,220 ICUs that happened during that same period on the first sheet that I gave you—there's another little sheet, because I told them that I couldn't add these at the bottom—so there's another one. We can see that Aberdeen had zero, Cape Breton Health Complex had ten, Colchester Regional had nine, Cumberland zero,

[00:10:00]

Dartmouth five, QE2 74, South Shore zero, St. Martha zero, Valley Regional 12, and Yarmouth zero. When I work those out, basing it on the number of ICUs in this first one, they are all less than 1 per cent. So COVID ICU hospitalizations were less than 1 per cent.

Gayle Karding
Okay, what's the next document that you have here?

Shelly Hipson
So that dealt with ICUs. The next one: "Well," I thought, "they're not in ICU, maybe they're all in general admissions." So I did a combination, and that's Freedom of Information NSHA 2021-173. And that's quite a long one. You're probably going to have to stretch it out here.

Gayle Karding
In the next one that I have— Oh, you've got a long one, okay.

Shelly Hipson
Yeah. It should be in the orange in the back. And just to give the audience sort of a visual as well, I've highlighted the yellow, which would be zero hospitalizations and ICUs throughout Nova Scotia.

Gayle Karding
You mean specifically—and I'm looking at this document reading it—you mean specifically COVID hospitalizations?

Shelly Hipson
COVID, ICUs and general hospitalizations. The vast majority, I was quite surprised: There's no one there. It's pretty empty of COVID.

Gayle Karding
It would appear that there's a number of spaces here that are blocked out with a section 20, sub 3, sub A cited.

Shelly Hipson
Yes—anything less than five, they blank them out. They gave me the reason that if it's one person, I may be able to figure who that person is. So it's to protect their privacy. It's interesting they black them out for their privacy.

But anyway. So, that's what that is. They're still all less than five.

Gayle Karding
Okay. Have you provided the document where they provided that explanation in the binder?

Shelly Hipson
Yes, it's one of the Freedom of Information responses.

Gayle Karding
Okay.

Shelly Hipson
I did ask them for an update on this one, and if we turn the page—it's not always easy to get. The update: they wanted to charge me $2,190. So, freedom of information sometimes is not free. They may put stumbling blocks, I feel, in your way to be able to access that information. I just stuck that in.

Gayle Karding
Let's just back up. I want you to explain, or just clarify, that first NSHA 2021-173. What was the period over which you were seeking and obtained this information? Over what period?

Shelly Hipson
That went for the year 2020 and up until October 2021.

Gayle Karding
So, January 2020 to October 2021.

Shelly Hipson
To October 2021, yes.

Gayle Karding
And when you asked for the update, what was the period that you sought in NSHA 2022-047 that was going to cost you $2,000?

Shelly Hipson
I asked for November, December, January, and February, so four months.

Gayle Karding
And that was going to cost $2,000?

Shelly Hipson
Yes.

Gayle Karding
Had they asked for any additional funds in the original NSHA-2021-173 to give you the same information, for the period of a year and ten months?

Shelly Hipson
No.

Gayle Karding
So that will cost you $5.

Shelly Hipson
Yes.

Gayle Karding
What ended up happening to your updated request?

Shelly Hipson
I redid it and I broke it apart. I do have it a little bit further on and it gives us an opportunity to compare what was happening in 2020-2021. Then it shows something kind of significant at the beginning of 2022. I have that more towards the end.

Gayle Karding
Okay. So just to put some of this

[00:15:00]

into our situational context, this long document is related to NSHA 2021-173 and includes all of the COVID hospitalizations and ICU hospitalizations of January 2020 to October 2021. The vaccine began to be rolled out at the end of 2020, December 2020. Does that sound about right?

Shelly Hipson
Mm-hmm.

Gayle Karding
Okay. So far, it would appear, looking at this these numbers, that they seem to remain consistent up until October 2021. Is that fair?

Shelly Hipson
Yes.

Gayle Karding
All right. So, the next FOIPOP that you want to address is what?

Shelly Hipson
It's a comparison of deaths from diseases of the respiratory system from 2019 and comparing it to 2020. We were told there's so many COVID cases. What was really going on with all of the respiratory illnesses? And that is this sheet here.

Gayle Karding
This is 2022-00455-SNSIS, standing for Service Nova Scotia and Internal Services. March 30, 2022?

Shelly Hipson
Correct. We have 2019, and we can see, we'll just scan right down. We've got influenza 42, pneumonia 148, other chronic pulmonary diseases 496, et cetera. It totals 895 total deaths from diseases of the respiratory system. So, 895 in 2019.

In 2020, if we scan down all of those as well—and that includes 66 of COVID-19—there's 827. So, 895 in 2019, 827 in 2020. It actually decreased by 68 during that period.

Gayle Karding
Now, this particular graph, is this one that you produced?

Shelly Hipson
It's one that I produced. The actual documents I've put in your binder. The hard copy data. I've just put them into a graph so that we can compare what happened between the two years.

Gayle Karding
Okay, so you've done, not really an analysis, but you just reorganized the data, pulled the ones that were specifically respiratory, and put it into this graph. But you've provided the actual FOIPOP where you sought records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022, as of March 30th. Records showing a breakdown with totals of causes of death for 2019, 2020, and 2021. What you were provided had a lot of other causes of death as well.

Shelly Hipson
That's right.

Gayle Karding
Okay. And you've highlighted for the commissioners which ones you've used to put into your graph. If they wish to double check your work, or confirm those numbers, they can do that.

Shelly Hipson
That's right.

Gayle Karding
Okay. And so, this is a comparison of 2019, which is pre-pandemic and the first year of the pandemic which was 2020.

Shelly Hipson
That's right. I asked for 2021, but it was incomplete, so I wasn't able to use that data.

Gayle Karding
All right, would you like to move on to the next?

Shelly Hipson
So, we are at 2021-015-75HEA. The important thing here, I feel, if we just turn to the second page; it's page one, just after the FOIPOP. I highlighted in your binders a deceased case. And I'm just going to read that out to you, because it is quite concerning to me that this would be the definition.

Gayle Karding
Let me just back up for everybody's benefit. We're talking about a FOIPOP request made on December 15th, 2021. Is that when the response comes?

Shelly Hipson
That's the response. I made it on August 19th, 2021.

[00:20:00]

Gayle Karding
Okay, and this is what you had sought from the government. You had sought the definition of a COVID-19 case, and a couple of definitions, including how they define a deceased case, and so on.

Shelly Hipson
Exactly, yes. So, a deceased case, that's on page one: "A probable, or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause of death identified such as, example, trauma, poisoning, drug overdose."

I'm going to read it again. "A deceased case: a probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause

of death"—trauma, poisoning, or drug overdose. "A medical officer of health, relevant public health authority, a coroner, may use their discretion when determining if a death was due to COVID-19. Their judgment will supersede the above-mentioned criteria. A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor."

So, a COVID-19 death may be attributed, or is the cause of death: the public health authority or coroner may use their discretion and it can be from a clinically compatible illness.

Gayle Karding
Okay.

Shelly Hipson
Page 4, Table 2, COVID-19 cases. It's just interesting to note that out of a total of 5,884 confirmed cases, one quarter of them were asymptomatic. In Table 3, number of deaths of asymptomatic people are zero. I started to question the whole testing of asymptomatic people. So it's interesting how many had no symptoms.

If you don't have any questions there, I'm going to go right to the next—

Gayle Karding
Okay, I don't believe that I do. This particular FOIPOP covers March—or the graphs cover—it would appear, March 2020 to August 2021.

Shelly Hipson
Right.

Gayle Karding
Okay. And these graphs, just to clarify, because some of these graphs you've made— These graphs are ones that were included in the response as they appear from the government.

Shelly Hipson
Yes.

Gayle Karding
Okay.

Shelly Hipson
So the next Freedom of Information is Nova Scotia Health Authority 2021-185. And what I asked for was, "any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia." The response is: "We have conducted a thorough search of our records, but we were not able to find any records responsive to your request. We are now closing the file."

Gayle Karding
Okay, and that was on December 7th, 2021.

Shelly Hipson
Mm-hmm.

Gayle Karding
So that one seems to speak for itself.

Shelly Hipson
Yeah.

Gayle Karding
Okay, the next document is a graph. And I take it that this is one that you produced right?

Shelly Hipson
Yes, it is.

Gayle Karding
And just to highlight for the commissioners, the sources of your information of the numbers that you've put in here are entered in the middle there where it says FOIPOP, and it provides a number. Is that right?

Shelly Hipson
Yes.

Gayle Karding
Okay. And then the percentages are something that you did.

Shelly Hipson
That's my calculations.

Gayle Karding
Based on the numbers that are in the documents cited here.

Shelly Hipson
That's right.

Gayle Karding
Okay, so can you just very quickly walk us through what this is?

Shelly Hipson
Okay, so I just wanted to put it in context. The population of Nova Scotia is just over a million people. In 2020, there were 238,474 tests done. And in 2021, 1,347,912. That's totaling just over 1,500,000 tests that were completed. Comparing that to our population,

[00:25:00]

that's a substantial number of tests. Of course, there could be people that are retesting, but that's a lot of tests. The negative tests were 1,564,648. So out of all of those total tests for two years, 20,446 were positive.

The number of people that died was 114. We know of those 114 in that first year, at least that 53 of them died at Northwood, a long-term care facility. Those are my percentages, so I'm just going to skip over those. The number of people that die in Nova Scotia: it's approximately 10,000 people a year. So, 20,000 people died in those two years, and 114 of them were from COVID.

Gayle Karding
Attributed to COVID.

Shelly Hipson
Attributed to COVID, yes. It's a very low percentage, which leads me into the next Freedom of Information response, which would be about the comorbidities. A hundred and fourteen people died. At least 53 of them were in long-term care. So, I wanted to know what else was going on? Why did they die? In order for me to stay healthy and my grandmother to stay healthy.

So the next one was Freedom of Information 2021-01142. I asked for the comorbidity data that the people had who died with or from COVID-19, including ages, sex, any information, or studies that has been gathered on those who have died with COVID-19 in Nova Scotia.

And the next one is this. And we can see in Table 1, that 86.7 per cent of them were 65 years and older. Only 13.3 per cent of them were under the age of 65. Down in Table 3, we can see that cancers were 6.7 per cent, cardiac disorders were 60 per cent, chronic renal disease was 11.1 per cent, diabetes was 21.1 per cent, immunocompromised conditions were 5.6 per cent, neurological conditions were 54.4 per cent, and pulmonary disorders were 18.9 per cent. And most of them were in long-term care. So just to add context to that.

Gayle Karding
Okay, I think now we're moving into the next temporal phase, where we're talking about after the rollout of the vaccine. We do need to pick up our pace a little bit to make sure that we get everything in. So, let's introduce your documents and the commissioners would be able to mostly consider the documents themselves. What's the first one you're speaking to—2021-01590-HEA?

Shelly Hipson
That's one of the first ones that I did that I learned about the adverse events following immunization. I'm going to leave that for them to read, due to time.

I'm going to skip to 2022-01349. And in that Freedom of Information request, made on August 29, 2022, I asked for correspondence, reports, documents given to, sent to, reported to, received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long-term care, nursing homes administration, on the topic of COVID-19 vaccine adverse events, side effects, and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporarily associated with the vaccine that have not been clearly attributed to other causes, that Dr. Robert Strang has in his possession.

Page one, Dr. Robert Strang is sending out references for communication. We saw how, across Canada, the chief medical officers seemed to parrot a lot of lines. I can understand that now because it was included in this particular Freedom of Information response. We see Dr. Bonnie Henry, Dr. Dina Hinshaw, Dr. Teresa Tam all being included in this.

Gayle Karding
Okay and this one refers to media lines.

[00:30:00]

Shelly Hipson
Yes.

Gayle Karding
So, they're indicating how people should discuss this in the media.

Shelly Hipson
With the public. Yes.

Gayle Karding
Is there anything to highlight there in particular, or just that they all have the same media lines distributed to them?

Shelly Hipson
On page 5, January 21st, 2021. That's only about a month after the rollout. Question 3, "Can vaccinated people spread the virus to others?" "There is limited evidence on whether someone who received the vaccine is still able to spread the virus." So here we were told that it was safe and effective, but that clearly states that there is limited evidence on whether someone who received the vaccine is still able to spread the virus.

"Everyone must continue following public health measures regardless of vaccination with COVID-19 vaccines to protect themselves, their loved ones, as well as people and communities at risk of more severe disease and outcomes of COVID-19."

Page 13 are emails to and from Robert Strang and their medical officers. The first one is: "Hi Rob. In case you receive any queries, I'm looking into an adverse event following immunization following the death of a resident vaccinated in long-term care. A female received a Moderna COVID-19 vaccine and died."

So that's one, and I'm just going to flip through them. Another one: "Hi everyone. Please be aware of an adverse event following immunization reported today and confirmed"—and I'm not even going to try to pronounce that word—

Gayle Karding
Encephalopathy.

Shelly Hipson
Thank you. "Develop neurological symptoms." Another one, a serious adverse event, vaccine-induced immune thrombotic thrombocytopenia.

Gayle Karding
Is that on page 16?

Shelly Hipson
That's on page 16, yes. So, with that one they choose to notify the Premier's office. There are people that have adverse reactions, including swollen, tingly lips, closure of the throat, and they are still recommended to proceed with their second dose of the vaccine.

Gayle Karding
Can you cite page 19?

Shelly Hipson
Sorry page 19. On page 24, it's just interesting: "Some adverse events are identified during the clinical trial process. However, new issues can arise once a health product is on the market because it is being used by a much larger number of people." Very much larger.

Page 27, again. Just itchiness and swollen throat after a Pfizer shot. Shelley McNeil is going to assess this situation. And this is after the second dose actually. And they— Of course, I mean, they were allergic to the first one. No big surprise. Immediately experienced headache, itchiness, flush. So the second one, the same type of reaction.

Page 29. "Some unusual adverse events following immunization came in today. Stroke, thrombotic events, thrombocythemia alone, thrombosis, thrombocytopenia."

They knew—this was in the first few months—that people were having these adverse reactions to the vaccine.

Gayle Karding
I guess I should have been asking you for dates. That most recent one that you just cited where there's stroke, thrombotic events, pulmonary embolism: that was April 15th, 2021, for example.

Shelly Hipson
Yes.

Gayle Karding
And the earliest one that you cited was January 24th, 2021?

Shelly Hipson
Um-hmm.

Gayle Karding
So those are all between those dates.

Shelly Hipson
Yeah.

Gayle Karding
Okay, so let's move on to the next set.

Shelly Hipson
Zero-two-one-two-four. I asked the same thing—

Gayle Karding
This is for a different time period, I take it.

Shelly Hipson
A different time period. I had to break that one down because I couldn't get it all at once. They were going to charge me some money, so I broke it up. Page one at the bottom: we can see allergic reactions, anaphylaxis to one, two, three, four, five, six, seven—continuing on page two—eight people.

[00:35:00]

Neurological reaction. Female receives a Pfizer, excuse me, vaccine and has a seizure.

If we scan down, some of those are pericarditis, hyperthyroidism, rashes, pulmonary embolisms.

A male receives a Moderna shot, rash toes then serious and hospitalized. A male gets Pfizer and has a cardiac arrhythmia, thrombotic stroke, pericarditis, ischemic stroke, ischemic stroke, hemorrhagic stroke.

Gayle Karding
I'm just going to stop you. So what's interesting about this set is that at this point in June of 2021, they're now breaking down their emails to Dr. Strang into five-day increments.

Shelly Hipson
Yes.

Gayle Karding
This particular email is addressing June 7th to 11th, of 2021. They've got eight allergic reactions. They've got one neurological reaction, eight that they consider non-serious—but it includes a pulmonary embolism as well as a vitreous detachment and pericarditis. And then they've got six serious hospitalized, which you've just read to us there. A couple of ischemic strokes, hemorrhagic strokes, pericarditis, thrombotic stroke, and so on, and a death, which appears was due to pulmonary embolism. That's all in a five-day period?

Shelly Hipson
Yes.

Gayle Karding
And Dr. Strang's response was: "Will be interesting. So do we have serology for specific cases?"

Gayle Karding
He responded to that, indicating that he had seen it.

Shelly Hipson
Yes.

Gayle Karding
Okay. So then moving on very quickly through the next—

Shelly Hipson
It's the same sort of thing: anaphylaxis, allergies, pericarditis.

Gayle Karding
This is June 14th to 18th?

Shelly Hipson
Yes, June 14th to the 18th. Seizures, ischemic stroke. Again, pericarditis. Another pulmonary embolism. Even things like colitis and allergies. Another pulmonary embolism. So that's that date. And it just keeps going. He was receiving these emails knowing that people were being seriously injured and dying and having strokes. Yet it was being told to us that it was safe and effective. Page five, he has the word "concerning."

Gayle Karding
So just to back up. The response to the June 14th to 18th email: that email was sent on June 18th at 6:14 p.m. And at the top of the page at 8:17 p.m. What was Dr. Strang's response on the top of page 3?

Shelly Hipson
"So we would have to acknowledge a single case, but with few details due to privacy."

Gayle Karding
Okay. And then on that particular date, they were reporting six allergic reactions. Five they considered non-serious, but including pericarditis, tachycardia; five serious, hospitalized, including a bilateral pulmonary embolism, seizure and stroke in the same person. And on that particular date, no deaths were reported.

Shelly Hipson
Right.

Gayle Karding
And then on the next page, page five, that report covered— Well, it's in a slightly different format. But on July 12th, Noella sends an email to Dr. Whynot. "We have several myocarditis, pericarditis reports that we received today. This is the first one." And following the email thread up, what was Dr. Strang's response on page five?

Shelly Hipson
Just, "Concerning."

Gayle Karding
This is all in June and July of 2021. And the mandate and the vax pass were brought in in the fall of 2021.

Shelly Hipson
That's right.

Gayle Karding
There's several more pages of this. But, as interesting as it all is, I think we should fast-forward. And we will make electronic copies of these available to the commissioners. I'll speak to whoever might be able to put them on the web as well. What's the next one? You've got two or three minutes.

Shelly Hipson
Okay. I just want to highlight in 2022-1408, that they are not counting any of the deaths after 30 days. We can see sort of a criteria

[00:40:00]

that they have to follow. The criteria are very tight: localized events, seven days; allergic events, 48 hours; neurological events, 56 days. What I've noticed in the reply to my Freedom of Information request is that there are no adverse events being recorded after one month. So I don't know what people are seeing in their community, but I certainly have concerns of what's happening in mine. And it may take a little bit longer for blood clots to manifest into death. And they are not recording anything after one month.

Gayle Karding
Okay. I don't know how you feel about making the last one that we discuss, the comparison of the more recent hospitalizations for COVID? I think that's the one in your red folder at the back, but I'm not—

Shelly Hipson
I think it is, yeah. 161.

Gayle Karding
Yes. NSHA 2022-161.

Shelly Hipson
So, if we pull out that— We've gone from basically zeros. Did I did write on my copy, did I write it on your copy?

Gayle Karding
Probably. I've got lots of notes.

Gayle Karding
Five thousand, nine hundred, seventy-two.

Shelly Hipson
Five thousand, nine hundred and seventy-two general admissions for COVID.

Gayle Karding
Over what period?

Shelly Hipson
From—it's just January to October 2022. So, we've gone from nothing, zeros, to a substantial increase to general hospitalizations that are happening.

Gayle Karding
Specifically for COVID.

Shelly Hipson
Specifically for COVID.

Gayle Karding
As attributed by the government.

Shelly Hipson
Yes.

Gayle Karding
Are there any other ones, any last thing you want to include in there before we close?

Shelly Hipson
The exemptions, I just wanted to touch on that. The Public Service Commission did the exemptions for their government employees: 76 people applied for an exemption; 67 of those were declined. And I was quite surprised that the criteria for the exemption came from the Nova Scotia Public Service Commission and the Nova Scotia Department of Justice. They were the ones that created the exemptions for people, which was very hard to get an exemption.

The other thing that I just want to mention briefly is in the Adverse Events Following Immunization for the year 2022. On page 4, at the bottom, "a category of adverse events following immunization labeled other serious or unexpected events are not shown but are relatively frequent. These primarily include reoccurring conditions, gout, and cancer."

They have actually acknowledged reoccurring cancer in a government document—in January 2022.

Which just leads me to Statistics Canada saying that the third week of January 2022 was the deadliest week in Canada since the pandemic began, with 27 per cent more deaths than would be expected. Recently we've had an article in the CBC: "Nova Scotia tight-lipped about the spike in deaths. Unexpected high numbers of people are dying in an untimely fashion."

Gayle Karding
Thank you very much.

Shelly Hipson
Thank you.

Commissioner DiGregorio
Don't go away yet, I have a question.

Gayle Karding
Oh, sorry, questions. Ms. Hipson, the commissioners may have questions.

Shelly Hipson
Yes, sorry.

Commissioner DiGregorio
Is this on? Can you hear me? Oh, there we go. Thank you for that. I have a couple of questions around the Freedom of Information process. Did you experience any issues in having your requests granted?

Shelly Hipson
It's been unreal. I had to be so determined and patient. There were so many stumbling blocks. I would apply and they'd extend it for another 30 days. And then they'd say, "Oh, you know, 30 days, the extension, that's 60 days.

[00:45:00]

Then it's going to cost you—this is one FOIPOP—it's going to cost you $540." It was an important one, so a few of us chipped in on it. And even when I paid the $540, they did not grant me the information. So it's been unreal, yes.

Commissioner DiGregorio
And how do you think they could improve that process?

Shelly Hipson
That's a great question. Freedom of Information is not free. Ontario, I believe under their act, it's more so than here in Nova Scotia. They have the liberty to put it as a stumbling block in your way. So, I would like to see it. If it's true, Ontario can't do that. So, I would like to see it. It's our information. They are our public employees. None of this I should have had to go through Freedom of Information requests. It should have been given to us. And then we wouldn't have been scared.

Commissioner Massie
I have a couple of questions. I'll start with a medical one, maybe it's out of your expertise. I noticed that many of the cases reported were sort of anaphylactic shock. Are you aware whether they make any distinction between anaphylactic to some drug or septic shock? Because septic shock can actually be induced by LPS, that have been shown recently to be a fairly present contaminant in the mRNA preparation.

Shelly Hipson
Yeah. Sadly, that is beyond my scope.

Commissioner Massie
They haven't made the distinction?

Shelly Hipson
No, I've never seen it in my information.

Commissioner Massie
My other question is— This is a very thorough work you've done. Your dedication is impressive. If you would now synthesize the message that you can gather from all of the data from the government site and contrast that with the message on the government site, what would be your appreciation?

Shelly Hipson
I think what I'm hearing you say is: Compare what I know and what they've told us from this?

I think it's sad that they didn't provide the context and they created so much fear. With the fear, people went out and got vaccinated for something that, based on my numbers, has a 99.5 per cent recovery. That troubles me: that we have those types of people that would do that to us in our government. It troubles me to see that nobody was in ICU and yet in the media line, it felt like we were just being totally overwhelmed, that the hospitals were overwhelmed, the schools were, you know.

In my mind, I cannot fathom why anybody would want to do that to people. It troubles me that that's who we have in leadership positions.

Commissioner Massie
Maybe one last question. The pandemic is a global event, so you would expect that you would have similar numbers across provinces in Canada or the States or other countries. When I look at the numbers you have compiled for Nova Scotia, by and large, that seems to be fairly low compared to what we've seen from other places. Do you think that there's something special about the people in Nova Scotia or the way the pandemic has been running in the province?

Shelly Hipson
With media lines that they used across the country, I bet if you went to every province and did exactly what I did, you'd be quite surprised. I feel that it would expose the truth. I do feel that we've been bamboozled into thinking that something was really deadly. And I don't think that happened.

I think it was like when you look at even the deceased case, and it can be probable and from a clinically compatible illness—

[00:50:00]

I mean, to a coronavirus? And they're including that in a count. It's pretty easy to get those numbers up, right? People in long-term care, sadly, when they die, they do fill up with mucus. To swab that? Okay, you've got the symptoms of COVID.

And here in Nova Scotia, 83 is the median age of somebody dying of COVID-19 in the province. The life expectancy in Nova Scotia is 80.

Thank you for your questions.

Commissioner Massie
Thank you.

Commissioner Drysdale
You talked a fair bit about ICU beds in the province. I have a couple of questions. One is: Did you also ask about the ICU bed staffing? Because it's one thing to say you have a bed and it's another thing to have a staffed bed.

Shelly Hipson
That's a great question. And I did. I asked for the number of beds that were staffed over the last two or three—2019, 2020, and I believe it's for 2021. And there are around 3,100 staffed beds. And I didn't see a decrease. Now, that might be happening in 2022.

I did do another Freedom of Information asking how many people were no longer working or who were out on COVID. And that seems to be growing. So yes, that's a great question.

Commissioner Drysdale
My next question again has to do with ICU beds. I thought I heard that you were looking at stats prior to 2019, and so my question is: Did you look at ICU bed numbers in the province, say from four or five years ago, and then try to see what the trend was? Whether the ICU beds in the province prior to the pandemic were increasing or decreasing or staying the same?

Shelly Hipson
That's what this beauty chart is here, the first one. As far as the beds are concerned, they're staying about the same. As far as the ICUs, hospitalizations particularly with COVID: I think they could be seeing a bit of a problem. There is another fold in there with the ICU beds and it looks to me like they've tripled for COVID ICUs.

Commissioner Drysdale
One last question because I know we are short on time. This is more or less based on the testimony we had earlier from Dr. Phillips. You talked about a number of adverse reactions, and you did a FOIA request on that. Do you have any information as to how many of those adverse reactions were actually reported into the CAEFISS system?

Shelly Hipson
No, not into that system. I don't. I see where I've done Freedom of Information requests and I'm seeing a change in those numbers. They're decreasing, they're not increasing. So, I do question how much cleaning of the data they may be doing. I don't think they're all getting in there. And when I start to see the emails and the number of strokes and things that are happening and then I see the serious adverse events, the number should be much higher. There's something going on there in my opinion.

Commissioner Drysdale
Thank you.

Commissioner Kaikkonen
Thank you for your presentation. I just have one quick question. Given that the chief medical officers across the country had the same messaging for communications to the populace, I'm just wondering why there were different mandates and measures put in place from Nova Scotia to other provinces within Canada? Did any of the Freedom of Information requests actually give any evidence as to why that would be happening?

Thank you.

Shelly Hipson
No, the media lines that I received were primarily dealing with reactions to the vaccine. So, they were specific to that.

Commissioner Kaikkonen
Thank you.

Shelly Hipson
You're welcome.

Gayle Karding
Okay, thank you, Ms. Hipson.

[00:54:56]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 6: Dr. Stephen Bate
Full Day 1 Timestamp: 05:39:00–06:01:27
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
Dr. Bate, thank you for appearing here. I'm going to ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

Dr. Stephen Bate
I do.

Gayle Karding
Thank you. Good afternoon, Dr. Bate.

Dr. Stephen Bate
Good afternoon.

Gayle Karding
I'm one of the Atlantic Council on the NCI team. Can you just very briefly walk us through your credentials?

Dr. Stephen Bate
Okay, I'm a retired dentist graduated with a Bachelor of Science in Chemistry from the University of Western Ontario in 1986 and in dentistry, Doctor of Dental Surgery, in 1991. I practiced privately in Concord, Ontario from 1991 to 2013. I've since retired due to injuries in my shoulders and have moved to Newfoundland in 2017.

Gayle Karding
And I understand that your university education was heavily weighted in the math direction, is that right?

Dr. Stephen Bate
Yes, in fact I didn't pursue a degree in mathematics—but I took all of my elective courses, while pursuing a BSc in chemistry, in math and physics.

Gayle Karding
And you have a special interest in statistics and data analysis.

Dr. Stephen Bate
I do, yes. I've got a keen interest in it.

Gayle Karding
Do you apply that interest in a number of areas?

Dr. Stephen Bate
Yes, for many years, I was doing stock analyses personally and I have always been interested in sports analysis. But the last few years since the breakthrough cases, when they occurred, it piqued my curiosity. Because being in the medical field, I always believed that vaccines would stop transmission to a great degree—if not some degree. But when I started hearing about breakthrough cases, I did send an email to our health officer Dr. John Hage outlining my concerns. I knew people were saying, "Why am I getting this disease? I got vaccinated."

I received a response basically saying that the government was tracking breakthrough cases. They weren't going to be producing any evidence or any numbers for the population, but national surveillance was being done. Which kind of shocked me.

Gayle Karding
You had an opportunity to apply your math skills and data analysis skills to two discrete areas that we want to talk about today. The first being the Pfizer document, the document released by Pfizer— or I suppose, more accurately released by the Department of the FDA [Food and Drug Administration]— after that order by the judge in January 2022. Is that right?

Dr. Stephen Bate
Correct.

Gayle Karding
What is that document? I think we have a copy to put up.

Dr. Stephen Bate
Yeah, it's the adverse events that Dr. McCullough referenced earlier. I pulled this up last year and looked at it. And was rather shocked, to say the least, that a lot of it was redacted at the time. It got re-released a month later.

When I went to look at it again, I couldn't find it, because it was originally released to March 1st, then they moved it to April 1st. So it got harder to find. But when I did this, what I discovered was that there were about 42,000 participants in their clinical trials. They were monitored from December 14th to the end of February of—I guess—2019 to 2020. And 42,086 had side effects, numbering nearly 160,000 side effects. The average person had almost four.

They reported that out of the 42,000 individuals that Dr. McCullough referenced, 1,223 resulted in fatal results; 9,400 of the outcomes were unknown. Which is astonishing.

Gayle Karding
Well, what does that mean, "unknown?" Or what would you think that means?

Dr. Stephen Bate
Well, they didn't report. And then my personal understanding is people that die don't report. I can't say they all died but, how they got lost in the system, I don't know.

Further to that point, if I can just move to the next slide: this is in the same report. They spoke of the pregnancies that were involved, the mothers they followed. There were 270 pregnancies. In the end, they only were able to— Two hundred and thirty-eight they did not follow, they got lost. Thirty-two they followed. Only one had a normal outcome of a live birth.

I'll move on. Further in this report, they categorized by physiological—what was the cause, basically. They broke them down into cardiovascular, neurological, all the different possible categories of this. And just to show you one here for cardiovascular: they state in the relevant event outcomes. Fatal was 136. And the conclusion, which is too small for me to read here, but I believe it says, "The cumulative data indicates no safety concerns.

[00:05:00]

And surveillance will continue."

Gayle Karding
That's at the bottom of that slide there. Let's just review here. "Conclusion: this cumulative case review does not raise new safety concerns, surveillance will continue."

Dr. Stephen Bate
Correct. And just to illustrate that that was not an isolated incident, the very next one is people that got COVID either through transmission or possibly from the vaccines, the same thing happened here: 136 fatal conclusions. "This cumulative case review does not raise new safety issues. Surveillance will continue."

So that's Pfizer's own data that they tried to hide for 75 years. I think I know why.

Gayle Karding
When you say tried to hide for 75 years, can you just tell us what you mean by that?

Dr. Stephen Bate
Well, they were asked to report and give their data, and they refused to. There was a doctor in the States who—I can't think of his name offhand—but he had to spend a lot of time and money to go to the Supreme Court in various jurisdictions to get a judge to finally say, "Yes, you need to release that data."

Gayle Karding
Okay. What's the next page that we're looking at here?

Dr. Stephen Bate
We're looking now at Canada.

Gayle Karding
So sorry—we're moving on from the Pfizer trial.

Dr. Stephen Bate
I'm just looking at safety issues here in Canada. So that's just from the manufacturer. In Canada, it was reported January 8th of 2021, so it was the second week of reporting. This is what they reported: that there had been 10 serious adverse events reported and 338,423 doses administered, for an overall incidence of 0.003 per cent who were serious.

And now I move to the next one. As time went on, they made provisions to update the data. As more events occurred, they could re-establish what the numbers were from previous reports. Down the road, this would be December 9th, 2022: that very week they'd reported previously suddenly had 31 serious outcomes and 256,000 doses were no longer in arms. They only had 82,500 doses administered.

Gayle Karding
So sorry, what is the contrast you are pointing out here?

Dr. Stephen Bate
Well, basically, they— After a year and 44 weeks, they decided to then update the data. They'd been doing it progressively throughout the time. But at that point in time, the number of serious adverse events tripled, and the number of doses that they claimed were given went down by a factor of four. So tripled the serious adverse events, one-quarter the number of doses given; 12-fold increase in the serious adverse events were actually observed early on in the vaccination program.

Gayle Karding
And where did you obtain this data?

Dr. Stephen Bate
This is all from healthinfobasecanda.ca. You look for vaccination safety data, it's all there.

Gayle Karding
Is this still there?

Dr. Stephen Bate
I'm not sure. I actually got this from a third party who sent this to me. I had some of this data and she sent this to me in an email just a few days ago, so I'm not 100 per cent sure.

Gayle Karding
Whether it is still accessible.

Dr. Stephen Bate
I'm not sure. I think it is, but again, it gets changed all the time.

So really noteworthy, if I can just move on to the next here, is: this is a slide showing— The numbers in pink and the yellow outline are what the data was for these first six reports of 2021. And the ones that are just in the purple are what they had reported. So you can see that there's— The 338,000 original doses and 10 adverse events became 31 and 82,000. As time goes on, the doses became more true or accurate. But you can see even in May of 2021, where they had originally reported 1,262 serious adverse events, it was actually 2,234 now being attributed to that time frame.

Gayle Karding
What, if anything, do you make of that?

Dr. Stephen Bate
If I could just continue, there's an explanation forthwith. So basically, back early on—this is April 15th, 2022—as the numbers started climbing, they had 128 Guillain-Barré syndrome attributed side effects, and myocarditis/pericarditis were 2,044. And this again is from a third party. I didn't write the red things in here, so you can try to ignore those.

Then in May of 2022 they reclassified these based on the Brighton Collaboration Index. And they grade these things in different levels—1 to 4. Suddenly they have two classifications for each of these. And then they decided later on in May to go back to 1, and they dismissed 120 Guillain-Barré syndromes. And a thousand myocarditis/pericarditis were then no longer attributed to this. So I believe, as they went back and increased the numbers

[00:10:00]

from the previous ones that were not reported, they then removed these, so that the total numbers continually went up just a little bit week to week.

A bit of sleight of hand, I'd say.

I'm going to move on to effectiveness now. I just want to go through a series of these just to show these are screenshots that I took from the same healthinfobase.canada.ca. You may be familiar with these. They used to categorize these as such: unvaccinated cases not yet protected, partially vaccinated, fully vaccinated, and fully vaccinated with additional dose.

I've got this from May 8th, 2022. I then got June 5th, 2022. July 3rd, July 31st, August 28th, and September 25th. Now, in each of these publications—

Gayle Karding
Sorry, are we going to go back and look at those and you're going to walk us through those charts?

Dr. Stephen Bate
I've got all the data on this hand thing I did, right? So those numbers are all here, but I'm going to summarize them shortly. For instance, May 9th to June 5th, unvaccinated cases were four times more likely to be hospitalized, five times more likely to die from their illness—which I would only assume would be per case, based on a per centage of cases—compared to fully vaccinated cases. During the same four-week period, unvaccinated cases were four times more likely to be hospitalized, six times more likely to die from their illness compared to cases fully vaccinated with one or more additional doses.

I'm just going to go quickly through these. They're the same; there's five of these. And again, these are only here because I screenshotted them. That data is no longer there. There's a few of them that are there but if you go back, they only go back to April of 2022. And half of the dates, if not more, have no data whatsoever. In fact, if you go back to the very first one, I think it's April 10th or something, if you click on that one, it has the September 25th—in the future—data on it! It's absolutely nonsensical.

But I'd really like to highlight one here. It's August 1st to August 28th. These are some pretty big numbers. They claim that unvaccinated cases were five times more likely to be hospitalized and seven times more likely to die from their illness compared to cases with a completed primary vaccine series. During the same four-week period, unvaccinated cases were seven times more likely to be hospitalized, and eight times more likely to die from their illness compared to cases with a completed primary vaccine series and one or more additional doses.

So I did this. This is my work. I'm old school. My dad taught me early in my life that if I wanted to remember things, you write it down. You don't just look at a screen or type it in. It doesn't stay. I've been doing for a couple years now. I've got five books of this graph paper that I've been doing analysis of various things COVID-related on. This is a summary of those numbers for everything that I showed you there. Hospitalization rates are given and death rates for the periods. I really want to isolate on this August data. And the last three reports are very, I'd say, very damning to the vaccinated. I'm going to look at death rates individually here. For July 3rd to 31st, the death rate in the unvaccinated was 1.09 **per cent. In the fully vaccinated plus one dose, it was 0.94. With two doses, it was 1.95. For those with any vaccinations whatsoever, fully vaccinated—they stopped doing the partial ones—1.23 per cent.**

So now, in August, these numbers become a little more scary. The unvaccinated is: 1.36 per cent of cases resulted in death. The fully vaccinated with boosters: 1.90. They claimed that you're eight times more likely to die if you're unvaccinated from your case than if you'd had a booster dose or more. And in fact, those people were dying at about a 40 per cent higher rate. Not lower by eight factors, higher by 40 per cent. And the same holds true in the September data as well.

I just want to point out quickly—I do believe I have it here. This is the World Odometer, yesterday's data. I believe the number of deaths attributed in Canada so far is 51,000 some-odd, out of slightly over 4 million cases reported, for an overall mortality rate of 1.12 per cent. So 1.12 per cent. If we look at the fully vaccinated with one or more doses and two or more doses, those numbers for the last two months are basically double what they've been for the entire duration of the pandemic, with a less mortality variant in play, apparently. These are rates, not numbers.

So how is it that twice as many people that are diagnosed are dying than throughout the entire pandemic? That is what I can't quite comprehend.

Gayle Karding
Okay, does that conclude your prepared statements?

Dr. Stephen Bate
Not quite, no.

[00:15:00]

I just want to point this out as well. So these are basically the same things I looked at: What they claimed the percentage, or the factor of hospitalization and deaths were compared to what the actual numbers that they published in the same report actually were. And you can see from the bottom three here: basically, hospitalization rates were lower in the unvaccinated. The death rates in particular were much lower in the unvaccinated population than those receiving fully vaccinated, plus one or plus two booster doses.

Further to this, I want to talk a little bit about the vaccination coverage that's been reported. And this is the most up to date. This is from Canada.ca. And I just want to look at the one here saying, "total population that has received at least one dose," is stated at 80.7 per cent. And then if we go to the same place you go to access this, you click on a different button. You can get the health info-based number and this one says at least one dose, 83.4 per cent.

And that is a 3 per cent of the population difference. It's the same people doing the data, I believe. Somehow, they report two different numbers. It boggles my mind a little bit, to quote John Campbell on that. But I do find that astonishing, that the same people report different numbers from the same webpage.

And I just want to quickly point out from the previous speaker—and I thank her for her **diligent work. I think it's noteworthy, when we look at respiratory illnesses that result in all these problems and lockdowns and mandates and so forth, if we look historically— And this is hard to find, I looked it up just a couple months ago, and I thought last night, because I'm a fast talker I might be able to slip this in too, but I looked at data for the influenza virus. And in the USA in 2019-2020, there were 36 million cases confirmed. And in the 2020-2021 flu season, there's no data. They said it was too little to find. And I did find one reference and the number was 1,675. This represents a 99.995 per cent reduction in influenza cases confirmed in the United States. Infer what you will. In Canada those numbers went from 55,379 to 69 the following year.**

Say what you like, it seems something may have got renamed. But at the end of the day, there were more COVID cases reported than flu cases previously. So how did that happen?

I'd like to point out one thing— With my bit of a mathematical mind, I looked into the cycle thresholds that were being run on PCR tests in Newfoundland and Labrador, where I'm from. They're running at 45. Now, I know Dr. Carey Mullis, who developed the PCR test, stated that anything above about 26 cycle thresholds was meaningless because there's too many false positives.

To put into perspective: I did a little math. And if you have a loonie in your hand, your loonie is worth one dollar. And if you ran that at 45 cycle thresholds—which is to multiply it by two 45 times; it's an effort of magnification—it comes out to over 31 trillion dollars. To put that into a more visual perspective, that one loonie weighs seven grams.

If you took seven grams and multiplied that by 245 times, you'd have the mass of enough Titanics to lay end-to-end for 1,200 kilometers.

So if you want to bump up some numbers, run 45 cycle thresholds. No problem. Done.

There's one more comment I'd like to make. In Newfoundland and Labrador, they've been doing pie charts. They've stopped. Everyone I've talked to pointed out their discrepancies. They have ceased to report vaccination status data. But in Newfoundland and Labrador, all told, I think we've had 300 or 400 deaths. I haven't looked at it recently. They haven't reported it recently, so I don't know. But I know that between May 11th and June 8th of 2022, there were 11 deaths reported. And they used to do daily updates and say how many cases were from which area, which age groups, and so forth. They noted in that release on June 8th of 2022 that, of the 11 deaths, very sadly and tragically, one had occurred—our first death in the under 20 age group. And at the same time, another one was reported in the 30 to 39 age group.

[00:20:00]

And to this date, they are still the only two under the age of 40. All 11 deaths that week were fully vaccinated. So not a single unvaccinated person under the age of 40 has died in Newfoundland and Labrador attributed to COVID during the entire pandemic.

Gayle Karding
Thank you very much for your presentation, Dr. Bate. I'll defer to the commissioners for questions.

Commissioner Massie
Thank you for your presentation. I've seen some analysis of the government website in terms of the number they were coming up with respect to the likelihood of getting hospitalized or dying.

I'd like you to comment on what kind of data representation you could actually come up with in order to generate these kinds of conclusions, given that the numbers you've calculated are completely different.

Dr. Stephen Bate
Well, it's speculation. I don't want to say they're lying necessarily, but it seems to be a form of coercion that, "If you don't get the vaccine, you're probably going to die." We've seen it through the media throughout—especially in the States. You know, "If you don't get it, it's

going to be a painful, terrible winter," and all this sort of thing. I also know personally that in Newfoundland and Labrador, they've reported for almost a year now that 100 per cent of the over-70 population is fully vaccinated. Personally, I know about 20 people in two small towns, totaling about 14,000 people: Clover Town and Gander. I have a list of 21 people over the age of 70 that are unvaccinated. And for this to be true, for the 100 per cent to be not 99.9, there could only be 31 in the whole province.

Commissioner Massie
Do you want to ask a question? All right. Thank you. Thank you very much.

[00:22:27]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 7: Vonnie Allen
Full Day 1 Timestamp: 06:02:04-06:32:05
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
Welcome. Do you swear to tell the truth, the whole truth, and nothing but the truth?

Vonnie Allen
I sure do.

Ches Crosbie
Thank you.

Vonnie Allen
My name is Vonnie Allen. I was born and raised in Amherst, Nova Scotia. I left Amherst and moved to Moncton, New Brunswick, only long enough to get my RN diploma and begin my nursing career. In April of 1987, I moved back to Amherst with my then-husband and began working at Highland View Regional Hospital. In February of 1988, upon returning from my two-and-a-half-month maternity leave, I was given casual employment on the maternity unit. Little did I know that maternity is where I was meant to be and that I would develop a passion for it that would last almost 34 years—until I was unceremoniously put on unpaid leave on December 1, 2021 for standing up for my rights and declining to take an experimental medication.

I am the proud mother of four adult children and the blessed nanny of three little boys. Only one of my children has been awake and supportive of me throughout this three-year ordeal. Unfortunately, the oldest three have believed the mainstream media and the government and have been made unreasonably fearful like so many others. Two of them have forbidden me to speak of anything related to COVID and the mandates. I have been muzzled and disallowed to talk of the impacts that the COVID mandates have had on my life: The loss of my career, the loss of my income, the loss of respect from much of my community, the refusal of EI to give back any of what I paid in for over 35 years, the seven months I lived with no income except what I could borrow from friends and family and an RRSP I was forced to cash in, the inability to step foot in my local bowling alley for five

months, a place I called my second home for over 40 years, and the denial of entrance to my own local hospital when my youngest daughter had a grand mal seizure last year and had to be rushed in by ambulance.

She didn't know her own name. She couldn't speak. She was totally incapable of advocating for herself. She was terrified. And I, her mother, a formerly respected veteran nurse of that very hospital, a hero just two years earlier, was not allowed past the front door because I was not vaccinated with an unproven experimental drug.

I was married to my children's father for 29 years, spent 36 and a half years with him total. He was emotionally abusive, an angry man, and he worked when he felt like it. So for all but two years of our marriage, I was the major breadwinner. For two years, he worked up north in Baker Lake, Nunavut, and made great money. But then he quit and felt that because he had missed so much while he'd spent many months away, he was entitled to a year off. So the bills piled up. I tell you this because for my entire marriage, I lived paycheck to paycheck, robbing Peter to pay Paul. Which credit card should I put money toward this pay?

When I left him in 2016, I took on all of our accumulated debt, $55,000, in return for him not demanding spousal support. I got a consumer proposal, and I paid off our debt as well as my vehicle. Times were still tough for me for a few years. But then they were both paid off, and for the first time in my life, I had money. I could buy groceries without worrying. I could give money to my kids when they needed it. I could give them each $200 or $300 at Christmas time to help them out. I could go on vacation or rent a cottage in the summer, and I could actually save money. Life was good.

Fast forward to 2021. I started to hear grumblings that I might lose my job if I didn't comply with the vaccine mandate. My unit was so short-staffed that overtime was readily available. I started picking up overtime shifts in an effort to build a nest egg just in case I should lose my job.

[00:05:00]

But I didn't really believe that was going to happen. Surely to goodness, during the worst nursing shortage in history, someone would come to their senses, and the most senior, most knowledgeable, most experienced nurse in the obstetrical department would not be put off work.

But that is exactly what happened. I went to work on December the 1st and was told by Director of Health Services, Lisa Lynch, that I had to leave. And being denied EI, my little nest egg didn't last long. My employer told EI that I left voluntarily with no just cause. It **didn't seem too voluntary to me. In March of 2022, I was forced to put in for retirement, and I'd had no intention of retiring in the immediate future. I loved my job. I didn't receive a check until June. Fortunately for me, they backdated my retirement to December the 1st. Unfortunately, my ex-husband got 45 per cent of my pension. So once again, after paying back all the people I owed, I was soon back to living paycheck to paycheck—and through no fault of my own. I had done nothing wrong.**

In 35 years, I had never been disciplined or reprimanded. I had only stood up for my rights, and not in a hateful, malicious way. I had simply declined to put into my body what I felt was not a safe or necessary chemical. And anyone who really knows me knows that I have avoided chemicals as much as possible for many years. So this wasn't a new radical stance for me. It was totally in keeping with my natural lifestyle.

I was devastated to lose my job. I loved nursing. My dad used to tell me that when I was a little girl, I always wanted to be a nurse and a mother. So I was a happy woman. Caring for obstetrical patients in labour and delivery, teaching breastfeeding to countless women, caring for them postpartum was my passion—and I was damn good at it. Just ask the women of Cumberland County and surrounding areas who have delivered a child in Amherst since February of 1988, and they will confirm that. To this day, I meet women of all ages in all settings who tell me that I was there when they had their child and that they have never forgotten me.

Obstetrical nurses have a huge impact on women's lives, as well as their families' lives, and I was very fortunate because our unit looked after off-service patients and pediatric patients as well. Heart attack patients from ICU, awaiting cardiac catheterizations, surgical patients, medical patients, gynecological patients, palliative patients—we got them all. And I was always thankful for that because it kept me learning and enabled me to keep my hand in all aspects of nursing to some degree. And it allowed me the privilege of caring for men and women of all ages. So nursing was my passion, and though I had done nothing wrong, I was no longer allowed to do it.

And that brings me to my co-workers. How I loved my co-workers. And I can safely say that the majority of them loved me, and they depended on me. They looked to me to answer their questions and show them how to do things. They came to me to start IVs because I was the expert. They came to me for my advice because I was the only one on my unit with 35 years of knowledge and experience. I hadn't seen it all, but I had seen and been involved in most of it.

Labour and delivery nursing involves looking after two patients, and one of them can't be seen. It's an art, a talent, a gut feeling, a skill, and it's not a skill that one develops overnight. It requires knowledge, but it also requires experience. You can read about all the obstetrical emergencies in a book and take a course and ace the exam. But nothing can replace living through those emergencies firsthand and learning how to deal with them to come out on the other side with a live mother and a live baby who are both fully functional. And sometimes, regardless of what you do, you lose a baby. I have experienced that firsthand with my first pregnancy culminating in a stillbirth. So I was always drawn to those mothers who suffered a similar loss. I felt I had something to share with them, and Lord knows that no one else was jumping up and down to look after them.

[00:10:00]

In my almost 34 years in obstetrics, I had dealt with most obstetrical emergencies, both as a patient and as a nurse. So I was not just a valued and loved co-worker. I was their mentor—their only mentor.

The next person in line to me had about five years' experience. One co-worker had worked in obstetrics with me many years before but had actually left nursing altogether for several years. So upon returning, she had forgotten a lot of what she had known and had also lost her confidence. And confidence is important. Knowing what you know. Not being cocky, but confident. It is knowledge and confidence that allows you to stand up: To stand up for your patients and be their advocate. To stand up to the doctors when you don't agree with their approach or treatment. To stand up for yourself and your co-workers when management is putting you and them into unsafe working situations. And I did that for my patients and my co-workers. I stood up for them. And I stood up for myself, which is why I don't have a career anymore.

Thank you.

Gayle Karding
Thank you, Ms. Allen. I'm going to follow up with some questions. I think you've touched on everything that I could think of for your personal situation, and you've described in a very heartfelt way the impact on you personally. I do want to spend some time with you since you spent so long in the Cumberland region practicing nursing. I wanted to talk to you generally about the health care system there in and around the time of the pandemic.

Vonnie Allen
Yeah.

Gayle Karding
You used the phrase in your evidence, "fully staffed," and how infrequently the unit was fully staffed, and so there was lots of overtime available. What would a fully staffed unit look like?

Vonnie Allen
So full staffing on my unit was considered to be two RNs and one LPN around the clock. In the year before I left, full staffing was in place probably about 60 per cent of the time. Often, we were staffed with one RN and one LPN. If we were lucky, we had one RN and two LPNs.

Our LPNs were good. They were smart and capable, but their scope of practice had limitations. LPNs are not permitted to be the labour and delivery nurse. They could be the second nurse in the delivery room and look after the baby when it was born, and they could initiate a resuscitation if it was necessary. But if there was only one RN on, it meant that if there was a patient in labour, she had to be one-on-one with that patient. It meant she had no one to relieve her for breaks and no one to look after a second labour patient if one came in. That was a scary scenario, one that you were always hoping would never occur.

And having only one RN put a lot of pressure on our LPNs. They were expected to look after the entire unit outside of the delivery room, plus come in to help the RN during the delivery. So if we couldn't staff with two RNs, we always tried to have two LPNs with our one RN. More bodies was preferred. LPNs were more likely to pick up extra shifts if I was the RN on that shift. Because they had confidence in my knowledge and ability to keep my cool and handle whatever situation came up.

Gayle Karding
And when you were fully staffed, or at least had a full RN contingent, which would have been two of you on at once, you've said that you were often acting as a mentor to the other RN who was on.

Vonnie Allen
Oh, absolutely, yes, yeah.

Gayle Karding
And so, when you weren't there, presumably one of those less experienced were the only ones on. If there was only one.

Vonnie Allen
Yes. And they were put into terrifying situations. And the thought of being two or three, or four, years' experience, five years even, and not having anybody else for back up? It's terrifying.

Gayle Karding
My understanding from speaking with you earlier was that in the context of this short staffing from March to September, your obstetrics unit was actually closed.

[00:15:00]

Sorry, from March to September 2020, your obstetrics unit was closed.

Vonnie Allen
Yes.

Gayle Karding
What was the reason to the best of your knowledge for that closure?

Vonnie Allen
We were closed from March 27th to September of 2020. We were told it was because we were already so short-staffed that if any of us got COVID, the unit would end up shutting down anyway. So we were rerouted to other areas in the hospital, most often medical, but sometimes surgical or ICU or emerg., and during those five months bed occupancy was down drastically. There were no COVID cases in the hospital. There were very few patients in the hospital. Medical had 38 to 39 beds and they might have 20 beds occupied. The ER generally had very few patients during a shift. Often the nurses were sitting around behind the desk chatting because they had no patients. And the majority of patients on medical were patients with dementia, awaiting placement.

And I have to speak on their behalf. Here we were in our black and white uniforms with masks on. They were already confused. They could never get familiar with anyone because **we all look generally the same. The mask muffled our voices and hid our facial expressions and kept them from reading our lips when most of them had some degree of deafness. I would often stand across the room from them, pull my mask down so that they could see that I was a human being, and talk to them in a raised voice so they could read my lips. It was a horrible way to treat people. They weren't permitted any visitors and they knew none of us.**

I saw some amazing nurses go out of their way to try to enable these patients to FaceTime with their families or talk with them on the phone, but most of the patients struggled to understand what was going on.

Many of them died before they were ever placed in long-term care because the rules for getting into long-term care were ridiculous during COVID. If they became palliative, then they were permitted a family member—or sometimes two—but never at the same time. Imagine. It could be two people who lived together at home, but they weren't allowed to visit their dying mother at the same time. Often by the time they were palliative, they no longer recognized their own family members because they hadn't seen them for so long. The masks and the rules were a travesty to health care and particularly to this segment of our society. And during all that time we did plenty of testing, but we never had one case of COVID.

Gayle Karding
In the context of the government messaging about how unsafe an unvaccinated nurse would be to their patients, did you ever alert any of your patients to your status?

Vonnie Allen
Every one of them.

Gayle Karding
How did you do that? Tell us about that.

Vonnie Allen
I would just bring it up in conversation. I was led to believe by the occasional person—not many. My nursing co-workers were very supportive of me, unlike a lot of people that I hear of. But on occasion, I would hear grumblings that patients didn't want to be looked after by nurses who weren't vaccinated. So I made a point of telling them all that I had not been vaccinated against COVID.

I never once had a single patient respond in a negative way. I never had one of them ever ask to have another nurse. Now, at times that would have been difficult because I would have been the only RN. But there was never a patient that ever made me feel uncomfortable or like they felt like they were being looked after somebody who had the plague.

Gayle Karding
Those are all my questions. I'll defer to the panel for any questions.

Commissioner Drysdale
I have a couple of short questions. Were you the only one in your health community that was affected like this, that were let go?

Vonnie Allen
In my hospital, I was the only RN. There were two LPNs on the medical floor who didn't take the vaccine and so lost their jobs.

[00:20:00]

I have no way of knowing how many other people in my hospital in other departments or how many other people in, say, nursing homes in the community didn't take the shot.

Commissioner Drysdale
It also said that the unit was closed down between March and December.

Vonnie Allen
March and September.

Commissioner Drysdale
September 2020. And the reason given was that if they lost one nurse, they couldn't operate.

Vonnie Allen
Yeah.

Commissioner Drysdale
So my question is, when they lost you, how did they operate?

Vonnie Allen
Well, I can tell you they're not a happy bunch. They were terrified when they started thinking that they might lose me. We would have staff meetings and one of the girls would say, "Why aren't we going to talk about the elephant in the room here? Like, what are we going to do if Vonnie has to leave? What are we going to do about this?" And our unit manager would respond by saying, "Well, you know, that's not really something that I have any information about. I can't really talk about that." And nobody was giving us any answers, and we just kept hoping beyond hope that it wouldn't happen. We had just started a new rotation recently and we were having a difficult time filling the spaces in that rotation. As I said, overtime was readily available. So they were wondering, "What are we going to do when we lose you too?" And not just another staff member, but the one with the most knowledge of anybody there.

One of my co-workers messaged me last week, and I actually sent the message to Gail. She said, "Vonnie I'm still grieving the loss of you from our unit." She said, "It's never been the same since you left. I feel like it was the beginning of the end for us." She said it's not a good **place to work anymore. It's not safe and she said, "It's just not right, you know. We're missing you badly."**

Commissioner Drysdale
Did you receive any comments, support, or anything from the rest of the staff—the doctors? You talked about the LPNs. You talked about the nurses. I didn't hear you say the doctor word.

Vonnie Allen
Well, it's interesting. One of our obstetricians, I had a great deal of respect for her. She had a few more years' experience in obstetrics than I did, and she and I often disagreed on a lot of points. But we respected each other enough to agree to disagree. But when it started getting down to the end and I knew I was going to lose my job, she would approach me and say, "Vonnie, what are you going to do? Like, why don't you take the vaccine?" And I'd say, "No, I'm not taking the vaccine. I'm not sure what I'm going to do, but I'm not taking the vaccine." And "Well, aren't you worried?" "Well, yeah, I'm worried, you know?" And then she sent me a message one day on Messenger that said, "I've been hearing that you might not be able to get your pension. They might just pay it out in one lump sum. I'm really worried about you." And she said, "Aren't you worried?" And I responded and said, "Yeah, I am worried, but doesn't that seem a little bit Nazi to you?" Take this experimental drug that has no proven effectiveness and no safety record, or you're going to lose your job and you might lose your pension too. And she responded back by saying, "No, that doesn't sound Nazi to me. No one's leading you to the death camp. No one's taking you to the gas chambers." And then she went on this big tangent about how important it was to take it. Nobody said it was 100 per cent effective, but you need to take it to protect all those vulnerable people in society. That's the last time I ever messaged with her.

Commissioner Drysdale
Thank you.

Vonnie Allen
And as far as the other doctors on the unit, they didn't really have much to say. One of them is my family doctor, and I've always admired him.

[00:25:00]

But none of them stood up for me, basically. We had one doctor in the entire hospital who spoke out very, very candidly about the vaccines, about the lockdowns, the mandates, the masks. I don't know how he's still practicing. His Facebook page is covered on a daily basis with this stuff, and I'm thinking, how is he getting away with it? You know, he's still a doctor. He's the only one—the only one who spoke out against it.

There's one other thing I'd like to point out. When I left, I took with me a lot of knowledge and experience. And one of the areas that I can assure you is really suffering right now is breastfeeding. I never took the lactation consultant course. I started it when my children were very little, but I soon realized that my kids would only be little for so long and it took up far too much time. One of my co-workers, a friend and a co-worker for 28 years, she took the course. She went off sick in 2016 with cancer and never came back to work and ultimately died in 2020. But even during her years at work, she was team lead, so she spent much of her time at meetings and rarely had direct patient contact. So I became known as the breastfeeding guru.

I had breastfed my own four children and taken numerous courses over the years, and I had helped literally hundreds, if not thousands, of women breastfeed. As with maternity in general, I had a passion for it. The girls often called me "the boob whisperer." They said, "if Vonnie can't latch that baby, no one can." I spent a lot of time teaching women to breastfeed and latching their babies. And some babies won't latch. So I came up with plans to get their babies fed until we could latch them. I taught hand expression and pumping to moms as well as my co-workers. I hand expressed more women's breasts for colostrum than you

could ever imagine, because it's something that women don't come naturally. They don't know how to do that naturally. I latched babies to moms who couldn't keep their eyes open and held the babies there while their mothers slept. I spent countless hours with both inpatients and outpatients trying to resolve breastfeeding issues: latching problems, lack of supply problems, sore nipples, blocked ducts, oversupply problems, you name it. I was the solution-finder.

I had two colleagues— two of my LPN co-workers, who also had a passion for breastfeeding. And I was always so pleased if one of them was coming on after I'd spent my shift with a difficult breastfeeder. I knew that they would work just as hard as I had to try to help that woman have success. But they would usually come to me to confirm that what they were doing was right. We would discuss different tactics and ideas and brainstorm with each other. But I was the one with all of the years of knowledge and by far the most hands-on experience. So when I left, that was gone.

The fact that they could just do this to us. And this is supposed to be about our health, all of these mandates. But none of it has been good for anybody's health.

If you have no more questions, I have one final thing to say. Once upon a time, I was a respected member of my community. I was a respected aunt, mother, sister-in-law, and friend. Because of the stance I took, because I declined to take an experimental drug with no science to back it, I lost my job and my credibility. I've lost the respect of my oldest children, a niece, many of my friends. My sister-in-law has blocked me. I have been discriminated against and denied entrance to restaurants, theaters, my bowling alley, my friend's party. I was unable to go away on vacation with my four oldest girlfriends of over 40 years. I spent 35 years in a profession

[00:30:00]

where I helped and cared for other people, but now I am not allowed to speak because my opinion no longer matters.

I have been censored.

Gayle Karding
Thank you, Ms. Allen.

[00:30:35]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 8: Leigh-Anne Coolen
Full Day 1 Timestamp: 06:56:15–07:11:22
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
The next witness is Leigh-Anne Coolen. Leigh-Anne, do you affirm solemnly to tell the truth, the whole truth, and nothing but the truth?

Leigh-Anne Coolen
Yes, I do.

Gayle Karding
Good afternoon, Ms. Coolen.

Leigh-Anne Coolen
Hi.

Gayle Karding
Can you tell us where you're from?

Leigh-Anne Coolen
I'm originally from Newfoundland. I live now in Head of Jeddore.

Gayle Karding
Head of Jeddore, Nova Scotia?

Leigh-Anne Coolen
Yes.

Gayle Karding
I understand that you did take one dose of the vaccine?

Leigh-Anne Coolen
Yes.

Gayle Karding
And when did you do that?

Leigh-Anne Coolen
On May 27th, 2021.

Gayle Karding
Did you do that of your own accord?

Leigh-Anne Coolen
No.

Gayle Karding
And can you elaborate on that?

Leigh-Anne Coolen
My employer started, I guess, maybe March or April, with a real push for everyone to get vaccinated. I held off until I couldn't any longer, and I had to go get my first shot. They expected two, but they got one.

Gayle Karding
Okay. What were your reasons for hesitating?

Leigh-Anne Coolen
Because it was too soon. Everything was just, "Oh, here's a vaccine. It'll help." I didn't trust that it would help. I'm not an anti-vaxxer by any means. I'm fully vaccinated. My son is fully vaccinated. My husband is vaccinated. I'm not against vaccines. I was just against this because I didn't trust it.

Gayle Karding
When you say that family members in your household are fully vaccinated, you mean the kind of traditional vaccines, that sort of thing?

Leigh-Anne Coolen
Yes. Exactly, yes.

Gayle Karding
Okay. You started to feel some pressure in March and April from your employer.

Leigh-Anne Coolen
Yes.

Gayle Karding
Did your employer have a mandate in place?

Leigh-Anne Coolen
They did mandate it. I'm not sure if they had a written mandate. I'm sure it's probably in the company policy in some way shape or form. I do have emails from the president, kind of telling everybody to go get vaccinated; remember, get your vaccination; send in your verification kind of thing when you're done, so we can have that on file.

Gayle Karding
Were you ever told what would happen if you did not get vaccinated?

Leigh-Anne Coolen
We were told that we wouldn't be able to work there anymore.

Gayle Karding
Okay. So in May of 2021 you did receive your first injection. Do you know which one you got?

Leigh-Anne Coolen
It was Pfizer.

Gayle Karding
Pfizer, okay. And do you know where you got that and who administered it?

Leigh-Anne Coolen
I don't know who administered it, but I do I know where I got it. It was at the pharmacy in the Superstore on Cole Harbor Road.

Gayle Karding
In the pharmacy. And do you have the lot number for that?

Leigh-Anne Coolen
I do, but I don't have it with me. I know I filled it out on something, but I—

Gayle Karding
Alright, so you got one injection of Pfizer in May of 2021. And tell us what happened after that.

Leigh-Anne Coolen
Everything seemed normal until Sunday, June 20th, when I don't remember much. I remember waking up in the morning and hearing my husband talking to, I assume, somebody on the phone. Because it was only him and I in the room.

It was the paramedics. I had had a stroke. The ambulance came and, the next thing I knew, I had paramedics at the foot of my bed. They took me to the hospital, and I was there for five days.

Gayle Karding
Has your husband described that experience to you?

Leigh-Anne Coolen
He has. Not in great detail, because he's still traumatized from the event. I make noises in my sleep. He wakes up immediately thinking, "what's going on here?" So yeah, he still lives with it.

Gayle Karding
And what did he tell you about the experience?

Leigh-Anne Coolen
I don't even know how to put it into words. He said my face was kind of twisted, obviously. Because I had a droop on one side of my face. I was trying to say words. He couldn't understand anything. I wasn't there, so I don't know, but he doesn't really elaborate on it because he doesn't talk about things like that.

Gayle Karding
Okay. The five days that you were in the hospital, can you describe how you were feeling, some of the symptoms you were having?

Leigh-Anne Coolen
I don't remember any symptoms at all, really. It kind of just happened, and it went away. I'm left with memory loss, or I don't know what to call it. I can't get my thoughts organized as quickly as I used to be able to. But I went through several tests in the hospital, several CAT scans, everything. I had blood work done, I think, twice a day.

[00:05:00]

I had an IV with a heparin drip because of the blood clots. The blood clots were in my arteries, not in my veins. I do have Factor V Leiden, but it is actually in my report from the hospital that they don't believe that was the cause of the stroke. Eith all the other tests that

I had done, nobody gave me a reason as to why this happened. So I'm still left wondering why.

Gayle Karding
Okay. When you were in the hospital, was there any discussion about whether you'd had your vaccine and when?

Leigh-Anne Coolen
No. Before I got out of the ambulance, they gave me a COVID test, because I wasn't allowed in the hospital without one. I did mention to them at that point that I had just had my vaccine about three weeks ago. And nobody said anything. A couple of days later, I believe, when I was in the room and there were medical teams visiting, I had mentioned that I had had my vaccine about three weeks ago. And nobody paid any attention to those words coming out of my mouth. They kind of just turned around and walked away, and nobody said anything about it.

Gayle Karding
So during the entire time that you were in the hospital, no doctor or medical professional asked you any questions about the proximity of your stroke to your vaccine injection?

Leigh-Anne Coolen
None.

Gayle Karding
How old are you?

Leigh-Anne Coolen
Now I'm 42.

Gayle Karding
And at the time?

Leigh-Anne Coolen
Forty-one.

Gayle Karding
Forty-one years old. Is there any history of stroke in your family?

Leigh-Anne Coolen
There is. My grandmother, I believe she was in her 50s when she had a stroke. I think she also has—or had—factor 5 Leiden. She had blood clotting: I believe she had a blood clot in her leg. She did have a pulmonary embolism, a stroke. She had an aneurysm that was

clipped. It didn't leak or anything, so they settled that. But she had the typical Factor V Leiden things happening.

Gayle Karding
Okay. Do you know whether her stroke was consistent with that condition?

Leigh-Anne Coolen
I can't say one way or the other.

Gayle Karding
All right, and we have your discharge summary that we can put up on the screen. It's one of the exhibits and—

No? Okay, I was given an exhibit number. If I could just have one moment, I'm going find that, indicating that you have this condition, this Factor V Leiden. And indicating specifically that it was not responsible for your stroke and that's because your stroke was an arterial clot?

Leigh-Anne Coolen
Yes.

Gayle Karding
And Factor V Leiden is specifically responsible for intravenous clotting?

Leigh-Anne Coolen
Yes.

Gayle Karding
Okay. It's at TR-003. I'm going pass up this copy to the panel because we were supposed to have that uploaded so that they can see that.

And I'm specifically referring, Commissioners, to the second paragraph, starting with the word "hematology." Second paragraph on the first page. Hematology was consulted and the patient was started on a Heparin drip. It was felt that her Factor 5 Leiden mutation was not the cause of these arterial clots, as this is associated with Inktree's venous clotting.

So the one pre-existing condition that you're aware you had, they have ruled out as the cause.

Leigh-Anne Coolen
Yes.

Gayle Karding
And you're not aware of any other pre-existing conditions which would potentially cause you to have a stroke at 41-year-old?

Leigh-Anne Coolen
No, I'm not aware of anything.

Gayle Karding
In the context of that year, or the previous years, were you generally healthy?

Leigh-Anne Coolen
Yes.

Gayle Karding
Okay. What, if any, long-term impact have you felt this has had on you?

Leigh-Anne Coolen
It's like I don't know myself anymore. I know my thoughts and stuff. I can process thoughts, thoughts come quickly, I just can't organize them to get them out. Things that I enjoyed doing, I don't enjoy anymore.

[00:10:00]

I just— I don't know. I'm just— I'm just here. Like it's just all the drama with everything around the whole vaccinations and you can't talk about it and everything else. So just sweep it all under the rug. And it gets to you. Really.

Gayle Karding
Are you on any medication that you weren't on previously?

Leigh-Anne Coolen
I am. They prescribed atorvastatin for high cholesterol.

Gayle Karding
Okay.

Leigh-Anne Coolen
And vitamins: vitamin D, vitamin B12

Gayle Karding
Is that in relation to—?

Leigh-Anne Coolen
That's what they prescribed for me when I left the hospital.

Gayle Karding
Okay. Do you have regular updates with your family doctor?

Leigh-Anne Coolen
I don't. I haven't had a family doctor for quite some time. I do have a nurse practitioner now. I do have to go and get some blood work done for an update.

Gayle Karding
How often do you have to do that?

Leigh-Anne Coolen
Nobody told me anything, so I guess it's my own discretion.

Gayle Karding
Did you ever have any conversations with her after your stroke?

Leigh-Anne Coolen
After my stroke, I did talk with the nurse practitioner at that point. He was very supportive. He seemed like he kind of felt that maybe the vaccine did have something to do with it. That made me feel fantastic, because I'd never had anyone actually on my side before.

Now, I don't have him any longer. He's been replaced with another nurse practitioner. I did speak with her about it, but she's not as vocal as he is about it. So I assume that she doesn't want to talk about it.

Gayle Karding
Are you aware of whether or not your first nurse practitioner—the male—reported the symptoms of your stroke to the vaccine injury database?

Leigh-Anne Coolen
I'm not aware that he did.

Gayle Karding
Did the mandates have any other impact on you? Actually, before I move on to that, I understand you did not have the second dose.

Leigh-Anne Coolen
Correct.

Gayle Karding
What, if any, impact did that have on your employment?

Leigh-Anne Coolen
I had to leave my job because they kept at me about another vaccine or an exception letter. In a follow-up appointment I had with hematology, I asked the doctor on the phone, "Is there any way I can get an exemption letter? Because work is asking me to get the second vaccine." She told me, if I was worried about having another stroke, to get my second vaccination before my fragment injections ran out, which was the prescription that they sent me home with from the hospital.

That's when I gave up and I said, "I'm not going to get an exemption letter. I'm not having another vaccine, so I'll just have to move on." And that's what I did. I quit that job in December 2021.

Gayle Karding
Did the rules and mandates, the vaxx pass, all that sort of stuff: Did that have any other impact on your life?

Leigh-Anne Coolen
Well, my husband got the second shot because we were still at that job and they pressured him to get it. He felt like he had to get it to support the family.

My son completely refused it. And I don't blame him. He did feel pressure from his friends. He did get bullied. He did get kicked off the soccer team because he wasn't vaccinated, and he wasn't allowed to play. I told him, "If you want to participate, I'll take you to get vaccinated." "No, I don't want it. I don't want it." And I didn't push any further.

It was a simple question, "if you want it." But because of what happened to me, he refused it and I'm very thankful for that.

Gayle Karding
How old is he?

Leigh-Anne Coolen
He's 18.

Gayle Karding
Okay, those are my questions.

Commissioner Drysdale
You said that you had gotten one dose of one of the vaccines.

Leigh-Anne Coolen
Yes.

Commissioner Drysdale
When you went to get your vaccine, what did the person who gave it to you, the pharmacist, whoever it was that gave it to you: How did they explain to you the risks and the benefits of the vaccine so that you could make an informed decision?

Leigh-Anne Coolen
Nobody explained anything.

Commissioner Drysdale
Thank you.

Gayle Karding
Thank you very much, Miss Coolen.

[00:15:00]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 9: Chet Chisholm
Full Day 1 Timestamp: 07:11:50–7:33:40
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Alison Steeves
Good afternoon. My name is Alison Steeves. Like Ches, I'm a non-practising lawyer, a member of the Nova Scotia Bar.

Ches Crosbie
Thank you. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Chet Chisholm
Yeah.

Ches Crosbie
Thank you.

Alison Steeves
Can you please state your name for the record?

Chet Chisholm
Yeah, my name is Chet Chisholm

Alison Steeves
And where are you from?

Chet Chisholm
I'm from Antigonish, Nova Scotia.

Alison Steeves
And what is your occupation?

Chet Chisholm
I am a paramedic. I've been a paramedic for 12 years.

Alison Steeves
For 12 years?

Chet Chisholm
Twelve, yes.

Alison Steeves
And how do you like being a paramedic?

Chet Chisholm
Oh, it's the best job in the world, man. It's probably one of the most rewarding professions that you can ever work. You show up on people's worst day and your goal is to improve it. No one's ever mad that the paramedics show up. Well, some are, but not many!

And with everything that's happened, if I had a lot of friends and colleagues, who say, "Hey, if you could go back and do it all again, would you?" And my answer has always been, "Yeah, I'd go back, and I'd have done it sooner."

Alison Steeves
So back in March 2020, when we started hearing about COVID, were you working as a paramedic at that point?

Chet Chisholm
No, I was currently off work. I was off with workers' compensation in March of 2019. I was diagnosed with post-traumatic stress disorder and was placed on medical leave awaiting treatment.

Alison Steeves
Were you planning to return to work, eventually?

Chet Chisholm
Yeah, that was the hope. My mental health team was pretty keen on getting me back to work. I was gung-ho to get into treatment, get back on the trucks. And kind of what was looming on the horizon, and the state of EMS in Nova Scotia, I felt it was imperative to do so.

Alison Steeves
Did you receive the treatment that you were waiting for?

Chet Chisholm
No, I was I on deck to get what's called EMDR, which is eye movement desensitization and reprogramming. It is often used very well with PTSD, and they see a lot of success with first responders and veterans. And my first appointment was kind of like the meet-and-greet appointment, to kind of set up a rapport. That was the first day of lockdown. So we showed up, we talked about what we were going to do, and that was it. Everything got canned thereafter, and then I was put into limbo and wasn't seen again for close to another year. Because we weren't allowed to have any in-person appointments whatsoever.

Alison Steeves
So you did get the treatment after a year?

Chet Chisholm
No. I went from a psychologist to working with a counselor, and we were kind of doing the prep stages, building the rapport, getting a background on what was going on. And things would kind of— We'd get a little bit of momentum and then they'd say, "Well, you can't meet in person again, and EMDR is an in-person thing."

So we'd have to just kind of do talk therapy on the phone and discuss things and talk about stressors. But we never really got to, we never got into a groove of things.

It was on and off, on and off, on and off, up until probably late spring, early summer of 2021. Things just kind of got canned again, and I got put back into the wait list and waiting in limbo. And where we continue to sit.

Alison Steeves
And what impact would you say that the delay in this treatment had on you?

Chet Chisholm
I've certainly had relapse since I saw my PTSD symptoms, which I've had previously somewhat under control. And not being able to— You kind of had to do maintenance while you're working through this. And we couldn't do any of that. And being in person, and actually being able to connect with somebody and talk about these things, and work through it, and then actually build to a therapy, is incredibly beneficial. There's such a disconnect when it's on the other end of a phone or on a screen. And not only that, but my counselor was getting extremely frustrated. She's like, "you are pretty well primed and ready to go, we can get you back on the trucks and get you going. But this keeps getting in the way." It's like we always had to keep starting from scratch again.

Alison Steeves
So are you still on leave from the same job?

Chet Chisholm
Yes, I'm still on leave. And due to the time frame that I've been off with our contractual agreement with the union, because the clock has ticked down,

[00:05:00]

I've been terminated for my position at EHS [Emergency Health Services].

Alison Steeves
So you're only allowed to be off for so long with an injury before you become terminated.

Chet Chisholm
Yeah. At two years. They'll hold your full-time position for two years. So that timeframe ran out. And, as we'll get into it in a little bit here, that's when we needed to push for this, so I don't lose anything else. At a three-year mark, you're canned, and that's it. You lose all your seniority and everything.

Alison Steeves
Do you have reason to believe that, had you received the treatment in the time frame that was originally scheduled, you would have returned to work in time to avoid losing your job?

Chet Chisholm
Pretty well everyone in my mental health team was pretty keen. Like, pretty sure Chet's going to go right back on the trucks. He wants to be there. And there's been such a high success rate with this with other first responders. It was looking good. Not so much.

Alison Steeves
During the time you're awaiting treatment, did you take the vaccine against COVID-19?

Chet Chisholm
Yeah, there was a push for it from our employer. And initially, I declined because I was eligible in December of 2020 and January of 2021. Because I was off work, I'm a young guy, pretty healthy. I said, "No, thanks. I'll wait. If we're going to give it to anybody, give it to people who are vulnerable and whatnot, I don't need it right now."

But when it became available for people in my age group, for people in their 30s, I got my first shot on May 21st. And the reason is we work with the most vulnerable people at the most vulnerable point in their life. And we are in constantly different clinical situations throughout a shift. You can start your shift in a backseat of a car in a ditch. And then you can be in an old-folks home and treating a COVID patient. And then you could be going into the ICU. It's a mixed bag every time you go to work. So the likelihood that I'm going to get a lot of exposure to COVID is quite high. And it's going to be in the back of an ambulance. And it's going to be probably right in my face. So the hope was that this could help mitigate cross-exposure amongst vulnerable people.

Alison Steeves
You didn't feel coerced to taking it?

Chet Chisholm
Yes and no. I was a little annoyed with kind of, the push. It's like, "Hey you got to do this, you got to do this right now." But I wasn't ever angry at the point of getting it. Because if it did what they said it did on the tin, then that could be beneficial—both for myself but, more importantly, for the vulnerable people whom we deal with every day.

Alison Steeves
Who administered it to you, do you recall?

Chet Chisholm
It was given to me by an RN and that was done at one of the local pharmacies in Antigonish.

Alison Steeves
Before taking it, did they advise you of the risks?

Chet Chisholm
The only risk that we really discussed was the risk of anaphylaxis. Because I have food allergies. So we talked about that, because it's like, "Hey, just hang around for like an extra like 20 minutes or so just so we can keep an eye on you." And I've done vaccination clinics for flu shots and stuff. I know you know the whole rigamarole of, "Hey we're going to give you this, we're going to keep an eye on you and make sure nothing happens. And if something happens, we'll report it and take care of you."

Alison Steeves
And how did you feel after taking it?

Chet Chisholm
Initially, I felt fine. But by that evening, I was pretty slack; really, really tired. And that was kind of par for the course for any other vaccines I've gotten for work or school in the past. But what kind of really drew attention to some things is I've been dealing with PTSD and crippling insomnia for years at that point—for two years at that point, where I would need to take medication to sleep. I went from not sleeping at all, to sleeping most of the day, to sleeping probably like 20 hours or more. And then just being incredibly sluggish and getting a little shorter breath here and there, and that kind of escalated over the next few weeks.

Alison Steeves
So those symptoms persisted and increased?

Chet Chisholm
Yeah, it started with incredible fatigue, which led to shortness of breath. And then eventually, I would get a tinge of chest pain when I was laying on my back. And it ultimately built up to— My dad had taken a tree down in the yard, and I went out to help him just load a couple chunks of log in the front of his tractor.

[00:10:00]

I got extremely short breath. I had stabbing chest pain here, just left my sternum, which radiated into my back. I told my dad. I was like, "Hey, we have to go to the hospital right now; something's up. I can't say what, but there's something very wrong at the moment." And I became incredibly diaphoretic, really sweaty, and pale as a ghost.

Alison Steeves
Had you had similar symptoms in the past?

Chet Chisholm
No.

Alison Steeves
You said you went to the ER. You consulted a healthcare provider about these symptoms?

Chet Chisholm
Yeah, I went in, talked to the triage nurse and said, "Hey, this is what's going on." And was admitted, had EKGs and stuff done, and explained, talked to the nurse. These are all people I work with, and I'm like, "Dude, what do you think's going on?" And it's like, "Well, I think it's one of these things." And they're like, "Yeah, something's definitely up because you never look like this."

We did a bunch of EKGs, blood work, did my vitals, my vitals were all abnormal.

Alison Steeves
And did they find anything?

Chet Chisholm
Not at the time. I was really hypertensive. My blood pressure was up quite a bit. I was tachycardic. But the doctor didn't seem to see anything in my blood work or my EKGs. He just said, "maybe it's just esophageal spasms," and sent me on my way.

Alison Steeves
And did the symptoms persist after that?

Chet Chisholm
Yeah, they never quite resolved. They would calm down, but they did persist. And any time, on any exertion or lying on my back, things would exacerbate. I'd get more short of breath. I

could, again, develop more chest pain. The fatigue persisted. Well, it still persists, but I would be pretty well bedridden some days. No energy to get up and do anything, which was entirely new. It was like a complete shift. Because I used to be up doing stuff pretty regularly. I used to be in really good shape and whatnot. So it was a drastic change.

Alison Steeves
And how many health care providers did you consult about these symptoms?

Chet Chisholm
Well, I was admitted into the emergency room three times over the course of the summer. Nothing was ultimately found, aside from having abnormal vitals and just symptoms that I presented with. The second physician that I saw in the ER kind of just shrugged and said, "Man, I don't know what's going on. You're obviously in distress, something's up, but we can't pinpoint anything." And the third doc I saw, which would have been probably late July, said, "I think this warrants further investigation. We should order some more cardiac tests, like echocardiogram, and you should follow up with your family doc, get a cardiac MRI, and get a stress test and see if we can pin down what's going on. I don't know for sure, but just on the way you're presenting and what you're telling us and your vitals—there's something here, there's something wrong, so we need to look into it."

He actually gave me a shot of Toradol, which is a strong anti-inflammatory, which took the edge off for maybe a couple hours. But again, the symptoms persisted. I had discussions with my family physician, who was often very dismissive and abrasive about my concerns. And I've had a yearly follow-up that I had with WCB [Workers Compensation Board]. Because we have a follow-up every year where a physician comes in and talks to you, and it's like, "Hey, how's your PTSD going? What are the symptoms you're having?" And we talked about that, and then we talked about this. And he's like, "yeah, based on your history and kind of the cycle of symptoms, there's something going on here, and we should look into it."

Alison Steeves
Did you ask any of these physicians if there could be a link with the COVID-19 vaccine?

Chet Chisholm
I don't think I ever asked if there was a link, but when they asked, "When did this start?" I told them I didn't feel good after getting the vaccine and it hasn't let up since. But I don't think we ever specifically honed in. I suspected it, but do I know for sure? Absolutely not.

Alison Steeves
So they couldn't find anything objectively wrong to explain your symptoms and they knew that they had started within close proximity to you taking the COVID-19 vaccine. Do you know if any of them filed an adverse event following immunization form?

Chet Chisholm
No, there was no discussion of that.

Alison Steeves
They didn't ask you any more questions about that or indicate that they were concerned?

[00:15:00]

Chet Chisholm
No, none whatsoever.

Alison Steeves
How did they respond when you mentioned that it was in relation to the vaccine?

Chet Chisholm
It wasn't really discussed; it was just kind of glazed over. Some of the nurses expressed more concern when they asked me. I had paramedic colleagues who expressed their concern just with the timing and some of the things that they had seen on calls that they have been discussing with me as well.

Alison Steeves
And have you shared your concerns about a link between your symptoms and the vaccine with others?

Chet Chisholm
Yeah, I've spoken to numerous family and friends and colleagues. And you get a mixed bag of the way people react. I've had people call me an anti-vaxxer, a far-right conspiracy theorist, and every other nasty thing under the sun. But then I've had others who've come to me and said, "This is what happened to me, this is what my family members experienced."

I've had medical colleagues come to me and say, "Hey man, we were talking about what might have happened to you in the hallway. The other crew that was there was talking about how they had three kids who had myocarditis and POTS and stuff coming in through 911." We don't see kids in EMS very often, and that was concerning.

But yeah, it's been a mix. I've had friends who have since abruptly stopped talking to me whatsoever. I've talked about this publicly and my concerns, and I've talked about some of the problems that we're having in EMS right now. I've had people from across the country thank me for speaking about these things. Recently, I had somebody reach out and say, **"You and I have never met, but I know who you are because you helped someone in my family on a 911 call, and they still talk about you years later. Thank you for doing this. Thank you for talking. Thank you for your service, and I'm sorry for what you're going through."**

Alison Steeves
You had concerns that these might be related to the vaccine. Your first dose—did you end up taking the second dose?

Chet Chisholm
No, I did not.

Alison Steeves
And in October 2021, when Nova Scotia implemented the vaccine passport policy and several mandates, how did this impact your life?

Chet Chisholm
Well, because I'm not vaccinated enough, I was banned from restaurants. I wasn't allowed to access some different services, couldn't go to the gym—not that I was feeling well enough to do so anyway. When I went in to pick up the results from my echocardiogram and copies of my bloodwork and EKGs from the hospital, I stopped at the door and they said, "You can't come in." It's like, "I'm picking up bloodwork, man, I just got to go around the corner." And it's like, "No, you need to be double-vaccinated to come in here." And it was a back and forth throughout a good 20 minutes explaining, "I'm here because we're investigating, trying to determine if something has happened with results as a result of this. I need to get that paperwork so we can figure out what happened, if anything." Eventually they're like, "Just let him go in, he's just got to go around the corner. It's 30 feet."

And one of the worst things is that one of my best friends was diagnosed with cancer during the pandemic. And because I haven't taken the shot twice, I wasn't allowed to go see him when he was dying in the hospital. I never got to say goodbye to one of my best friends. Because "you're not vaccinated enough, you're not allowed in here."

And, as many people know, the vaccine mandate for healthcare providers is still in effect. So even if I do get a clean bill of health and my PTSD is, you know, wiped clean, we're going to go. I'm still banned from going back to work: I'm not allowed to go.

Alison Steeves
Chet, do you have any final words about the impacts of the COVID-19 measures on your life?

Chet Chisholm
Yeah, it's had a significant impact, not only on my mental health, but on my physical health. Associated with PTSD as well. And you can see just with the way EMS is right now in Nova Scotia: Morale is plummeting every day since the start of 2020. We have lost 331 paramedics from the workforce, that's one quarter of the paramedics who work for EHS. **We've since hired some new people, but these are people who are fresh out of school; they don't have experience. Even on my rotation, there's four of us on my rotation that have either been put off on injury or PTSD. And there's 60 years between the four of us. And that's gone, you can't get that back.**

[00:20:00]

It's infuriating. It's also detrimental to the well-being of everybody in this province that there's people like me—and I'm not the only one who's in this situation—who want to go back to work. And who would like to help and who would like to fix the problem, as the EMS system is crumbling. But we're told no. I've even spoken to Michelle Thompson and the answer is, "That's the policy. We're sticking with the policy." And if you haven't seen

what the medical exemptions are to get to opt out for healthcare provider: you need to have either blood clots, myocarditis or pericarditis, a stroke, or have an allergic reaction. All of which have to result from the first shot. You have no medical exemption, it's "take it or else you're let go." Or if you have an adverse event, you're probably not going to be working again anyway.

Alison Steeves
Thank you. That's all my questions.

Chet Chisholm
No problem.

Alison Steeves
Do the commissioners have any questions? No.

Chet Chisholm
Cool.

[00:21:50]

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Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 10: Artur Anselm
Full Day 1 Timestamp: 07:33:55–07:46:50
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
Thank you for attending as a witness, Mr. Anselm. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Artur Anselm
Yes, I do.

Ches Crosbie
Thank you.

Nicolle Snow
Good afternoon, Mr. Anselm. Where are you from?

Artur Anselm
I just live in Grand Lake, Nova Scotia. Just about 40 minutes from here.

Nicolle Snow
And who do you live there with?

Artur Anselm
Just in the backyard, in a small cabin. I live with my parents right now, but I'm building a house for my family, so.

Nicolle Snow
Nice. For your family, you said?

Artur Anselm
Yep, my wife and small daughter. She's 14 months old.

Nicolle Snow
And are you employed?

Artur Anselm
Yeah, I work for Canadian National Railways.

Nicolle Snow
What do you do there?

Artur Anselm
I'm a track maintainer. I make sure the tracks are safe for the trains to run and we repair any defects and change rails. Stuff like that.

Nicolle Snow
And how long have you been employed with CN Rail?

Artur Anselm
Six years, it will be six years this year.

Nicolle Snow
And what policies or mandates did CN Rail adopt during the COVID crisis days?

Artur Anselm
November 2021, they implemented the vaccine mandate. And if you weren't vaccinated, you were off paid, off work. Forever, basically.

Nicolle Snow
What was the deadline that employees were given to vaccinate by?

Artur Anselm
The deadline was November 15th, 2021.

Nicolle Snow
And did you receive notification of that directly from your employer?

Artur Anselm
Yeah, I received it from my supervisors and my managers. And work emails as well.

Nicolle Snow
Okay, and you brought in with you today an email dated September 8, 2021, from CN Communications, stating that there was a vaccine mandate that would be effective as of November 1st, 2021.

Artur Anselm
Yes, that's correct.

Nicolle Snow
Okay, and that will be marked as an exhibit [exhibit number unavailable]. What happened after that?

Artur Anselm
Well, basically I was very much against taking any shots. Because I saw what was happening to my co-workers after the vaccines and they were getting sick. They weren't feeling well.

And I really held my stand up until— I was becoming a new father and I had to put food on the table for my family. So I decided to bite the bullet. And on November 13th I took the first shot.

Nicolle Snow
And to clarify, did the timeline for vaccinating remain November 1st? Was it extended?

Artur Anselm
It was extended. It was November 1st and then I just kept not getting it and then they extended it to November 15th. And then on the 13th, I took the shot.

Nicolle Snow
Okay. Just to confirm, Mr. Anselm, you brought in with you today an email dated October 14, 2021, from CN Rail indicating that the mandatory vaccine deadline was extended to November 15th. And what you're saying is, on the 13th, you went ahead and got your vaccination.

Artur Anselm
Yeah.

Nicolle Snow
Did you do so feeling coerced or pressured?

Artur Anselm
Definitely. I was getting phone calls daily from supervisors and everybody and telling me, "After the 15th, you can't come to work, and you'll be off pay."

Nicolle Snow
All right, and so were they indicating that they were going to terminate you? Or put you on leave without pay.

Artur Anselm
They weren't clear with it. They said either you're terminated or you're going to be off pay, basically laid off. So I wasn't sure what was going to happen.

Nicolle Snow
What happened on November 13th when you had your vaccination? Where did you go?

Artur Anselm
To be honest, I don't remember the location—but it was just a walk-in clinic and a nurse vaccinated me.

Nicolle Snow
All right, and do you know that it was a nurse? Did she tell you it was a nurse?

Artur Anselm
She did not, but that's my assumption.

Nicolle Snow
Okay. Do you know that the batch number of your vaccine?

Artur Anselm
No, I could look it up, but I don't know it right now.

Nicolle Snow
Were you made aware of any of the potential risks associated with vaccine?

Artur Anselm
Yeah, I was aware from my own research from before.

Nicolle Snow
Sorry, I'll cut you off. I mean, did the person who administered the vaccine have any discussion with you about the risks associated with the vaccine?

Artur Anselm
Yeah, she actually told me that, for guys my age, there is a potential risk of having heart problems. And she said, "Oh yeah, if you have any heart issues just go to the doctor's office.

They'll give you some drugs and make you feel better." And I was like, "Okay that sounds pretty good." I didn't want to take it, but I still did.

Nicolle Snow
It didn't sound overly serious, in your view.

[00:05:00]

Artur Anselm
No. Like, why are you guys making me take this if there's risks? And I'm perfectly healthy, right?

Nicolle Snow
What if any symptoms developed following the first vaccination?

Artur Anselm
Well, first of all: a week after my vaccine, I got seriously ill, just with very bad flu.
And I was basically out for a week. And then two weeks following my vaccination, I started to develop heart pain. And the heart palpitations, shortness of breath, weakness. And just I didn't feel good at all. I felt like I knew something was wrong, especially with my chest. I kept getting stinging chest pain.

Nicolle Snow
And had you had any of these kinds of symptoms before in your life?

Artur Anselm
Never. No.

Nicolle Snow
And how old are you, Mr. Ansel?

Artur Anselm
Now I'm 26.

Nicolle Snow
And how old were you when you got the vaccine?

Artur Anselm
I would have been 25 years old.

Nicolle Snow
What did you do when you started experiencing these heart pain symptoms?

Artur Anselm
Well, I went to the emergency room at the Cobequid Health Center. Just did a walk-in emergency and they checked my vitals. They took my blood. They made sure I wasn't having a heart attack and basically sent me on my way.

Nicolle Snow
Did you have any discussion with them about whether this could be vaccine-related?

Artur Anselm
Yeah, I did. I told them this all started after the vaccine. I never had any issues with my heart or anything like that. And they just said, "Oh yeah, like whatever, you're good. You don't have a heart attack, so."

Nicolle Snow
Okay. And was there any discussion about completing a vaccine adverse event form?

Artur Anselm
No, I never heard anything about that.

Nicolle Snow
So as far as you know, that was never completed by the doctors?

Artur Anselm
No.

Nicolle Snow
And what happened after that?

Artur Anselm
After that, I went home, and I kept going to work. I kept fighting the pains. And then I decided to go to my family doctor as well. I told him what was going on after the vaccine, that I was having chest pains and shortness of breath. And same thing with him. He said, "No, it's probably not from the vaccine. Just don't smoke anything. Don't drink anything. And you'll be fine." And I tried that. Symptoms never went away.

Nicolle Snow
Okay, and did your doctor or your family doctor have a discussion with you about whether or not to fill out an adverse event form?

Artur Anselm
No, we never had any discussions about that.

Nicolle Snow
And your doctor didn't feel that there was any connection between the vaccination and the symptoms you were having?

Artur Anselm
No, he did not.

Nicolle Snow
What happened after that?

Artur Anselm
After that, I went in again to my family doctor. I told him, "Listen I'm going to lose my job if I don't get the second shot." I didn't really want to get it at all, obviously. And I asked him, "Can you fill out a medical exemption for me?" And he said, "No, I can't do it without any proof." I just said, "All right, I guess I'll be laid off." Then I went in again—I think it was my third time—and he finally referred me to a cardiologist to get an MRI.

Nicolle Snow
Okay, and so then did you go to the cardiologist?

Artur Anselm
Yeah, I saw the cardiologist. They scanned my heart and did all the tests. And it turned out that the outer lining of my heart was inflamed. And I had pericarditis, myocarditis. And the cardiologist said, "This is from the vaccine."

Nicolle Snow
Okay, and so who is the cardiologist that you saw?

Artur Anselm
His name is— One second, sorry. Dr. Douglas Bate, or, sorry, Hussain Beydoun. That was his name.

Nicolle Snow
B-E-Y-D-O-U-N. And you brought with you today a letter from Dr. Beydoun dated February 11, 2022. Do you have that in front of you?

Artur Anselm
Yep. I've got it right here.

Nicolle Snow
And would you look at page 2?

Artur Anselm
Yep.

Nicolle Snow
And just read the first line at the top of that page.

Artur Anselm
"Very likely, Mr. Anselm has pericarditis, myocarditis post-mRNA vaccine, echocardiogram done today was normal in the view the symptoms improved significantly. I would not start anti-inflammatory therapy. Any change, please let me know and I will be happy to reassess him. I would not recommend him for a second dose, and I am copying this to my colleague."

Nicolle Snow
All right. Mr. Anselm, you received that exemption,

[00:10:00]

to not have to take the second dose, correct?

Artur Anselm
That's correct.

Nicolle Snow
All right. And let's go back to your employment. Had you been working through this at this point?

Artur Anselm
No, it turned out I had just had a kid, so I was able to get the parental benefits, even though I was laid off. So that kept me going, luckily.

Nicolle Snow
Okay, so you were on parental leave during this period. And what happened with respect to the exemption that you had? Were you able to use that to return to work?

Artur Anselm
No, I was still kind of pissed off. I didn't really want to talk to anybody. And then my manager called me in July. He said the mandates were dropped and you can return to work. I said, "All right, I'll take my whole leave until September and then I'll come back to work." September 2022 is when I returned to work.

Nicolle Snow
So there was no period where you had to return to work prior to the mandates being dropped.

Artur Anselm
Yeah, that's correct.

Nicolle Snow
You remained off in your parental leave.

Artur Anselm
That's correct.

Nicolle Snow
Did you have any conversation with them during that period when you were on parental leave as to whether or not they would take you back with the exemption?

Artur Anselm
No, I did not. I just didn't even want to bother for now.

Nicolle Snow
Okay. How has your heart condition impacted your life?

Artur Anselm
It has impacted me in every aspect of my life. Physically, I can't really do the things I used to anymore. Like with less vigor. Mentally, I was just full of regret, and it made me kind of a less of a father—not less of a father, but mentally I was down. It impacted my fatherhood. Mentally, physically, everything.

Nicolle Snow
All right. Thank you. Those are all my questions. And we'll just pause for a moment to see whether the commissioners have any questions.

Commissioner Drysdale
You said that you had worked with CN Rail, I think you said six years?

Artur Anselm
Yep, six years.

Commissioner Drysdale
When you signed your contract with CN Rail, your employment contract, was there a clause in there requiring that you had to take whatever vaccines that they might require in the future?

Artur Anselm
No, there was none of that. In my eyes, it's illegal what they did.

Nicolle Snow
Thank you, Mr. Anselm.

Artur Anselm
Thank you.

[00:12:55]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 1**

March 16, 2023

EVIDENCE

Witness 11: Kassandra Murray
Full Day 1 Timestamp: 07:48:00–08:22:55
Source URL: https://rumble.com/v2ddo8a-nci-truro-day-1.html

[00:00:00]

Ches Crosbie
Kassandra, do you affirm that in the evidence you will give this Commission, you will tell the truth, the whole truth, and nothing but the truth?

Kassandra Murray
As a child of God, yes, I do.

Criss Hochhold
Thank you. Kassandra, would you please give us your full name?

Kassandra Murray
Kassandra Maureen Murray.

Criss Hochhold
Where do you live, Kassandra?

Kassandra Murray
in Halifax, Nova Scotia.

Criss Hochhold
And what do you do for a living?

Kassandra Murray
I am a teacher.

Criss Hochhold
Fabulous. Where do you teach?

Kassandra Murray
Currently, I just teach privately. I used to teach, though, in a private school.

Criss Hochhold
Okay. Which private school, or school, were you teaching at?

Kassandra Murray
You want me to name the school?

Criss Hochhold
No, that's fine. Let's just say a private school.

Kassandra Murray
Yeah, it was a private school within the Halifax.

Criss Hochhold
And how long were you teaching at that private school?

Kassandra Murray
I was there for— I think, three years.

Criss Hochhold
Three years at that school. And how long were you a teacher overall?

Kassandra Murray
Over 20 years.

Criss Hochhold
Twenty years. That's some significant experience there.

Kassandra Murray
Correct.

Criss Hochhold
And what grades, or grade, did you teach?

Kassandra Murray
At the time, at that school, I was teaching a Grade 1-2 split.

Criss Hochhold
So that would make the kids about—?

Kassandra Murray
Anywhere from six to eight years old.

Criss Hochhold
Six to eight years old. When the mask requirements came in— You have a mask exemption from a physician, is that correct?

Kassandra Murray
That's correct.

Criss Hochhold
How was your experience getting that exemption?

Kassandra Murray
From my physician?

Criss Hochhold
Yes.

Kassandra Murray
My physician was really good about it, actually. I went in there and I explained to him why I didn't want to wear a mask, what I felt, how it would impact my health. And he had no problem giving me the exemption.

Criss Hochhold
Fantastic. Did the school respect that exemption?

Kassandra Murray
For a short while. But there was a lot of toxic and harmful situations I was put in—like, a hostile environment that I was put in, because I had that medical exemption.

Criss Hochhold
Okay. Can you give me an example of such a hostile act that they took towards you?

Kassandra Murray
Sure. When I first came in with the exemption, they were not really happy about it. They put it on file, though, so that it was well-documented that I had it. And they said that, because I wasn't wearing a mask, I had to—they didn't say I was segregated, but I'm saying it—I was segregated to use a different bathroom. I wasn't allowed to use the same bathroom as the rest of the faculty. I had to use a bathroom that was in the basement that wasn't very clean. The school had a mold mildew issue, which I was working on with my lungs too. So that didn't help it at all.

I had to use the bathroom in the basement. And every time I had to go to the bathroom, I had to leave the children, run down the stairs, go to the bathroom, come back up, and come back into the class. I also wasn't allowed to use the faculty room where they took their breaks. I had to go into this small closet that was right beside my room, that we used to use as a cubby room. And it was about—I don't know—maybe about five feet wide by about 20 feet deep. There was no ventilation in this room, just the door going out to the hall. So often when I would go into that room during break time, during my breaks, I would have to leave the door open to the hallway just so I could get some fresh air in there.

That room was also used that, if children were sick, then the child would have to go and be put in there. And if that was the case, I couldn't be in there and I needed to leave the building. So rain or shine, that's where I was.

Then the other piece was: I couldn't use the bathroom. I couldn't use the faculty room.

Criss Hochhold
Can you tell me about potential meetings, faculty meetings?

Kassandra Murray
Even though I wasn't allowed to use the faculty room, I had to stay six feet away from everybody. At a faculty meeting, I was allowed at the faculty meeting,

[00:05:00]

where everybody was in the same room. They were six feet apart, and I wasn't wearing a mask. And some of the other faculty members would also take off their masks. I was allowed in that, but I wasn't allowed in the other situations.

Criss Hochhold
Please correct me if I'm mistaken. But you were able to attend faculty meetings with other faculty who were comfortable taking their masks off. Were you able to share a lunch space with that same faculty?

Kassandra Murray
No, I wasn't allowed to go in that room where they were doing that.

Kassandra Murray
And even at one time, if I may, I was sitting in that cubby space—that small closet—and I was doing some work and having something to eat. One of the faculty members, I was down

like, near the end, not near the hallway door. And a faculty member came by the door. She looked in and she said, "I'm going to close this door because you're breathing in there."

And she closed the door, and I didn't know what to say. I said, "Fine." And I just—yeah.

Criss Hochhold
She closed the door because you were breathing in there.

Kassandra Murray
Closed the door because I was breathing in there, yes!

Criss Hochhold
That's very interesting, because I don't normally go into rooms and not breathe.

Kassandra Murray
Yeah!

Criss Hochhold
I think we all have similar experiences; we all tend to breathe no matter where we go! Unless it's the other place, and we won't go there—

Kassandra, how did that make you feel?

Kassandra Murray
It was really traumatizing for me. It made me feel uneasy. I started seeing psychotherapists to kind of help me through the trauma of what it was doing to me. It made me feel really isolated and cut off from faculty members that I had called friends before. That now, I wasn't a friend, you know, because I wasn't complying.

Yeah, it was really harmful; it was really damaging to me. And then also, because it was such a toxic and harassing environment, I felt like I was policed all the time. They were walking by the room— Because I had to stay six feet away from the children within my classroom. And with grade one and two, which is like herding cats sometimes, it's very difficult to stay six feet away from them without a mask. I would see teachers kind of peeking in the room, making sure there was no children around me and things like that. And they would often have parents come into my room to kind of "help," because the parent would mask. And I wouldn't.

Criss Hochhold
To your knowledge, were any of the other teachers "policed" like that?

Kassandra Murray
Not to my knowledge.

Criss Hochhold
Kassandra, because you were in such a position of care with really the most vulnerable and our most precious treasures, children: Did you have any special rituals that you would go through in the mornings to assess them somehow, just about their overall health or mental wellbeing?

Kassandra Murray
Yeah, so prior to the COVID protocols, I always met my children at the door every morning and shook their hand. We look at each other in the eye. We shake each other's hand, and we say good morning to one another. And it's a good way to connect with the child. It's a good way to get an assessment of: What does their hand feel like? What is their handshake like? Is it firm? Is it weak? Is it wet? Is it sweaty? Is it dry? Are they making eye contact with me? And it gives me a good indication of how I can best serve that child that day. And then at the end of the day, we would also do the same thing. But that stopped with the COVID protocols. I had to get creative and inventive.

Criss Hochhold
What do you mean when you say you get creative and inventive?

Kassandra Murray
I still wanted to— Because I know how harmful it is for a child to be disconnected. When they're in a traumatic experience or in an environment like that—where they're feeling fearful, because it was really inciting a lot of fear in the children—to have that connection is really important. Because they tend to disconnect and you can see that. I could see it in the class and how that was playing out with the children. I thought, "I need to somehow keep this connection with the children." So I had each child get a tree branch of some sort, six feet long. Then we decorated the ends: one end was a red or pink. The other end was blue.

[00:10:00]

So that we always knew what end I would shake—the color—and what end they would shake—the color. So it wasn't getting mixed up, and we would still shake hands with the stick.

Criss Hochhold
Well, at least you were able to creatively form some sort of connection with the kids, even though the schools and the mandates brought in some rather ridiculous rules and procedures.

Kassandra, you've been a teacher for a long time. How would you compare the learning environment that was brought in by the school system at those times versus the years prior?

Kassandra Murray
Well, our faculty meetings became more and more geared towards how to police protocols for COVID and what Public Health was mandating. And so, then our teaching became more fear-based and informed that way with the children. You know, "Make sure you sanitize your hands every day before we go outside the room."

And if I may elaborate on that: one of the rules was that even if the children were going out into the hall to the bathroom to wash their hands with soap and water, they had to sanitize before they went out. Just in case they touched the walls. And there was one line going this way and, six feet apart, one line going this way, like a coming-and-going line. So they were watching to make sure I was making sure the children would self-sanitize. What happened was, one of the children came in and she had caustic burns on her hands from the sanitizer. And I thought, "Oh my god, this is awful, why are you doing this?" And her parent actually wrote in and said, "I do not want my child putting sanitizer on her hands. She's fine to just wash them." I was very grateful that that parent chimed in for that.

Criss Hochhold
Absolutely. You've seen some devastating things physically on the children because of the caustic burns from the overuse of sanitizer. What about their mental state?

When I think back when I was a kid—not that that's a good thing—but you know, trying to have a happy childhood. And a teacher was that connection, particularly in those very early grades. Because really, at the end of the day, you do become a replacement parent for some little kids that are five, six, seven years old. You take on a bit of a motherly role.

Criss Hochhold
After the precautions were brought in, how was the learning environment? How were the kids? Like were kids being kids? Or what would you compare it to?

Kassandra Murray
Prior to the protocols, the children would go to each other's desks. They would eat together; they would play games together; we would put all our desks together for birthday celebrations; we did all these things. After, we weren't allowed to do that. And even outside, they were supposed to be six feet apart, and they weren't allowed to sing. And they weren't allowed to sing inside, and if they were singing outside, they had to sing six feet apart.

So the children become fearful of one another. Their self-regulation is being either stopped or it's going to be delayed, because they're unsure of what they need to do and where they need to go. Their cognition—

Because there were children that were masking in the class. It wasn't mandated at that time for the children to be masked, but some families wanted their children masked, and some families even had children double-masked. And you could see the blood drain from their face. They didn't have the rosy cheeks and things like that; you could really see the difference. Their cognition, their rate of taking something in and digesting the education that they were being given— It's like eating a bad meal, right? It wasn't working, and you could see that they couldn't keep up or they were really tired, or they got tummy aches. You'd see a lot of that happening. And I had this special little tent in the room that I had to sanitize every time somebody came in or out of it. But at least it was a space where the child could curl up with their own little blankie and pillow.

[00:15:00]

And just kind of regroup a little bit, reconnect in that space, a shelter.

Sorry if I'm going off on a tangent a bit.

Criss Hochhold
That's okay, you're talking about the kids and that's great.

Kassandra Murray
You can see that this development of self-trust, development and trust in others starts to get delayed, or impaired in some way. Because they're cut off, have sensory deprivation. Their sense of touch is cut off, even their sense of hearing could be cut off if they're not hearing their friends properly. Or somebody that is muffled, you know: other teachers that did come in and had a mask on, you can't properly hear tone in the voice. So you can't really comprehend what's being said to you. And there's a lot of sensory deprivation that was happening there. The sense of smell, taste—all of those things were slowly declining in the children that were wearing masks.

I found, where typically I had a certain curriculum, that I was bringing at a good rhythm and everybody was able to digest, now I really had to pull back on that. I really had to have intuitive pedagogy, right? Where you kind of have to intuit what the children's needs are and just meet them where they're at.

Criss Hochhold
Absolutely. As with any school system, whether public or private, there would be learning outcomes that should be met or need to be met, so we know that the kids are progressing at a set pace, if you will.

Do you find that you were able to meet those learning objectives that had been set for those kids?

Kassandra Murray
I would say those learning objectives were definitely delayed. Like I just said, where I had a certain rhythm, you knew by this time: you wouldn't be meeting these outcomes. Typically, that's how it worked, but they were really pulled back—not just because of the impairment of the children being able to digest the information, but also from the onset of the unnecessary protocols that we were always told to police with the children, to make sure they understood the rules and what needed to happen. And then trying to explain that to the children in a way that's loving and kind and warm so that it doesn't further incite any fear.

Criss Hochhold
Absolutely. That makes perfect sense, Kassandra. I'm just going to take you back for a moment because your colleagues certainly seemed to have an extreme fear of someone that wasn't wearing a mask. How did the kids feel when you showed up in the classroom with no mask? Did you have to give an explanation as to why you, this teacher, is not wearing a mask and some of the rest of the teachers are?

Kassandra Murray
With children at this age, typically they're part of the whole. They haven't really quite come into their own self-individuality. That usually happens around the nine-year change. At this age, their consciousness is more, "I'm part of the whole. You're part of me, I'm part of you." There were some children that were like, "Miss Kassandra, why don't you have to wear a

mask?" I said, "Well, I choose not to wear a mask." I'm not going to get into it with the child. And that was the end of that. I just gave them a very simple answer, and that was the end of that. So that was how that was met.

But ultimately, they didn't really pay attention. Like you said earlier, they look to you like children still. They call you "mom" half the time in class instead of Miss Kassandra. "Oh yeah—sorry, Miss Kassandra." Right? Because they're looking for that adult that is giving them, nurturing them, and providing them with an environment of love and warmth. And they just want to hug, come into the folds of that. And so, yeah, so there were children that would just unconsciously want to naturally come up and give me a hug. And I would kind of hide them off to the side, right? "Okay, shh, we're not hugging!" So anyway. Yeah.

Criss Hochhold
Wow. It's kind of frightening what happened and what managed to be brought in and imposed on our children. I don't really have any other questions, but is there anything that you feel that you'd like to ask before I defer to the commissioners?

Please go ahead.

[00:20:00]

Kassandra Murray
Yeah. So, one of the other things that had happened, just to give you another picture, is the executive director, who's supposed to be impartial and fair to everyone: one day I was walking close to the office, and she was coming out of the office, which meant that we were kind of going by close to one another and she had her mask on. She literally turned her back to me because I was walking beside her.

And then after, there was a time where we all went online. I won't even get into how detrimental that is for children, but then we went online learning. And when we were coming back from the online learning, it was mandated that all the children and everyone within the school had to wear a mask. Even the little pre-primary ones all had to wear a mask. So they called me, and they said, "We can't have you come back to school. We can no longer honor your medical exemption and we won't, and we can't have you back to school. What we're going to do is we're going to put you on paid leave, but we're going to have a substitute teacher lead your class and you have to provide them with lesson plans." I did that for a few weeks and then everybody went off online again.

So then, near the end of the school year—I think it was the end of May, beginning of June, I'm not quite sure, but this is 2021—they were going to go back into the classroom for one or two weeks. They said, "Well, we can't have you back in the classroom; we can't honour your medical exemption and we won't. Unless you want to wear this helmet—" It's called a microclimate helmet; they were willing to pay over $400 for this microclimate helmet that looks like one of those old sea diver helmets. I thought, "No, I'm not; those children have enough. I am not stepping in front of those children with that." Never mind my own trauma of having to deal with that, and I have a medical exemption.

So that was where I said "no." And they just kept making this environment for me at the school very toxic, very hostile. Watching me all the time. All these little things adding up and I decided that this was not in my contract; this was not the terms of my employment.

My terms of employment were significantly changed. And so, due to the employer's conduct, I felt forced to leave my job. And I made my decision to resign.

Criss Hochhold
Fantastic. So just quickly to reiterate: you had a valid medical exemption from a physician in Nova Scotia. And the school chose to disregard it entirely and essentially told you, "Your exemption means nothing to us. If you want to come and put on a spacesuit and teach—" Because that would be a wholesome environment to them.

Kassandra Murray
That's correct.

Criss Hochhold
Thank you very much, Kassandra.

Kassandra Murray
You're very welcome.

Criss Hochhold
Have a great day.

Commissioner Drysdale
I have a couple of short questions. I believe you mentioned that there were still faculty meetings going on.

Kassandra Murray
Correct.

Commissioner Drysdale
And you'd attend those faculty meetings. Some people didn't have masks on and yet seem to be okay. My question has to do with the intent, or the content of those faculty meetings. How much time, if any, in those faculty meetings was spent discussing the protocols for masking, et cetera, versus what protocols should be in place to compensate for the things you were seeing going wrong with children? With their learning being reduced or being impeded and some of the social issues.

My question is: How much time were they spending trying—those coming up with protocols—

[00:25:00]

to mitigate the effects of the masks on the children's learning environment?

Kassandra Murray
I would bring something up to try to mitigate, and I was immediately shut down. There was very little to none on mitigation. I would say that probably one third of the meeting was spent on protocols, what we need to do, how we could be better. I even have an email that was sent out by the executive, by the education director. It was sent out to all the faculty. And she specifically named me in this email, and she says, "For you, Kassandra, I would ask that you double up on your physical distancing and also support the parents who come in to support the class during transitions as well as in class time."

So I was really put in the spotlight because of what was a private thing for me with my medical exemption. And that was put out through the whole school.

Commissioner Drysdale
I just want to make sure I understand that they said you had to double up on your distancing.

Kassandra Murray
That's what they wanted me to do.

Commissioner Drysdale
Your distancing was six feet and they wanted—

Kassandra Murray
They wanted me to do 12 feet.

Commissioner Drysdale
How many kids were in the classroom?

Kassandra Murray
How many did I have that year? I remember, I would say approximately 18.

Commissioner Drysdale
Would it be possible in a classroom to be 12 feet away from 18 children?

Kassandra Murray
No.

Commissioner Drysdale
I have one other question, and maybe it's just I didn't understand something about this. I thought you said that you weren't allowed to go into the lunchroom and have lunch with the staff?

Kassandra Murray
Correct.

Commissioner Drysdale
Did they eat their lunch with the mask on?

Kassandra Murray
I wouldn't know because I wasn't allowed in the faculty room!

Commissioner Drysdale
Thank you, that's all I've got.

Kassandra Murray
You're welcome.

Commissioner Massie
I have two questions. One short question. You probably have heard— I've never seen it myself, because I've been out of the university and school, and so on, for a long time. I've heard that there are a lot of issues in the American campus, but maybe also in some places in Canada, about the so-called safe space and microaggression. That is, people that are sensitive to opinions or behavior. And I'm trying to understand what that could represent in an environment but with teenagers or young adults. Maybe this is something that can be, I don't know, managed somehow.

But in a school with children like that and among adults, which are the faculty: Would you compare what you've lived through to something like microaggression?

Kassandra Murray
I don't know. I'm not sure how to answer that question. I know I felt segregated, and I felt discriminated against. I just felt very isolated. I don't know about the microaggression piece.

Commissioner Massie
So how did you feel emotionally?

Kassandra Murray
Oh, emotionally. Emotionally, I was really traumatized. I was really sad, and I was thinking, "What am I going to do for work now, how am I going to make a living? I can't go back into that environment; they won't even let me back into that environment." You know, they made it very difficult for me.

I went into this very anxious, stressful state of fight or flight and thinking, "Okay, I need to go boots in. And just get moving and figure out what I'm going to do." And that's where I was really grateful that I had this doctor that was helping me, a psychotherapist. Because she was really helpful to help me get through that stage.

Commissioner Massie
My other question— Maybe you're not aware of it, but in Quebec they conducted a very extensive study to look at the impact of these measures in school on the learning process and behavior of the children, and so on.

Are you aware of similar studies in Nova Scotia?

Kassandra Murray
I'm not aware of similar studies in Nova Scotia directly.

But from some of my training in working with transdisciplinary healing education, working with educating traumatized children, right?

[00:30:00]

And seeing how trauma and these things not only have mental health implications and psychotherapy indications for the children at the time— If it's not worked out immediately, it can turn into other illnesses and disease, right? But it also can have a delay in the development of their organs, in the development of how they move and their growth.

So there is a lot that can happen physiologically and psychologically with the children.

Commissioner Massie.
Thank you.

Criss Hochhold
Thank you very much Kassandra, I really appreciate your time.

Oh—I'm sorry, my apologies. Let me take that back for a moment. I'm sorry. I still appreciate your time, but we have one more question.

Commissioner Kaikkonen
Hi Kassandra, I just want to take it just a little bit bigger, broader. Who determined the protocols? Was it external and was it the provincial health, or was it just internal within the private school system?

Kassandra Murray
We were told that they were getting their mandates from Public Health. That's what we were told at faculty meetings. The school had put together a small group of individuals— teachers and parents that put together what they felt were the measures and protocols that our school would be doing. So they were getting this from Public Health; they were getting whatever mandates or protocols. And then they would take that, and then they would implement it in a way, for our school, following those guidelines. That was my understanding. That's what we were told.

Commissioner Kaikkonen
Were you ever given a copy of those mandates from provincial health, or you just read about in the media, that kind of thing?

Kassandra Murray
I don't recall being given anything. I just remember us being told this was what was happening. Yeah, it was kind of like an agenda note, right? This is part of our agenda. But it didn't go into—

Commissioner Kaikkonen
Did you see any discrepancies with what was happening within your private school as compared to other schooling alternatives in Nova Scotia? I'm not from here, so that's why I asked.

Kassandra Murray
I wasn't sure what was happening in the public school system because I'm not part of that. I just knew what was happening in our private school, I didn't know too much about what was happening in the other school systems. I was just really involved with what we were doing.

Commissioner Kaikkonen
And then one final question: In terms of incident reporting, was there any reporting process within the school system for the hand sanitizer issue?

Kassandra Murray
No, there was no incident reporting for that. It was the parents coming back to say, "my daughter has caustic burns from this overuse of sanitizer, and I don't want her using it anymore."

Commissioner Kaikonnen
There would be no path to document what was happening with that child and taking that information—sorry, I just lost my voice, I think—to the public health authorities?

Kassandra Murray
Not that I'm aware of.

Commissioner Kaikonnen
Okay, thank you.

Criss Hochhold
Is there one more question forthcoming? No.

We do have an audience question for you, Kassandra, as well. The question is: Thinking of air quality and our scent-free schools, did the hand sanitizer have any negative impact?

Kassandra Murray
As far as scent sensitivity?

Criss Hochhold
Yeah. Usually I find that, and I'm going to presume that with whoever is asking the question— Are you talking about scented hand sanitizers? Because they were both available, I believe, at the schools.

Kassandra Murray
Have a smell to them, yeah. In my class personally, I didn't notice any scent sensitivities to the sanitizer, only the physical sensitivities of rash, the burns, things like that.

Criss Hochhold
Wonderful. I believe we've got all the answers to all the questions. Thank you once again very much, Kassandra.

Kassandra Murray
Thank you.

Ches Crosbie
Thank you all. The hearings will rise for the day and reconvene tomorrow at 9 a.m. Thank you.

[00:34:55]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
TRURO HEARINGS

Truro, Nova Scotia, Canada
March 16 to 18, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Opening Statement: Ches Crosbie
Full Day 2 Timestamp: 00:19:04-00:32:11
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
An existential threat to our democratic way of life occurred towards the democracies in the 1930s. It was called the Great Depression. But when Franklin Delano Roosevelt made his inaugural address as President of the United States in 1932, he didn't tell people to be afraid and stay home. He told Congress and the free world that we had nothing to fear but fear itself. We heard a bit yesterday from Shelly Hipson about how data and statistics were manipulated to make people feel afraid in this province, Nova Scotia. No great nation prospers and grows on a platform of fear. But as a virus spread out from Wuhan China, governments chose to opt for fear and to ignore their own previously approved and adopted pandemic plans, which instructed them to protect the vulnerable, allow others to carry on their lives normally, and maintain public confidence. They panicked into a war against a virus—a war which all reason and experience told them was futile and doomed to failure. And the first casualty of war is the truth.

Many citizens might say the COVID crisis is over. I just want to forget about it, move on. The problem with forgetting about it and moving on is that governments may never relinquish power and control once they have it.

Coercive measures such as injection mandates to travel by air are only suspended, to be brought back whenever government deems necessary. And in many settings, including courts and hospitals, mask mandates are still in effect, despite the evidence of myriads of studies, the latest one being the famous Cochrane review—the definitive study on masking, which reviewed 78 randomized control trials and concluded that masking was completely ineffective. Masking of any type. That came out just two or three weeks ago. And they continue to double down on their advocacy of injections whose efficacy data, you will hear, has turned negative and whose safety is in heavy scientific dispute.

No government in Canada has had the courage to hold independent hearings into their response to the COVID crisis and learn lessons for the future. What went right and what went wrong? Were we told the truth? Did politicians, officials, and media promote and enforce a single government approved narrative, a dominant narrative, about SARS-CoV-2 and suppress alternative competing narratives based in science? If mistakes were made,

what reforms should be implemented to reduce the chance of those or similar mistakes occurring in the future?

Commissioners, at the outset, we should recognize and acknowledge the pain of those many people who lost family and friends to COVID, but we should also recognize and acknowledge the pain of so many people who have lost family and friends to the measures taken to combat COVID. You will hear evidence that these measures include the unscientific suppression of cheap and effective early treatment; deaths from loneliness, despair, and addiction caused by brutal lockdown and isolation methods borrowed from prison discipline; and the unprecedented levels of injury and death caused by experimental injectable products which did not fit the traditional definition of vaccine, and which governments still promotes.

We should also acknowledge the injuries of those who struggle with prolonged symptoms of infection injury from the

[00:05:00]

injectable products and psychological injury from the campaign of fear and isolation. In the face of the COVID crisis upheaval since early 2020, it's only reasonable that this inquiry ask the question governments don't want to ask. Why did so many Canadians die or fall ill both from SARS-CoV-2 and from the efforts to mitigate its damage? Were our national public health responses based on the best possible evidence? And was that evolving evidence constantly re-evaluated to optimize the outcomes for the population as a whole? Were any COVID countermeasures actually counterproductive? And did they result in more harm than good? In other words, did governments use cost-benefit analysis to evaluate their actions; or were their actions, as many citizens suspect, the product of unspoken agendas for profit, power, and control?

Answers to such questions are critical to the future of Canadian democracy, to the individual rights and freedoms which sustain Canadian democracy, and to our future economic well-being. In the absence of government interest in commissioning independent public hearings, a network of volunteers from across this great country has come together out of a desire for a better Canada. The National Citizens Inquiry is entirely citizen-funded and citizen-run, and is therefore entirely independent of any government influence. You Commissioners have sworn to go where the evidence takes you and to make your findings and recommendations based on the evidence you will hear during this inquiry. And the evidence will be disturbing.

The witnesses who have come forward to this inquiry told us almost without exception that they have done so because they want to give voice to a perspective which has been ignored **and suppressed in the government-sponsored narrative, enforced by mainstream media. The Commission has invited a large number of politicians, public health officials, and other leaders of the official response to the COVID crisis to appear before you and give evidence at a hearing venue convenient to them, either in person or by video link. If they fail to appear and explain to Canadians their side of the narrative, its basis in science, and why their actions were justified and continue to be justified, it will be because they do not wish to account for their actions to the citizens of Canada. It will not be because they were censored, silenced, or deplatformed by this inquiry.**

If leaders of the COVID crisis response do choose to explain themselves to Canadians, they could be asked for their response to the following issue. The AstraZeneca COVID-19 vaccine program was suspended in Canada due to its risk of causing severe adverse events. The

main one was blood clotting in one in 55,000 inoculated adults—one in 55,000. Why has the same safety standard not been applied to suspend the mRNA program? Dr. Joseph Fraiman, from whom we will hear this afternoon, calculated with colleagues a one in 550 rate of serious adverse events, as revealed by reinterpretation of the clinical trial data, which is the supposed gold standard for knowledge about a new drug. The study by Dr. Fraiman was published in the prestigious journal *Vaccine* and cited by the Surgeon General of Florida in his recent letter to the FDA.

In suspending the AstraZeneca program, our regulator established a safety standard for itself for triggering suspension of a COVID injection program.

[00:10:00]

This standard was one serious adverse event in 55,000 inoculations. Peer-reviewed estimates of the serious adverse event rate for the mRNA vaccines are orders of magnitude higher than one in 55,000. Why have we failed to apply the safety standard we applied to AstraZeneca products to the mRNA injection program? The issue of the safety and efficacy of the injectable products is a leading battleground of government propaganda and a focus of mainstream media suppression of the tsunami of scientific information which contradicts government claims.

Government no longer claims that the mRNA injectable products stop infection transmission. You will hear evidence, and in fact have already heard evidence from Dr. McCullough, that these injections work by the injection of instructions to ourselves to produce a foreign protein on their surface. This foreign protein, the spike protein, is produced in unknown amounts for an unknown time and is interpreted by the body as a toxin. You will hear that the shots have tremendous quality variation in the manufacturing process. They are in fact experimental, no matter how they might be classified legally, with no medium or long-term information about their risks. You'll hear evidence from a Canadian expert, Dr. Denis Rancourt, that these experimental injections have killed more than 10 million people worldwide—more than 10 million people worldwide. You will hear that scientific peer-reviewed literature has delivered the following verdict. An abundance of studies has shown the mRNA vaccines are neither safe nor effective, but outright dangerous—outright dangerous.

Commissioners, the life, safety, and health of our friends and family, the viability of our democracy, and our future national prosperity rest on your deliberations. The Charter of Rights and Freedoms states that Canada is founded on principles that recognize the supremacy of God and the rule of law.

God speed you in your task and may God and the rule of law prevail. Thank you.

So that's a big task.

[00:13:06]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 1: Darrell Shelley
Full Day 2 Timestamp: 00:32:11–00:55:57
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Now I think we have our first witness for the day.

Criss Hochhold
Good morning, everyone, Commissioners.

Ches Crosbie
Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

Darrell Shelley
I do. Can you hear me?

Criss Hochhold
Yes, we can hear you. Thank you. Can you please state your full name for us?

Darrell Shelley
Yes. Hi Criss, thanks for having me here today. My name is Darrell Shelley. I'm from Stephenville, Newfoundland. I relocated to Toronto in 2004, where I lived for 16 years, returning to Stephenville in December 2020, during the COVID pandemic.

Criss Hochhold
Before you moved to Newfoundland you said you resided elsewhere, can you tell me more about that? What precipitated your move to Newfoundland?

Darrell Shelley
I lived in Ontario for 16 years. I left Newfoundland as a young man, as many do, to seek employment opportunities. I ended up starting a business called Mighty Mouse Staffing, which was founded in early 2017. I was a freelance audiovisual technician in Ontario, a self-employed businessman the entire time I was up there. And after, when the COVID pandemic struck, it really took a dent in our business. We specialize in technical labour and the installation of events for producers, venues, shopping malls, public spaces, and we also provide skilled trades and construction when required. So when the live event industry shut down, it completely destroyed our business.

Criss Hochhold
Terry [sic], did you take any preventative steps to try and mitigate the potential impact of lockdowns or restrictions for your business?

Darrell Shelley
Yes, yes we did. So we ended up ordering KN95 masks, which are PPE from Asia, which is on par with the N95 masks you would get here, for what we call respirators. And we wanted those because they were supposed to keep our workers safe and we had to continue to work throughout the pandemic. So we ordered thousands of them. We got an importation license and we were ready to continue throughout the pandemic. We saw that it was coming before they had started to announce the emergencies of March 2020. So we were ordering these things about six to eight weeks before that time. When we started out in 2020, we just had peaked at what was going to be our best year ever based on contracts we were landing. We had about 20 freelancers that were working close to full time and 80 freelancers on call. We were on a gross track for over 1.5 million in 2020 from a business that started with only $1,500 of one client back in 2017.

Criss Hochhold
So you built your business from 2017 to 2020, basically from $1,500 income to a projected revenue of $1.5 million, is that right?

Darrell Shelley
That's correct, yeah, and everything that we did was related to the event business at that time in the live event industry. So when the lockdowns happened in March, we had to tell everybody, "We're finished for now, we'll be back maybe in a few months." We weren't sure, so we held on to those KN95 masks. We just put it as a tool in our arsenal, Criss, like the same as you would with, you know, your boots, your steel-toed boots, your hard hats, or whatnot. And we figured we will get back to work at some point in time. But when June hit, we realized we weren't going back to work. That we were going to be permanently locked out of work here. And Doug Ford, because we were Ontario, he kept calling for PPE, PPE; and they kept telling people, the public, not to buy masks, that they only needed them for the government.

Well, when the government says something like that, it makes me want to make sure that I've got enough for myself first. But knowing we weren't going to need them, I had enough for my family. I had more than enough for my family and I teamed up with another friend of mine who owns a company called portable UBC and we decided to take all of our PPE and donate it to long-term care.

[00:05:00]

Because Doug Ford was calling for help with long-term care. We saw these videos on the news of people in long-term care were suffering. And if you remember the military had been called in, so we decided, "Okay, we're going to do our part, we're going to donate these things." Now they were calling for procurement, and we could have made money. I said, "No it's not the right thing to do. We're in a pandemic. We're all in this together, right?" That was the idea, was to help each other. So if I could help brothers and sisters and long-term care facilities get through their day, I had medical grade respirators that could help them, I was going to donate them.

And then we had a big snag when we actually decided to do that, which was the very first sign for me that there was a lot more to this pandemic that had to do with financial gain than it did to do about keeping people safe.

Criss Hochhold
Terry [sic], how many masks were you donating or looking to donate?

Darrell Shelley
So we had about 5,000 of them between us, and I had reached out to OPSEU [Ontario Public Service Employees Union], which is the union that handles long-term care facilities in Ontario. And I reached out to the president, Warren Smokey Thomas, and Eduardo Eddie Almeida, the first vice president and treasurer. They wouldn't get back to me for the first few times. I tried calling. I tried repeated e-mails. Finally, I got a little bit aggressive with one of my e-mails, and I did get a response. Their answer was to give it to the government, at which point I said, "I'm not interested in that. I'm interested in giving them to you." I said, "we will bring them ourselves. We have an importation license. These are legitimate. Taxes have been paid on them. Can we just bring them to you and help your people out?" And they just completely shadow-banned it. They blocked us. They didn't want to talk to us. They ignored us. It was over. I didn't understand why. So I went and did some investigating. I found it on their website. They were selling branded cloth masks with their logo on it, non-medical grade, to their own union employees. And that's the only PPE they were letting them have, which weren't going to keep them safe from the so-called virus. And here we were with medical grade respirators, an importation license, and excess of 5,000 masks that we didn't need.

And now, on a side note, OPSU is seeking nearly $6 million that they allege that Warren Smokey Thomas and Eddie Almeida had stolen from union executives over the years. So I don't know if they were making money off these masks, but it sure as hell put a red flag up for me, and we decided eventually to donate them to a homeless shelter called Homes First. in Toronto. So we gave it to them, but it was pretty amazing that they were calling for help in long-term care. And here we were, coming to save the day, and we weren't able to do it because they wouldn't let us do it.

Criss Hochhold
And you were shut down from providing masks to the elderly population, particularly long-term care facilities, which were certainly a high-risk category. So thank you for that.

Terry [sic], what happened to your business? Because you said you built it up from the dream, so to speak, from very small income to a projected income of 1.5 million. And the

second question— Actually, let me preface that, I'm sorry. Your business had contractors, you had employees, 20 contractors, and you also said you had up to 80 subcontractors. When the lockdowns and restrictions came, what happened to your company? What happened to those employees, to those contractors and subcontractors?

Darrell Shelley
So the audiovisual community and event-staffing community in the city they had these online sort of events where they were trying to rally people to— You know, let's be all in this together and let's stay home and let's stay safe and all that. But after a while, after a few months, we started to see that this really wasn't the case. Walmart was open, the liquor store was open. People down in the United States, you know, a lot of places were still open. A lot of technicians that were highly skilled moved to the United States temporarily. Some of them left the business completely. A lot of them switched trades or left the town because, I mean, living in southern Ontario near the GTA is ridiculously expensive. You need to keep making money every day or you're going to go under, and by the time we got said and done with it, I think we managed to pick up some work in 2020. Our one and a half million projection ended up turning into about nine grand in sales from March to the year-end, and we almost lost our company.

We managed to survive because we started an online pet supply business and dog breeding business when we came back to Newfoundland called Shelley's Pet Palace, and we were able to do that mostly online. And now in 2023, we are just starting to get Mighty Mouse Staffing back to pre-pandemic levels, and we're hoping for a good year. But we've had to rebuild our entire crew and network because a lot of people have exited the business.

[00:10:00]

Which was sad because we lost a lot of really good people from that industry.

Criss Hochhold
No question of significant impact on the staffing because people would have found different trades, different avenues of revenue which may not return to the business. Certainly, a significant impact, and to go from a projection of 1.5 million to an actual recognized revenue of $9,000 is simply incredible. Were you able to regain some of the clients that you lost because of the significant reduction in your ability to provide the services?

Darrell Shelley
So thankfully, yes, we managed to keep a couple of our clients. One of them does a lot of work in shopping malls, which managed to remain open. So that little bit of work floated us during the tough years, the two tough years that just—that we just went through. But it was nowhere near what we were at before. I mean, it was literally, I had to put myself on the jobs. I had to travel back, which was quite a struggle: traveling throughout the pandemic with the various restrictions changing on a weekly basis, not knowing if we were even going to be able to travel. So I wanted to go into telling my little story about how I had to actually come home and try to take care of my mother, because getting back to the island of Newfoundland during that time was a nightmare.

Criss Hochhold
Absolutely, and Terry [sic], you've segued from the business aspect which affected you and your family, but I want to touch upon your personal story as well. You mentioned your mother, so certainly a significant life event that impacted you. Can you tell me more about that?

Darrell Shelley
Yeah, Criss, so, I mean, what proceeded—the story I'm going to tell right now probably brought me to where I am right now, my political and professional ambitions. Because I couldn't believe that this could happen on Canadian soil. I couldn't believe that this could happen in our country. So my mom was having a rough time with her health at the beginning of the year. We didn't make it home for Christmas in that previous year, so we planned to come back sometime year 2020 anyway. In May, Mom got sick.

Criss Hochhold
May of 2020?

Darrell Shelley
2020. Like really sick, more than before, and she had to stay in the hospital for a couple of weeks alone. It was really hard on her. She was unable to leave and she was only allowed one visitor, which was her designated visitor, which was her sister. During this time, my nephew was born. There were strict hospital restrictions due to the pandemic for visitation—for births as well. So my mother was unable to witness the birth of her second grandson, due to the pandemic restrictions. And the baby was not able to come see her due to the restrictions in the hospitals. I think that's when she got diagnosed with cancer, and I think it was a really lonely, difficult time for my mother. I regret that I wasn't able to be there for her at that time.

Criss Hochhold
Absolutely, I'm very sorry to hear that. How did you feel when you first learned that you weren't able to visit your mother, you know, going through such an end-of-life stage at this point in time? How would that make you feel, Terry [sic]?

Darrell Shelley
Yeah, we knew that we might be able to come home if we applied for an exemption. But in May 5th, 2020, Bill 38, an Act to amend the *Public Health Protection and Promotion Act*, backed by the Newfoundland government, was enacted. And this included banning non-residents from entering the province. However, residents were still able to leave and return. So if you're from Newfoundland, you can leave and go to Canada. But if you're in Canada, you can't come to Newfoundland. First time I've ever heard of anything like that ever happening. You're not allowed to go to this province, sort of, right? It allowed the police to conduct warrantless searches and contain persons who are suspected of being in contravention to the *Public Health Protection and Promotion Act*. To enter any premises without a warrant, to take samples, conduct tests, make copies, extracts, photographs, videos, inspect as the inspector considers necessary. And to make available any means to generate and manipulate books and records that are in the machine-readable format, such as an electronic form, or any means necessary, for the inspector to assess any books and

records and no timeline given. So they can just come into your house, take your laptop, leave, and come back three months later and say, "We found something in your laptop."

Criss Hochhold
So there were some very, very trying times for us. Sorry to interrupt you, Terry [sic], but I want to focus back on your mother a little bit actually. Because you weren't able to visit with her due to these travel restrictions that were brought in, but were you able to connect with your mother in another way potentially?

Darrell Shelley
Yeah, Criss. Yeah, to just correct you, it's Darrell.

Criss Hochhold
Oh, I'm sorry.

Darrell Shelley
Yep, no problem. So yeah, like I was just about to get into—

[00:15:00]

In May 2020 the Civil Liberties Association wrote to the attorney general, Minister Andrew Parsons, concerning the restrictions put in place by the government. I sent that to my mother and I said, "You know, I don't know if we're going to be able to get home. I don't know what's going on." So June 4th, my wife and I applied for a travel exemption into the province. And to our surprise, we did get it the next day. Taking care of someone in palliative care assistance was an option. We chose that option and we did a lot of teleconferencing, video calls with Mom. But we were really worried about traveling through the other Atlantic provinces because we heard about the difficulties that other people were having.

We didn't know if we were going to be able to get through New Brunswick and Nova Scotia. We didn't know if we were going to be able to even get on the boat and then they may change that last minute. So Mom was doing better through the summer and had lots of family and friends to help her as she was going through chemo. So we didn't think it was necessary to really take the risk of trying to travel and maybe getting stopped along the way or something. So we didn't go at the time. And then in the fall, Mom took a turn for the worse. We decided to travel home right away to take care of her full-time at that time.

Then on November 7, 2020, I had to apply for another exemption because the old one was only valid for 30 days. Now, this 30-day rule was never stated, was never made public. There was no way to know it. I had to inquire because I was going to pack up. I left my condo behind, everything behind to come home. My business was shot, so there was no work happening anyway. And this time, I applied for my entire family. We were planning to travel back on November 23. Then on November 13, I was talking to my mother with her on Messenger that day. Everything seemed fairly normal and fine. She was on the phone with her sister, I believe, that night. And sometime after midnight, she died in the kitchen. The restrictions that were put in play by the Government of Newfoundland and Labrador and the other corresponding Atlantic provinces robbed me of being able to see my mother in her dying days.

Criss Hochhold
I'm very sorry to hear that, Darrell. Absolutely. As we're coming in towards the end, I want to ask: were you able to find some closure after all this with your mother's passing?

Darrell Shelley
Yes and no. We weren't sure if the exemption would be valid, but we came home anyway. At this time, after Mom passed away, there was no way for me to be able to get back to see the body to say goodbye, do a proper send-off. She had to be cremated pretty quickly. What we decided to do was to have a wake. And I knew that there was a fourteen-day isolation and I wasn't supposed to go. Some family members said to me, "Do it anyway," others said, "No you can't." So I didn't tell anybody I was coming back and no one in town, no friends, no relatives, nobody knew of her wake. She was robbed of that. I didn't know anything about it. I came home, got off an airplane full of people. Got into a truck completely isolated. Went to my house, completely isolated. Got in the truck went to the wake, had to put a fake name down to walk in. Went in and saw her in the empty room.

And to this day, there's people in this town didn't even know there was a wake. The only other person who went was my brother and his family. Nobody else was there. I didn't even see them, because they went at a different time. People were calling me saying, "You are going to get arrested if you break the quarantine." And I said, "My mother is dead." I said, "I'm coming back to say goodbye to her body and we paid thousands of dollars for it. I'm going to do it." So I set her up, it was it was mixed emotions. I was completely alone with no one there to confide in. You know, my father was very helpful by giving me his truck and everything. But the people in Newfoundland and Labrador were scared. They were totally petrified.

The amount of discrimination I felt in the next few months, traveling home, getting on that boat, and coming from Ontario, from my fellow Newfoundlanders was despicable. It was ridiculous. You are talking about a person that hadn't left his condo for almost—more than half a year. I was never sick. We weren't working. I was isolated most of the time. All I did was went outside to walk my dog. The amount of discrimination was ridiculous. The government had everybody pitted that the outsiders were going to bring some killer plague to the island of Newfoundland. And everybody believed that this is going to happen. I heard things like, "You're going to be the first case in Stephensville," and, "You would affect the entire town." When I came back— I came back on December the first, was when we finally landed, when we got over with our stuff. We quarantined for fourteen days. The last day of quarantine was my fortieth birthday. No one came to visit me on my birthday. People called and things like that but nobody came. It was my last day. Like I said we saw very little family over Christmas. It took twenty-nine days before I was able to sit down with my brother to discuss my mother's affairs.

The government destroyed everything and had everybody living in fear. It was so sad. As people found out we were from Ontario, they would run away from us. When we couldn't get help offloading, I couldn't get help to offload my things. Even if I actually did it in another room by myself.

[00:20:00]

I was offering somebody two hundred dollars an hour to help me offload my stuff, after driving all the way from Ontario, getting harassed by a border guard in New Brunswick, who said I couldn't stop. Having to take the license plates off my truck and off my trailer. It took three days to offload that stuff by myself. I had to return to my mother's house to go

over her belongings. Same towels that she used were still hanging in the bathroom and nobody to help us. The intimidation factor was unreal, and I couldn't believe that the people of Newfoundland were so scared and convinced that we were going to bring this plague and kill everybody. It took a long time for us to be able to reconcile that as friends with our neighbors, with our families, and people [inaudible] to get back to normal.

Criss Hochhold
Absolutely right and then we are still reconciling with that, so thank you, Terry [sic]. We are coming short on time. I have no further questions for you. Appreciate your time and I'm going to defer to the commissioners, if there are any questions that they'd like to ask of Darrell. No?

Yes, there is one question.

Commissioner Kaikkonen
I'm just wondering, when it comes to the different travel regulations or guidelines in the different provinces. When you mentioned that you were harassed in New Brunswick, by the border patrol, could you just kind of elaborate a little bit further on that?

Darrell Shelley
Sure, yeah. It was after driving through Ontario and Quebec with no issues really. We got to the New Brunswick border at Edmundston and they had a full lockdown situation. It was almost like driving into a— I've traveled in Europe. I've gone from country to country like France to Switzerland, and other places. And when you do, there are places where they search you, and they lock you down. And you know that's understood. It felt like that, it felt like I was going into another country. Like I was being questioned about who am I, where am I going, why am I going there and I had my papers. I said, "I'm going on back to Newfoundland," and she said, "Well, you can't stop along the way." I said, "Well, if you know anybody who's got a 5.7 litre V8 with a trailer that can drive all this distance without stopping on one tank of gas, I'll take two trucks, thanks."

I had my family, my puppies, a long drive, we were already tired, we weren't allowed to stop. She said, "Well, if you do stop—" I mean she pulled over other officers and they started interviewing us. And they were, like, flashing in the back of our car and looking around and trying to find out what we were doing. And they said, "If you do stop, you've got to wear a mask, you've got to put the gloves on; you can't go inside any building to use the washrooms or anything like that; you can't eat. Go straight to Newfoundland and get straight on the boat." If anybody knows, that's a very long drive, it's hard to do it in one day. It's impossible to do with families, and puppies, and a trailer like I said. So I had to stop. I had to take the license plates off. I had to hide, I had to pay cash most of the time because I was afraid that they were going to track my Visa or my debit card. I mean this is early 2020, before they had any of the vaccine passports or anything like that, and we were terrified.

We didn't know what to do. Coming into Nova Scotia, they had flashing signs about getting ready, getting ready, and when we got there, there was nothing. We just drove right through Nova Scotia and went straight to Newfoundland. It was so bizarre. Each province had their own set of rules and again, New Brunswick was pretty intimidating. She said, "If you stop for any reason at all, we're going to send you back to where you came from." So I would go back to Ontario where I had no home, where I had no condo, where I had no

company anymore. And I wouldn't be able to go and take care of my mother's affairs. I'd basically be homeless if they decided to turn me around, if I didn't cooperate with them.

Commissioner Kaikkonen
Thank you.

Darrell Shelley
Thank you. Thank you for what you're doing. Thank you for taking the time to listen to me today.

Criss Hochhold
Thank you, Darrell. I appreciate your time.

[00:23:38]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 2: Terry Lachappelle
Full Day 2 Timestamp: 00:57:02–01:17:47
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Good morning, Mr. Lachappelle. Do you, in the testimony you will now give, affirm that you will tell the truth, the whole truth, and nothing but the truth?

Terry Lachappelle
I do.

Criss Hochhold
Good morning, Terry. I know we've already sort of mentioned it, but can you please give us your full name?

Terry Lachappelle
Yes, my name is Terry Lachappelle.

Criss Hochhold
Where do you live, Terry?

Terry Lachappelle
Right now, we live in rural New Brunswick.

Criss Hochhold
And what did you do for a living?

Terry Lachappelle
I'm a retired military veteran of 21-plus years.

Criss Hochhold
Where were you posted, Terry?

Terry Lachappelle
Six different provinces.

Criss Hochhold
Let's go with the most recent, or your last posting.

Terry Lachappelle
Right, CFB Trenton.

Criss Hochhold
Okay, so before moving to rural New Brunswick, your residence was Trenton, in Ontario?

Terry Lachappelle
Correct.

Criss Hochhold
What did you do for the military? What was your occupation or your capacity?

Terry Lachappelle
My occupation was MSE Op, Mobile Support Equipment Operator. Basically, a truck driver. I retired in mid-2018, and I started working on the base as a civilian in— Sorry, this is a little hard to say, but in 2020, as a public service.

Criss Hochhold
Breathe, nice and relaxed. It always helps to breathe deeply. Take a couple deep breaths, and we'll go from there, okay?

Terry Lachappelle
I'm good.

Criss Hochhold
Excellent. Terry, you retired from the military in 2018 and then took a public service position with the military. Correct, as a public service?

Terry Lachappelle
Yes, as a civilian.

Criss Hochhold
As a civilian. Okay. And then you left that job in 2020, you said?

Terry Lachappelle
In late 2020, yes.

Criss Hochhold
What precipitated that?

Terry Lachappelle
Well just about, you know, early 2019, early 2020, the COVID pandemic was happening. And I listened to a lot of different news outlets—not just mainstream media but also alternative news outlets. And I was hearing rumors and reading rumors about possible injection mandates for all public service employees. My wife also worked on the base as a public service employee. And I was watching that really carefully because I was worried obviously, right, what was going to happen. So between the two of us and my military pension, we were doing fine. I mean, you know, $170,000 a year, roughly. We had a couple nice vehicles, nice home, completely renovated, you know, camper, pool, hot tub for my back. Everything was going good. Until I believe in September or October, it was announced from the federal government—you can look it up; it's still on their website—that yeah, indeed, you know, no jab, no job. So you either take the injection, or you'll be placed on indeterminate leave without pay for public service employees.

Criss Hochhold
And this would affect both you and your spouse?

Terry Lachappelle
Oh, huge. You know, when you have a comfortable life and we're just starting to get used to that, and then all of a sudden, poof, it's gone. So I saw the writing on the wall. I saw the deadline. It was there in writing. So come back a bit, I knew what was going to happen. I knew what we had to do because there's no way I could afford all of that, you know.

Criss Hochhold
So you've made a decision. It sounds as though—and please let me know if I'm incorrect—But you said you then received documentation from the military that says if you're not vaccinated by a certain date, that your employment would effectively be terminated.

Terry Lachappelle
Right.

Criss Hochhold
But you've made a decision not to get vaccinated, is that right?

Terry Lachappelle
Correct, because a lot of red flags. I mean mRNA is nothing new. I'm sure everybody in this room has looked it up, did a little research, whatever. It's decades-old technology.

[00:05:00]

And the first red flag to me was, why wasn't it ever brought to market before. And then the push, the push, I mean, coercion? Really? Coercion to take something that I don't want to take; to take a medical procedure I don't want to undergo? You know, like, you never buy the first model Tesla. You're going to wait till they work out some bugs first, right? And my backup plan was always, well if I'm wrong, I can always take it. You know?

Criss Hochhold
When you said coercion, can you tell me a little bit more about exactly what you mean by that?

Terry Lachappelle
Well, when the government announced that you either take it or you get placed on leave without pay for basically forever, I talked with my wife and I said, "You know, we got to sell everything. We have no choice because I can't afford this." A military pension isn't very big, right? So we had to sell the house. We went down to one vehicle, sold the motorcycle, sold everything. I mean, a lot of stuff I couldn't even take with me, the movers wouldn't take. Luckily for us, we did make a little bit of money on the sale of the house, so that kind of tied us over for a little while. We hired some movers. We moved back to southern Ontario, back to Niagara. Ended up in a small—maybe 550 square foot—apartment on the third floor. Big difference. It's not something I really want to wish on anybody. I mean, it might have been easy, just take it, carry on with my life but no, no.

Criss Hochhold
You felt that, based on the research you've conducted and the information available at the time, that it wasn't safe for you to take to continue employment? Rather than potentially the prospect of losing your home, your vehicles, everything that you've built up? Because you had quite a long, lengthy career with the military.

Terry Lachappelle
Right, well, based on what I was reading—I watched a little bit of mainstream media, but I tried to stay away from it—a lot of other alternative sources. I never take anything I see online at face value. You have to kind of read between the lines, use a grocery store method, take what you need, and leave the rest behind.

The stuff I was reading was just like, wow. No, I don't even want to take a chance on this right now, so I'm going to wait. I'm going to see what happens. Unfortunately, I didn't have time to wait, because the date was on the wall, November 1st, and then on November 15th, you're being placed on leave without pay. So we did what we had to do. And it was really like a punch in the face. You know, here's an organization I worked for half my adult life. Okay, when I was in the military, I was medically released. I kind of understand that, I mean, you get to a certain point in life where you can't do what you used to do. So yeah, I couldn't do the soldier thing anymore. That's fine. You know, I understand that. And there were some benefits there for me on retirement. But this, there's just basically nothing.

They're taking away two full-time incomes and replacing it with nothing. I mean, we all know what happened with CERB (Canada Emergency Response Benefit]. I didn't even want to go near that, because I knew they'd come back to get it. It's 'the government after all, right?

Criss Hochhold
So it sounds like your overall experience with the military up to this point has been rather favorable. You enjoyed your career with the military?

Terry Lachappelle
For the most part, ups and downs. Well, like any job, right?

Criss Hochhold
Absolutely, absolutely. But overall, it was pretty good until these mandates came into effect and then you had to make a life-altering decision. Why did you choose to move from Ontario to rural New Brunswick?

Terry Lachappelle
Well, before we moved to Niagara, we looked for an apartment in and around the Belleville, Trenton, even as far as Kingston. No way I could afford an apartment on a military pension. I mean they're eighteen hundred, two thousand dollars a month. That's basically my military pension, right? So there'd be no money for food, there'd be no money for bills, there wouldn't be anything. So we did manage to find a small apartment in Niagara that was just over a thousand dollars a month. So we rented that while we tried to figure out what we were going to do. And I contacted a veteran friend of mine in rural New Brunswick, and he said, "Hey, why don't you come and look around here? I'm sure you can find something. The prices are still reasonable." So I did. I jumped in the car. I came to New Brunswick. I looked around. I found a spot. My mortgage broker made it happen.

[00:10:00]

It was a miracle, really. So just based on my pension, we qualified for the property because I said, "'There's no way this is going to be taken away from me again." You know? So any other little job that my wife could get, or I could get, or something like that, it's just a bonus, right? And that's how we ended up in New Brunswick, sixteen hundred kilometers away from my father and my brother.

Criss Hochhold
Did you have any family in New Brunswick at all?

Terry Lachappelle
I have some cousins around Sussex and St. John's, and my one veteran friend there, not too far from us. And there's other veterans in Fredericton, and I think there's a few in Moncton. That's going way back to my Army Corps days, but yeah. Everybody's so far apart out here, though. 'It's like, "I'm going to go visit, my friend, Rob. Oh wow, he's 45 minutes away!"

Criss Hochhold
Well, yes, sir, in the Maritimes, we tend to have some distances. Terry, I know you've talked to us, and you gave us a glimpse into your financial situation when you went from a combined income of about $170,000 a year, benefits from the federal government working for the military, to roughly $35,000 a year. And you reluctantly had to move from Ontario, where your immediate family is, to a place where you really have no immediate family, which is a significant distance away.

Terry Lachappelle
Right.

Criss Hochhold
How are you dealing with that—if I may ask—emotionally? How is your mental health because of all this as well?

Terry Lachappelle
Well, how do you deal with it? Day by day. I mean, what do you want me to say, right? You do what you got to do to get it done. My rock is over there, my wife, right?

Criss Hochhold
Absolutely. And I can appreciate that very much so. Since moving to New Brunswick, have you had contact or have you seen your immediate family, like your dad? When was the last time?

Terry Lachappelle
No, not since. It takes money to drive, you know, from New Brunswick to Ontario, and I have to do it in short hops. I almost threw my back out just driving here today. But I wanted to be here.

Criss Hochhold
I appreciate you being here.

Terry Lachappelle
Because this is so important.

Criss Hochhold
It is, absolutely.

Before moving to New Brunswick— I'm sorry to have to go there again—but not having contact with your dad, or at least a physical presence with him prior to moving to New Brunswick, how often would you spend time with your father?

Terry Lachappelle
Almost every day. That was really the whole pull to move there. It was one of the only places, we could afford to rent; it was also to spend time, you know, with family. Trenton is about a three-hour drive, so it's a six-hour round trip. Being right there, I mean, I could just go knock on his door and say, "Hey come on over," you know, "for breakfast."

Criss Hochhold
Alright, so you went from a lot of contact to actually zero contract.

Terry Lachappelle
Zero. None.

Criss Hochhold
None at all.

Terry Lachappelle
Well, other than maybe, you know, a Facebook conversation—

Criss Hochhold
Right.

Terry Lachappelle
A video conversation or a phone conversation, yeah.

Criss Hochhold
But certainly, no quality time, so to speak, in person. Like you would have before, like we'd like to do with family.

Terry Lachappelle
Correct.

Criss Hochhold
Do you have any other family in Ontario that you had to move away from as well, aside from your father?

Terry Lachappelle
My brother, my daughter, a lot of friends, acquaintances.

Criss Hochhold
When was the last time you saw your daughter?

Terry Lachappelle
Last time we saw her was when we left. That would have been mid-August, roughly mid-August of last year.

Criss Hochhold
Of 2022?

Terry Lachappelle
Yeah.

Criss Hochhold
So about seven, eight months—seven months, roughly.

Terry Lachappelle
And if it wasn't for my brother helping us move, I don't know how I would have done it. Couldn't afford movers, right? So U-Haul wanted $6,000 for a truck. I'm like, "no, I can't do that."

Criss Hochhold
After everything you went through, what I do want to know—and I think potentially the commissioners as well—is, if you had to do it over, would you reconsider? Would you take the shot?

Terry Lachappelle
Wouldn't hesitate. I'd do the same thing all over again.

Criss Hochhold
Do the same thing.

Terry Lachappelle
Because I had no choice.

[00:15:00]

Criss Hochhold
Because earlier you mentioned coercion a bit, where your quote-unquote "choice" was take the vaccine or lose your job,

Terry Lachappelle
Right.

Criss Hochhold
That you didn't see that as a valid choice.

Terry Lachappelle
No, that's not a choice. That's no choice at all. That's, you know, that's like me telling you, "Hey, drink this or you lose your job." "Well, what's in it?" "I don't know. Just drink it!" "Well, what's it going to do to me?" "I don't know. Just drink it! It's safe and effective, I promise." You'd be like, "Yeah, I don't think so." I mean, what do you want me to tell you? It's almost beyond coercion. It's blackmail is what it is. Let's call it what it is. Because that would be blackmail.

And the harder you tell me to do something that I don't want to do, the more I'm going to push back. I'm that kind of guy. I'm a Taurus. It ain't gonna happen. I will push you. And to this day, people call me an anti-vaxxer. I've lost friends. I've lost people that just don't even want to talk to me anymore, right? I post a lot of things online, controversial things maybe. I've spent a lot of time in Facebook jail. I visited my daughter there a lot, too. Because, you know, that's where they put you when you post things they don't agree with.

Criss Hochhold
Okay, Terry, you've raised a very good point. And actually, I'd like to ask: you said you're not an anti-vaxxer. Now, when you joined the military— Do you have to take vaccinations typically, when you enter the military for deployments, things of that— So have you taken any vaccines while in the military service?

Terry Lachappelle
We'll go back to my childhood. I've had all my childhood vaccines. I did the needles parade right here in Cornwallis, Nova Scotia in 1985. They called it a parade, but it wasn't really a parade: jab, jab, jab, jab, back and forth. Before I was deployed, I couldn't even tell you what they were. They just said, "You need to take this." Okay. I took it. Because I knew they're just traditional vaccines; mRNA is a messenger ribonucleic acid, I believe it's called, and somebody can correct me if I'm wrong. It's not a traditional vaccine. And when I was posted to Ottawa in 2012, they noticed that all my vaccinations were expired. So they said, so you need to take them all over again. "Oh, and look, you've never had the Hep A, B, C, D, E, F, G." So I took all those too, without hesitation. I will put my vaccine booklet up against anybody's in this room, any day, hands down. Hands down, I'm going to win.

Criss Hochhold
So no hesitation whatsoever for all the prescribed vaccinations within the military up until the COVID-19 came in. And based on what you've said to us is that there simply—I'm going to paraphrase it—but simply there wasn't enough documentation and proof of safety for you to take a risk on an experimental vaccine. But you had no issues whatsoever taking any of the vaccinations that were required because you know they've been proven, and they've been effective, and they've been around. Is that correct?

Terry Lachappelle
Correct. Yep. Too many red flags.

Criss Hochhold
Thank you, Terry. I appreciate your time. I'm going to refer to the commissioners for any questions.

Commissioner Kaikkonen
I'm just wondering if there was an appeal process before the imposed deadline, if there were any other options that you could have taken?

Terry Lachappelle
Not that I'm aware of. I didn't allow them to put me on leave without pay. I just resigned. This was in mid-September. So about a month and a half before the end of October deadline.

Commissioner Kaikkonen
Thank you.

Terry Lachappelle
And just to add to that if I may. We do know people in the public service that have been placed on leave without pay. So it wasn't just something they might have done. It was done. And I personally know a lot of veterans that were released—dishonorably discharged—because they refused the COVID vaccines.

Commissioner Massie
Thank you for your testimony. I was going to ask exactly the question: In your assessment, what would be the proportion of people that refused to take the jab? According to the people you know around you in the military, for example.

Terry Lachappelle
Well, there was a number floating around of approximately 900, 800–900 military personnel that were dishonorably discharged.

[00:20:00]

And coincidentally, some of them I know personally, and they were actually called back. And they said "No," you know, "you kicked me to the curb. I'm not coming back." And as far as the civilians, I only know of a couple, myself personally. I don't know the numbers on the civilian population, I wasn't there very long. I was there for less than a year when all this happened, so.

Criss Hochhold
Thank you very much for your time, Terry. I'm very grateful for you being here today.

Terry Lachappelle
You're welcome. Thank you. Have a good day.

[00:20:45]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 3: Peter Van Caulart
Full Day 2 Timestamp: 01:20:05 –01:46:22
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Welcome, Peter.

Peter Van Caulart
Thank you. Good morning.

Ches Crosbie
Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Peter Van Caulart
I absolutely do.

Ches Crosbie
Thank you.

Criss Hochhold
Good morning.

Peter Van Caulart
Hi Criss.

Criss Hochhold
Can you please just repeat your full name for us.

Peter Van Caulart
My name is Peter Van Caulart. I'm a resident of Kelvin Grove, Prince Edward Island. I have been there since 2019, in November, and moved from Niagara, Ontario, to Prince Edward Island. My family and I moved because we have a business and discovered a business opportunity that was going to work for us, provided we weren't interfered with. And as everybody knows, March 11th, the interference came and it's changed our lives drastically.

Criss Hochhold
March 11th of—?

Peter Van Caulart
2020.

Criss Hochhold
Peter, you said you moved from Ontario to Prince Edward Island for business development opportunities?

Peter Van Caulart
Yeah. That's correct.

Criss Hochhold
Can you tell me more about your business, please?

Peter Van Caulart
My wife and I run a business that is a private post-secondary institution for training the people who are the professional operators running water treatment plants and wastewater treatment facilities in this country. Our work is comprised of preparing those people for their provincial examinations for recertification and initial licensing. It's the only profession that I know of that requires individuals in the profession to recertify on a cyclical period of typically three years.

Criss Hochhold
And what exactly—to make sure everyone understands what that means—do you teach them? What is the subject matter?

Peter Van Caulart
Yes. We provide the training in the physical, chemical, and biological sciences: hydraulics, the engineering, the chemistry, the biochemistry of treatment of drinking water, public drinking water, the conveyance of that drinking water in the distribution systems, the collection in the wastewater collection systems, and the ultimate treatment in the wastewater treatment facilities for final-end disposal.

Criss Hochhold
And when you say, "final-end disposal," what does that mean?

Peter Van Caulart
Wastewater has to go back to where it came from.

Criss Hochhold
And how long have you been doing this?

Peter Van Caulart
Since 1987.

Criss Hochhold
And when you instruct, how does that typically take place?

Peter Van Caulart
The instruction largely is in-class, in-person instruction with small numbers of students. It's somewhat boutique training, mostly hands-on because there are many skills that have to be transmitted through verbal communication and reinforcement. I've brought some photos that I'd like to introduce to the Commission, and I'll hold them up and then pass them on. The first photo is a photo of me with a class of students in a laboratory doing this kind of work. The second photo is a photo of the students performing an analysis after the instruction. This is very typical, so initially we'd have a small classroom briefing, then go into the laboratory and perform the work. And, I've done this for over 33,000 students in the period of time that I've been instructing in this field.

Criss Hochhold
Incredible. Where do your students come from: All over the world? Canada? The United States?

Peter Van Caulart
We've had students from the United Nations Human Resources branch, from Cyprus. I've conducted classes in Australia. I've conducted training throughout Ontario, the military bases across the country, Newfoundland, Labrador, Ontario, here in Nova Scotia, Alberta, Manitoba, and British Columbia.

Criss Hochhold
You have clearly a breadth of experience. For the commissioners, those pictures that Peter held up are exhibits number TR-0009 as well as TR-0009a.

[00:05:00]

Peter, then you made a choice to move from Ontario to Prince Edward Island for those business development opportunities. Were you impacted, or was your business impacted by the lockdowns, restrictions, or government mandates?
Peter Van Caulart
The simple answer is yes, but I will elaborate. We discovered a business niche that almost compelled us to consider moving to Prince Edward Island from Ontario for several reasons. I'm getting close to the end of my career and my ability to want to keep teaching. We

discovered that we really enjoyed Prince Edward Island from frequent visits in the past. My wife and I discussed this. If we were going to settle down, this was a great place to do it. And all of the pieces worked with my insight in believing that the Maritime provinces were underserved in the level of instruction that I was able to bring, that I had been doing in Ontario for a number of years.

I ascertained that I could travel back and forth to Ontario, still maintain the business that we had there, and develop new business here in the Maritimes, particularly with the indigenous communities of the North Shore of New Brunswick. And we have made inroads and it's been great. Our reception initially when we were advertising and putting out the information that we were here was, "Oh, thank God somebody like you is here in the Maritimes"—both from the Maritime operators that I came in contact with and the people who run municipalities, who own and operate these kinds of facilities.

Criss Hochhold
Peter, what were some of your biggest challenges that you faced during those times to keep your business going? Because you said that it happens in person because you need to have access to a laboratory, so there's a lot of hands-on. So when restrictions and mandates came in, how did that impact you? And so what were those challenges that you faced?

Peter Van Caulart
You have to understand civil servants—and I don't wish to disparage all of them—, but I will explain, having been one once for the Province of Ontario. There is a mentality that you must follow the group-think, and whatever is currently in favour is the thing that's going to be done. So there are lots of people who like to build empires and lots of people who like to run their own little show.

That said, many of the municipalities simply followed what was a directive from their provincial governments, which was a directive from the national government. And those facilities were deemed closed, so there was no access to drinking water facilities, there was no access to wastewater treatment facilities, the laboratories associated with them, or the people who staffed them.

Criss Hochhold
So the treatment facilities and the freshwater facilities, drinking water facilities were closed, meaning you could not provide any instruction whatsoever. How did that impact—

Peter Van Caulart
The impact was huge. Revenues essentially went from one level to zero.

Criss Hochhold
Because, as you've mentioned, this has to be done in person, so an online type of teaching is not something that's feasible.

Peter Van Caulart
Yeah, the Zoom type of instruction that many people experienced during this time simply didn't work. I teach adults. Adults, predictably, are kind of like herding cats when you get

them into a classroom. In particular, individuals who do not sit in an office on a daily basis that are active throughout a facility, maintaining, monitoring, and operating the facilities. So many of my students, the feedback that came back was, "We really don't want to play Hollywood Squares, and we prefer that— We'll wait until you can come in for live interaction and training," which is exactly what we did. In buying the time, I have to stress that I had to dissolve assets. So corporate assets, personal assets, monies we had saved for retirement, that sort of thing, was all used to try and keep our lives afloat.

Criss Hochhold
So in order to make ends meet, so to speak, you had no choice but to essentially shut down your business because of these mandates and restrictions.

[00:10:00]

Peter Van Caulart
The business essentially shut down, and I refused to take the vaccine until the last possible moment. And unfortunately, I had to take the vaccine because I was faced with an economic crisis that I didn't want to go through.

Criss Hochhold
And the necessity for taking the vaccination, what was that for?

Peter Van Caulart
The federal government declared that nobody could travel on an aircraft without vaccines or without the injections, and I had an economic benefit that was available to me in Ontario. My own province, however, constrained me from traveling by car because I could not return back to the island unless I had been vaccinated. For all the mandates that happened everywhere else, the mandates on Prince Edward Island were even more draconian. Because basically a bunker mentality was set up on the island to prevent any sort of person from coming onto the island. And if anybody was following numbers and stats, there was a period of time when everybody was glib about the fact that we were an island. We were isolated, therefore we were very lucky and the angel of death had passed over us, and we were not going to be impacted nearly as bad as what we saw in the news in other places.

Criss Hochhold
How did it make you feel? Because it sounds as though, based in what you said, you had to wait until the very last minute and then you got the vaccinations simply for—simply is not is not the right word to use—but for an economic benefit. How did that make you feel?

Peter Van Caulart
It's the decision I most regret in my life. My wife and I both went to go and get the first shot. And I had to do it for us and for our family. She did not have to do it. And she turned to me and said, "I just, I just can't do it." And I said, "That's fine, don't do it. I completely understand it." She supported that I had to do it, but she did not agree that I should have it, and I certainly did not want to take it. I regret it, and I have done everything in my power to research the detoxification protocols that are available. And for anyone listening,

nattokinase is one of those things that's on the list. And I believe Dr. McCullough probably spoke about it yesterday. Chaga, vitamin D3, vitamin C, liposomal.

Criss Hochhold
Terry, sorry to interject, but we do have to move on, and I appreciate the seriousness and the consequence. But I'm also aware that you have—aside from a significant economic impact on you and your family—I also understand you have some personal impact with relation to a family member.

Peter Van Caulart
Correct. So in staving off the inevitable injection, for me it was not until September of 2021, I believe. I was not able to travel to my mother who was in care in Ontario. And my second biggest decision is, regrettably: I had to sign the form that required her to get her vaccine in care. I was faced with the conundrum as her medical power of attorney, that if I did not sign it, they would eject my mother from care. This is a woman in a wheelchair who could not move, and they were going to eject her from care. They were going to turn her out, and I would have to find alternative accommodation for me being in PEI, she being in Ontario. And my third photo I'm going to hold up is the photo of my dear mother, Adele [Exhibit TR-009b]. And this is a, a great photo.

But that's the last time I saw her [Exhibit TR-009c].

[00:15:00]

That was through a window at a healthcare facility in November of '20, when I was able to fly before vaccines were made available. Under the constraints that were imposed at the time, she was on a second-floor window in her room. We had an hour and a half conversation because I was fully aware that that was perhaps the last time I was going to see her for a long time. And after she had her second injection, she developed vaginal bleeding. And this is a woman in her 80s who'd never had any problem with her reproductive system whatsoever. She bore four children naturally. And to develop vaginal bleeding was curious at the most. And her wishes were carried out very quickly after her death. And I wish to hell I had insisted on an autopsy and a particular investigation as to the cause of what really killed her.

Criss Hochhold
Thank you, Terry [sic]. You said that your, once again the word, "choice" that you faced was because of your medical authority of attorney, that you had to sign for your mother to get vaccinated in the care facility. If not, she faced ejection.

Peter Van Caulart
Correct. The care facility was a not-for-profit care facility in Ontario, and the care she had received up till that time was exemplary. It was much better than many of the places my wife and I had sussed out. The year previous, we had seen horrible places. And so we were very confident that she was in the best care possible at the time. But they of course went full mandate, full blinkers on. There were no deviations from their rules. And their imposed rules: they claim they came from the government. I know that everybody claims they come from the government, but they pile on their own little twist to them. And by the time every

one of us had to deal with people who said, "You have to wear a mask here or have to show your pass there," we all had some pretty stiff encounters with zealots.

Criss Hochhold
Thank you. I'll have more questions. We are running short on time, so I think you've already presented a great testimony. So I will defer to the commissioners for any questions for follow-up.

Commissioner DiGregorio
Thank you for your testimony.

Peter Van Caulart
Of course, thank you for your service.

Commissioner DiGregorio
I just have a few clarifying questions about your business. You mentioned that you had adult students. I'm just wondering if you can tell me who a typical student would have been in your business.

Peter Van Caulart
Oh, certainly. All my students are adults. None of my students are directly out of college or university. They're all people who are actively employed. As a result of their employment in this industry, the water and wastewater industry, they have to seek provincial licensing in order to continue to work in the business. That licensing is only valid unless they recertify. The recertification usually takes place every three years. They have to show a certain number of continuing education units and contact hours in order to get that recertification. In Ontario, it's quite high. It's a little less here in Atlantic Canada, but nonetheless, if they do not have it, they cease to be able to be employed.

Commissioner DiGregorio
Thank you. And one other question. I think I heard you say that one of the reasons your business became depressed in PEI was because of the closure of facilities, but that if you could travel to Ontario, you could still work. And was that something different in Ontario from PEI at that time?

Peter Van Caulart
No, the net kept getting tighter and tighter. Every time I made an overture to arrange something—and I had made several things work at the last minute—it was somebody within the municipality who suddenly came down with a:

[00:20:00]

"No, no, we can't have anybody from outside our group to infiltrate and potentially infect us. And, therefore, we're closed."

Commissioner DiGregorio
Okay, thank you.

Peter Van Caulart
You're welcome.

Commissioner Massie
You alluded to the protocol that had been developed and still developing for detoxification from the vax injuries. Did you personally suffer any vax injuries?

Peter Van Caulart
No vax injuries, but I am grateful that I have used the knowledge and skill I have to find the things that I needed necessary to diminish whatever potential I believe is out there for a vax injury. I do question a change in my overall energy level, but I cannot conclusively say. Because part of the problem of all of what has gone on in the last three years is that everything is broken. Access to the medical system is broken. Access to get tests and confirmatory things done are broken.

I happen to be a pilot, and I've been a pilot since I was 17, and I can tell you that a two-year medical examination that was a normal course of events is no longer a normal course of events. It's a telephone conversation with a medical practitioner to get reassessed. And being a pilot, I have two major concerns. That is those pilots in this country and other places who got the vaccine: If they have a potential for some sort of vaccine injury, I have a real concern about being in the air with those pilots. And the second thing is that the pilots that didn't get the vaccine, who were furloughed for whatever reason because their airlines had mandates, or their mandates were imposed on them by the federal government, those people are the ones that you definitely want to seek out and fly with and support whatever airlines they might be with. And lastly, I think there's going to be a large amount of Canadians who when it comes time to receive or transfuse blood in medically necessary conditions: a condition about whether or not you're receiving vaccine available blood or non-vaccine available blood will be an issue as well.

Commissioner Massie
Thank you.

Commissioner Drysdale
Sorry, I have just a couple of quick questions about your mother.

Peter Van Caulart
Thank you.

Commissioner Drysdale
How long after she got the second injection did her medical condition start, and how long after did she pass away?

Peter Van Caulart
She passed away four months after the second shot. Her medical conditions occurred within three weeks of the first shot.

Commissioner Drysdale
Secondly, did you have any discussions with the medical personnel that you thought it might be a reaction to the vaccine?

Peter Van Caulart
I did. And you can probably understand what that reaction would have been. "Oh no, you can't possibly know anything because you're not a doctor."

Commissioner Drysdale
So then is it safe to say that it was not registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] system as an adverse reaction?

Peter Van Caulart
I believe it wasn't.

Commissioner Drysdale
Thank you.

Peter Van Caulart
You're welcome.

Commissioner Kaikkonen
Thank you for your testimony. I just would like to ask: you refer to the PEI protocols and mandates as draconian. Could you kind of expand on that, please?

Peter Van Caulart
I don't think I have enough time. The initial response on the island was to literally barricade the bridge, and they put up a barricade. Everybody was required to go through some sort of search procedure questioning that was, I'm going to say, literally unCanadian. Things that you'd never expect to hear or experience in Canada. These are the same kinds of questions that I answered routinely going across the border 30 years that I lived in Niagara because I was only 15 minutes from the Canadian/US border. I'm quite used to answering the nature of those kinds of questions for border security. But I never expected to experience that in PEI or New Brunswick when I once came over to New Brunswick. Because I got myself declared essential because of the nature of the work I did—and in traveling to Sydney, Nova Scotia, I can tell you that I was stopped at the border between Sydney and New Brunswick—

[00:25:00]

by a group of angry people who had been locked down, and by individuals wielding bats threatening to smash cars as a result of their reaction of being locked down at this point for over a year. The only reason I got through that roadblock was because I was declared an essential, and I explained it to the individual wielding the bat, and he acquiesced and allowed me to pass through. I was able to deliver the training in Sydney, Nova Scotia to the people who were waiting for me there. Sadly, I was only into that training two days before Nova Scotia locked down Nova Scotia, and I was required to return back to Prince Edward Island. So that training was postponed for another period of time, and I was able to go back and complete it. But almost three or four months later.

Criss Hochhold
Thank you very much, Peter. I really appreciate your time this morning.

Peter Van Caulart
Thank you. And my fellow Canadians, thank you. We're awake.

[00:26:17]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 4: Amie Johnson
Full Day 2 Timestamp: 01:46:50-02:10:45
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Amie Johnson, do you affirm that you will tell the truth, the whole truth and nothing but the truth?

Amie Johnson
Yes, I do.

Alison Steeves
Good morning, Amie.

Amie Johnson
Good morning.

Alison Steeves
Can you state your full name, where you are from, and your occupation?

Amie Johnson
Sure. So my name is Amie Johnson. I'm from Chester, Nova Scotia. I am a dental hygienist, currently unemployed.

Alison Steeves
And since when have you been unemployed?

Amie Johnson
February of 2022, so just over a year.

Alison Steeves
So in February 2022, at that point, how long had you worked as a dental hygienist?

Amie Johnson
I was three months shy of 22 years.

Alison Steeves
Twenty-two years. And how do you like being a dental hygienist?

Amie Johnson
I love being a dental hygienist actually. I love interacting with people, helping them, you know, making sure that people are taking good care of their oral health, and which in turn is their overall health. It was a great profession.

Alison Steeves
Back in early 2020, were you employed as a dental hygienist at that time?

Amie Johnson
Yes, I was.

Alison Steeves
And who was your employer?

Amie Johnson
Chester Family Dental, Dr. Natasha Zink.

Alison Steeves
How long had you been at that place?

Amie Johnson
Just shy of 22 years.

Alison Steeves
So right out of school.

Amie Johnson
I went there straight out of university. Yeah, same office, same employee, same employer.

Alison Steeves
And how would you describe your experience working there up to that point?

Amie Johnson
It was great. There was ten of us, all women. We were a cohesive group. We worked together five days a week, you know, ate lunch together, went out to lunch, went out for birthdays, you know, parties, all that stuff.

Alison Steeves
I imagine being there 22 years, you would know the patients really well.

Amie Johnson
Extremely well. And you know, that's the other thing too, the patients became my friends as well, you know. Like, a lot of patients I would see every four to six months, regularly. I would see, you know, between 12 to 15 patients a day for five days a week.

Alison Steeves
How big is Chester, Nova Scotia?

Amie Johnson
Chester in the winter is about 3,000, 3,500 people. In the summer, we can go up to like 12,000 people.

Alison Steeves
Okay, so people know each other pretty well.

Amie Johnson
Yeah, we're a pretty small-knit community. We're about halfway between Halifax and Lunenburg.

Alison Steeves
So in 2020, as you begin to hear about COVID-19, were you concerned?

Amie Johnson
Initially, yes, I was. So dentistry doesn't fall under health care. So we fall more under the Nova Scotia Dental Board, and of course, for me, the Dental Hygienists Association. So in March of 2020 we were actually shut down prior to the province actually shutting down schools, and you know, the nursing homes and things like that because they were taking it very seriously. It was very unknown. They were worried about transmission. Obviously, we deal with germs, people's mouths, so you know it was pretty important to kind of figure out what was going on. And yeah, so we shut down early March and didn't reopen until June of 2020. So we were shut down for a few months there.

Alison Steeves
So that was a dental board decision?

Amie Johnson
Yes, it was.

Alison Steeves
So you would have been at home during that time?

Amie Johnson
Yes, I was.

Alison Steeves
And so when the vaccines became available, did you choose to take any of the vaccines?

Amie Johnson
No, I did not.

Alison Steeves
And why not?

Amie Johnson
Well, when they first started talking about the vaccines, on a positive note you're thinking, okay, this is a good thing. But then you start doing your own research, and you realize, you know, COVID has a 99 per cent plus survival rate. And so something that was so rushed, the vaccine was so rushed, and experimental, I was just like, you know what? I think the previous gentleman that was up earlier said, "Let's just wait, I'm going to hold back." And that was kind of my initial reaction, was like, you know what, I'll just wait, let other people take it and kind of iron out the kinks and see what's going on. And then I quickly realized this wasn't for me.

Alison Steeves
And what sources did you consult in making that decision?

Amie Johnson
Well, I'm a numbers person. I like statistics. So you know, initially I would, you know, check like the dash, the Nova Scotia dashboard , and Stats Canada, and even the World Health Organization, but the numbers just never seem to add up. Like these people were vaccinated, but the numbers keep getting bigger. And then the biggest red flag for me was when they put the vaccine passports in. And so the exposure sites here in Nova Scotia— We have the exposure site website, you know, don't go there, don't go there. And all the exposure sites are places where people that were unvaccinated couldn't go. So how are we the problem? How are the unvaccinated the problem when the exposure sites are all vaccinated people? So I quickly realized that the vaccine doesn't stop transmission. And from my dental standpoint, the only reason why I would take the vaccine is to protect my patients.

[00:05:00]

That I wouldn't want to transmit COVID to a patient. But if the vaccine doesn't stop transmission, what is the point of taking the vaccine, if its effectiveness for severity of disease is still questionable and doesn't stop transmission?

Alison Steeves
So during that time, how did you feel about the way the media was portraying COVID-19 and the vaccines?

Amie Johnson
Well, it's actually very disheartening. It makes you question everything that the media said over the last years: very biased, very fear mongering. Again, I worked from June of 2020 until February of 2022 through this whole pandemic. I've seen 10, 15 patients a day, and a majority of them are scared to death. And that's really sad, that they're scared of something that does have a 99 per cent survival rate. And we don't know much about the vaccine, and they're putting so much faith in the vaccine.

Alison Steeves
So when you made that decision not to take the vaccine, did you share that with your co-workers?

Amie Johnson
Absolutely. You know, at lunchtime or just in random conversations. And my co-workers weren't so receptive of that.

Alison Steeves
Can you describe a bit more in detail just how this decision happened?

Amie Johnson
Sure. At the start, when the vaccine started coming out, I would say, "No, I think you guys should hold off, wait." Because, again, dentistry doesn't fall under health care. But because we're such high exposure, we were given the opportunity to get the vaccines quite early on with the nurses and the doctors. So nine out of 10 of us were right there, the first ones in line getting the vaccine. And people were trying— My co-workers were like, "You should do it, you should do it." But then that quickly turned to, instead of just saying, "You should do it, you should do it," to anger, animosity, alienation. I would go to work just to work, and there was no more going out to lunch with my co-workers or talking to them on the weekend or, yeah.

Alison Steeves
Why do you think that they reacted that way? What do you think? Why were they telling you to get the vaccine, and why were they upset?

Amie Johnson
Well, they felt that I was not only putting my patients in danger but also them and being irresponsible. Just because I'm unvaccinated doesn't mean that I don't take my job

seriously, or I don't care about my patients. But that's how they were perceiving it as, that I was being selfish and only thinking about myself.

Alison Steeves
And you said you're no longer employed. So were there mandates?

Amie Johnson
So because I fall under the Dental Board and the Nova Scotia Dental Hygiene Association—Both the Board and the Association did not mandate vaccines. Both, of course, were recommending vaccines, but we were not legislated to get to get a vaccine because it didn't stop transmission. So their official statement was the vaccine doesn't stop transmission, so there's no benefit for the patient. I'm sure all of you have gone to the dentist, so you know that we use universal precautions pre-COVID, and then those universal precautions were only amped up even further. We had to wear gowns. We had to double mask, face shields, goggles, you know, gloves. There were new protocols on scrubs. We would have to change them even if we left the office even for a minute. It was very extreme. But no vaccine mandate.

So then at Christmas, December of 2021, my employer came to me, and she officially said, "You need to get vaccinated." And I said, "No." And I said, "Let's have this discussion about the vaccine," And she said, "I'm not discussing it. You don't follow the science." And I said, "Okay." So then, when we came back after Christmas, because we closed for three weeks over Christmas, one of my co-workers got sick and tested positive for COVID. And she was triple vaxxed and was extremely sick for three weeks—very, very ill. But one of the protocols that we did have was that, to come back to work, all of the employees had to have negative PCR tests: to come back to work before the office reopened after my co-worker had COVID.

So reluctantly, I went to go get my PCR test and it came back positive. I was totally asymptomatic. I never got sick. And so when I called my employer Dr. Natasha Zink to tell her, she was not happy obviously. But because I was unvaccinated, I had to wait the full 14 days of quarantine, even though I was asymptomatic. And at that time the protocol was only down to a week, but because I was unvaccinated, I had to have the full two weeks off. And so I was set to go back to work on a Monday. And a couple days later, before I was getting ready to go back to work, she called me

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and she fired me. And she said that I was putting my patients at risk, and that because I wouldn't get vaccinated, I was no longer to work there.

Alison Steeves
So you were immediately terminated.

Amie Johnson
I never went back to work after testing positive for COVID.

Alison Steeves
And did she fire you with cause, or did she pay you—?

Amie Johnson
Well, she said that first, I was putting my patients in danger. And secondly, she said there would be a shortage of work because patients wouldn't see me because I was unvaccinated. And the hypocrisy of the whole thing is that my co-worker who had COVID was extremely ill for three weeks, was triple vaccinated, still has a job; but I'm unvaccinated and tested positive for COVID but was completely asymptomatic and I don't have a job. After 22 years, yeah.

Alison Steeves
So your income ceased immediately.

Amie Johnson
Yes, she did pay me some sick leave for those first few days when we were waiting for the test results for the PCR test, and I did get my three weeks of vacation pay.

Alison Steeves
How did it feel to be let go from that position?

Amie Johnson
I mean, it was devastating. Like I said, you don't work somewhere for 22 years and not love it, right? And it wasn't a job; it was a career. It was my identity. So it was really, really hard. Really, really hard. Not to mention financially hard. I made almost $80,000 a year, and that's a lot of money to lose in a household. It put a lot of pressure on my husband to make sure that he could pull up his socks and help more as well.

Alison Steeves
So since then, have you sought employment elsewhere?

Amie Johnson
Yes, I have. So like I said earlier, I do live in a small community. There is two other dental offices within about 15 minutes of us. So one of the offices, one of the hygienists was retiring, and I had—you know, from a friend—had heard that. So I reached out to—it's called Chester Dental Clinic, Dr. Andrea, via email, and asking her if she would be interested in me possibly working there. And she did reply with a lovely email. I actually brought it today. But when I applied for the job, I never mentioned my vaccine status because it's not really anyone's business. So then, when she replied back to me, she already knew my vaccine status and would not hire me. And I have the email [Exhibit TR-26a]: would not hire me solely based on the fact that I wasn't vaccinated. So that was one.

Alison Steeves
Would you like to read the email?

Amie Johnson
Yeah, sure I can. She says, "Thank you for reaching out to me regarding our soon-to-be-vacant dental hygienist position. I do apologize for my late response." Because it did take

her a few days. "At this point, I am unable to offer you a position with us. Professionally, I have to consider the reality of alienating patients and staff because of your vaccination status," which I had never told her, so I find that very interesting. "Unfortunately, Nova Scotia seems to stand alone as the world moves on. Personally, I could not disagree more with the public health protocols, having sat on the Return to Work Committee for COVID-19 on behalf of the NSDA. I am absolutely appalled at what has transpired in our once-free profession. We are beholden to ridiculous public health directives. The hypocrisy of mandating vaccines and masking in dental office defies logic, common sense and science. It did at the onset and most certainly does not presently. I admire you for your courage and your stance on personal freedoms and standing up against tyranny. I am sorry for this, that it cannot work out for us at this time. Wishing you all the best, Dr. Andrea."

Alison Steeves
So supportive of you—

Amie Johnson
Supportive of me, but wouldn't employ me.

Alison Steeves
And again, there were no mandates. She wasn't required—

Amie Johnson
No, and again, Dr. Zink when she fired me, and Dr. Andrea as well. These are their sole ideas or opinions because the Dental Board does not regulate vaccinations.

Alison Steeves
And did you try—

Amie Johnson
So the third dental office in my area is Mahone Bay Dental. So in November of 2022, they had a vacancy come up. So I went in for the interview, and three days later I was offered the job via email. And she sent me the contract. We worked out all the details. I was set to start December, I think it was the 17th. And on December 10th, she called me because she heard through the grapevine that I was unvaccinated. Because during the interview, it was not discussed. During the contract that she had given me and sent to me via email, not discussed –

[00:15:00]

but she had heard that I was unvaccinated. She wanted to confirm that, and of course I'm not going to lie about my status. I'm not ashamed of it, nor embarrassed, although it is not anyone's, you know: it's not their business.
But so she said, "If it's true," and I said, "Yes, it is." And she said, "Well, I'll still offer you the job, but I'll put you in a three-month probationary period. And if patients will continue to see you knowing of your vaccine status, and it all works out, then I will offer you a full-time job." And I said, "No, thank you." And I walked away.

Alison Steeves
And why did you say, "No thank you?"

Amie Johnson
Well, first of all, again, it's not anyone's business what my vaccine status is. Second of all, I didn't want to be put through that torture again. And like I said, I see 10 to 15 patients a day, not knowing, is this the patient that's going to go to—her name is Dr. Sarah Fakhraldeen—go to Dr. Sarah, and say, "Hey, I don't want to see her anymore because she's unvaccinated." So yeah, I was really reluctant to do that. So I said no. And I declined.

Alison Steeves
So you've worked as a dental hygienist for 22 years.

Amie Johnston
Yeah.

Alison Steeves
How long have you been in Chester?

Amie Johnson
Twenty-two years. Well, actually I grew up in Chester, but moved away for a few years, and then after, when I got my job.

Alison Steeves
And is there anywhere else in Chester you could work as a dental hygienist?

Amie Johnson
Those are the only dentist offices within a half an hour. So yeah, I'd have to start traveling. And again, I was spoiled rotten for 22 years. I walked to work.

Alison Steeves
So outside the workplace, did the vaccine passports have much of an impact on your life?

Amie Johnson
Absolutely, besides the obvious of not being able to go to the gym or the movies or restaurants and things like that. But more importantly, in my house, over that period, we missed two family funerals and two weddings.

Alison Steeves
And can you give a few more details about that?

Amie Johnson
Sure, well, one of the funerals was my husband's uncle, who was like a father to him, who's very special to us. Coincidentally, he did pass away within a week of his second shot, but we were unable to go to the church service. They asked my husband to be a pallbearer, but when they found out that he was unvaccinated and we were unable to go to the church service, obviously he couldn't do that. They did have a graveside service, so we were able to go to the graveside service because it's outside, and this was actually last February of 2022. So we did go to the graveside service, but we offended family members by going, by being present. It has created a huge rift in our family. There are family members that don't speak to us any longer over us going to the funeral. Yeah.

Alison Steeves
So they were upset that you went to the outdoor service.

Amie Johnson
Again, you know, the misconception that just because we're unvaccinated, we're spreading this horrible disease to everyone, right? And it's really sad. And you know, if you look at the numbers, people that are vaccinated are the ones getting COVID, currently. And I go back to my own experience at my work office. You know, it's okay for a triple-vax person to get COVID, but it's not okay for me to get COVID, or even be around people.

Alison Steeves
So would you say that the measures impacted relationships in your life?

Amie Johnson
Absolutely, it did, yeah. Yeah, unfortunately.

Alison Steeves
Do you have children?

Amie Johnson
I do, I have two children. They're both grown. And this has in fact affected them as well, very much so. My daughter, in September of 2021, started her first year of university at Dalhousie. She was accepted into the Bachelor of Science program, the accelerated program, and within weeks of her starting, they mandated that all nursing students had to be double vaccinated. So she chose not to get vaccinated. So she left the nursing program and switched to a Bachelor of Science. And her hopes were then to be a naturopath. And shortly thereafter, Dalhousie decided that all students had to be double vaccinated, so we were kind of in a bit of a dilemma there. But then they transitioned to online learning. So she was able to do all her courses online. So we were happy with that. But then she started receiving letters coercing her, threatening her to get double vaccinated or she wouldn't be able to complete her year at school [Exhibit TR-26b]. And it turns out they came true. So she lost all of her tuition money. And she wasn't able to get the credits.

[00:20:00]

Alison Steeves
So they just told her to leave.

Amie Johnson
Yeah. She wasn't able to go to in-person to Dalhousie to write her exams. So she did the courses all year long online. And then when at the end of the term, when she came to do the exams, they wouldn't make special accommodation for her because she was not able to be on the premises without being double vaccinated.

Alison Steeves
Would that affect her transcripts?

Amie Johnson
Yes, she did get fails, like F's. But they said that, if you come back and take that same course again, they would replace the failure. So yeah.

And so my son and my husband, they own a construction company called Nauss and Son Construction. They were also— It was the fall of 2021; they were doing a project on an Airbnb owned by Colin and Karen McDonald in Chester. And it was a large project: they intended to be there probably about five months. They were about halfway through, and it was right before Christmas of 2021. And the manager of the property, his name is Victor Lovett, he heard apparently through the grapevine that my husband and son were unvaccinated. And he arrived on the job site, livid, irate. Kicked them off the job site, told them to take their tools and that they were fired. So you know, it's very difficult living in a small community because everyone knows everything and the defamation of character as well that people talk behind— And my husband and son being self-employed, you know, we worry about their business. Jacqueline, my daughter, has now since opened up her own business, Coastal Charcuterie, doing charcuterie boards. And you know, she's doing really well and really successful, but you wonder at what point sometime that might come back, again.

Alison Steeves
And Amie, I just have one final question.

Amie Johnson
Sure.

Alison Steeves
Do you regret your decision?

Amie Johnson
No, not at all. My health is far more important than any money. And again, I'm at the age that I'm approaching 50. So I was in a position that I was able to stick to my guns and my morals and make a choice for myself and my health and my family. But I feel horrible for people that are younger, or even older, that have to feel the pressure to cave to that coercion. And I'm not going to say that maybe when I was in my late 20s, early 30s and had

two small kids and great big mortgage and car payments that I might have caved as well. And I was just really fortunate that I was in a position that I was able to, you know, continue to stick to my moral standards.

Alison Steeves
Thank you, and I'll turn it over to the commissioners if you have any questions.

Commissioner Massie
Well, thank you very much for your testimony. I have a question about your clinical, the dentist: Were they asking, for a patient to be treated, that they show vaccination?

Amie Johnson
No. At the dental office you didn't have to be vaccinated to come. Because again, dentistry kind of falls under health care, but it doesn't, so we did not ask people their vaccination status. And all people were treated equal.

Commissioner Massie
Okay, thank you.

Alison Steeves
Thank you, Amie.

Amie Johnson
Thank you.

[00:23:26]

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Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 5: Kathy Howland
Full Day 2 Timestamp: 02:10:59-02:29:26
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Kathy Howland
Good morning. Yes, I do.

Alison Steeves
Good morning, Kathy. Can you please tell us your full name, where you're from, and your occupation?

Kathy Howland
My name is Kathy Howland. I live in Meductic, New Brunswick, and I'm an education assistant.

Alison Steeves
How long have you been an education assistant?

Kathy Howland
Since 2018.

Alison Steeves
So approximately five years—four or five years?

Kathy Howland
Yes.

Alison Steeves
And what does an education assistant do?

Kathy Howland
I focus on primarily special education students: students with Down syndrome, autism, different learning abilities, ADHD students.

Alison Steeves
And you help them with the schoolwork that they're doing in the classroom, is that it?

Kathy Howland
Yes.

Alison Steeves
And can you tell us a bit about your current position?

Kathy Howland
I've been in my current position for the past two years. I'm working currently with children that have not had a diagnosis, but they are, we are quite sure, on this spectrum of autism. And I have also had, the past couple of years, a Down Syndrome student.

Alison Steeves
So you were working in this position when you became eligible to take one of the COVID-19 vaccines?

Kathy Howland
Yes.

Alison Steeves
And did you take one of the vaccines?

Kathy Howland
I did.

Alison Steeves
Which one?

Kathy Howland
I took the Pfizer vaccine.

Alison Steeves
Do you have the batch number by any chance?

Kathy Howland
I do. It is FF5109.

Alison Steeves
And when did you take the first vaccine?

Kathy Howland
I took the first one on November 3rd, 2021.

Alison Steeves
November 3rd. And why did you choose to take the vaccine?

Kathy Howland
It really wasn't a choice. I worked for the Province of New Brunswick, and they mandated that if I was to continue in my position as an education assistant, I would have to have the COVID shot.

Alison Steeves
Did you speak with your doctor prior to taking the vaccine?

Kathy Howland
Yes, I did.

Alison Steeves
And can you speak a bit about that conversation?

Kathy Howland
I called her and actually asked her if she could give me a letter pausing the process. At that time, I wanted to wait until the Novavax vaccine had been approved and I had read several articles that said that was going to happen. So her response to me was, "No, I can't give you an exemption for the vaccine." I tried to explain to her that I didn't want an exemption. The Novavax vaccine was non-mRNA and so I just wanted to hold off until that became approved and see where that went. And her response was, "Listen, there won't be any problem with the Pfizer shot. Just go get the damn shot."

Alison Steeves
And how long has she been your family doctor?

Kathy Howland
She has been my doctor for probably 10-plus years.

Alison Steeves
Did you find that interaction or that behavior or treatment sort of distinct from the way you had interacted with her in the past?

Kathy Howland
It was awful. Like, I was so shocked that my only response that I had to her after that little outburst was, "Okay, then. I guess that's where we'll leave it."

Alison Steeves
So she seemed upset that you were trying to delay taking the vaccine that was available to wait for another one.

Kathy Howland
Yes, yeah, she was not open to that at all.

Alison Steeves
So you went and got the shots. Do you recall who administered the vaccine to you?

Kathy Howland
Yeah, it was a pharmacist at the Guardian drugstore in Woodstock.

Alison Steeves
And did the pharmacist advise you of the potential side effects of the vaccine?

[00:05:00]

Kathy Howland
No. I asked if she had heard about any side effects. And she said, "Well, there's just a sore arm and maybe a fever, but nothing really serious."

Alison Steeves
Standard side effects. And did she give you an individual assessment based on your sort of personal medical history to see if the vaccine was right for you?

Kathy Howland
No.

Alison Steeves
So after you took the first shot, did you experience any symptoms?

Kathy Howland
Not really with the first shot. Just a bit of a sore arm. It was the second shot.

Alison Steeves
And when did you take your second shot?

Kathy Howland
I took my second shot on December 1st, 2021.

Alison Steeves
Okay, so almost a month later?

Kathy Howland
Yes.

Alison Steeves
Did you experience symptoms after your second shot?

Kathy Howland
Yes. I took the second one on December 1st. December 3rd, when I get up to get ready for work that morning, my ears were plugged full. My left ear was paining quite severely, and I had this awful ringing in my ears. It was so loud. And so I had to miss work that day. The following day, Saturday, December 4th, I ended up going to Emergency because of my symptoms.

Alison Steeves
So you spoke with the health care practitioner about the symptoms?

Kathy Howland
Yes.

Alison Steeves
And did they find anything?

Kathy Howland
No. He looked in my ears, he said, "I can't see really any infection or anything." So he gave me eardrops and a nasal spray and sent me on my way.

Alison Steeves
And did your symptoms persist?

Kathy Howland
Yes.

Alison Steeves
Did you eventually get any further testing done to assess sort of what was wrong with your ears?

Kathy Howland
I did. I talked to my family doctor, and she stopped the eardrops and the nasal spray. Because when your ears are already full, she didn't think that it was appropriate to add more to that. So then she referred me to an ENT.

Alison Steeves
Okay, and did you also get an audiology report?

Kathy Howland
I did.

Alison Steeves
Okay, and did you give me a copy of this audiology report?

Kathy Howland
I did.

Alison Steeves
Did you happen to have it in front of you?

Kathy Howland
I do.

Alison Steeves
So this is Exhibit TR-0005A?

Kathy Howland
Yes.

Alison Steeves
Perfect. Okay, and do you mind if I read from a bit of the finding here?

Kathy Howland
Not at all.

Alison Steeves
So it says, "Hearing sensitivity, left ear: mild to moderately severe sensorineural hearing loss, and right ear: mild to moderate sensorineural hearing loss." So stronger hearing loss in your left ear, but hearing loss in both.

Kathy Howland
Right.

Alison Steeves
So had you had an audiogram done in the past that they were able to compare this to, I assume?

Kathy Howland
I did.

Alison Steeves
So they found that you'd had some significant hearing loss in both ears. And then it also adds, "ENT consult." Did you end up seeing an ENT as you had said?

Kathy Howland
I did see an ENT.

Alison Steeves
And do you have a copy of your ENT report in front of you?

Kathy Howland
I do.

Alison Steeves
So your audiology report was January 14th, 2022. And then February 16th, 2022, you have your ENT report from River Valley ENT. Is that correct?

Kathy Howland
Right.

Alison Steeves
Okay and that's Exhibit TR-0005. And do you mind if I read from that report as well, a few excerpts?

Kathy Howland
Not at all.

Alison Steeves
So the ENT wrote, "I saw Catherine today in my otology clinic. She has an interesting history. She had her second dose of her Pfizer COVID vaccine December 1st, 2021. Within 24 to 48 hours, she started noticing fullness, pressure, and discomfort in both ears, worsening tinnitus, and subjective hearing loss." And speaks about your audiogram, acknowledges the hearing loss and there is nothing else, no history or nothing, to explain it. And then he adds, "In summary, this is a patient with bilateral sensorineural hearing loss with left isometric sensorineural hearing loss." And adds, "This may represent a vaccine side effect."

Is that correct?

Kathy Howland
Right. That is correct.

Alison Steeves
So you have tinnitus and hearing loss in both ears.

Kathy Howland
Yes.

Alison Steeves
And did you and your ENT discuss the potential relationship with your COVID-19 vaccine?

[00:10:00]

Kathy Howland
Yes, we did. And he said it was quite possible. But he is prevented by coming right out and saying that. The government has stopped the doctors—apparently, from what I've been able to learn—has prevented the doctors from actually attributing vaccine injuries to the COVID-19 shots.

Alison Steeves
So he expressed that concern, that he was not permitted to directly attribute it as a cause?

Kathy Howland
Yes.

Alison Steeves
Okay, and so he put it in the report though, just as a potential effect.

Kathy Howland
Yes.

Alison Steeves
And have you spoken with your family doctor again regarding your diagnosis? You mentioned she sort of accepted there could be a link with the vaccine?

Kathy Howland
Yes, she did. She said that she had read some articles that did say that people were having problems with the vaccine and that their symptoms were hearing loss and tinnitus. But she, again, would not put that down on paper for me.

Alison Steeves
So the doctor who told you to go get the shot and not to wait for another shot that you had been waiting for was now acknowledging that you could have developed tinnitus and hearing loss based on having taken it.

Kathy Howland
Right.

Alison Steeves
Okay, so Kathy, can you speak a bit to what it's been like living with tinnitus and hearing loss? This report was approximately a year after your second shot, a little bit more. So how has that been? How has it impacted your life?

Kathy Howland
It's been difficult. I've always been a social butterfly, an extrovert, and I have completely flipped because it is so hard to be in crowds or around a group of people because I don't hear well. Background noise is particularly annoying, so you can imagine being in my job with a classroom of children, especially elementary kids. They're very boisterous and can be loud, and so I've withdrawn a lot and I've struggled with depression because I do miss those gatherings. I did direct a group of 30 booklists with a live band, and I can no longer do that. Because it's just too hard to be in a room with a lot of music. It's overwhelming, and my ears close up even more, and the tinnitus rings even louder. As far as my family goes, they don't believe that I would actually have been hurt by a vaccine, so that's another hurdle that's been difficult.

Alison Steeves
So you used to be quite involved in music. You said you directed a group of music and now it's too painful for you to be sort of surrounded by that many people in that level of noise. Is that correct?

Kathy Howland
Yeah. I can't, I just have a hard job with it now at this point.

Alison Steeves
And how has it affected your relationships? You said family members are doubtful or skeptical?

Kathy Howland
Yeah, my parents are very skeptical. My sister is very skeptical. In fact, they're just like, "Well, I mean, you're getting older. You're going to lose your hearing anyway." And I'm like, "Not necessarily, I was fine." And they just don't want to believe that it was part of the vaccine because they've all had several shots.

Alison Steeves
And so do you feel that you can't speak comfortably about this issue in social circles or in certain groups?

Kathy Howland
I can't talk about it. No, people: they shut down. If I say anything like, "I'm sorry, I can't hear you, I had a vaccine injury." And I'm not going to hide behind that; I'm not going to stop with, "I'm sorry, I can't hear you." I want to tell people that this is what this vaccine has done to me and thousands of other people.

Alison Steeves
And has this experience impacted your mental health at all?

Kathy Howland
Yes, I have become very isolated by times. I force myself to be out in a group of people because I know what's going to happen. The tinnitus is going to get louder. My ears are going to get stuffier.

[00:15:00]

But I don't want to become isolated altogether because that's not healthy either.

Alison Steeves
And what would you say has been the hardest aspect of this experience?

Kathy Howland
I think part of it is my parents not believing that I could possibly be injured by these COVID shots because they have so much faith in the government and the shots. And then another thing is my job. I love my job. I love my kids that I work with, and it's so hard to hear their voices. And I work mostly with literacy, trying to work with the kids to bring up their literacy skills so they can do math easier, science. Anything is based on literacy, so we will want them to be right in the top drawer. But if I can't hear whether they are saying a *D*, a *B*, a *V*, or a *T*, it's just crushing to lose that ability to know what those kids are doing and be able to help them. I just don't feel I can do my job as well as I did before.

Alison Steeves
Thank you very much, Kathy. I have no further questions, but the Commission might. I'll just give them a minute.

Commissioner Drysdale
Thank you for your testimony. I have a couple of questions. And perhaps you said them, and I missed them. And that was, I understood that you had your second audio test in and around January 4th of 2022?

Kathy Howland
Second audio test. I'm just looking for the date here. It was the 14th of January 2022.

Commissioner Drysdale
I can't read my own notes. There is a one there. Now my real question, though, is: what was the date of the first test, the record test you had prior to that?

Kathy Howland
I do believe that there was a previous audiogram on file from 2002, which showed normal hearing.

Commissioner Drysdale
Okay. One last question. I believe you said that you had a discussion with your family doctor with regard to this being a potential vaccine injury. And I believe I heard you say she thought that was a possible side effect?

Kathy Howland
Right. She had been reading some literature online that things were starting to come out that it was a potential side effect.

Commissioner Drysdale
Do you know whether or not she made a report to the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system on that?

Kathy Howland
That, I don't know. I've got some paperwork to go in to her next week, but I really don't know if she reported that to VAERS [Vaccine Adverse Events Reporting System] or not.

Commissioner Drysdale
Okay. Great. Thank you very much.

Kathy Howland
You're welcome.

Alison Steeves
Thank you, Kathy.

[00:18:31]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 6: Alison Petten
Full Day 2 Timestamp: 02:57:13–03:23:16
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Alison Petten, thank you for attending. Do you affirm you will tell the truth, the whole truth, and nothing but the truth?

Alison Petten
Yes, I do.

Ches Crosbie
Thank you.

Nicolle Snow
Thank you. Good morning, Ms. Petten. For a little bit of background, Ms. Petten was a last-minute substitution witness, and so for that reason we are not going to go through direct examination. Ms. Petten has a story here to tell, and it's an important story. Ms. Petten is going to be speaking on four different topics: informed consent, appropriate techniques for intermuscular injections, collection of data, and nursing standards and ethics. I'm going to let you have the floor.

Alison Petten
Okay, thank you very much. I really appreciate the opportunity to be here today. I'm here partly because I love nursing, and I get a little emotional about this. But I'll calm down once I get going. Many of my colleagues can't be here, either because they're afraid to speak publicly, or because they're exhausted, or they're at work, or maybe they're getting a break. I have had the privilege of working four streams of nursing. I've been a clinical nurse most of my career and an educator, an administrator; and I've also had some involvement with research projects and program evaluation. I currently work as an educator and health consultant. And I've been a registered nurse for 40 years—and a really good one. I love what I do and I love teaching all around Nova Scotia. I try to be kind and helpful and non-judgmental and I think, because of that, people tell me stuff. A lot of people know me in health care and I've been hearing a lot of very disturbing stories over the last few years.

I'm here because we made some serious mistakes, and we need to do better. And I know that we can. I'm not interested in furthering the blame and shame that has gone on. I think it's important that we reflect and examine and evaluate what's been done so that we can figure out how to do things better and not just see who's at fault. I'm not usually a rebel. I can be a little—but not overly. I actually kind of like rules. We need policies and protocols and guidelines and laws to guide us and support us, but we need to follow them, and they also need to make sense.

So as I talk about these four things, informed consent, intramuscular injections, collecting data about possible adverse effects, and nursing and our code of ethics, I'd like to spend a little more time on nursing and the code of ethics. But I'll try to be brief as I go along, and I invite you to help me with my time because, I know.

Nicolle Snow
I will.

Alison Petten
Yeah. And if I talk too fast, you can slow me down.

Nicolle Snow
Okay.

Alison Petten
With informed consent: I guess I would like to convey that, with 40 years in nursing, I'm blown away. To me, informed consent, I thought, was a basic foundational secure piece of the healthcare system that we weren't allowed to mess with. For 40 years, I'm not allowed to touch people hardly. I'm not allowed to put something on someone's body or in somebody's body without them understanding it and choosing to accept it. Unless the person doesn't have capacity to do so, and then there's a process we go through with that. Information is required. When you look at the definition of informed consent, coercion is not allowed. People are not allowed to be punished for the choices that they make with healthcare. There's not supposed to be negative repercussions for their choices. With regard to mandates, quite honestly, I never dreamed that we would do that.

And especially with the high vaccination rate that we had—with all that blame and shame and encouraging people to get vaccinated. We had a very high vaccination rate, so I'm not actually sure why they were mandated at all really. People wanted them. Before we heard messages about unvaccinated people being racist or misogynist or having unacceptable views, people want drugs. Look at the TV ads! You know, there's new drugs out there to help you with your COPD [Chronic Obstructive Pulmonary Disease],

[00:05:00]

your breathing problems. And in order to decide you're going to have them you're being told that you might have headaches or high blood pressure or a heart attack or sudden death—but people have the information and they can make those choices and they sell the drugs. It happens.

We had nurses giving vaccinations to nurses who were crying because the nurses knew enough to know that we didn't know enough about these vaccines. You couldn't get an exemption for love nor money in this province. I only know of one individual who got an exemption, and that was after their first vaccination—after they regained consciousness several days later. We know there are a lot of people for whom this vaccine was not a good idea. The chemically sensitive, the neurologically vulnerable, and many others; but I probably shouldn't spend much time on it because other people are. We heard doctors telling their patients, "I don't think this vaccine is a good idea for you, but I'm not allowed to give you an exemption." Doctors were prevented from practising medicine and providing appropriate care for individuals according to their individual situation.

Yesterday, I learned that 114 Nova Scotians died from COVID—I think in the first two years. I'm not positive, but I'm pretty sure that I could find you 114 people who either died or aren't sure how they're going to live because of vaccine injuries. Some of those people chose, but some of those people didn't feel they had a choice, so it wasn't informed consent in that case. And I think it's interesting and very sad to see that we are noting now: we have more COVID deaths after people have had two or more vaccines. So not my area of expertise, but it does seem like maybe they aren't working. So that's informed consent.

I'd like to talk about the appropriate technique for intramuscular injections. I teach this stuff, and I teach to aspirate. Shall I just explain briefly what that means?

Nicolle Snow
Yes, please.

Alison Petten
So normally, when we're giving somebody an intramuscular injection, if we're using the deltoid, we have to make sure there's enough muscle there that we can actually get into a muscle; we're not going to hit bone. We landmark to find bone and the right place to inject. And then when we quickly inject the needle, we hold it steady, and we pull the plunger back just a little bit, create a little negative pressure to see if a little blood comes back into the syringe. If blood comes in the syringe, that means I'm not in muscle, I'm in a blood vessel. So I have to remove, pull the needle out, put pressure there so they don't get a bruise and whatnot, throw that out, and then I have to draw up and landmark and inject in a different site. Because if I go ahead and give that injection, I will be giving it intravenously. And if I give a medication intravenously, usually it's with a lower dosage. So the way these vaccines were developed and the research that was done around them was around them being given IM. So I was quite taken aback to see that in Nova Scotia and across Canada—and I understand from the CDC [Centre for Disease Control and Prevention], because I did some research to see what I could find out was happening now—they are saying it's not necessary for vaccines.

Nicolle Snow
What is not necessary?

Alison Petten
It's not necessary to aspirate—not necessary for vaccines. I found this out a handful of years ago because, as I said, I teach this and I want to make sure that I'm staying current and whatnot, and what I found out was there's no research around that. The wording is

there's no evidence to support that aspiration is necessary, but there's also no evidence to support that it's not. And if I don't aspirate and I inadvertently give a medication into a vein, I could cause an overdose because we have a different dose. So for example, with morphine, if I'm giving it IM, I might give 5 to 10 milligrams. If I'm giving it IV, I give maybe a half to 2 milligrams. So it is important that we aspirate.

Maybe they're not concerned about overdosing with a vaccine, but it wasn't intended to go directly into the bloodstream. It was supposed to get there gradually, from the muscle.

[00:10:00]

And the only reason I can really think of for them wanting to do that, that would be a good reason, would be because of wiggly children. Most of the vaccines that we give go into young children. And no young child wants to have a sharp piece of metal in their body for very long. And they're wiggly. So maybe that's why, but I didn't find any rationale documented anywhere for that. It only takes a few extra seconds to aspirate. What takes longer is if you are in a vein, then you have to throw that away and draw up a new one. So you have a little bit of wastage and a little bit more time. But that's important.

Nicolle Snow
Okay. I'm going to give you the 10-minute warning.

Alison Petten
Thank you. My son wanted me to tell you that he was taught in paramedic school to aspirate. And then suddenly when they rolled out the vaccines, it doesn't matter. So he is rightly disgusted because it does matter.

With collecting data about possible adverse effects, a lot of people are talking about that in a variety of ways. So I think I will just tell you what I thought and what I expected, and it didn't happen. I first thought, uh-oh, that was fast. This is new technology. These vaccines are so new and different, they had to change the definition of "vaccine" in order for them to meet that definition. But I thought, oh my, we're in a pandemic. We have to do things differently. I suppose that we have to—and there was no talk of mandate at that point. But I thought, as long as we are collecting data about possible adverse effects and we're ready to pull the plug, I guess we have to do this. And honestly, I've known for years that we're not good at reporting adverse effects for drugs and whatnot. I think it gets reported maybe about as much as sexual assault: like, 10 per cent or less of adverse effects for drugs and vaccines actually gets reported. And this is after 40 years of nursing I know this.

I expected that we were going to do this amazing rollout of how to use the adverse event system following immunization forms. I thought they'd be on telephone poles almost. I figured every health professional in Nova Scotia—because we all are regulated—we'd have someone that can send us an email. I figured every nurse was going to get a copy of that form and be told how to use it. I figured they were going to revise the form and make it more user-friendly, make the process easier. I figured they're probably going to get the public to complete their own, because busy health professionals could be doing something else. None of that happened. And the way that it's supposed to work is we don't analyze what we submit. If there's an adverse event that happens following immunization, it's not supposed to be analyzed first. It's supposed to be submitted.

Nicolle Snow
When you say analyze, do you mean for the causal connection to the vaccine?

Alison Petten
Yes.

Nicolle Snow
You just report it regardless.

Alison Petten
We report if it's following—yeah. And if it's a very serious one, then they're supposed to investigate. That's my understanding: it's supposed to be investigated right away if it's serious. And if it's not serious, then they just put it in the data, and if a pattern emerges, then they investigate. But if you don't collect the data, you don't get to see the pattern. And I think that's what happens.

Nicolle Snow
Yeah.

Alison Petten
I'd like to talk a little bit about my profession. I might cry, but I'll get over it, so just bear with me. I live and breathe my standards of practice and my code of ethics. Nursing is hard, but I love it. It's important work and I've been proud to do it. Nurses are supposed to be critical thinkers. We're supposed to have awesome knowledge, skill, and judgment. We're not allowed to just follow orders. Leadership is expected and required of us. It says so in our standards of practice, which are legislated documents, and our code of ethics. So legislated: to me, I understand that means it's law. This is what we're supposed to do. We're supposed to also work within our scope of practice, which means: as a registered nurse, I'm only allowed to do what I have the knowledge, skill, ability and judgment to safely, ethically, compassionately do for an individual or group.

Yes, most people are familiar with nurses caring for sick people and people who are injured and people who are dying, but we also are required to do health-promotion and disease-prevention as well. I expected public health education to not be just,

[00:15:00]

"Stay home and wait for your vaccine and wear a mask when you go out and have distance." I expected we would also encourage people to support their immune system—let people know, the best way to fight off a virus is to have a healthy immune system. Fear does not make your immune system stronger; it makes it weaker. We could have done things like promoted better nutrition, hydration, stress management, mindfulness, fresh air, connecting with people. We could have been checking vitamin D3 for people to see if they needed more vitamin D to be optimized. So there are a lot of things we could do: helping people to avoid sugar and alcohol, just letting them know, you know, just make other choices when you can. But instead, we were vaccine-waiting.

I want you to know that the Code of Ethics for registered nurses in Nova Scotia—I'm going to quote from it two things. It says, "In anticipation of the need for nursing care in a disaster or disease outbreak, nurses assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of health care providers." That's for every registered nurse in Canada. This code of ethics also says, and I quote, "When in the midst of a disaster or a disease outbreak, nurses advocate for the least restrictive measures possible when a person's individual rights must be restricted." We didn't do that. And I've given you a copy of the Code of Ethics [Exhibit TR-24].

Nicolle Snow
I do. Yeah, I do have a copy of that. Thank you. You can enter that.

Alison Petten
The Nova Scotia College of Nursing is the regulatory body for all nurses in Nova Scotia. And I'm going to quote once again and read, if you bear with me: "In Nova Scotia, all registered nurses and nurse practitioners are accountable to practice nursing based on that Code of Ethics, developed by the Canadian Nurses Association. The Code of Ethics is a resource to help you practice ethically and work through ethical challenges that arise in your practice setting with individuals, clients, families, communities, and the health system." That didn't happen either. In August 2021, I heard that there was talk of maybe mandating vaccines. So in August 2021, I sent an email to my nursing regulator, because my understanding is that they exist for the purpose of protecting the public from nurses. I sent them an email basically saying, Public Health needs our help. I'm concerned that they might mandate, and these vaccines have not had long term studies. We don't have enough information, blah, blah, blah. And I have given you the information.

Nicolle Snow
I have that email, which we will enter into evidence [Exhibit TR-24a]. Okay.

Alison Petten
I basically got a pat on the head. We back-and-forthed a little bit, but I was told they're not experimental and we're not going to mandate. All nurses have them, but we're going to follow what public health says. After that, I phoned the Canadian Nurses Association, because they are the people who have provided the code of ethics for nurses. And what really troubled me at the time, and still, is that I phoned, because I was afraid to email. I was somehow afraid to have an electronic footprint just by asking some questions, and I realized at that point that we'd really lost the ability to advocate, and yet we are required by law to advocate.

The next thing was in February 2022. In collaboration with some other nursing colleagues, we submitted four resolutions to the Nova Scotia College of Nursing so that we could have some discussion. We thought maybe they'll never get past, but at least we could have some discussion and some debate, because that hasn't been happening at all. The four resolutions: One was about aspirating to avoid injecting directly into the bloodstream. Another was about reporting adverse events. We wanted them to make sure nurses knew they had to do that. Another was advocating to not mandate vaccines for children and adolescents, and another was advocating to end the use of the mandates and the passports in Nova Scotia.

We got nowhere with that. Basically, they were polite and let us know that really it would be a nursing association that would deal with such things. But in Nova Scotia we don't have an association anymore.

[00:20:00]

We just have a little bit of a Facebook page presence, but we don't— So it was like you could go there, but we didn't have "there" to go. I felt like I had exhausted what I could do through the processes that were established for nurses. I emailed and I phoned MLAs, MPs, the Governor General, the Prime Minister's Office—and I did get a couple of calls back, but more pats on the head and we'll do what public health says.

Nicolle Snow
Thank you, Ms. Petten.

Alison Petten
Could I just— Could you—?

Nicolle Snow
Yeah, you're actually out of time, but can you wrap up very quickly?

Alison Petten
Okay, I'll just quickly read this. In closing, thank you. I can't believe that we got to this in Canada. I'm trying to understand how we got here, and one of the things I think happened was it was a lot about fear. I think we need to have information and not use fear. We had processes in place to guide us, but we didn't use them. I think that was because politicians took over healthcare, and they were guided by the pharmaceutical industry, not health professionals and scientists, and leaders who developed the guidelines for just this kind of situation. Politicians are about power, and the pharmaceutical industry is about profiting. Neither is about health.

This pandemic response was managed by politicians who Canadians have allowed to have too much power. They followed recommendations by the pharmaceutical company who made too much profit and cut corners and did lousy research. This inadequately researched vaccine is now in the childhood immunization schedule in some places. I'm not sure if it's in Nova Scotia, but they were talking about that. I think politicians acted outside their scope of practice. If I did that as a nurse, I'd be in trouble. They practice healthcare without a licence. Surely that's not legal. They do not have the knowledge, skill, ability, and judgment to safely, ethically, and compassionately tell health professionals what to do, who to do it to, and how to do it. If they were nurses, I would submit a complaint to their college stating they acted outside their scope of practice.

Nicolle Snow
I'm going to stop you there to see if we have some questions from the panel. Thank you.

Commissioner DiGregorio
Thank you for your testimony. I had a couple of questions around your thoughts on informed consent. First of all, I'm just wondering if you've had any formal training on it. Is there anything as part of your nursing training?

Alison Petten
Oh, yes. Yes, in nursing school, through my diploma program, also through my baccalaureate program, and reinforced during orientation for any job that I had.

Commissioner DiGregorio
Thank you. And do you know if there's anything about informed consent in the nursing code of ethics that you've been talking about?

Alison Petten
Oh yes. Yes, it's required. We are not allowed to provide nursing care without informed consent. And if a physician was to prescribe something that I thought was not appropriate for somebody—maybe a physician prescribed something like 100 milligrams of something, and I know this person has chronic renal failure and that's too high a dose for them—then I'm not allowed to give it, and I'm required to question them. And if they say, "Oh, give it anyway," then I have to go over their head.

Commissioner DiGregorio
Thank you. One other area you spoke about was about gathering information and adverse event reporting. Can nurses complete adverse event reports?

Alison Petten
My understanding is they can, but what I've seen in practice is that we typically don't. So usually it's physicians who do, but if you read the instructions online, you know any health professional is able to do it. I had assumed during the pandemic, we'd really make sure every all the nurses knew you can do that, and this is how you do it. And we made it easy for you.

Commissioner DiGregorio
You yourself were never asked to prepare one or you never actually prepared one?

Alison Petten
I did submit a couple for a couple of clients who had problems that they had reported to their doctors, and their doctors said that they weren't going to report it. And I asked the clients if they wanted me to do it for them.

Commissioner DiGregorio
Okay. Thank you.

Commissioner Massie
Maybe a quick medical question about aspiration, because I've seen a lot of recent literature on that. I was not aware of that really before. In your best, I would say, professional opinion, would you say that the lack of aspiration—in other words, the direct injection in intravenous—could be actually the source of many of the side effects that we've seen?

[00:25:00]

Alison Petten
In my own opinion, I think that it's possible. And I've had some other nurses share with me, they're wondering: "Do you think it's possible that with some of the things we've heard about young men and athletic young men with big biceps, they're going to have bigger blood vessels?" We're wondering, is it possible that maybe we're hitting a blood vessel and giving the vaccine directly into the bloodstream by mistake and we don't know? And then they maybe develop more of the cardiovascular problems or the sudden issues. But I don't know that. But it's something I wonder.

Commissioner Massie
Okay, thank you.

Nicolle Snow
Thank you, Ms. Petten.

[00:26:02]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 7: Elizabeth Cummings
Full Day 2 Timestamp: 03:23:40–03:41:04
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Elizabeth, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Elizabeth Cummings
Yes, I do.

Ches Crosbie
Thank you.

Nicolle Snow
Can you state your full name?

Elizabeth Cummings
Yes. My name is Elizabeth Cummings.

Nicolle Snow
And Ms. Cummings, where do you come from today to be here?

Elizabeth Cummings
I come from Cole Harbor, Nova Scotia.

Nicolle Snow
Now I understand that you received two Pfizer shots, one in May and the other in July of 2021.

Elizabeth Cummings
Yes.

Nicolle Snow
Why did you vaccinate?

Elizabeth Cummings
I'm vaccinated because I take care of both of my elderly parents. One is ambulatory and one is not. At the time, Dr. Strang and Ian Rankin had advocated that it was proper to protect our older community by vaccinating if you were going to be around the elderly. And I absolutely, without question, took their directive and did my part.

Nicolle Snow
Did you have any adverse reactions following the first shot?

Elizabeth Cummings
No, I did not.

Nicolle Snow
And did you have any adverse reactions following the second shot?

Elizabeth Cummings
Yes, I certainly did.

Nicolle Snow
What happened?

Elizabeth Cummings
Well, the first shot was fine. It was just like a sore arm, but the second one: I had the sore arm while I was sitting there in the 15-minute time-out period. And I started to develop a headache there, and I started pressing my temples and I'm like, "Oh, that's strange." So I went home and by the time that evening had hit, it hit my neck and my whole head, like around the base of my neck, and it started to spread across my skull. It incapacitated me for three days. I could not move. And in addition to that headache was a nerve pain that was, surprisingly, just on the left side of my body. And it was confusing because it was literally the left side of my body.

Nicolle Snow
Do you know which arm you had the shot in?

Elizabeth Cummings
I had that in my left arm.

Nicolle Snow
Okay.

Elizabeth Cummings
So the headache, like I said, lasted for three days. And the nerve pain was constant. And then that ramped up over a couple of months. But then into the fourth day afterwards, the headache had just subsided—so thankfully that went away. And then I was given a day with just the nerve pain, and then all of a sudden, for the first time in my life, when I haven't even had a cold sore, I developed shingles. It spread all over my neck, which you can still see some of the scar from that, and it went across my chest, and it was blistering. It was pretty bad.

What I did for that was I took my top off, and I couldn't wear clothes. It was too uncomfortable. I washed with soap and water, peroxide, alcohol for five days, and then finally that subsided and went away. But the nerve pain continued, and I tried to deal with it myself by yoga, stretching. I knew it wasn't normal to have that kind of nerve pain; it wasn't a pinched nerve, because my skin—all of my skin hurt too. If I was rubbing my pants or my shirt against my skin too much, it became very raw.

Nicolle Snow
Did you see anyone for this?

Elizabeth Cummings
I looked, but you couldn't at that time. They were taking elderly patients and they were—You couldn't see anybody. There was nobody to see. You had to deal with it yourself, like there was not a lot of—

So then by the time October hit, I was in so much pain at that point that I went to the chiropractor. And I talked to him about it and I said, "You know, I got nerve pain but, confusingly, I've got skin pain too." After about five times, I limped very badly out of the last session that I had with him. And I thought, okay, I can't do that again. That's not going to work. This is the fifth such session; it's actually made things worse. Then I called my doctor that just started to take patients back, but they were only taking the elevated cases that were in-house visits.

[00:05:00]

The receptionist gave me a phone call appointment. Then, when I made the phone call appointment, my doctor said, "I can't give you anything without giving you a physical exam because you're talking about physical pain." And I said, "Well, this is just the way I was directed." Then I had to wait even longer, until November had hit. And I went in, and I talked to him about the symptoms that I was having from the vaccine, and it happened immediately. And he did acknowledge the fact that nerve pain was one of them, and he gave me a prescription for pregabalin. So I took that, then I went to a follow-up visit with him. And then at that follow-up visit, I asked for an exemption, because at that point, they started talking about boosters. And I was afraid that I was going to get a job and they were going to mandate this booster or require me to have a booster, so I wanted to be on the exemption list.

Nicolle Snow
Were you able to secure the exemption?

Elizabeth Cummings
No, I was not. He told me that— He picked up a piece of paper in his office and he said that that piece of paper said that, unless I had an overnight visit in a hospital from a side effect, I could not be put on that exemption list.

Nicolle Snow
And did you speak with him about whether or not to complete an adverse event form, or did he speak with you about that?

Elizabeth Cummings
No.

Nicolle Snow
You don't know whether he did?

Elizabeth Cummings
I didn't know what that was at that point.

Nicolle Snow
Okay, all right. And there were no indications that he filled one of those out for you?

Elizabeth Cummings
I am unaware if he did. I don't know. He does all of his little paperwork, but I don't know.

Nicolle Snow
And are you still on the pregabalin for the nerve pain?

Elizabeth Cummings
Yes, I unfortunately am in the middle of a relapse right now. Unfortunately.

Nicolle Snow
And what, if any, other measures did you take to address the concerns that you had about the vaccine?

Elizabeth Cummings
Well, the only recourse that I had at that point— I guess what happened was, I noticed in March of 2022 that there was a Pfizer dump of the safety data. So at that point, I read the cumulative 5.3.6 safety events, and I noticed— Like, I'm not a doctor, I'm just an electrician. I don't really understand much, but I do understand adverse events. And when I read that

cumulative report and I saw the nine pages of adverse events, I became very alarmed. And herpes zoster; there was also meningitis, and there were certain neuralgias. And I thought, that's everything that happened to me—like everything! I got really, you know— I felt kind of betrayed.

What I did was, I tried to put it where I thought my complaint was supposed to go. I sent a complaint to Health Canada. Because Health Canada, if you look on their website, they have statements that they approved the Pfizer vaccine, that they deemed after a stringent—what do you call it—analyzation of it, that it was safe to use. And they did that in October 2020. So I thought, that's where I needed to go, to complain to the fact that I took two Pfizer vaccines and I became injured from the second one. What they did was they returned my email saying that I should have had a complaint with the pharmacist, because I asked the pharmacist about an insert. And the second Pfizer vaccine, I asked him if he had any information with an insert, and he said that there was no information. And they told me that I needed to contact the Nova Scotia College of Pharmacists to make a complaint, but I found that confusing because he didn't make the insert. Like, I found that strange.

Nicolle Snow
Let's go back to your visit with the pharmacist. Is that who administered the second dose? A pharmacist?

Elizabeth Cummings
Yes.

Nicolle Snow
You were asking the pharmacist for the insert with the ingredient list?

Elizabeth Cummings
I asked him about the safety data.

[00:10:00]

And any kind of information about the vaccine itself, because I was starting to see some alarming things online that were concerning me. And after he told me that there was no insert, I asked him what his thoughts were. And the only response he gave me was that he didn't know whether he was going to vaccinate his 13-year-old daughter or not. So I had to make the decision then. There's like, a 15-minute window to get your vaccination. You're huddled in and then you're huddled out.

Nicolle Snow
He didn't give you any other information on possible side effects.

Elizabeth Cummings
No, no. But I did ask.

Nicolle Snow
Okay, back to your story.

Elizabeth Cummings
Fast forwarding to the complaint, because I put all of that in the complaint to Health Canada. In addition to that complaint with Health Canada, I had said that—

Nicolle Snow
Also, just to go back: Health Canada placed it back on the pharmacist to say you should have had the discussion with your pharmacist?

Elizabeth Cummings
Yes. And these are all in those documents that I had sent you in a zipped file [16 exhibits: TR-25, TR-25a through o]. Their response to that along with my complaint. But in that complaint, I had said that it was a trial vaccine, that I wasn't given an exemption, that I bled from the PCR tests, that I was masked over and over and over again, which was harmful to me. And one of the two most important things that I put in that was that they allowed the authorization, because that's the whole reason I went to them, was because they authorized the use in Canada. And then the last thing that I closed within the letter was informed consent. Saying, you know—and I even embedded the link to the Pfizer documents in the email—"Had I been given that information—" Because you state that you've reviewed this, then if I had been given this informed consent, I would not have taken that vaccine.

Then the response they gave me besides that was that I basically needed to go to VAERS [Vaccine Adverse Event Reporting System], which was the Canada Vigilance [Program], to fill out my adverse events. I was like, "Okay, I'll do that, what is this?" So I studied it.

Nicolle Snow
Are you talking about the vaccine injury support program?

Elizabeth Cummings
The VAERS, yeah. They sent me to the Canada Vigilance VAERS. I had to figure out how to fill out that paperwork. So I did: I put in my lot number, and I put in what I was prescribed and they asked me if it was reoccurring or not. I had to put unknown because I didn't know at that point. And then that was it. It stopped there. So there was no recourse. It was just, you're injured, you're done.

Then interestingly enough, July 11th came, and I noticed a Dr. Philip Oldfield had advocated that he had already talked to Dr. Tam and the Board of Physicians, I believe in Ontario, and that he was given no information. They weren't responding to him, so he decided to elevate his complaint to the International Criminal Court. And he was asking Canadians that were injured if they would call or email the International Criminal Court and explain their injuries. I did do that. In the subject line, I put his complaint number, gave them the exact complaint that I gave to Health Canada. And I told them that I wanted to either make a complaint against— I said Health Canada, et. al., because I didn't know who that encompassed. And I said that I wanted to add to his complaint, and if that wasn't satisfactory, that we could make another complaint with crimes against humanity. For the

informed consent, for all the things that I had already outlined, but the vaccine-injured as well. And I had to follow up twice. I didn't get a response from that either.

In closing, I've been an advocate for people that have been vaccine-injured and the people that were mandated from day one. And I think we've all went through a period where loss of friends— They think that we're conspiracy theorists. And I've had people say to me, "Before, you know, you were a rational human being. You *were*—"

[00:15:00]

Nicolle Snow
Suggesting that you're not that now.

Elizabeth Cummings
"But you're no different than a Trumper now." And I'm like, "what does President Trump have to do with me as a Canadian? I don't understand what the correlation is here. I'm complaining about being vaccine-injured, and you're calling me Trump. Unacceptable."

Nicolle Snow
And so how are you doing now with respect to your condition?

Elizabeth Cummings
Well, I mean, it has its ups and downs. I had the original prescription, then I had to get it refilled. So that was December 2021. Then I had to get another prescription because I had two bottles there. Then I had to get another one in the summer. So June, July, I had to get another batch. And then just recently, I had to get another. So now, unfortunately, I'm going to have to look at this personally as something that's chronic, that's reoccurring. Because now it's over a year and a half and it's still going on. And it's uncomfortable, it's very uncomfortable. I can be sitting there, and the pain is just— I'll have to get up, because if I'm still, if I'm moving in a wrong direction, it'll inhibit me lifting. I was a robust, a very healthy individual before this. So not being able to lift 50 pounds for me, that hurts my position. I have an interview next week, and I'm worried that I'm going to have to self-disclose that I may not be able to pick up an electrical panel to drill it in the side because I can't lift it now if I have another relapse.

So you know, everybody's got their story and, fortunately, I've got my life. I know there's a lot of people that don't.

Nicolle Snow
Yeah. Well, thank you so much for your testimony, Ms. Cummings. I'm going to turn you over to the board. They may have some questions.

Commissioners
No questions.

Nicolle Snow
All right. Thank you kindly.

[00:17:23]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 8: Dr. Joseph Fraiman
Full Day 2 Timestamp: 04:38:17–05:47:28
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Chad Horton
Just one moment, Dr. Fraiman. Yes, he has been affirmed. Would you like us to start over? No?

Dr. Fraiman, we had a technical difficulty a moment ago, so we're now streaming. Can you please, for the benefit of the Commission and for our audience, provide us with a brief overview of your education, training, and experience?

Dr. Joseph Fraiman
My name is Dr. Joseph Fraiman. I am an emergency physician today and my medical licensing began with medical school at Cornell Medical College. I did my residency at Charity Hospital in New Orleans, Louisiana. I still work in the Louisiana region. I'm a former medical manager of the Louisiana Urban Search and Rescue Disaster Task Force. And I'm also a clinical scientist specialized in analyzing medical interventions for harm and harm benefit analysis.

Chad Horton
Can you just expand on that a little bit, Dr. Fraiman, where you say that you're a clinical scientist who specializes in harm-benefit analysis. What is the background associated with that area of specialty?

Dr. Joseph Fraiman
That's the area of research that I've been involved in since residency. I'm here today, basically, as I'm the lead author of what's become a paper with a large impact that reanalyzed the messenger RNA COVID-19 vaccines' serious adverse events.

Chad Horton
Can you tell us, Dr. Fraiman, when that paper was published and who, if there are any, the co-authors might be?

Dr. Joseph Fraiman
Yes, there are six. We're an international team. Some are from Spain, Australia, California. We have some in Baltimore. One of the authors is a *BMJ* editor. Another author is one of the top epidemiologists in the world. He has written a book on epidemiology. Another is a former NIH [National Institutes of Health] associate director of clinical research.

Chad Horton
Okay. And I understand, Dr. Fraiman, that you prepared a presentation [Exhibit TR-0011] to assist in your examination today. And if you have that ready to go, I would invite you to begin.

Dr. Joseph Fraiman
I do, but I need to be given a screen share option. I can start without it, as we figure out the technical here.

Chad Horton
One moment.

Dr. Joseph Fraiman
In the Emergency Department, I believe it's important just to understand the experience that I'm given and what I've been witnessing through the COVID-19 pandemic. Where I work is a rural Louisiana hospital in Cajun area, which I understand is the long-lost cousins of the Acadians up north and from your region. And it's my pleasure to have worked with them. I drive an hour and a half to work out in that region, because I really enjoy being the doctor of these patients.

March 2020, Louisiana was hit really bad with the first COVID surge, and we saw a large number of hospitalizations and death. Working in the emergency room during this period was a horrifying experience for myself and my nurses. Typically, when someone inside the hospital gets ill, there's an emergency. At nighttime, I'm the only physician in the hospital, and I am called up to the room with something called a rapid response. It's an automated electronic voice that comes over the loudspeaker and we have to go and resuscitate them. This happens normally once, maybe every three shifts

[00:05:00]

that I would experience that in normal times. During COVID-19, during the first surge, we **were going to these two or three times every shift. It was quite exhausting to see, emotionally, the amount of death that was occurring during this time.**

But I want to point out during this time, when I was going to work, I would look at the news and see, "Oh, hospitalizations, they're rising." And then I would come into work and they were rising. Deaths rising. Same for cases. And then they were decreasing again. Then for the second surge, it was a very similar experience in the Emergency Department. But these metrics that we were using to count hospitalizations, I can't say that they were accurate because I don't know that. But I do know that, when they said they were rising, they were rising. And when they were falling, they were falling. It was almost like looking at the weather on your phone before you go outside, and it feels exactly like the weather that you just looked at on your phone. And that's the anecdotal experience that I feel like is

important to understand. Because we see so many patients, when you see these patterns, they should fit exactly what we're being told is happening. Because we see enough patients that the anecdotal experience should match it.

Chad Horton
I'll tell you, Dr. Fraiman, you can screen-share now if you like. Just to contextualize some of your commentary a moment ago, you referenced the first surge and the second surge. Can you tell us when those times were? I understand your evidence is that you did see an increase in hospitalizations and deaths during what you characterized as the first surge and the second surge. When were those surges?

Dr. Joseph Fraiman
Yes. The first surge was March 2020. The second was in the summer, and then the third was in the winter.

Chad Horton
All of 2020? Yes, okay. Continue sir.

Dr. Joseph Fraiman
Of course, let me screen-share now. I'm here to talk about the COVID-19 vaccine, and let's begin with what we see is the randomized control trials. This is the *New England Journal [of Medicine]*'s publication of Pfizer's trial, and that's what I'm going to be focusing on, but the Moderna trial is very similar. We got this. This is one of the most amazing results that I've ever seen, and it's quite impressive. This is the reduction in symptomatic infections. You can see here, this blue line is the unvaccinated; and you see here, the vaccinated, they just stop getting symptomatic infections. This is an impressive finding.

But, at the time, I was actually not satisfied so much with it because I would have preferred they showed a reduction in hospitalizations, given that was, I believe, the most important concerning thing. But actually, because I've been researching with this vaccine and really going deep into this, I have found that in this study, there was a reduction in hospitalization in the original trials. It's just very difficult to find, and they don't really report on it. But if you look into this emergency use authorization, the review memorandum on page 30, and the supplementary appendix for Moderna's New England trial, New England Journal, you can find what the hospitalizations were. And we did see it. There were not that many hospitalizations in the placebo group, but there were zero hospitalizations in the vaccine group, and we got a hospital reduction of 2.3 for 10,000.

We're seeing what we want to see. The vaccine is reducing hospitalizations in the clinical trial.

Chad Horton
Dr. Fraiman, can you just get a little closer to your microphone or just project your voice a little bit more?

Dr. Joseph Fraiman
Yes, can you hear me better now?

Chad Horton
One moment, yeah. Go ahead, sir.

Dr. Joseph Fraiman
Okay, so here we have it for Moderna. More people were infected in the placebo group. Again, no one was hospitalized when these vaccines went for authorization.

Chad Horton
Okay, so just to help everybody understand: the slide that you just showed us, the two previous slides, where it says "vaccine zero," that means that zero of the vaccinated group were hospitalized. And then I believe for Moderna, it was nine in the placebo group and that would mean that nine people who received placebo, the fake vaccine, did go to the hospital.

Dr. Joseph Fraiman
Yes. That's exactly what I'm saying.

Chad Horton
Okay.

[00:10:00]

Dr. Joseph Fraiman
For death reduction, there were not enough deaths in either group to determine if it was reducing COVID-19 vaccine from COVID-19 deaths. And here you can see this is their table. It's about equal. But then we moved into what would be called the observational data, after it was authorized. Then again, we're seeing impressive numbers here for hospitalizations and death. Ninety-five per cent reductions essentially, all around the board. This was a pretty well-cited study.

But I also put this study up here to bring up another point, because this observational study also was heavily critiqued. Because when you do an observational study, you try to get rid of all the confounders, which are the things that are associated with the vaccine, like for example, people being older who got it. If you just compared that, you would end up with the wrong answer. So you need to control for all the different things. And for this study, they did try to do that, but they missed something. And that was the number of tests that were done. It turns out that 18 per cent of the tests were done in the vaccinated and 82 per cent were in the unvaccinated. That imbalances the groups. Now, I'm not trying to say that that means that the vaccine doesn't work, just that that changes exactly what we're doing. And if you adjusted for that, it would show the vaccine efficacy somewhere in the 75 to 80 per cent range. Which is still great. We're still getting what we want to see.

But the point of this is that, generally, with observational data, after we try to attempt to identify all the things that we could adjust for, for confounding, they tend to overestimate benefits a bit. And that's just something to think about when we start looking as the trial data—as the observational data—moves through time. So here, I just wanted to talk about what happened in the ER after the vaccine came out.

Chad Horton
Just a moment, Dr. Fraiman. When you say what happened in the ER, are you going to be speaking about your own direct observational experience?

Dr. Joseph Fraiman
Yes, my own experience. And what we saw in my hospitals was basically: after January 2021, we went months without seeing a vaccinated person have an infection or be hospitalized. It was looking very good.

I remember actually when the first vaccinated breakthrough infection occurred. And it was in April of 2021, and the whole hospital— We were all shocked to see it, the first one.

Then we all know kind of, the effects waned. Then we started the boosters. What I want to point out also is: during this time—I'm a witness in multiple hospitals—it became a little difficult to say how exactly how well the vaccine was reducing hospitalizations. There was some mis-categorization in what I was seeing, in that if a patient received a vaccine outside of the hospital system, there was a good probability they weren't recorded as vaccinated. You could have a vaccinated person in the hospital that is being thought of as unvaccinated in the global, national way we're counting vaccinated versus unvaccinated. It was systematically biased in that you would never have an unvaccinated person hospitalized be called a vaccinated person. The only way the mis-categorization would happen was in one direction. I don't believe this was purposeful. I just think that this was a systematic problem. And this has been reported in in many countries that this problem occurred.

Chad Horton
Just a moment, Dr. Fraiman. Just so I can understand. You're saying that the only way, within the system that you worked in, that somebody may be recorded as being vaccinated is if they in fact received their vaccination in the hospital, and then it would have been documented as such. Is that correct?

Dr. Joseph Fraiman
That's not the only way. It also could be entered manually.

Chad Horton
Okay.

Dr. Joseph Fraiman
In one hospital, for a while it was difficult to enter it manually. We didn't know how to enter it manually for several months, but eventually we learned how to enter it. But the problem is, if you are relying on this manual entering of it, then you're going to still end up with a systematic problem unless you're operating at perfection.

Chad Horton
Okay let me ask the question a different way, Dr. Fraiman. What sort of vaccinations may have been occurring that would not find their way into the system and database?

Dr. Joseph Fraiman
Ones that were performed in tents, where they're giving out COVID vaccines.

[00:15:00]

In New Orleans, they were giving them out in bars. There was a campaign of shots for shots and they're giving out shots to get people to take the vaccines. And these didn't necessarily get into the system very quickly. There wasn't a way to put them in.

Chad Horton
Okay, so as a result of these non-recorded vaccinations, you would have patients going into the hospital and being admitted, and they would be recorded as not having been vaccinated because they may have been vaccinated in a way that wasn't recorded, correct?

Dr. Joseph Fraiman
Yeah. That's exactly what I'm saying. I also want to be clear: I'm not saying that this shows that the vaccines weren't working or anything like that. I'm trying to point out that we're losing some of the reliability of the metrics of hospitalization and vaccine status.

Chad Horton
Now, to the extent that you can comment on this: What sort of proportions, if you have any awareness of this, might we be talking about between appropriately-recorded vaccine recipients versus individuals who receive the vaccine in a manner that would not have been cataloged?

Dr. Joseph Fraiman
I don't know. I've seen many examples of it, but it wouldn't be possible for me to give a realistic answer.

Chad Horton
Would a significant number of the population have been receiving the vaccine outside of the hospital setting, where it wouldn't have been recorded?

Dr. Joseph Fraiman
The majority.

Chad Horton
Continue.

Dr. Joseph Fraiman
Let me pull my screen-share here up a moment. Now that's our observational stuff here through the early days. And I want to return us back to the clinical trials to look at harm. This is what we did with the study that I was referring to before. Here are my esteemed colleagues who I worked on this with, and what we did is we looked at serious adverse events.

The term "serious adverse events" was defined the same by both Pfizer and Moderna: it was death; life-threatening hospitalization; disability; or a physician considered it serious for some other reason. That's what the large paragraph down there is. What I want to be clear is, the term "serious," the definition is true to its nature. All of these would be a serious outcome.

To analyze this for Pfizer, for example, we had to go through the FDA [Food and Drug Administration] briefing. Also, we used the Canadian one at some point to double-check that everything was the case. This is what a table looks like here. There's no information you glean from that, but I just want to show you this. It's a list of each individual serious adverse event. Here is acute myocardial infarction, and the number of times it happened in each group.

Chad Horton
What is acute myocardial infarction for the layperson?

Dr. Joseph Fraiman
That's a heart attack.

Chad Horton
Okay.

Dr. Joseph Fraiman
There's all different types of disorders here. And we went through this whole table that goes down for pages. We simply added them up for each group: the vaccinated and the placebo.

Chad Horton
Okay, this slide here. I want to ask you a question about this, Dr. Fraiman. Here, it says any event 103 at the top. We have 103 total events. Now you were just speaking about acute myocardial infarction, and there were three. So as a layperson looking at this, am I correct in understanding that we have three acute myocardial infarctions out of 103 total events? And one event of cardiac failure, congestive one, et cetera? They all fall within the purview of those 103 events.

Dr. Joseph Fraiman
I'll explain that 103: "any event" is the number of participants who experienced an adverse event.

Chad Horton
Okay.

Dr. Joseph Fraiman
And that's actually where I'll be going right now. Because if you add the number of serious adverse events—what we did here—and we found this. Where I want to focus is, we're

going to look at the Pfizer data here. And what we see is— Actually, I want to go back here, because this is what you were talking about: we found 127 instead of 103, and 93 from the placebo. And what this difference looks like is there's an additional 18 events per 10,000 participants in the vaccine group. And here, right here, this is called a confidence interval. That means there's a 95 per cent certainty that it's happening in between—

[00:20:00]

That if we did the study again, 1.2 to 34.9 events would occur per 10,000. And what that 95 per cent certainty gives us is what people would refer to as statistical significance.

Chad Horton
Okay, just a moment Dr. Fraiman. In the study, we have 18 adverse events per 10,000 vaccinations is that correct?

Dr. Joseph Fraiman
Additional events.

Chad Horton
Okay, and when you say confidence interval, you're saying if we did that study again, that number 18 would fall with 95 per cent certainty between 1.2 and 34.9, is that correct?

Dr. Joseph Fraiman
Yes.

Chad Horton
Okay.

Dr. Joseph Fraiman
Which means that if we did the study again, we could be 95 per cent certain that we'd find an increase in serious harm. And now this risk ratio here is 36 per cent. That is a 36 per cent higher risk of serious adverse event. And that rate, the 18 per 10,000, is one in 555. So one serious event happened for every 555 people in this trial. That is quite a high number for serious adverse events from a vaccine. Typically, we have withdrawn vaccines for one in 10,000.

Chad Horton
Okay, Dr. Fraiman. Again, as a layperson: Is it one serious adverse event for 555 people vaccinated or 555 shots received?

Dr. Joseph Fraiman
People in the vaccine group.

Chad Horton
Okay.

Dr. Joseph Fraiman
It's not per shot.

Chad Horton
Thank you.

Dr. Joseph Fraiman
People have asked us: When we did this study, what type of serious harms are we talking about? That's quite a difficult question. Let me show you one way that we try to look at this. There's something called these Adverse Events of Special Interest, which is a list created by this group, the Brighton Collaboration, endorsed by the WHO.

Chad Horton
And the WHO is the World Health Organization.

Dr. Joseph Fraiman
Yes, the World Health Organization.

Chad Horton
Okay, continue.

Dr. Joseph Fraiman
They figure out what are the adverse events that are likely to be caused by the vaccine so that we know what to look for when we're studying it. And we took this list of these adverse events that are likely to be caused by to pay attention to, and we chose just those. This is what it ends up looking like. It's a little confusing here, but I just wanted to show you the whole thing. I'm going to pull this together to explain it. What we see here, this is the Pfizer trial, and the differences in events per 10,000. What you see is a lot of small numbers per 10,000, but they're all—almost all—positive. There's only one, two negatives, a handful of zeros. Out of 15, ten are positive.

Chad Horton
What does positive and negative mean in this context?

Dr. Joseph Fraiman
Thank you. Negative would mean that they happened less in the vaccine group. For example, here they have acute liver injury that happened slightly less in the vaccine group. And we expect this to jump around all over the place, but we should expect the negatives to be about comparable to the positives. Here we're seeing lots of small differences, all like about one in about 10,000.

Except for, here is a little higher. That's the coagulation disorder, which was higher in both Pfizer and the highest one in both Pfizer and Moderna. These include blood clotting, diseases of blood clotting, and diseases of bleeding. The reason I pulled this all together here is to show why the serious adverse events are increasing. It's not one type of harm, it's increasing in multiple different places, but very small amounts, about one in 10,000. But when you take one in 10,000, 10 times, that becomes one in a thousand.

What we're seeing here is lots of these small harms, but we are not certain exactly which ones—just that the coagulation disorders are coming up a little bit more. But we don't have power from the studies: There's not enough people, there's not enough events. But when you add them up, you can see the difference between the groups. And here we did this for both Pfizer and Moderna, and we combined them. And again, we could see when they're combined, the adverse events of special interest for Pfizer and Moderna are increased.

[00:25:00]

And here we're seeing this 12.5 in 10,000 increase, or 43 per cent increase.

Chad Horton
Can you go back? Can you go back to that slide for a moment? So it says mRNA vaccines and serious AESIs. What is an AESI?

Dr. Joseph Fraiman
Sorry, that's the adverse event of special interest. The ones that the Brighton Collaboration said created a list of the potential serious harms that we needed to basically pay attention to and potentially could be related to the vaccine.

Chad Horton
Okay, what this says, Table 2, serious adverse events, how I read this is: between the clinical data from Pfizer and Moderna, you are seeing 12.5 serious AESIs per 10,000 participants, is that correct?

Dr. Joseph Fraiman
That is correct. And that's about 1 in 800. I think we're looking at the numbers that are probably within that range. The 1 in 555 we saw: it justifies their serious adverse events. Here we're seeing 1 in 800, we're in the same range. But I think the important thing here is not just to focus on the harms. You have to put them together. And so ideally, we would have an all-cause hospitalization chart. But, as I said before, the hospitalization data wasn't really part of their study. You had to look really hard to find it, and this simply wasn't part of the study at all. It wasn't reported. It's a little unusual, but—

Chad Horton
What is all-cause hospitalization and why is it important?

Dr. Joseph Fraiman
That means if you were you hospitalized for any reason. If you're looking at a COVID-19 hospitalization, or what about a person who had a heart attack and had COVID-19. You're

not certain even if it was COVID-19 that caused it, or if the vaccine caused a heart attack. What you want to see with all-cause hospitalization is that the vaccine reduces all-cause hospitalization. Because, on the other hand, if you increase it, that means serious harms are causing hospitalizations. If you decrease all-cause hospitalization, it means the vaccine is reducing hospitalizations enough to give you that benefit that's outweighing the serious harm that it's causing.

Chad Horton
Understood.

Dr. Joseph Fraiman
Now, since that wasn't there, we use the method that essentially creates something like that, in a way. We wanted to compare these serious adverse events of special interest with hospitalization reduction. Earlier, I showed you the hospitalization reduction was there for Pfizer. It was around 2 in 10,000. And this is what we're seeing from the clinical trials, is that there were about 10 serious adverse events of special interest per 10,000, and hospitalization reduction was 2.3 for Pfizer, and 15 versus 6.4 for Moderna.

I know that this looks bad and scary. I don't want people to walk away from this saying that our study proves the vaccine is causing more harm than benefit. That's not what it's doing.

I think it's important to put this into context. And for that, it's to understand the limitations of what this analysis gives you, and how to interpret it. When we published this study, we received a large number of critiques. We were fact-checked by multiple fact-checking organizations, and they mainly got their sources from scientists, bloggers, and YouTube videos. These critiques, while they would say that they were debunking our article, that's not actually the case. They were offering critique. That's what we call that in science, a critique, which raised limitations. And we appreciated their critiques, and we incorporated them when we published initially as a preprint, and then later as a peer-reviewed publication. We incorporated these limitations, and we thought it helped us understand how to interpret this data. I think to go through them will be valuable here for you.

For example, one thing that they had said was that it's not possible to do a proper harm-benefit analysis with only two months of data post-vaccine. I and the co-authors completely agree with that. But there's nothing that we could have done to avoid it. That's just the data that existed from the clinical trial.

[00:30:00]

The larger question is, if it's not proper to do a harm-benefit analysis with only two months of data, then why did our governments decide to authorize a vaccine without the ability to do a proper harm-benefit analysis? And why is it two months not enough time? The point they were raising is that if the trial went longer, there would have been more infections. If the trial went longer, there would have been maybe a surge of COVID-19, and this would have led to more hospitalizations. They also said: if the people were sicker, if they were older, there would have been more hospitalizations.

This is all true, and it brings to the point that the hospitalization rate of their population is a big part of hospitalization reductions: the vaccine efficacy and the hospitalization rate. You need both. Now, on that limitation they point out, though: It also goes the other direction. If you have a population that's been mostly infected, as much of our population has, you get

less hospitalizations. If you have variants such as Omicron, which cause less hospitalizations, or a variant like Omicron that has reduced vaccine efficacy because of an immune escape, the virus now knows how to get around the vaccine better than the prior strains.

That is a problem, but it shows what I'm trying to say here. It shows the fragility of that harm-benefit analysis. It can swing towards harm or benefit depending on the situation, on the hospitalization rate or the vaccine efficacy, which are changing through time. And with Omicron, we're going to return back and see what I witnessed in the emergency room.

Chad Horton
And when was the time frame of Omicron? Can you remind us just so we can contextualize what you're about to say?

Dr. Joseph Fraiman
It's about 2022, or late December 2021 is when it started. I would say about February is when it became 100 per cent the dominant strain in the United States.

Chad Horton
Okay.

Dr. Joseph Fraiman
When this occurred, we started seeing something that was a bit problematic for hospitalizations. Well, not problematic: it was great in the sense that we weren't really seeing many at all. And the last hospitalization that I've seen for COVID-19 that was a clear symptomatic case was in February of 2022. Over a year ago.

Chad Horton
Wait, just a moment. Dr. Fraiman, are you saying in your capacity as a physician, the last time you saw a COVID hospitalization was February of 2022?

Dr. Joseph Fraiman
Yes, for the one that was a clear syndrome of COVID-19. There could have been a patient who had a heart attack. Was that caused by COVID? I don't know. But it didn't look like the COVID-19 from the prior, where they had this classical syndrome where they would become very short of breath. And that's the reason we were taking them into the hospital generally.

So it could be that someone was an asthmatic, and they're having an asthma attack and they have COVID-19. It would be difficult to distinguish between the COVID-19 and the asthma attack. But what's important to understand here is, I admitted a lot of people to the hospital this year who had COVID-19. But this is incidental, most of it. And some of it could be relevant. It's difficult to tease it out. I know that this sounds crazy to some people, but all my nurses would tell you the same thing. I've asked ER doctor friends—maybe a handful of people have admitted one or two or three that are clear cases. I want to pull up this video here. Let me share my screen here with you. Can you see the video?

Chad Horton
Yes, sir.

Dr. Joseph Fraiman
Okay, this is the CMO of Los Angeles County Hospital talking about Omicron infections [no exhibit number specified]. I believe this was in July, August:

[Video clip of Dr. Spellberg, CMO of Los Angeles County Hospital]
It's like two months of the same. You can see LAC numbers on the graph. It's just plateaued and it's not going down. It's sort of a trickle up a little bit, not much. It's just been like that. We're getting thousands of cases going across the county. The numbers of LAC COVID positive tests have continued to go up. But this isn't because we're seeing a ton of people with symptomatic disease getting admitted. On the bottom graph it's the same thing. We're seeing a lot of people with mild disease and urgent care needs. You could go home and do not get it.

[00:35:00]

All those who are admitted, 90 per cent of the time, are not admitted due to COVID.

Chad Horton
Okay, Dr. Fraiman. No, our audio was not great, so just a couple of things. Who was the individual who was speaking?

Dr. Joseph Fraiman
His name is Dr. Spellberg. He's the Chief Medical Officer of L.A. County Hospital.

Chad Horton
Okay, and I'd just like you to summarize for the Commission and for the audience what that gentleman said, because our audio was quite muffled.

Dr. Joseph Fraiman
I'm sorry for that. Now, what he's saying here, using this graph, is that during Omicron, 90 per cent of his COVID admissions were not due to COVID-19. Ninety per cent of them in his hospital: they were incidental. And he's not alone.

Chad Horton
Okay, Dr. Fraiman, when you say incidental, am I correct in understanding that they've gone to the hospital for some other reason, but they just happen to be COVID positive? Is that what you mean by incidental?

Dr. Joseph Fraiman
Yes, I'll give you an example. A person who's missed dialysis. They come in and they need to get emergency dialysis. We test every single person who gets admitted to the hospital and a lot of them started coming back positive. Then you go back and ask the person, "Hey, do

you have a cough or anything like that?" They would answer, "Now that you say it, I do have a little sore throat." That's what we were seeing. It's incidental, it's unrelated to their hospital admission.

For incidental hospitalizations, in Denmark, they did a great job trying to figure out how many there were. It's difficult to figure it out but their estimate was about 75 per cent. So 25 per cent to 35 per cent are actual COVID-19 in their estimates. This other hospital said 90 per cent of people who are admitted right now with COVID-19 are not actually in there for COVID-19. Now this is a disaster for our metric. The best metric to measure this vaccine's efficacy is we need to know hospitalization rates and mortality rates. With a metric where 75 per cent to 90 per cent of them are incidental, it makes it incredibly unreliable.

The other thing that I wanted to point out is that I have also seen people with prior infections become infected again. I don't have a memory of a prior infection being hospitalized, but it's quite rare in general. Here we have a meta-analysis looking at this. There is about 90 per cent protection against hospitalization during Omicron. That's 40 weeks after infection, that's how far these studies went. The point is: it's highly protective for a very long time and nearly our entire population has been infected at this point.

Hospitalizations during Omicron are important because we need to know the hospitalization rate, because that affects that harm-benefit analysis that we were talking about.

There's a study out of Southern California Kaiser system. Of 4.7 million people there were 200,000 or so infections. They said, "After infection, what's your likelihood of being hospitalized?" And they looked at Delta versus Omicron. Here's your likelihood with Delta and here's your likelihood with Omicron.

Chad Horton
All right, you're talking about likelihoods and cumulative probability percentage on the vertical axis. Does this mean 0.5 per cent of what, or 1 per cent of what?

Dr. Joseph Fraiman
People who were tested positive.

Chad Horton
Okay so 0.5 to 2 people who tested positive for COVID-19 would be admitted to the hospital, is that correct?

Dr. Joseph Fraiman
Yes.

Chad Horton
Okay, and days on the horizontal axis is how many days post what?

Dr. Joseph Fraiman
I believe it's infection.

Chad Horton
Okay.

Dr. Joseph Fraiman
It's a Kaplan-Meier curve, so each time that there is an infection, it makes it jump up.

Chad Horton
Okay, and what is the difference between the red line and the blue line?

Dr. Joseph Fraiman
The red line is Delta. The blue line is Omicron. So the hospitalization rate is much lower. Also keep in mind that 75 to 90 per cent of those are incidental, okay? Then when we look at the serious outcomes: ICU mechanical ventilation, mortality approaching zero, it's difficult to distinguish the two.

Now, everyone should sit back and look at this and, actually, you can smile. This is actually really great news.

[00:40:00]

But our mortality rate is difficult to discern from Omicron today.

Chad Horton
It is difficult to discern mortality from Omicron, because why?

Dr. Joseph Fraiman
I'm saying it's so low. It's close to zero. People were infected with Covid 19. This is the percentage of the Omicron people who die after infection. It's very low. It's lower than Delta, much lower. It's— This is about 0.07. I think this was 0.01. I could be wrong on that, but I believe it was about a seven-fold decrease in death with Omicron in this study. And we also must look at vaccine efficacy to figure this out.

Here's one study from *The Lancet*. They're showing vaccine efficacy against Omicron now is around 30 per cent. I want to show just the CDC, because I think that they're considered a reliable source on this. They're saying that, at first, we're getting about 60 per cent efficacy. Over 120 days we're seeing around 29 per cent. We need to be aware of this big issue here. Twenty-nine per cent: when you get to that low of an efficacy it just becomes pretty unreliable. Remember, when I looked at the 95 per cent efficacy and I said that you if you miss one of these confounders—and you likely will—it will change results. But, if you have 95 per cent, it's okay if you drop to 75 to 80 per cent. We're still seeing a pretty large benefit. Here, if you drop, you can hit zero easily.

We're trying to figure this out in the setting of these massive number of incidental hospitalizations. We're really driving blind here, and we do not know at all how effective

these vaccines are anymore. All we do know is that, from what we were dealing with before, when they were tested, we know that the hospitalization rates are lower. We know that we can't rely on it particularly well. But we do know that it's lower and we know that the vaccine efficacy is lower. When you have that level of uncertainty, and when we looked at that harm-benefit analysis and how fragile it is, that creates some serious problems. We need to take this seriously that we saw serious harm increases. It appears that they're happening in both trials. We're flying blind and the differences between the harms and the benefits are small. This is going to be impossible to figure out with observational data moving forward. We have no chance of doing this. I believe we will remain in uncertainty.

I want to point out that people are claiming certainty: that they know the vaccine benefits are outweighing the harm. I don't see how that's possible. I don't know what metric they're using to measure. I just pointed out: you can't even rely on the hospitalization data. But we can figure this out. It's not hopeless. There's really one way to figure this out. We have the tool, and we need a double-blind randomized trial to figure this out.

Chad Horton
What is a double-blind randomized clinical trial, for those of us with no medical training or who are not research scientists?

Dr. Joseph Fraiman
This is when we randomize people to two different groups. Remember the confounding that I was talking about? The problem with observational data is because different people end up in different groups for various reasons. Here, you randomize them so that you get rid of those differences. When there's any difference between the group, you know that the cause of it is the intervention. To use all-cause hospitalization: that would ensure, that would make this whole process easier, so I don't have to talk for one hour explaining how we get this. We could just see the vaccines reducing all-cause hospitalizations. That means it's doing better than if it wasn't there. Doing this currently with observational data on hospitalizations with unreliable metrics: like I said, we're driving blind, and we could potentially be causing harm. We could potentially be doing benefit. I don't know the answer, I'm uncertain. But I know how to get the answer, and this is how we would obtain the answer.

[00:45:00]

Until then, I would have trouble recommending the vaccine, when I don't have a level of certainty that I could promise to get the benefit. That's what I really wanted to get through here today.

Chad Horton
Before I turn you over to the panel for questioning, I have a couple of points of clarification for myself, Dr. Fraiman. I would ask you to go back to the two slides that show instances of harm versus benefit. And there were two slides in succession.

Dr. Joseph Fraiman
Okay, I know, from our study.

Chad Horton
Yes. Thank you. I just want to understand this correctly. So we have 10.1 adverse events of serious interest for 10,000 individuals who received the vaccine. Correct?

Dr. Joseph Fraiman
Yes. Serious adverse events.

Chad Horton
We have 2.3 individuals we believe were kept out of the hospital per 10,000 individuals who received the vaccine, correct?

Dr. Joseph Fraiman
You know, I may I have an error here. It says hospitalization reduction. It should say COVID-19 hospitalization reduction.

Chad Horton
Yeah, that's what I understood. So is my understanding correct in that sense?

Dr. Joseph Fraiman
Yes.

Chad Horton
Okay.

Just a minute, Dr. Fraiman, I'm not finished. In the next slide, I believe, is the same analysis for Moderna, correct? Yes. Okay. And 15.1 serious adverse events risk, 15.1 events in 10,000 individuals who receive the vaccination versus—we believe—6.4 individuals per 10,000 vaccine recipients were kept out of the hospital due to COVID-19.

But what I'm understanding you saying is that these are the ratios that you were able to extract from the clinical data, but the clinical data is only based on two months of information. Correct?

Dr. Joseph Fraiman
Yes. We authorized the vaccines quickly because we saw the benefit. They were authorized and the blinding was taken away and they gave the vaccine to the placebo group. We have a very short amount of data that's reliable.

Chad Horton
I'm going to ask you if you can comment on this or explain this to myself or the Commission or the audience. When I hear that the clinical trial was two months, and this is the result of that clinical trial, where does the determination that these products were safe and effective come from?

Dr. Joseph Fraiman
I don't know the origin of the term safe and effective, but it's not a term that I would use to describe a medication.

Chad Horton
Would that be considered a scientific assessment?

Dr. Joseph Fraiman
I don't think it is. "Safe" implies that there's no risk. Safe means that there's no chance of harm. It doesn't mean that harm is happening. You have to know that if something's safe, that means you've studied it well and that you are certain that there is no harm from it.

Chad Horton
Okay.

Dr. Joseph Fraiman
Breathing air is safe, but driving drunk is not safe. Even if you don't crash when you drive drunk, it's not safe. You can die. If you drive home drunk, it doesn't mean that what you did was safe; you must know that there is no chance of risk.

Chad Horton
Can we objectively say, based on this admittedly flawed two months of data that we have—Because you discussed some flaws in the timing and in the methodology. And if we can extrapolate: the chance that you will sustain an adverse event of significant interest is more than twice the chance that you've been kept out of the hospital as a result of this Moderna injection. Is that what this table is telling me?

[00:50:00]

Dr. Joseph Fraiman
That's what it's suggestive of, but I wouldn't think of it in that way. Remember those confidence intervals. We have to think about this range of possibilities here and so it's possible the harms are a little bit less, or it's possible they're a little bit more. This is just the two months of data. We'd have more if there were older people in the trial, or if it was running for longer, you could have had more hospital reduction. There's some variability here. I wouldn't conclude that our study is proof that you're twice as likely to have a serious adverse event.

Chad Horton
Now, this data that you analyzed, was this data available to the bodies that would have been responsible for approving these vaccines?

Dr. Joseph Fraiman
The original data that I ran through with the Pfizer data, anyone could have done. We only added the serious adverse events. We found that they were higher in the Pfizer trial.

Anyone could have done that at the time and shown that there was a 1 in 555 chance of a serious adverse event in the vaccine group. They did not analyze them in that way; they analyzed slightly differently a participant. The problem was, so you saw earlier, you saw there was 103 versus 83—and that ends up not being significantly different. You can see that here, 103 versus 81. It's a 20 per cent increase.

But the problem is that if you experienced a serious adverse event, you were also twice as likely to experience multiple in the vaccine group. So it leads to just more events in the vaccine group. I think that anyone could agree that it's worse to have two people have a serious adverse event than one person have two. At the same time, I think we can agree it's worse for one person to have two serious adverse events than to have one. So these two metrics of measuring participants or number of events—they're both important values to look at. And we did. The regulatory bodies, Pfizer and Moderna, they didn't look at it. They didn't count the number of events; they only counted the number of participants.

Chad Horton
Okay, Dr. Fraiman. I'm going to open you up to any questions that may be posed by the panel.

Commissioner Drysdale
Hi, Doctor. I've got a number of questions. I'm not a doctor, so forgive me if I don't word it exactly right. The data that you presented to us, and not your analysis, but the data itself: Was that the data that the approval bodies had in order to arrive at an approval for this? Was this the study that was used by the authorities to approve the vaccines?

Dr. Joseph Fraiman
Yes. This is page 87 of the FDA briefing for Pfizer. It's the advisory committee meeting for the FDA. It's called the VRBPAC [Vaccine and Related Biological Products Advisory Committee]. This is in their page 87 in the FDA briefing for Pfizer.

Commissioner Drysdale
Understood. Some of the things that we've been hearing from some of the people who have testified over the last number of days is that they got a shot, they had a reaction the next day, they went to their doctor, reported the reaction and the doctor said, "Oh, that's not in the list, that's not associated with it." And my question to you is, since this is a new vaccine altogether and we don't know what the risks really were, how would that doctor in my example make a decision that it was or wasn't caused by the vaccine? And more importantly, when I look at the list in the raw data and it lists what they felt the adverse reactions were, is that a parsed list?

[00:55:00]

And I'm not saying it was parsed for a nefarious reason. Did someone make a decision that something happened to someone but that's not because of the vaccine, and move on?

Dr. Joseph Fraiman
In that list, if you had an event, they were blinded in the study. So if someone came into the hospital with a heart attack, you would get listed in there—no matter if they thought it was

from the vaccine or not. That's the advantage of the double-blind trial. What you're talking about, if the doctor is not thinking that it's from the vaccine, they're still supposed to report that to our system.

Commissioner Drysdale
Right. And if this is a double-blind trial, if someone went into the hospital with a heart attack, did they count it as an adverse reaction? Or did they say, "We don't think that was an adverse reaction," so they left it off? Do you know what I'm trying to say?

Dr. Joseph Fraiman
It would be on the list. If they had any serious event, it should be on their serious adverse event list. If it's happening in the placebo group or in the vaccine group, it should be in both.

Commissioner Drysdale
Okay, I understand. And also, the slides went by a little quickly for me but we talk about adverse reactions and we talk about reduction in hospitalization. But for me, if an adverse reaction could be death, I would want that parsed out separately. Certainly, it might have reduced my hospitalization, but I'd like to know what my comparison of death as an adverse reaction versus death from being in the hospital was.

Dr. Joseph Fraiman
I agree. The problem is that we didn't have the data to do that from the clinical trial. There was no difference between deaths in the groups. So yes, that would be ideal if we had a mortality benefit, or just an all-cause mortality. Are you more likely to live or die with this vaccine? That would obviously be excellent, to have that information. But we didn't have that in the clinical trial, so we couldn't study that.

Commissioner Drysdale
Circling back to where we started: we've got data that we don't quite understand how we would make a safety recommendation on, with all this missing data. Safety isn't just that a group of events happen, but the severity within the group of events. I'm an engineer, and if I were designing a building, an event might be cracked drywall. But another event might be the floor collapsed. What's the result of grouping this all together and not understanding the severity risk or the severity of a failure? It seems to me that there was no way they could assess that.

Dr. Joseph Fraiman
They can in some ways, but some ways not. The serious adverse event definition is designed to kind of do that. That would be the floor collapsing. I'm sure there's multiple other serious things that can go wrong with the building. If it got the label of serious, it was considered serious by death, hospitalization, or permanent disability. In that is a wide variation of things. One of them could be a stroke and the other one could be a bad case of diarrhea that needed to be admitted to the hospital for extra fluid. You're still being hospitalized for it. The same is also true with COVID-19: there's going to be a wide range of COVID-19 hospitalizations. There'll be some mild cases that get discharged the next day; they were just admitted for observation. Then there's some who are going to be intubated

and have a breathing tube placed. Both hospitalizations and serious adverse events have a range of badness. Their minimum is somewhat comparable in that they both should be considered serious.

[01:00:00]

Commissioner Massie
Thank you very much, Dr. Fraiman. I have a couple of questions regarding the ratio you came up with. Because I noticed in one of your slides and I had read that previously in your paper: when you compare the placebo from Moderna and Pfizer, it seems that, for some reason, the placebo in Moderna is about twice as high in terms of adverse events of serious interest, special interest, compared to Pfizer. Given that the numbers we're reporting all together are about in that range, would you have any idea why there would be such a difference in the placebo between the two different clinical trials?

Dr. Joseph Fraiman
Yes. The whole purpose, I believe, of the randomized control trial is that we randomize it so that both groups are the same. But what looks like happened in the Moderna trial is their group was a little bit sicker, a little bit older, maybe just more fragile in one way or another. So they ended up having higher hospitalization rates for COVID-19 and they had higher overall adverse events and higher hospitalization rates from COVID-19. Which is what I think you would expect with a population that's just a little bit more sickly. The key is that they're randomized so that both the vaccine and the placebo in any one trial are compared. You compare the same level of fragility with the ones that got the vaccine and the placebo. That's the advantage of a randomized trial.

Commissioner Massie
Coming back to the placebo, I mean, these were double-blinded random clinical trials, right?

Dr. Joseph Fraiman
Yes.

Commissioner Massie
So I'm wondering, in terms of the placebo again: in the mRNA technology, this is an emulsion because of the lipid composition of encapsulating the mRNA, and it has an appearance of somewhat opalescence compared to, say, water or saline. I'm just wondering if they use saline in the placebo, whether the people that were actually doing the injection couldn't be aware that in one case it was the placebo and the other case it was the vaccine? Do you have any information on that? Because I haven't seen anything.

Dr. Joseph Fraiman
There is. I believe what you're pointing out is, was there unblinding in the trial? And did the people who got vaccinated realize they got the vaccine and did the placebo realize they got the placebo? Is that what you're asking?

Commissioner Massie
Yeah, I'm asking because saline is very different from the vaccine itself. If you look at the bottle, it's pretty obvious.

Dr. Joseph Fraiman
Yes. It's reported that people in the vaccine trial were also in Facebook groups together. They were all talking to each other. We know that, after the COVID-19 vaccine, over half of people get pretty serious, severe symptoms like fevers and headaches and they feel lousy. A lot of people can't go to work the next day. The people who got the vaccine felt that and the people who got the placebo didn't. And it seems like from their messages in Facebook groups that probably a lot of them did sort of know which group they were in. Which is bad. That is a problem for unblinding, but it's still the best that we got for understanding these vaccines. I agree that could complicate it for interpretation of the data.

Commissioner Massie
Maybe one last question to wrap it up. Given the level of data that the regulatory agency was exposed to in order to make a decision, and when you looked at the overall benefit or advantage of the vaccine and the potential for serious adverse reaction: Was there enough data to really put forward the vaccination campaign, given that we don't know about what would happen even in six months or one year from now? Because at this point the data was two months. So if you go with the precautionary principle, with that part of the equation in terms of recommending to go ahead with vaccination, and still today, to promote the vaccination in the Omicron phase—?

[01:05:00]

Dr. Joseph Fraiman
I think that, at that time, there was a difficult decision that had to be made. The emergency use authorization was given at the time because of the seriousness of the pandemic that was going on. There were some chances that were taken by approving it early, before we had all that data, because there was a hope that it was going to save lives. I think at the time it was a difficult decision probably to make.

In 20/20 hindsight, I know for sure that I would very much have liked a better clinical trial to know what's going on. It may have been short-sighted to get the vaccine authorized and then realize we are now stuck in this pool of uncertainty on this vaccine. There are some different ways that things could have gone. I have trouble faulting people when I think back to the emotion at that time. How desperate people felt, the fear that they were having from this disease and the possibility of the hope that this vaccine offered. I can't give an answer if it was the right or wrong thing.

I personally wouldn't have voted for it, at least for people under the age of 65. I would have wanted much more data on people under 65. For people over 65, I would have been hard-pressed to have voted against it. But that choice also wasn't given in the FDA, to only give it to one group. So I think it's a difficult question. I don't see why we approved it in people under the age of 65, when we had the time to do further studies. And it wasn't as much of an emergency in that group. I think that maybe we confused the public with the kind of public health messaging that maybe overestimated the risk for people in that age group.

Commissioner Massie
In the current situation with Omicron and where we are at with all the people that have been previously infected, would you recommend that the general vaccinations should be suspended?

Dr. Joseph Fraiman
I believe that we need to explain to the public where we are on our certainty level on this vaccine. Does it mean that some people could still make the decision with that uncertainty and choose to take the vaccine? That's also difficult to say, but I don't think that we should be recommending it widespread to everyone ages six months and up, or continuing to boost indefinitely without knowing if the harms and benefits, which one is higher. And continuing that with no end in sight doesn't seem like a reasonable plan.

Commissioner Massie
Thank you.

Dr. Joseph Fraiman
And do you have any more questions? I can't hear.

Chad Horton
That will be everything Dr. Fraiman, thank you.

Dr. Joseph Fraiman
Thank you very much.

[01:09:15]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 5: Paula Doiron
Full Day 2 Timestamp: 05:48:00–06:18:03
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Paula Doiron
I do.

Alison Steeves
Can you please state your full name, where you live, and your occupation?

Paula Doiron
Paula Doiron. I'm 48 years old. I'm from Moncton, New Brunswick, and I work in a nursing home.

Alison Steeves
And what's your role in the nursing home?

Paula Doiron
I was a cook, but I demoted my position to custodian when I got ill.

Alison Steeves
Okay, so you were a cook and then became a custodian in the same business.

Paula Doiron
Yes.

Alison Steeves
And how long have you been working there?

Paula Doiron
Seven years in all. One year with the new position.

Alison Steeves
And are you currently going to work?

Paula Doiron
Not presently, no, I'm on sick leave.

Alison Steeves
And when did you go on sick leave?

Paula Doiron
October of 2021.

Alison Steeves
You were there in 2020 and 2021 up to that point throughout the height of the pandemic?

Paula Doiron
Yes, I was there during the beginning of the pandemic, yes.

Alison Steeves
And can you describe what it was like to work there prior to the pandemic, like before early 2020?

Paula Doiron
I really love my job. It's a good work environment, but we were very short staffed, so we had a lot of complications before the pandemic with keeping staff. So this means that the residents don't always get the proper care and attention that they need or want. Before the pandemic, we have a pretty big facility. There's three different wings. They have access to a great big common room that they could go have activities in, have bingo nights; their families would come visit, and they were able to be everywhere in the nursing home.

Alison Steeves
So there was a lot of social interaction among the residents?

Paula Doiron
Yeah. Once a week there would be entertainment that would come in, bands that would perform for them, music.

Alison Steeves
And in your role, did you interact much with the residents?
Paula Doiron
I did, yes.

Alison Steeves
So you observe their day-to-day. And how were the relationships among staff members and sort of that atmosphere?

Paula Doiron
It was good. A lot of people are tired because you're short-staffed, but we always kept busy and jovial. It was a good work environment.

Alison Steeves
And can you talk about how things changed around 2020, when the government started implementing COVID-19 measures? How that changed in the nursing home for staff, for residents, and sort of what specific measures you saw being implemented.

Paula Doiron
In the beginning, it was very chaotic and disorganized. For a long time, we didn't have PPE, so we were very anxious, but everybody was healthy. We sanitized our hands and after a while they started introducing the vaccines.

Alison Steeves
I just want to take you back to even before that—like sort of, say, March 2020, around that time, with nursing homes being sort of one of the hardest-hit. I believe around that time, they had locked down and prevented visitors from entering.

Did you see some of those types of impacts taking place early on?

Paula Doiron
Right away, we locked down. Families weren't allowed to visit anymore. The residents all were set into their assigned wings, so they didn't have access to the big common rooms. The entertainment was done. So they got segregated more into their specific wings. The families couldn't visit anymore. Families would come visit through the windows. That was sad.

Alison Steeves
Did you see the impact on the residents from these measures?

Paula Doiron
Yeah, it was hard for them because that's what they live for, to see their family, and the activities. So yeah.

Alison Steeves
So before they would have had fairly active days, be out and about.
Paula Doiron
Yes.

Alison Steeves
And were there always activities to be scheduled every day?

Paula Doiron
Yeah, yeah—in each wing, there's activities every day, but the common room was like the bingo night, and bingo was their favourite activities.

Alison Steeves
And where would they eat? Would they usually eat together?

[00:05:00]

Paula Doiron
They ate in their wings. Every wing has an eating area for each wing, so that's more like satellite common rooms.

Alison Steeves
And during the lockdowns, how did that change?

Paula Doiron
During the lockdowns, they could still. But after the vaccines and stuff like that, staff members were diagnosed with COVID, so they actually put the residents into their tiny little rooms, so they wouldn't be contaminated.

Alison Steeves
So the protocol was, if somebody tested positive for COVID, there was kind of further segregation.

Paula Doiron
Yeah, further segregation in their specific little rooms.

Alison Steeves
And were they permitted to leave their rooms?

Paula Doiron
No, they were not. They couldn't go in the dining rooms anymore and their assigned wings, or they couldn't visit each other anymore. They were in their little rooms.

Alison Steeves
Did that affect their roommate situations?

Paula Doiron
Most of them have their own personal rooms, but there are a couple of residents that share rooms that have two living areas in it.

Alison Steeves
So they went to be in their rooms on their own, but no visitors.

Paula Doiron
Correct.

Alison Steeves
For how long? If someone tests positive, how long would that sort of lockdown last for?

Paula Doiron
I believe the first one was for until Public Health said that it was okay to keep them out of their rooms, but at one point they were put into their rooms for almost two months.

Alison Steeves
So around January 2021 when they rolled out the vaccines: elderly and people working nursing homes were first in line, or close to first of line, correct? To be eligible to take the vaccines?

Paula Doiron
Yes, we were.

Alison Steeves
Did you notice the introduction of the vaccine and discussion of the vaccine have further impact in the nursing home?

Paula Doiron
A lot of us were very happy that we were first, because we wanted to get back to normal. We wanted to see the residents get normalcy again, so most of us were very eager—but not everybody.

Alison Steeves
And was everyone very eager to take the vaccine, or were people outspoken about their choosing not to take it, and did that sort of have any impact on—

Paula Doiron
No, they only became outspoken when it became mandated.

Alison Steeves
And can you elaborate. How did that change things?

Paula Doiron
We lost some staff members. They decided against the shots. We were already short-staffed. This means that we're shorter staffed. Less assistance for the residents.

Alison Steeves
And were there any issues prior to the mandate of staff or residents being concerned about who was vaccinated, who was not vaccinated?

Paula Doiron
Well, everybody kept their distance. I remember one of our coworkers: she hadn't been vaccinated yet. It was starting to be mandated and she was sad. She was on the fence on what to do. And just people kept their distance from her. One day, I just went up to her and I gave her a hug and I said, "I accept you for whatever you decide." But it was sad to watch them being outcasted.

Alison Steeves
And how was morale at this time? How were people feeling?

Paula Doiron
Anxieties. Anxieties. Always busy because, when you're short staffed, you're doing the job of more than one person. You're doing a two-people job. So you don't really have time. You're just kind of on autopilot.

Alison Steeves
And did you decide to take the COVID-19 vaccine?

Paula Doiron
I did, yes.

Alison Steeves
And you took another shot that year as well?

Paula Doiron
Yes, yeah. I took the flu shot, 2020, before the rollouts of the COVID. I figured I was adding that to protecting the residents.

Alison Steeves
And then how many COVID-19 shots did you take?

Paula Doiron
After the flu shot, I had three Moderna.

Alison Steeves
Moderna. And when did you take those?

Paula Doiron
The Moderna were in 2021. So the first one was in January, the second one February, and then I had my booster in November.

Alison Steeves
And where did you take the COVID-19 vaccines?

Paula Doiron
The three first shots that I received, including that flu shot, was at my place of work because we have nurses there. It's a hospital, so it was done there.

[00:10:00]

And my booster was done at a drugstore.

Alison Steeves
And who administered the shots?

Paula Doiron
Nurses, where I work. And at the drugstore, it was an attendant.

Alison Steeves
And did any of these people speak to you about the potential risks of taking that flu shot and the vaccines?

Paula Doiron
No, they did not. I had no idea that it was a gene therapy. I thought it was a vaccine. Also, I figured if I got sick, that I would get assistance, get medical help. And I had another thing, but I forget.

Alison Steeves
Why did you think that if anything went wrong, you would have support?

Paula Doiron
It's common sense. If you harm somebody, you're going to help them.

Alison Steeves
With any of these vaccines, did you experience symptoms afterwards?

Paula Doiron
I did, yeah. I experienced with the flu shot, 2020. The night when I got home, I was fine. When I went to bed, my legs started pulsing. I fell asleep. When I woke up, I woke up with a horrible headache. My neck was so sore I wasn't able to lay on it. And it felt like a flashing light had gone in my head. And I was also having issues breathing.

Alison Steeves
And that was the evening that you took the shot.

Paula Doiron
That was the evening of yes, yeah.

Alison Steeves
And did you speak to health—

Paula Doiron
I fell asleep. The next day I felt a bit better. I didn't think— It took a couple of days. For three nights, my neck was really sore. I wasn't able to lay on it.

Alison Steeves
And did you see anyone about those symptoms or get a diagnosis?

Paula Doiron
No, I didn't. I just—

Alison Steeves
And had you experienced similar symptoms in the past?

Paula Doiron
No, no ma'am.

Alison Steeves
And then did you mention a booster. You also experienced symptoms?

Paula Doiron
The booster: I had a reaction with the booster as well. That one was worse. When I had my booster, three weeks after, I had to go to the ER. My head and my spine felt like it was on fire, and I was having issues breathing. So 8-1-1 suggested I go.

Alison Steeves
Did you say head or neck, sorry?

Paula Doiron
My neck, my head, and my spine felt like it was on fire. My neck felt like it was melting.

Alison Steeves
And what happened at the Emergency Room?

Paula Doiron
After the booster, it dawned on me that, because I'd been feeling ill for a while— It dawned on me that this was possibly because of the vaccines that I'd been receiving.

At that point I'm like, "I'm going to go to the ER and I'm going to ask them if it's normal to have a headache and a sore neck at the same time." I looked it up and they say, "You'll have the sore arm and you could have a headache." But the sore neck and sore head were indications that it could have been Guillain-Barré syndrome, meningitis, Parsonage Turner Syndrome, SIRVA [shoulder injury related to vaccine administration]. So I did a bit of research before I went. When I got there, the triage nurse— I asked her if it was normal to have the headache and the sore neck, and she didn't answer me, and she gave me a really dirty look. When I got with the ER doctor, I asked him, and his words to me were, "What do you have against vaccines?" And then I told him, "Well, I've had four in the span of 14 months. There's something wrong with me." But they wouldn't answer my questions.

The next day, I figured I'm going to go ask the pharmacist. I was picking up my prescription. I thought maybe the doctor and the triage nurse were having a bad shift, so I'm like, "I'm going to go speak with the pharmacist." And I asked the pharmacist, "Is it normal to have the sore neck and the headache, or the headache." And then he asked me what side I had received my injection, and I told him it was the different side of where I was hurting. And then his words to me were, "I'm not buying it." Like I'm trying to like sell him Tupperware or something! And then I asked him about the 2020 flu shot recall.

[00:15:00]

Because I had found information that this flu shot had had a recall. And he looked at me; he's like, "I'm too busy. I'm not talking about this with you right now."

Alison Steeves
Did they run any tests at the ER?

Paula Doiron
When I went to the ER, I had to beg for testing. At that point, I'd already done a bit of research myself, and I was concerned. And I asked him if I could get an MRI. And he told me that I didn't need that. He did authorize an X-ray, so I received the X-ray that evening. And then after the X-ray from my results, he came and he told me that the MRI would be approved, because he had found some issues in my neck.

Alison Steeves
Okay. And did you provide me with a copy of the MRI results?

Paula Doiron
Yes.

Alison Steeves
Okay. Do you have that in front of you?

Paula Doiron
I sure do.

Alison Steeves
So that is Exhibit TR-0006b. And it reads, "The impression as moderately advanced C5-6 degenerative disc disease. There is severe disc slash Luschka joint osteophyte narrowing of the right C6 neural foramen. There is mild central canal narrowing at this level." Is that correct?

Paula Doiron
That's correct.

Alison Steeves
And the recommendation was surgery consultation, correct?

Paula Doiron
Correct.

Alison Steeves
And did you have the surgery consultation?

Paula Doiron
I did speak with my family doctor after he received these results, over the phone. And my family doctor told me that a surgery wouldn't be approved for me. I asked to be transferred or referred to a neurologist. He said that there's a big waiting list. It would be about three years. And I said, "well you, you can put me on the list, I could get worse by then." And he's

like, "yeah, I'll put you on the list, but they're not going to approve this type of surgery for you."

Alison Steeves
And what was his suggestion?

Paula Doiron
I would have to live with it.

Alison Steeves
So in 2020, you took the flu shot. You experienced severe symptoms that persisted, and then you got your two Moderna vaccines. And then when you had your booster, you had more severe symptoms. Were they sort of different symptoms? Did you say they exacerbated the original, or it was completely different?

Paula Doiron
After the booster, it was different. That's when I started getting, like, body jolts. I started having menstrual issues. I also had brain zaps, brain fog, fatigue. I had to take three naps a day, and nerve pain, a lot of nerve pain. And the sensation of my legs, the pulsing, has never gone away.

Alison Steeves
And had you had any issues in the past or any pre-existing conditions that would explain any of those symptoms?

Paula Doiron
No, the only issues I had in the past: I had asthma, I have a bladder condition called interstitial cystitis, and I was on antidepressant.

Alison Steeves
And what made you think there could be a connection with the vaccines?

Paula Doiron
Well, I'm having all these issues with my neck a year after. And when I received that flu shot and other shots, I was always having a sore neck. I kind of put two and two together that—

Alison Steeves
And how did you feel about the response you received from the various healthcare providers when you inquired about that connection?

Paula Doiron
It's very frustrating. I think I deserve to be treated better than that. I did my part, and I actually mentioned this to the ER doctor. I said, "You know, I did this to protect others and residents, but now I'm injured and somebody needs to protect me."

Alison Steeves
And do you know if any of the healthcare professionals you spoke with filed an adverse event following immunization form?

Paula Doiron
No, they did not.

Alison Steeves
And Paula, you also had a gene analysis done. Is that correct?

Paula Doiron
Correct, yes.

Alison Steeves
So that's Exhibit TR-0006a. And do you have that in front of you?

Paula Doiron
I sure do.

Alison Steeves
Can you explain? So who provided you with this gene analysis?

Paula Doiron
This was done with a naturopathic doctor.

Alison Steeves
And how did they do it?

Paula Doiron
It's with your saliva sample, so they're able to see your gene makeup. And I was explained that I have a mutation, a gene, that's actually very sensitive when it comes to vaccines.

Alison Steeves
And that's the MTHFR [gene], is it?

[00:20:00]

Paula Doiron
I had the worst one she told me.

Alison Steeves
So these notes, the handwritten notes on the results: is that your handwriting?

Paula Doiron
That's my handwriting, yes.

Alison Steeves
And when did you write that?

Paula Doiron
As she was explaining to me, because I need to take some vitamin B, I guess. So I just dabbled.

Alison Steeves
So that supports that you might be at risk of having bad reactions, to suggest the possibility?

Paula Doiron
Yes.

Alison Steeves
And had you had any bad reactions with vaccines in the past?

Paula Doiron
Well, I didn't think so but now that I'm looking into past, I had received a vaccine as well in 2005 while I was pregnant. It was a DTaP. And not long after this DTaP, I had massive muscle and joint pain to the point that I was on the couch for a month. I went to the hospital then and the doctor at the time told me that it was from— I was newly pregnant, and I was expanding, so I would get muscle sores and aches. But I was so sore that I was on the couch for about a month. And I think it was five months after, my water broke early, and my son was only alive for one day.

Speaking with the doctors then, they said, "We can't explain why these things happen. We don't know why." And now that I see these type of— This type of documentation, it kind of makes you wonder if that's the case? I'm not saying it is, but unfortunately, I can't go speak with a doctor and say, "Hey, is this what happened to my son?" Because I don't think they would be honest with me.

Alison Steeves
In terms of the impacts that these symptoms have had on your life, you're currently on sick leave due to these symptoms?

Paula Doiron
I am, yes.

Alison Steeves
And when did you go on sick leave in relation to the various vaccines?

Paula Doiron
It started October, 2021. I tried to return to work a few times, but I was getting more sick.

Alison Steeves
And was that before your booster?

Paula Doiron
This was before the booster. Yeah, I actually got my booster as I was on sick leave because I didn't know that I was having issues with the previous vaccines at that point. It only clicked in when I got my booster.

Alison Steeves
And what has the financial impact been of being off on leave? Are you getting benefits or disability, or—?

Paula Doiron
No, I'm not. Right now, I'm kind of living on my credit card. My brother is helping me as well. I got help in the beginning: I think it was 15 weeks for EI for a sick leave. But once that ran out, I tried to go back to work and I couldn't. So I've just been footing the bill.

Alison Steeves
You tried to go back to work when your benefits ran out?

Paula Doiron
I did, yeah.

Alison Steeves
And what happened?

Paula Doiron
I couldn't move for a long time. For months, I was on the couch. I couldn't even walk. I would walk kind of hunched over. I'm just starting to be able to walk straight now after a couple of years.

Alison Steeves
And how else have these symptoms and your diagnosis impacted your day-to-day life?

Paula Doiron
I used to be very active. I used to be very happy and social. I'm not so much anymore. I'm isolating more now.

Alison Steeves
And why is that?

Paula Doiron
I've lost connections with some of my family, my friends. I've tried to reach out to explain to them what's been happening to me, and they have blinders on. They don't want to speak to me about it. They've kind of disconnected from me.

Alison Steeves
And has this experience impacted your mental health at all?

Paula Doiron
Yes—yeah, it has. It's made me very anxious. I mean, I'm doing research now, and I'm seeing these doctors come up with heart attacks, cancer, and I'm still trying to figure out what issues— I have some diagnosis, but I know there's still something wrong with me. I still—

Actually, in a couple of weeks from now, I have someone that's going to go through my blood work. And there's discrepancies in my blood work as we speak and my urine sample. So yeah, I'm anxious. I don't know what's wrong with me. And it's been two years of being sick and I'm having to run around, "Please, someone help me."

Alison Steeves
And how are your symptoms today?

Paula Doiron
I'm still sore. I'm still sore. It's chronic.

Alison Steeves
Has anything helped?

Paula Doiron
When I was at my worst, I did do ivermectin. It cleared my spine and my head from burning within two days of using it. I've used it a bit more since, but it doesn't— I think it was a one-shot deal.

[00:25:00]

But I've been on supplements, and DMG [dimethylglycine] is one that's been a big game-changer for me. I'm trying to go all natural, and I'm slowly healing. I'm not worse.

Alison Steeves
And do you have any idea if or when you might return to work?

Paula Doiron
I'd like to return in May, but the last couple of days I've been in a flare-up, so we're going to see how that goes.

Alison Steeves
What would you say has been the hardest aspect of this experience for you?

Paula Doiron
Getting treatment, getting taken seriously, my relationship with my family members and friends. And I had to leave a three-year relationship because he didn't believe me that I was going through these issues, and I started going public to warn others. And his words to me were, "I can't go out with a conspiracy theorist." So I chose my health over the relationship. So yeah, I've lost a lot, but I've gained a lot too.

Alison Steeves
What do you mean by you've gained a lot?

Paula Doiron
I've gained a lot of knowledge. I've gained that I need to take my instincts. I need to follow those because in the beginning, I think I was on the right path, but I let people convince me to do something. Yeah, so follow my own instincts. And just—I met a lot of great people too, and there's a lot of good people out there. And there's a lot of people like me that's injured as well.

Purple is kind of— If you see a Facebook profile picture and there's purple in there, reach out to them, because they're probably injured like me and we're all in the same boat.

Alison Steeves
Thank you, Paula. I have no further questions. I'll just turn it over to the Commission.

Commissioner Drysdale
Thank you. You did an excellent job of describing for us what you've been through. But I want to go back just a little bit, because there's some people that really haven't talked about it. And that was the patients, the people in the elderly residents. I don't know a lot about that. That's what my question is going to be, you might not know some of these answers.

Are the residents highly regulated by the government? How they take care of the residents? What are their ratios of staff?

Paula Doiron
Where I work, yes. It's supposed to be regulated, but we can't keep staff. Nobody wants to work for very long. I work there and I'm one person, but I have to do like a two-person job,

because there's not enough people that want to work. And you're working with sick people too. Like, their needs need to be met. Personally too, they deserve a bit of attention. And you can't even give them that attention of a conversation for two minutes because it's so busy that you kind of have to brush them off.

Commissioner Drysdale
Were there never inspections of the facility to ensure that the residents were getting the care that they were supposed to be getting?

Paula Doiron
Yeah, no. We do get some inspections, but not about the care. No, I don't remember any.

Commissioner Drysdale
When you were talking about them going into lockdown— I think you said that there were times when the residents were locked up for months at a time, I think there was several months—

Paula Doiron
It was almost two months.

Commissioner Drysdale
Did the workload on the staff as a result of that go up or down?

Paula Doiron
It was probably the same because, for the nurses, they have to suit all up with that gear, so it was more strenuous actually. And for the nurses as well—

Their food was being served in their rooms as well. I worked in the food department, so we make their trays. And then, usually they have a common room that they can go eat, where now it was like the nurses were having to go bring the food to them, and not so much us. So it probably caused more work.

Commissioner Drysdale
Well, you know, with people being locked up for a long period of time, especially elderly people, did you notice an effect on their mental health and happiness?

Paula Doiron
Yes, it was heartbreaking.

Commissioner Drysdale
Did the regulator come in and assess that at all?

Paula Doiron
No.

Commissioner Drysdale
Did anybody ask questions about that?

Paula Doiron
I wanted to ask questions, but when you ask questions, "We're just following public health."

[00:30:00] [The livestream was inadvertently cut off at this point.]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 10: Chief Greg Burke
Full Day 2 Timestamp: 06:18:20–06:56:40
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Chief Greg Burke, do you affirm that this eagle feather symbolizes your direct connection to the Creator for your people, and you hold it in the spirit of honor and truth to your ancestors who have passed, and to your ancestral spirits who are here today to guide you and protect you, that the evidence you shall give in this matter shall be the truth, the whole truth, and nothing but the truth.

Chief Greg Burke
Je vais, I do. *Wela'lin*.

Criss Hochhold
Thank you, Chief Burke. For those of us that don't know you, can you please state your name and let us know where you're from?

Chief Greg Burke
Chief Greg Burke, originally from Cape Breton, Glace Bay. Don't hold that against me, though. I run a financial practice in Halifax. I live outside of Halifax now and my office is in Bedford. My name is Chief Greg Burke.

Criss Hochhold
Thank you. Can you tell us a little bit about your background, Chief Burke?

Chief Greg Burke
Well, you don't want to know it all, but I just want to share with you that I do have four years of nursing at Toronto East General, and I'm just not another head in the crowd. So going through this was very difficult for me knowing that the knowledge that I had through my training—that I worked in the OR, cardiac arrest unit. We did training in pathology as

well as the OR, so I'm well versed—not only in our Constitution or my treaty rights, but I'm also well versed in the medical field in sterilization.

Criss Hochhold
Chief Burke, I understand you've had some significant health issues fairly recently—pretty much at the onset of COVID—that are not COVID-related. Can you tell us more about those please?

Chief Greg Burke
Yeah, I diagnosed myself with cancer back in 2019. Our medical system being what it is, what I told my doctor—I guess maybe I shouldn't have directed the doctor—but I told him I wanted to go to a private clinic and get an ultrasound done and get my bloodwork done. It all came back negative, so I went on my way, thinking I was getting old, I guess, and figured it was just an old age thing.

In January 2021, I went to him and said, "I definitely have cancer." I said, "I have to get a colonoscopy done," so I had a colonoscopy done. I ended up with surgery in April of 2021, followed by eight treatments of chemo, which ended on December 24th of 2021. Following that, when they did the CT scan, they found three blood clots in my lungs due to the chemo treatment, so they had me on a high dose of blood thinners from January through to June.

Criss Hochhold
Were you on any medication for your cancer?

Chief Greg Burke
Yeah, I had the eight treatments of chemo, as well as they gave me dilaudid, which I didn't use. I didn't need dilaudid, and through my surgery I didn't need dilaudid. Although, they told me to take it. They said opioids get a bad rap, but for some reason I didn't have pain. But I took the dilaudid home with me. And, of course, they give you all kinds of mouthwash to kill the lumps and bumps that get in your mouth, and the lumps and bumps that get all over your body. So you know—yeah, I was on medication as well as the blood thinners.

Criss Hochhold
You said you had lumps and bumps all over your body. Can you tell us more about that? That's related to the medication?

Chief Greg Burke
Yeah, it was hard to describe. It got to the point where it got so bad that I couldn't touch myself, actually. Because there were, like, little hives, millions of little hives all over your body.

[00:05:00]

And the chemo treatment causes tissue damage. So even as I sit here today, my feet are on fire from the tissue damage as well as tissue damage on your hands. Someday maybe they'll get back to normal. But as I was explaining to you, Criss, even today I struggle trying to take the top off plastic Tupperware.

Criss Hochhold
Did the medications affect your cognitive abilities at all?

Chief Greg Burke
Well, combined with the operation and the chemo treatment, you end up with chemo fog brain they call it.

Criss Hochhold
What does that mean? Can you explain that a little bit further? What do you mean by that? What happens?

Chief Greg Burke
Well, a cop asked me that, and he said, "What do you mean by chemo fog brain?" The best way I can describe it is, it's not like you're drunk, but it's almost like you're in a daze, like you're stupid. So your reaction time and your thinking time isn't sharp. You do everything slow. You move slow. You talk slow. You react slow.

Criss Hochhold
So it takes you a little bit longer to process information, when you were having a conversation sometimes, depending on it at that time?

Chief Greg Burke
Yeah, you have to compress it and then react.

Criss Hochhold
Because of the chemo treatments that you went through, and the diagnosis of the blood clots in your lungs, were you given a medical exemption, for example, for wearing a mask?

Chief Greg Burke
Well, when I started the chemo treatment in June of 2021, they gave me a yellow card. I'll just show that to everybody if they're not familiar with it. This is a "go to the emerge." card. There are all kinds of warnings on it—if you're having a heart attack or high blood pressure or fever, whatever, I override everything in the emerge. other than a car accident.

And because of this, you're very susceptible to bacteria or whatever. Everything I know about wearing the chin diaper, working in the O.R., what people were wearing was really a joke to me. And when I seen people wearing it, I felt sorry for them, knowing how dangerous it was for their health.

Criss Hochhold
I'm just going to quickly forward the commissioners that exhibit Chief Burke is referring to. There are a number of them, and the labels will be TR-0010, as well as TR-0010a through e. Those will be the exhibits that we're referring to.

Chief Burke, I'm going to fast forward a little bit. I want to take you to an incident on February 9th, 2022, at approximately 3 p.m. Can you tell me about that, please?

Chief Greg Burke
Sure. Well, because I wasn't wearing a mask—I didn't wear a mask at any time in hospitals. I was there every 14 days to get my blood checked to make sure my hematology was good and white cells were fine.

Actually, I'll share something with you: it's when I first arrived there to get my blood checked to take my first treatment of chemo. There was a lady there, said while I was going to the washroom—I didn't hear her say, but my wife heard her say: "You make him wear a mask." And the oncologist came up to my wife with the mask not sterilized. You know, if you're going to touch these things, you have to be sterilized, you've got to scrub up. Anyway, the oncologist said to my wife, "Could you get your husband to wear a mask?" And Susan said, "Good luck with that." When they asked me, I said, "No, I'm not going to wear it." I said, "It's on your finger. You're not sterile, so I'm not going to touch it."

And I went into several stores. And of course, when I explained to them my condition, they were okay with it.

Criss Hochhold
And you went into Canadian Tire. Now, I really just would like for you to talk to us about what happened up until the interaction with the owner, because I would like to show a video for that particularly.

Chief Greg Burke
Yeah. I went into Canadian Tire, as Criss said, on February the 9th.

[00:10:00]

It was around quarter to three. And I was going to return an item, and I walked up to the return desk. There was a huge plexiglass on the return desk, a girl behind it wearing a face mask. And I put my item down and she said, "You've got to wear a mask." I said, "I don't wear a mask." She said, "Do you have an exemption?" I said, "Yeah, I do have an exemption." She said, "Well, I can't wait on you." I said, "Why not?" And she said, "Well, you're a danger to my health." I said, "You're behind a plexiglass wearing a mask. How am I a danger to your health?" And she said, "Well, you're a danger. I'm not going to wait on you." And she walked away from me, and I said, "Well, can I speak to the manager?"

And bear in mind here, I've got chemo brain. So it's almost like you're in sort of a dream here. So she picked up the phone, and I stood there probably for five minutes, six minutes waiting for the manager to show up. Everybody was calling. The girls at the cash register were trying to get a hold of a Mr. Keating. And while I was leaning against the railing, this individual—did you want me to go further with this?

Criss Hochhold
Nope, I want you to go right up to the point that you're going through now.

Chief Greg Burke
This individual showed up, and he kind of towered over me, and he started—

Criss Hochhold
One second, Greg, I'm going to stop you right there. Unfortunately, I don't have HDMI capability on my side, so I need to walk over to Chief Burke to show you the video on the laptop.

Chief Greg Burke
Did you want me to keep explaining?

Criss Hochhold
I'm going to play the video. And when I play the video for you, you can watch it. You can narrate it.

Chief Greg Burke
So Criss asked me to narrate this for you while it's on the screen. So you can see me, I'm up at the desk.

Criss Hochhold
I'm putting the arrow to Chief Burke, as you can see there. He's the gentleman in the blue.

Chief Greg Burke
I noticed that gentleman in the blue kept looking at me because I didn't have a mask.

Criss Hochhold
I'm just going to skip forward just a little bit until the interaction occurs. Because now you're waiting for a few minutes.

Chief Greg Burke
Okay, so she's waiting on me there, or telling me that she can't wait on me. I asked to speak to the manager. So she disappeared there, and she went on the phone to call the manager. And I stepped back, and you see me leaning there while I'm waiting. And I waited, and I waited, and I waited. And there, this guy shows up. He never asked me who I was, or what I was doing there, nothing. He just immediately started saying, "If you're not going to wear a mask," and he's screaming, "leave the store!" And you can see his hand gesture.

You can see me asking him to calm down because he's white-faced, dry-mouthed, and very confrontational. I'm saying, "I just want to explain something to you." He said, "No, I'm not going to listen to you. If you're not going to wear a mask, get out." And you see him shaking his head back and forth, saying no. And that's when he gave me three options. First option was, I can do my business out on the street. Second was, I can do it online—this is returning an item now. And the third, I can wear a mask. And I immediately said to him, "No, that's not an option. But let me think of my other option." And I put my head down to figure out,

"How am I going to do this outside? They've got to bring the machine out." This was how my brain was working that day.

And then when I left, I didn't notice he went to the other side. And when I raised my head to ask him how I was going to do it outside, he immediately said— Okay, you see him grabbing me there. Immediately said, "If you're not going to wear a mask, I'm going to throw you out." And I said, "What do you mean? Like, you're physically going to throw me out?" I couldn't believe he said that. He said, "That's right." I laughed at him, and I started to leave. And I said, "That wouldn't be a good idea." But I wasn't referring to that I would knock him out, which maybe I should have.

[00:15:00]

What I was referring to was my health. I'm on high a high dose of blood thinners, I'm suffering from chemo brain fog. And I'm not myself, so that's what I am referring to.

I think that triggered him. And that's why he grabbed me. And I pushed him off me and I was warning him not to touch me. But he came at me again and I pushed him off again. And he backs me up to the return desk. I thought that I grabbed him to hold him off—obviously, the video, I didn't do that. But I did warn him. I said, "Look, don't you dare touch me." I said, and this is the way I said it, because I'm not an excitable type of individual. There, he grabs me again. And I had to push him away again. And that's where I told him, "Don't touch me, I can hurt you. And believe me, I can hurt you." So at that point, he's hollering, giving directions to call the cops.

Right about now, I'm very nervous. I'm not afraid of him. But I'm nervous of him doing something that I'm not expecting, and he'd get the advantage over me. Because if you know anybody on blood thinners, you get cut, you're going to bleed pretty bad. So that was my worry there. And I told him, "Well, I'm going to call the cops. You go ahead. I'm going to have you charged with assault."

While I was leaving—Criss is not showing that—but as I was leaving, he kept following me. I said, "Don't follow me." Because I was worried that he was going to jump me from behind. And anyway, I went out into my car. And I waited in my car. I called 911 when I was in my car. And he came out. And I thought, okay, he's come to his senses. He's going to come and apologize.

Criss Hochhold
I'm sorry Greg. I thought I pressed play to finish the video and I walked away. My apologies for that.

Chief Greg Burke
Okay. So he's giving orders to the girl to call the cops, and right about now—I don't know, this guy is unpredictable. I mean, he's crazy. His eyes were like that, coming at me.

Criss Hochhold
Chief Burke, I know that the video is still playing, and we can probably switch off that. Thank you again because you do exit the store at that point in time. The lady that walked off: She at this time is actually calling 911 and the audio recording for that is available to the commissioners. It is one of the exhibits. As well as, Chief Burke, after the confrontation,

and you went outside, I know the store owner followed you, but what happened outside of the store? Did you call anybody?

Chief Greg Burke
Yeah, I called 911 and told them that I've been assaulted, and I want charges laid against the— I thought he was the manager. I didn't know he was the owner.

Criss Hochhold
For the commissioners, that 911 recording is also part of the exhibits that you can listen to. After that, what had taken place? Fast forward to when the police officer arrives. What happened then?

Chief Greg Burke
Yeah, I was talking to two RCMP officers that were in the parking lot at the time. They were on their coffee break and we were chatting. I waited about 15-20 minutes and this Bedford cop showed up. He asked me what was going on. I said, "Go watch the video and come back and talk to me." Which he did. He went in and he come back out. It was a beautiful day, and he was wearing one of those N95 masks. And I thought, "Oh boy, this is going to be good for me." They called the right guy.

So anyway, he went in and he came out and he said, "Yeah, I watched the video." He said, "Yeah, he grabbed you, but you defended yourself, I'm not going to charge him, I'm not going to charge you." And I said, "You're not going to charge me? I defended myself." He said, "Well, he's allowed to do that." Yeah. So the Bedford Canadian Tire store: bring a bodyguard with you because they're allowed to grab you.

Criss Hochhold
Chief Burke, excuse me, please. Keep it down please, thank you. Chief Burke, the interaction with the police officer: Can you tell me specifically about that? What was the conversation you had with him and what was the result of that?

Chief Greg Burke
Well, it wasn't much. After he said that he wasn't going to charge me, he said, "I'm going to give you a ticket." I said, "a ticket for what?"

[00:20:00]

He said, "for not wearing a mask." I said, "a ticket for not—" I'm thinking, what ticket? And he walked away, and didn't ask me what transpired inside, nothing. And he went to his car, and I waited and waited in my car.

And then I went over to his car in probably about 15, 20 minutes. I said, "What's going on?" He said, "Well," he said, "I'm having difficulty. They change the rules all the time, so I got to find out if I'm charging you with the right thing or not." So he said, "I apologize for taking so long, but here's a ticket for not wearing a mask." And I said, "Not wearing a—what the heck?" And I look: it was $2,422, something like that.

Criss Hochhold
So the interaction with the police officer resulted in you receiving a fine for not wearing a mask. Did the officer at any point ask you if you had a mask exemption?

Chief Greg Burke
No.

Criss Hochhold
So there were no inquiries whatsoever about what transpired inside? He went inside the store and he felt satisfied with what he observed to issue you a fine but not proceed with anything else?

Chief Greg Burke
Yeah. But I found out later, when I tried to force him to put an assault charge on this guy. When I spoke to his sergeant, his sergeant said, "Well, I read his notes and I don't see that we should file assault charges. It's not going to go anywhere."

Chief Greg Burke
And I said, "You read my notes?" He said, "Well, yeah." I said, "He didn't take any whatever from me. He didn't take any statement." He said, "Well, we got it on—" I said, "Well, he didn't even talk to me about it." So he said, "I'll send over an officer now."

So anyway, where was I?

Criss Hochhold
Chief Burke. I would like to stop this one here because we have another very important incident that we definitely have to get to.

Chief Greg Burke
I just will say this, that the cop lied to Canadian Tire and told him I was banned for six months. He never ever put a ban on me for six months. So this guy was a loose cannon.

Okay.

Criss Hochhold
So thank you. I now want to fast forward you 30 days to an incident on March 9th that you were also involved in. Can you briefly describe that for me?

Chief Greg Burke
Well, that was actually 30 days after the Canadian Tire assault. So Canadian Tire was February 9th and this is March 9th. And there was a homeless guy that I knew from years ago living in his car, so I thought I'd go and buy him supper. It was a late evening, so we went to A&W. I walked in, and the girl said, "you got to wear a mask." I said, "I don't wear a mask," and she said, "well, you do your order by the plexiglass." So I ordered for both of us and all of a sudden, this guy comes out—you can tell he was a migrant—he comes out of

the door like a cannon had shot him through the door and started screaming for me to wear a mask. And I said, "well I got my order, it's right there." And he kept saying, "you got to wear a mask." He was screaming, he was really upset. I said, "well, do I wear a mask if I sit down?" "No." I said, "well I'll sit down, and you can bring it." No, he wouldn't do it. I said, "how long you been in the country?" He said, "three months." I said, "Did they teach you anything about the Canadian Bill of Rights?" "I don't care about your Canadian Bill of Rights." I said, "If you don't care about my Canadian Bill of Rights, you go back to the country where you don't have rights." Anyway, he said, "Well, I'm calling the RCMP." I said, "Go ahead." I said, "Give me my money back." He wouldn't give me my money back, so I said, "When the RCMP come, I'm charging you with theft, because I want my money, I'm leaving. Now." And this is the way I was talking.

Criss Hochhold
I'm sorry. I hate to interject, but in the interest of time, can you take us to the moment outside, when the police arrived, regarding this incident?

Chief Greg Burke
Yeah, I'm not a long-winded person but I'll try to be short. As I was leaving, two RCMP officers were walking in, and they said, "What's going on?" I said, "I came here to order food. They took my order, then he wouldn't give me my money back, and I'm just about to leave." He said, "Let's go outside and we'll talk about it." I said, "okay." We go outside, and he said, "Do you have your ID?" I said, "yeah." "Show me your ID." I said, "Did I break the law?" He said, "no." I said, "Well, you don't need my ID. I'm leaving." He said, "no you're not." I said, "I'm detained?" "No." I said, "Well, I'm leaving." "Give me your ID." "No." So that went back and forth.

As this was going back and forth and I was trying to explain to the RCMP the rights and the laws

[00:25:00]

this little RCMP officer is coming across the parking lot. He immediately grabbed me and tried to throw me up against the wall. He said he was going to charge me with resistance. I said, "I'm not resisting." I said, "You can handle my arms." I said, "Just relax." I said, "I'll give you my arms if you want to handcuff me. You want to go down this rabbit hole, let's go down this rabbit hole." So I helped them handcuff me from behind and then he started pushing me towards his car. I warned him not to push me and he didn't push me after that. And we get in the car.

Now, you have to appreciate, my skin is still hurting from the chemo treatment. He was helpful, he helped me get my legs in the backseat of the car. Because if anybody's been in the backseat of the RCMP car, they're like getting in a coffin. So anyway—

Criss Hochhold
Chief Burke, I want to just really touch upon when you had that interaction with the one police officer. You were having a conversation about the masking situation when an officer approached, came across in the parking lot and basically put his hands on you to affect the rest. They did tell you that you were under arrest at any time before they laid their hands on you, before they touched you?

Chief Greg Burke
Sorry. Repeat that again?

Criss Hochhold
When the second officer came and who then physically tried to take control of you, did he advise you that you were under arrest at that time?

Chief Greg Burke
No, no.

Criss Hochhold
How much force would you say—I know it's difficult to gauge, but when he tried to gain control of you, was there a struggle? Is that why he was saying, you know, stop resisting? Were you struggling? Were you resisting the officer?

Chief Greg Burke
Yeah, he tried to slam me up against the brick wall. That's what he tried to do, and I tried to prevent it because I didn't want my face to go into the brick wall because I'm still on blood thinners.

Criss Hochhold
Right, so then you were cooperative, and you allowed him to put the handcuffs on?

Chief Greg Burke
Yeah, and I wasn't combative or saucy or anything. I was just standing up for my rights.

Criss Hochhold
Were you handcuffed in the front or in the back?

Chief Greg Burke
Back.

Criss Hochhold
And then he pushed you towards the police car?

Chief Greg Burke
Yeah. Yeah, he pushed me several times.

Criss Hochhold
Okay. What did you say to him when he was pushing you?

Chief Greg Burke
I told him not to push me again.

Criss Hochhold
And then you walked to the police car, and he put you in the back of the police car. And he assisted you putting your legs in, because the backs of police cars are very, very small.

Chief Greg Burke
Confined, yes.

Criss Hochhold
Thank you, yes. What happened then?

Chief Greg Burke
He read me my rights and asked me if I understood them. And I said, "I understand the rights," but I don't understand why he read them. And I said, "what are you charging me with?" He said, "creating a disturbance." I started laughing, I said, "The only fools that created a disturbance is the little guy that got shot out of a cannon there, and you." I said, "I didn't create this disturbance."

And so we had a conversation about the handcuffs. I said, "Look, you got to take these off." I said, "I'm not a threat to you." I said, "I never was a threat to you." I said, "I don't know why you're overreacting the way you are, but," I said, "let's go down this rabbit hole."

So while we're having this conversation, the Mountie that initially spoke to me came and they had a powwow in the front of the RCMP car. And then the guy that put the handcuffs on me, he said, "I'm going to give you a ban for six months." And of course—I was teasing him—I said, "Oh my god, I'm going to starve to death. I'm not going to get out—" You know, I was basically being a smart ass, but I thought he deserved it.

When I get out of the car, I tried to ask him a legal question about showing your ID. Finally, after four or five attempts, he finally answered my question. And I asked him, I said, "if I'm walking down the street at 3 o'clock in the morning, do you have the right to pull me over? Although I'm not committing a crime, do you have the right to ask for my ID?" He said, "If I'm suspicious, I can." Now that's totally wrong.

So anyway, the two of them are under investigation.

Criss Hochhold
Chief Burke, I will eventually get to that, that's okay. Once your interaction ended, you were given a piece of paper, which you understood to be basically a *Protection of Property Act* notice banning you from entering the A&W, that location?

Chief Greg Burke
No onion rings for six months.

Criss Hochhold
I'm sorry?

Chief Greg Burke
No onion rings for six months.

[00:30:00]

Criss Hochhold
But you were banned from the property for six months?

Chief Greg Burke
That's correct, yeah.

Criss Hochhold
And did the officer open a piece of paper that he served you with and did he explain that to you?

Chief Greg Burke
No, he folded it over and gave it to me.

Criss Hochhold
Okay, so it was folded over, and he gave it to you, and he told you that you were banned verbally for six months. Was there anything within that piece of paper?

Chief Greg Burke
Yeah, I discovered after I opened the paper, there was a ticket for not wearing a mask: $2,422.

Criss Hochhold
Did the officer inform you at any time that you were being issued a citation for not wearing a mask?

Chief Greg Burke
Never. Neither one of them. And in fact, the ticket was written by the other Mountie, not by the Mountie that handcuffed me.

Criss Hochhold
Okay, as I understand it and what you've already said about it—

Chief Greg Burke
And oh, by the way—none of those RCMP officers were wearing a mask.

Criss Hochhold
The interaction you had with the officer outside of the store: They were not wearing a mask?

Chief Greg Burke
None of them were wearing a mask. In the store or outside.

Criss Hochhold
When you say "in the store," did an officer have occasion to go inside the store? Did an officer go inside the store to find out what happened?

Chief Greg Burke
I don't know. The only time I seen the girl and the initial constable was when I was leaving. I don't know if they went back in.

Criss Hochhold
But that's the initial contact inside the store—both of those officers came inside the A&W not wearing masks when you were there.

Chief Greg Burke
Correct.

Criss Hochhold
But you were issued a citation for not wearing a mask in a store, although they were not either when they entered the store.

Chief Greg Burke
Neither one of them wore a mask.

Criss Hochhold
Thank you for that. Chief Burke, I'm going to keep it short, but you've already stated as part of your testimony that you've made a complaint against these RCMP officers. You've made a public complaint?

Chief Greg Burke
To Ottawa, yes.

Criss Hochhold
Can you give me a brief overview of that?

Chief Greg Burke
Yeah, I called the sergeant to my house. He was a real nice guy; we had a good conversation. He was shocked that I was given a ticket without my knowledge. He said, "we don't do business that way." He wanted me to lodge a complaint with Ottawa, which I did. It's still under investigation. The constable that is taking care of it on the local area has found the initial RCMP officers in six violations. The one that handcuffed me is under 12 violations. And they've asked me what I wanted done. And I said that I want the two of them fired.

Criss Hochhold
Thank you. Thank you for that Chief Burke. And in the interest of time, the documents are included and I will just defer to the commissioners for any follow-up questions.

Chief Greg Burke
Yeah, just one other thing that we didn't touch on, Criss. He told me that— While I was in the car and he told me he was going to ban me he did say that he wasn't going to charge me. I said, "Yes, you are." So we had a little argument back and forth that I wanted him to charge me.

Criss Hochhold
To put that in context, that would be your interaction with the RCMP also at the A&W, when you were placed in the back of the police car.

Chief Greg Burke
Correct.

Criss Hochhold
And what were you arguing for to be charged with?

Chief Greg Burke
Well, he was going to charge me with disturbance, and then he said he wasn't going to charge me. And I said, "No, I want you to charge me because we're down this rabbit hole. So I want you to charge me." He said, "No, I'm not going to charge you." And I said, "Why not?" He said, "I'm not going to charge you." That's where we were.

Criss Hochhold
Thank you.

Chief Greg Burke
Thank you.

Commissioner Drysdale
We're running out of time, but I judge you as a pretty amiable man. You're social, and you're communicative, and I have a feeling that you're well-known in public to your community.

Chief Greg Burke
Yeah. My wife doesn't want to go out with me because—

Commissioner Drysdale
Join the club! The question I have for you is: Have you had people react to you this way before? Before this whole pandemic did people generally react in this way to you?

Chief Greg Burke
Never. Never. I'm not a confrontational person, although I've never, ever backed away from a fight.

[00:35:00]

I've been an enforcer on the ice all my life, you know. And being brought up in Glace Bay, you know somebody looks at you— You know, coal mining town, you're fighting all the time.

Commissioner Drysdale
Then Canadian Tire happened and that was an incident. And A&W happened so it's not an isolated incident.

What do you think motivated these people to treat you this way—apart from the fact you weren't wearing a mask? Why would they why would they react to you this way?

Chief Greg Burke
To sum it up, I would say the lack of knowledge, number one, the lack of education, and the influence that the medical health department and the politicians had on people by manipulating them.

Commissioner Drysdale
When you say the influence that the politicians and the media had on people, exactly what do you mean by that? What kind of influence?

Chief Greg Burke
Well, you had politicians that were passing laws that— You know, we got a young girl in here that she protested against Dr. Strange, or Strang, and she ended up in jail for six days. And the person that wrote that law, Brad Johns, who's the Minister of Justice, happens to be one of the most crooked people. I don't care about being so—

Commissioner Drysdale
Well, I think I've got my answer, but thank you very much.

Chief Greg Burke
Oh, you're welcome.

Criss Hochhold
Thank you, Chief Burke.

Chief Greg Burke
Yeah. Wela'lin. I want to thank everybody for coming here. I was impressed.

Criss Hochhold
Just one second, Chief Burke. We do have one more question, I believe. Sorry about that.

Commissioner Kaikkonen
I just wanted to ask if the two fines have gone to court, and what was the outcome? Or was it stopped when you did the investigation against the RCMP?

Chief Greg Burke
Sorry, I didn't hear you.

Commissioner Kaikkonen
I just wondered if there was any follow-up in court with the two fines. Or if the accusations—or the charge that you laid against the RCMP officers—if that has stopped the court action? I'm just wondering where it went from here, if there has been any follow-up?

Chief Greg Burke
My Canadian Tire ticket will be addressed on June the 1st at 6 o'clock. The RCMP ticket, I'm going to have to check on that. Criss and I had a conversation about that. He asked me if I went to court over that. And I said it was one of the stipulations— I asked the sergeant to drop it, given the fact that that it wasn't presented to me.

Commissioner Kaikkonen
Thank you.

Criss Hochhold
Thank you very much, Chief Burke.

Chief Greg Burke
Wela'lin.

[00:38:20]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 11: Sabrina McGrath
Full Day 2 Timestamp: 07:14:50–07:28:49
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Thank you everyone. We're going to resume the proceedings. The next witness is Sabrina McGrath. And Ms. McGrath, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Sabrina McGrath
I do.

Ches Crosbie
Thank you.

Nicolle Snow
Good afternoon, Ms. McGrath.

Sabrina McGrath
Hello.

Nicolle Snow
Ms. McGrath, I understand you're here today to testify with respect to the loss of your employment due to provincial COVID mandates.

Sabrina McGrath
Yes.

Nicolle Snow
Okay, where were you working?

Sabrina McGrath
Nova Scotia Liquor Corporation [NSLC].

Nicolle Snow
All right. And that's a provincial government job?

Sabrina McGrath
Yes.

Nicolle Snow
And what were you doing there?

Sabrina McGrath
I was manager for the last three years. And three years previous to that—or two years previous to that—I was assistant manager.

Nicolle Snow
Okay, and were you represented by a union?

Sabrina McGrath
Yes.

Nicolle Snow
Did your collective agreement provide for any sort of vaccination status as part of the terms of your employment?

Sabrina McGrath
No.

Nicole Snow
And what position? Sorry, you indicated you were a manager. Were you a valued employee for the Liquor Commission?

Sabrina McGrath
I was. Just the year previous to being placed on unpaid leave, my store had won top-performing store, so it recognizes overall sale results in leadership

Nicolle Snow
And that reflects on you as manager of the store?

Sabrina McGrath
Yes

Nicolle Snow
All right. And any anything else with respect to your value to the store you were working for?

Sabrina McGrath
Yes, I received model performance on my latest PA, performance appraisal, which is a very rare— It's very rare to get that because I just don't give them out to just anybody. I did a pretty good job to get it.

Nicolle Snow
Nice. And so, what year did you have that, the model performance?

Sabrina McGrath
2021.

Nicolle Snow
Okay. What mandates and protocols did the Nova Scotia Liquor Commission adopt?

Sabrina McGrath
We did masking, Plexi[glass], six feet distance, and then the latest was the vaccine mandate.

Nicolle Snow
And when was the vaccine mandate brought in?

Sabrina McGrath
We knew about it in October, but it was implemented January 15th.

Nicolle Snow
In October, they delivered the message to the employees, but it was going to be effective January 15, 2022?

Sabrina McGrath
Yes, for current employees. Anyone that was new to the corporation had to be done by November the 1st.

Nicolle Snow
It had to be done, meaning—

Sabrina McGrath
Fully vaccinated.

Nicolle Snow
All right. And were they required to show proof of that?

Sabrina McGrath
Yes, there's a declaration form that had to be filled out.

Nicolle Snow
And with respect to the deadline of January 15, 2022 for the existing employees, was proof required?

Sabrina McGrath
Yes.

Nicolle Snow
And what was going to happen if proof was not required? I'm sorry, I phrased that wrong: What was going to happen if proof was not provided?

Sabrina McGrath
People would be placed on an unpaid leave of absence.

Nicolle Snow
Okay. Was the adoption of this vaccination mandate contrary to some of the earlier views held by the employer?

Sabrina McGrath
Yes.

Nicolle Snow
In what way?

Sabrina McGrath
Well, in May of 2021, there was an occupational health and safety meeting. And at that meeting, vaccinations were brought up. And the response was vaccination is not required by law. It is an individual choice. Therefore, employees are not required to be vaccinated to be in the workplace.

Nicolle Snow
Okay. And were you reading from the minutes from that meeting?

Sabrina McGrath
Yes.

Nicolle Snow
All right. And, those minutes have been delivered for filing as an exhibit, but we don't have an exhibit number yet [Exhibit TR-22d]. How did you feel about the vaccination mandate?

Sabrina McGrath
I was 100 per cent against a vaccination mandate. I think everyone should have the choice as to what they put in their body, and it shouldn't be a choice as to keeping your bodily integrity or losing your job.

Nicolle Snow
And so how, if at all, did the environment in your workplace change after the vaccination mandate was announced?

Sabrina McGrath
We recently had a new regional manager, Kim Jackman, and she came into the store about the first of November. And we had a cut-out of Dana White—he's a UFC [Ultimate Fighting Championship] person—promoting his new liqueur. When she came in and she seen it—a lot of stores had it, it wasn't just our store—she demanded we take it down immediately because he was anti-vaxx.

Nicolle Snow
Okay. And was there anything on the poster that was related to vaccinations?

Sabrina McGrath
Just a picture of him. That's all.

Nicolle Snow
And he was promoting his own product, his own product liqueur.

Sabrina McGrath
Yeah.

Nicolle Snow
Anything else?

Sabrina McGrath
Yeah, that same regional manager—it was 7 o'clock on a Friday—she came flying into the store. And she was being aggressive because she had reports that we had anti-vaxx propaganda up in the store.

[00:05:00]

Which we absolutely did not. But she went through the store with a fine-tooth comb. Didn't find anything but she made us take a poster that we had up at the front of the store down. It was handmade by our team. It was just telling the pouring amounts, the proper pouring amounts, but it said "Cheers to Pour Choices" on it. So that's what she had us take down, just in case that's what people were complaining about.

Nicolle Snow
Okay, and so the "Cheers to Pour Choices" was with respect to the portion amount that you might be consuming of alcohol.

Sabrina McGrath
Right. Because we want to be socially responsible and making sure that people are ingesting the right pouring amounts.

Nicolle Snow
All right. Anything else?

Sabrina McGrath
Yeah, I was having a conversation with an employee from another store on LinkedIn, and he wrote a comment—because we have been discussing the mandates and things like that. He wrote a comment to me saying, "I thought you were leading your store to becoming fully vaccinated, not becoming fully unemployed."

Nicolle Snow
Okay. And that was in the context of some conversation you were having with him about the mandates?

Sabrina McGrath
Right. Yeah. And then he deleted me.

Nicolle Snow
And then what?

Sabrina McGrath
He deleted me.

Nicolle Snow
Okay. Did you acquiesce to the mandate to vaccinate?

Sabrina McGrath
What's that?

Nicolle Snow
Did you go ahead and vaccinate due to the mandate?

Sabrina McGrath
No. No, I did not.

Nicolle Snow
And what happened as a result?

Sabrina McGrath
I was placed on unpaid leave.

Nicolle Snow
And when did that happen?

Sabrina McGrath
January of 2022.

Nicolle Snow
Okay. Did you ever go back to the Nova Scotia Liquor Commission?

Sabrina McGrath
No, we had the option of going back in May on the contingency that we fill out a vaccination declaration form.

Nicolle Snow
All right. Tell us about that form.

Sabrina McGrath
It's just a form to say whether or not we were vaccinated. They still wanted to know. We could go back into the workplace being unvaccinated, but they wanted to know whether or not we were. So we still had to attest to our status.

Nicolle Snow
Okay. So at that point the mandate to vaccinate had been lifted in the store?

Sabrina McGrath
Yes.

Nicolle Snow
Had it been lifted generally in the province?

Sabrina McGrath
It had been lifted in the province seven weeks before. The NSLC extended theirs for another seven weeks.

Nicole Snow
Okay. During that period you were off—you said from January 2022 through to May—did you have any other source of income?

Sabrina McGrath
No.

Nicolle Snow
And did you apply for EI, employment insurance?

Sabrina McGrath
Yes, yes, I did.

Nicolle Snow
What happened with that?

Sabrina McGrath
I was denied.

Nicolle Snow
On what basis?

Sabrina McGrath
Service Canada deemed it as misconduct.

Nicolle Snow
And what were they calling misconduct?

Sabrina McGrath
Not following the vaccination mandate.

Nicolle Snow
Did you file an ROE with Service Canada for your application?

Sabrina McGrath
Yep.

Nicolle Snow
And did the ROE say anything about misconduct?

Sabrina McGrath
No, it just said unpaid leave.

Nicolle Snow
And so, were you able to determine how someone at Service Canada found that there was misconduct related to the vaccine policy when that was not on your ROE?

Sabrina McGrath
They said they called the NSLC. And when the NSLC told them it was mandate-related, they put down misconduct.

Nicolle Snow
Okay. Did you apply for a reconsideration of that decision?

Sabrina McGrath
I did.

Nicolle Snow
And what happened?

Sabrina McGrath
Denied.

Nicolle Snow
And you have a union?

Sabrina McGrath
Yep.

Nicolle Snow
Or you did have a union. Did you go to your union at all?

Sabrina McGrath
I did. I went before the, before it was even mandated. Once we found out it was going to be mandated, I went to them right away.

Nicolle Snow
That was October 2021 when you learned about it. Okay, so you went to your union and what happened?

Sabrina McGrath
They would do nothing. They said the employer was allowed to mandate vaccinations.

Nicolle Snow
And did they base that on any particular opinions?

Sabrina McGrath
They just said case law.

Nicolle Snow
Okay. And so, was there an indication that they went for legal advice or anything of that nature?

Sabrina McGrath
They said that they went to legal counsel and asked legal counsel and that's what they said.

Nicolle Snow
And so, the determination was that they felt you would lose, so they may as well not fight it for you.

Sabrina McGrath
Yeah.

Nicolle Snow
Did you have an opportunity to see whatever legal advice was provided to the union?

Sabrina McGrath
No.

Nicolle Snow
Did you ask for it?

Sabrina McGrath
I did ask for it.

Nicolle Snow
And what happened?

Sabrina McGrath
They denied my request, saying that they don't provide union members with that information.

Nicolle Snow
Okay. Did you bring any other grievances?

Sabrina McGrath
There was a grievance in April, but the union approached me about that grievance. It was the time period between when the government ended their mandates and the NSLC kept theirs for an additional seven weeks. The only period of time that the NSGEU [Nova Scotia Government and General Employees Union] was willing to grieve was that time period.

[00:10:00]

Nicolle Snow
And what happened with that grievance?

Sabrina McGrath
For me, I was—it was withdrawn because I was no longer working at the NSLC. So they withdrew mine, but other people got something.

Nicolle Snow
Okay. And so that was for the people who were placed on leave without pay: the grievance was with respect to that short period that they should have received their pay.

Sabrina McGrath
Right. Just that seven weeks, yeah.

Nicolle Snow
By that time, you had left your employment altogether. Okay. And so, you were on leave without pay for a period of time.

Did termination happen at some point?

Sabrina McGrath
They deemed me as being resigned from my position. If I didn't fill out the declaration form by June the 12th, I was considered to have been resigned from my position.

Nicolle Snow
Okay. And why were you opposed to filling out the declaration form?

Sabrina McGrath
Because it's still giving out my medical information. I would have done it before if that was the case, right? There was no point in doing it that late.

Nicolle Snow
Did you take any other positive action to try to combat the mandates and your concerns?

Sabrina McGrath
I did. I emailed the Premier, Tim Houston. No response from him—even now. And I wrote my HR and a few senior VPs. I emailed them all.

Nicolle Snow
And what happened with those emails.

Sabrina McGrath
As far as the senior VPs, no response from them. HR responded within a day saying that the appropriate people would see my email. And then I received a response on January 13th, which was two days before the mandate.

Nicolle Snow
And what was the general substance of your letter to Mr. Houston?

Sabrina McGrath
Just explaining why. Why mandates shouldn't be implemented. Especially when it comes to losing your job. A lot of people got it just to keep their job and that's forever in them now, right? I mean, people did it to keep their job. At the end of the day, you're still dispensable, you know. Like, you can get that to keep your job and they can still let you go, so then you would have done it for nothing.

Nicolle Snow
And the substance of your letter, your emails to HR?

Sabrina McGrath
Pretty much the same. A lot of it was copy and paste.

Nicolle Snow
OK, all right.

Nicolle Snow
You brought with you today—so there's the minutes we referenced. You brought with you also your 2021 annual performance check. You talked about your good performance appraisal. We have that with us, which will be entered as an exhibit [Exhibit TR-22a]. You brought with you today your e-mail to Tim Houston and your termination letter from the

Nova Scotia Liquor Commission. You brought with you today your response from Service Canada declining your claim and the reasons why they declined it, as well as your response from the union with respect to your grievance and your communications to HR. Is that correct?

Sabrina McGrath
Yep.

Nicolle Snow
OK. And those I believe are scanned. We don't have exhibit numbers yet, but they will be filed. All right, those are all my questions.

Thank you for testifying. And we'll wait a moment to see if there are any questions from the commissioners.

Sabrina McGrath
Okay.

Nicolle Snow
All right, thank you very much, Ms. McGrath. Thank you. Thank you.

Sabrina McGrath
You're welcome. Okay.

[00:13:59]

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Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 12: Pastor Jason McVicar
Full Day 2 Timestamp: 07:29:55–08:03:56
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
You have the choice of swearing on the Bible. I believe there's one on the desk.

Pastor Jason McVicar
I'll just let my "yes" be "yes." So you just ask me and I'll say, "yes." I don't need a Bible to—

Ches Crosbie
All right. So I'll just follow the usual format I have been following and ask you to affirm that you will tell the truth, the whole truth, and nothing but the truth.

Pastor Jason McVicar
Yes.

Ches Crosbie
Thank you.

Criss Hochhold
Good afternoon.

Pastor Jason McVicar
How are you?

Criss Hochhold
Can you please state your full name for us?

Pastor Jason McVicar
Sure. My name is Pastor Jason McVicar.

Criss Hochhold
Where do you live?

Pastor Jason McVicar
Just outside of Charlottetown, Prince Edward Island.

Criss Hochhold
And what do you do for a living?

Pastor Jason McVicar
I'm a pastor.

Criss Hochhold
Pastor McVicar, you are living in PEI at this time. Where were you prior to moving to PEI?

Pastor Jason McVicar
Well, I'm from New Brunswick, and for 11 years I did ministry in New Brunswick Fredericton.

Criss Hochhold
You were a pastor at a ministry in Fredericton?

Pastor Jason McVicar
Yes, for 11 years.

Criss Hochhold
For 11 years? Can you tell me more about your time at the church in Fredericton, please? And specifically, I'm interested in incidents that happened to you regarding your status.

Pastor Jason McVicar
Sure.

Pastor Jason McVicar
With regard to COVID and the pandemic and everything, my experience is pretty unique in that I minister to a lot of people who— The church existed in a low-income area. When the mandates all came rolling out and the lockdowns came, there were a lot of people who were adversely affected by all that stuff.

And so I was ministering to a lot of people and people are in really hard ways. I was dealing with people who were struggling with suicide. I was struggling with domestic abuse from the lockdowns, people just being locked up together—it was mostly older people who were doing that—and extreme loneliness from the older community as well. So I'd seen firsthand kind of the negative effects of all the policies that were coming down from the government. It never really affected me. Our family was fine. We just rolled with the punches as they came.

It wasn't until the end of September when the mandates for the vaccine came into effect. And Dorothy Shepherd, on behalf of the Government of New Brunswick, had approached the faith communities and had approached churches. And basically, in an effort to get the vaccine uptake to 90 per cent, they wanted churches to promote the vaccines among their congregation. They encouraged vaccine mandates. Then the government had implemented a policy that said if churches would require proof of vaccination, they could operate full capacity—no restrictions, no masking, nothing. But if they weren't going to implement the proof of vaccines, then they would have to go back to their operational plans.

And that's when my experience went from ministering to people who were struggling with these different mandates and these different policies to just being on the receiving end of some of those negative outcomes. It all began October 3rd. So short, but very little, I'd say eight days after Dorothy Shepherd had approached the churches, I had received a letter from our board basically making my vaccination status the new measure of my ministry and my character. And they had included in this letter— Well, they had indicated that the vast majority of the congregation and the vast majority of the board felt that vaccination was the only way out of this pandemic. And that my opinions with regard to the whole pandemic, but mostly my refusal to receive the vaccine, was causing huge troubles in the church.

And I'll just read you some quotes to give you an indication of how they redefined—not redefined, they just made it the measure of my ministry and my character, the fact that I wouldn't get vaccinated. So in terms of ministry, they said, quote—

[00:05:00]

"That I was exercising poor judgment and a lack of discernment, that I had created deep wounds in your flock, that I had created barriers to you being able to teach, nurture and guide, that it was a lapse of wisdom, that it was a portent of future errors that could affect you on the pulpit, that it was an erosion of trust and confidence, that it was creating division in the congregation, and that there was a need to repair and rebuild the congregation."

Criss Hochhold
Just for the Commission, the document Pastor McVicar was referring to has been entered into electronic evidence and will be available to you [Exhibit TR-0012l].

Pastor Jason McVicar
In terms of my character, the letter went on to say that I was placing my physical health before that of the congregation, and that I was placing my own physical health before that of my own children and the children in the congregation.

Criss Hochhold
Before this, Pastor McVicar, I just want to ask a question. Because you had been there at that for about 10 years?

Pastor Jason McVicar
Yes. Well, this was actually the anniversary of my 11th year, that all this was happening. But it was 10 years. It was really good years. No conflicts, no— like, there just there were no issues whatsoever.

Criss Hochhold
So the board now attacked your character rather significantly, and—

Pastor Jason McVicar
They just redefined it. Because 10 years, it was fine. Like, had a great relationship with the congregation, good relationship with the board. It wasn't until my refusal to be vaccinated that suddenly my character and my ministry took on this whole new light.

Criss Hochhold
So in the 11 years prior, you've taken this parish, this community of faith and you've built it. And what did you build it from, and how did that come about?

Pastor Jason McVicar
Well, they'd had a tumultuous period where it was basically just a mass exodus of their congregation. And I had come about two years after that had happened and they were down to—I'm not even sure—it was around 20 people or something like that. And over the years we were just rebuilding, and we had gotten it up to— Well, just prior to the pandemic it was around 45-50 people. And then the pandemic came and just had crazy swings after the pandemic.

Criss Hochhold
So you had a significant increase from when you initially took it over until the end.

Pastor Jason McVicar
Yeah, we were making good progress.

Criss Hochhold
You said— During that time, had the board ever had any other sanctions or complaints about how you led the ministry, how you interacted with the members?

Pastor Jason McVicar
No, nothing formal. There is, like, differences of opinions about little things, but it's all— No, nothing formal. No reprimands, no anything. Literally no conflict with congregation.

Criss Hochhold
So no poor judgment and no lack of discernment?

Pastor Jason McVicar
No. Everything that was laid out in this letter was purely related to the vaccine, had nothing to do with my actual ministry.

Criss Hochhold
When you say it was purely in the letter—actually, it had nothing to do with the ministry.

Did the board present you with any evidence from the congregation to support the allegations that they've levied against you?

Pastor Jason McVicar
No. Well leading up to it, I wasn't shy about my opinions outside of the church setting about how I felt about all these restrictions and how I felt about the vaccine. And so, we disagreed on that. And there was constant pressure— Once the vaccines came into effect, there was constant pressure from the board, especially for me to get the vaccine. And I refused for the longest time.

It was mostly just because I was so healthy, all the evidence that I had seen in terms of pure numbers. I didn't watch TV, so I wasn't really subject to all the fear-mongering that was going on. I went to the government website and just read the numbers. So I made my choice based on those numbers. So the pressure was constant. It wasn't until the government kind of approached the churches that it went from just them disagreeing with— I had no idea that they felt this. I knew they disagreed with me and I knew that it was frustrating for them.

They had required three things of me in this letter. They said that they wanted me to outline steps that I'll take to create a path to healing the wounds described above. And they wanted me to detail how I would perform my pastoral duties.

[00:10:00]

And they wanted me to elaborate on what I could do to ensure the congregation's physical health—again, because I'm unvaccinated and apparently dangerous. And so, I wrote them a letter. I just answered their three questions. I let them know that as far as the steps that I'll take to create path to healing, I didn't know the congregation— I knew they had problems with how I was—with my views. I didn't think it would affect my pulpit or my ministry at all. I just thought it was a disagreement about a worldly matter. But I had no idea the congregation, that they were—

So anyway, I wrote them a formal response. I said, "As far as healing the wounds, I don't know who's hurt, I don't know who's so offended." Like, "All of these things that you're putting before me, I don't know who I would approach. I don't know who— It feels like nobody's coming to me with this stuff."

I had no idea that people took so much offense to the choice that I made.

Criss Hochhold
The congregation didn't, again, didn't—

Pastor Jason McVicar
Yeah, there's no indication. Again, everybody— I knew that I was the minority view. I just had no idea that it was the measure of my ministry and my character at that point. And I said that I just had no idea how I would heal wounds that I didn't know existed. But I also say— As far as the second one, they said they wanted me to detail how I'd be able to perform the pastoral duties.

It was simple: the government had laid it all out and they had given us an ultimatum. They said, "If you require vaccination—and you require proof of vaccination" that "you could operate full capacity." I said, "I won't be vaccinated, so if you're going to require proof of vaccination, I can't even minister so that'll take care of that. But if you don't, if you take option B, we'll just do what we've always done. We'll do the operational plan." Which I wrote.

Criss Hochhold
So they gave you the ultimatum that essentially you need to get vaccinated. If not—

Pastor Jason McVicar
No, they never once said I have to get it, they just they kept asking and asking and asking. And the way the letter was written, it was obvious that that was the outcome they were going for. What they were trying to portray was that my ministry was in shambles. What they were trying to portray was that my ministry was going to be impossible without vaccination.

The other thing that they asked was to, "elaborate on what you can do to ensure your congregation's physical health." I just I told them that was absurd. Like, you guys can't ensure your physical; you can't ensure, neither can I. Nobody can ensure people's physical health. I told them I would do the things that I have been doing. I'll abide by all of the actual practices that we had implemented, the operational plan. I'll do the physical distancing when it's required. I'll do the masking when it's required.

Even when it came to my vaccination status, I was always very forthright with people. I put the ball in their court. I wanted them to know that if they were uncomfortable with my vaccination status, I had a colleague, a pastor friend who would be more than willing to minister to them in person if they wanted. Like, everything was in place to, as far as— Even though I didn't believe that stuff about me being more dangerous, if they felt that way, I accommodated them.

Criss Hochhold
So you took steps, you said, for people that were not comfortable with you. You said a one-on-one.

Aside from having a congregation on your typical Sunday, church time, you also provided services to people on a one-on-one basis?

Pastor Jason McVicar
Oh, yeah, I did a lot of counseling. There were corporate ministries that I would engage in. So I would do the Sunday service: preaching, teaching, I'd be on the stage with them leading in worship and stuff. And then there'd be the Bible study, and then we had a prayer group as well but I didn't lead that. I had somebody else leading that. And the rest was all one-on-one stuff. A lot of people from the community—especially when COVID hit, there were a lot of people. Once word got out that there was a pastor in town that would hear you out instead of wait for their turn to tell you why you're wrong about the vaccines, they started coming to me. And that's when I started dealing with people who had such crazy struggles. And plus, it was the neighborhood I was in. I was already very well-known, very well-liked in the community, and people were in and out all the time.

Criss Hochhold
Did you advise the board members that you had made arrangements for a vaccinated pastor to take over counseling or other sessions for you if the person you were going to see wanted counselling?

Pastor Jason McVicar
Yeah. Well, when they had written that letter and I wrote my response. At the end of the response, I told them. I was like, "It's very clear from this letter there's nothing good is going to come from me defending myself.

[00:15:00]

And you've already made it super clear that my judgment in this regard has put me in a place where my ministry is not even— Like, if this is the new measure of my ministry, you shouldn't want me to be your minister." And so, I said, at the end of that letter, I was like, "I don't see a path forward." I basically said, "It seems to me that nothing short of me taking ownership, taking responsibility for all of these so-called hurts and all of these—"

Criss Hochhold
How about I read it? Pastor McVicar, I have it right in front of me. I can read it.

Pastor Jason McVicar
What's that?

Criss Hochhold
I said, I have it right in front of me. That way you don't need to try and refer to memory?

Pastor Jason McVicar
Sure.

Criss Hochhold
Again, this is entered as an electronic exhibit [Exhibit TR-0012i]. And it's, quote: "To be frank, your letter strikes me as unrealistic, unreasonable, and unfair. It's clear to me that nothing good will come from me defending myself, and by your own account, nothing good

will come from me exercising my own judgment when it comes to these vaccines. For this reason, I believe it is time for us to discuss how we can part ways in a way that keeps both parties (the board and myself) above reproach."

Criss Hochhold
What was the result of your reply to their letter?

Pastor Jason McVicar
Well, they had called it a closed-session meeting. So I went to the meeting. It was just the board and myself. They took my phone, because they didn't want it recorded. Anyway, it was one of the craziest things I've ever experienced in terms of— I consider it to be abusive. It was, just, they took turns basically reiterating everything they had written in the letter, but it was so much more. Anyway, it was, it was—

Criss Hochhold
What happened within the meeting? Can you give us a brief summation of what happened? And how did you feel about it when you were there? Were you heard?

Pastor Jason McVicar
Oh, yeah. I considered it abusive, to the point where—

Criss Hochhold
Abusive, sorry?

Pastor Jason McVicar
I just let them say their piece after a while. I didn't say anything after a while. And when they were done, I reiterated that I wouldn't be getting my vaccine and that they need to deal with that, that they seem to be hyper-focused on this idea that I can be convinced. It was funny, like even at that time, it wasn't even that I was refusing the vaccine entirely, I wanted to see how the winter played out. Because Omicron was already happening in Europe. Like all these numbers were rolling in, and I was like, "I don't even want to revisit the issue until the spring time." I said, "For now I'm not going to get it, and you need to deal with that, and you need to decide what you want to do. Because it sounds like if you really believe what you wrote in this letter, I'm not fit for ministry. If this is the new measure of my ministry and character, I'm not fit. And so, you need to deal with that reality."

After that they asked me to leave the meeting and I did. And I waited that night for, kind of, confirmation of what they had decided—and I didn't get it until the morning. And they had decided that they didn't want to do anything rash and so what they would do instead is they would move everything online, except for the prayer group, because I wasn't part of the prayer group. So they moved it all online. They asked me not to meet with anybody in person, especially unvaccinated people.

Criss Hochhold
I'm sorry. You were unvaccinated yourself and they asked you not to meet with other unvaccinated people?

Pastor Jason McVicar
Yeah. They ask me not to meet with anybody in person. Basically, self-isolate.

Criss Hochhold
Okay, so was there a reason given why you shouldn't meet with—?

Pastor Jason McVicar
No. Because at this time everything was starting to open up a little. Everything was open in the government, everything was open in businesses, everybody. It was only our church. As far as I know, there was no other business, no other church, no other government entity that was shutting down. It was just our ministries that were going to shut down. So they shut it all down, asked me not to meet people in person, so I did everything online.

And after that— I'm kind of losing my train of thought here.

Criss Hochhold
So you left the meeting. You were waiting to hear something back from the board that particular night to see how you are moving forward.

Pastor Jason McVicar
Yeah. They wanted to shut it down for four weeks, and they started kind of piling on these restrictions. And so, I had assumed that was a response to my letter. Because in the letter, I had responded to them saying, like, we'll just do ministry the way I've been doing ministry. We'll abide by the government's policies, and we'll just keep rolling forward with our operational plan. And when it's open, we'll be open. And when it's closed, we'll be closed. And we'll do what we've done for the past six months or four months, or however long it was when we had the operational plan in effect.

And so, they started piling on all these new restrictions of their own accord.

[00:20:00]

Just based on their own opinions of so-called numbers. And I had moved the online, especially for church. I moved it ahead an hour, because nobody else in the city was closed, so I wanted to take my family to church. And so, I moved the livestream ahead an hour and I took my family to church. And I got an email that afternoon, I think it was, from the board asking why I had moved the livestream ahead an hour. And I told them I wanted to take my family to church. After that, I received another letter reiterating those three things. Again— they asked me again, "We want you to," you know, "tell us how you're going to protect the congregation. We want you to tell us how you're going to do ministry." So it's essentially, like, "Here's a whole bunch of new restrictions. Now how are you going to do ministry?"

Criss Hochhold
Pastor McVicar, ultimately, what was the outcome of the conversations in the meetings between you and the board?

Pastor Jason McVicar
At the end of the meetings, I wasn't going to resign, because I didn't think I did anything wrong. If they were going to make this the measure of my ministry, I wanted them to fire me for it. Like, if this is the new measure, you're going to have to deal with it. Like, you're going to have to be the ones who initiate all of this. And so, at this point, I'm just—I've lost 20 pounds. I'm a guy who can't afford to lose 20 pounds. Like, I was the most stressed I've ever been in my entire life. My ministry was in shambles, as far as I knew. So I decided I'd call a congregational meeting, because it was clear they were trying to force something but they weren't going to be the ones who wanted to initiate it. I wasn't going to quit. And so, I wanted a congregational meeting. I wanted to bring them into it and say, you know, "Is it appropriate for this to be the new measure?" If they agree, then vote me out. If you disagree, let's move on, and let's put this behind us.

Criss Hochhold
And the meeting that you're referring to, congressional meeting, what is that comprised of?

Pastor Jason McVicar
Anytime you have a decision that needs to be made that affects the whole congregation, you bring the congregation together with the board and you talk about it. You work it out. You hash it out. You create the agenda. You create the documents you need. And so, that's what I did. I had emailed the board and I told them, "I'm calling a congregational meeting. I need you guys to provide these documents." I was like, "I need you guys to be the ones who call the meeting, because you guys have been speaking on behalf of the congregation. You've been acting on their behalf, so you guys are going to be the ones to do this."

And they denied that. They said, "No, we're not willing to call a congregational meeting." I told them, "You need to revisit the Constitution." I'm like, "I gave you the option to do it, because you've been talking on behalf of the congregation. But I'm calling a congregational meeting one way or another." They said no. They said they wanted to have another meeting in person. And I said no, I wasn't going to do that after the last meeting. I was like, I've been advised by people not to ever put myself in that position again.

Criss Hochhold
Pastor McVicar. Sorry to interject, but in the interest of time, you ultimately decided to part ways with this church.

Pastor Jason McVicar
At that point, I was just done. I was, like, I can't do this anymore. It's too stressful—my wife, my family, all of it was brutal. It was the most brutal thing I've ever experienced, so I just wanted to be done. So I didn't even get to the congregational meeting.

I called up my father-in-law, who's dealt with this stuff before, and got him to mediate a mutual parting of ways, a mutual agreement to terminate the contract. So fast forward to—I forget the exact date. I'm signing this contract and I'm getting a bunch of text from the congregation congratulating me on my new endeavors. I'm like, "What are people talking about?" And I got several of these texts as I'm signing this document. Finally on my way out, I get another text from somebody asking me if this was really a mutual agreement—like, if the agreement was actually mutual. And I said, "no." And they said, "Do you want to talk?"

So, I got together with them, and they showed me the newsletter where they announced my parting of ways [Exhibit TR-0012g].

Criss Hochhold
I can read that out actually.

Pastor Jason McVicar
Yeah, could you read that? Yeah.

Criss Hochhold
That's right. And that was on October 27th. The letter—the parting ways that the board chose to award—was as follows: "Jason's contract has ended by mutual agreement, as he has accomplished all that he can in this ministry, and he will now move on to new endeavors. We thank Jason for his years of service and wish him all the best in his future plans."

[00:25:00]

Pastor Jason McVicar
So they just flat out lied to their congregation. And I kept on getting these texts and these messages congratulating me. So I didn't know how to correct them because I didn't want to be—anyway. So it was just this big mess. And ultimately, over time, and talking with people had discovered that nobody knew. It was just these individuals on the board were acting on their own—their own accord. The congregation, 100 per cent on the deck, had no idea that any of this was even happening in the background. So I had been misled by this letter that had portrayed my ministries in total shambles. Like the congregation was completely in the dark. And now they had lied to the congregation about the nature of my leaving.

Criss Hochhold
So Pastor McVicar, what I hear you saying is that they've lied to you and they've lied to your congregation.

Pastor Jason McVicar
Yeah. Like, I never would have entered into mutual—if I had known that, especially after talking to people face to face from the congregation, that even though they disagreed with me, this never would have been the approach they would have approved of.

This never would have been the way they would have wanted it done. I never would have entered into those— Like, my ministry was destroyed over this stuff. And, I never would have gone down that path.

Criss Hochhold
Thank you, Pastor McVicar. Unfortunately, we are out of time. I would like to defer to the commissioners for any follow-up questions.

Commissioner Massie
Thank you very much for your testimony. I'm religious, but I'm not practicing like a pastor.

Pastor Jason McVicar
That's how everyone who is not religious talks to me. They always put that caveat.

Commissioner Massie
I'm a believer. I'm a believer, but I'm a scientist, and I have a hard time to wrap my head around what you're telling me. Because it seems to me, based on the level of understanding from your people on the board, that I don't think—correct me if I'm wrong—that they have a deep understanding of the science behind what they are promoting.

Pastor Jason McVicar
Well, one of them was a pharmacist, so he had some understanding, but most of them are just lay people.

Commissioner Massie
Would it be fair to assess that this is more based on faith?

Pastor Jason McVicar
Trust. They gave implicit trust to the people who are talking on TV.

Commissioner Massie
Okay. I'm not a scholar of the Bible, but my understanding is that the reason why humans are alive today is because they benefit from a God-given natural immunity. Have they ever heard of that?

Pastor Jason McVicar
They saw it in me. I never got sick. I never got COVID.

Commissioner Massie
So it seems to me that what you are experiencing—correct me if I'm wrong—is a struggle of faith between two different beliefs: belief in natural immunity, God-given natural immunity, and I can assure you, there's a lot of science behind it—

Pastor Jason McVicar
I don't want to speculate on beliefs or anything like that. In the end, they just followed through on what the government put out there. And they did it in what I consider to be a super unethical way, and it kind of blows my mind that they would do that. Never in a million years would I have thought that would have been the way— But I don't know. I don't know what their beliefs are. Like, their motivations, their intentions, that stuff is God's territory. All I care about is what they did.

Commissioner Massie
So what is your option moving forward for your ministry or other ministry?

Pastor Jason McVicar
I'm in full-time ministry now. We ended up moving to Prince Edward Island to be closer to my wife's family. And from the moment I got there, I was filling pulpits, preaching, and I was asked to apply to a few different churches. And I was super frank. I was like, I'm not dealing with this stuff ever again. I told them, "If I put my name in, you got to tell your congregation exactly where I stand on all this stuff. I'll never preach it. I'll never be—I'll never be heavy handed. I don't care what people believe about this stuff. They make their own choices. I just want to be left alone with mine."

I wanted them to understand. I was like, "You just got to make sure they know that I'm not vaccinated. I probably never will be vaccinated, not with this mRNA stuff. Because in the end, nobody cared." There were several churches who were asking me to apply, even knowing that.

Commissioner Massie
Okay, thank you.

[00:30:00]

Criss Hochhold
No, there are more questions coming.

Commissioner Kaikkonen
I was just wondering—there's a couple of questions I have. The first one: is there anything in your contract with the church in Fredericton that would suggest this may be a problem if your faith goes against what the world is promoting?

Pastor Jason McVicar
Actually, I stayed away from faith statements about why I wasn't being vaccinated. So there's nothing in the contract that would say anything like that. And I stayed away from it. Because, speaking from a place of faith, the Holy Spirit informed the decision I made, but I never appealed to that because I can't. I can't. It's an appeal to an authority you can't confirm. So, I just never did, I stayed purely with the numbers. "I'm healthy. I don't need the shot. They don't stop infection. They don't stop transmission, so you're no more protected with me vaccinated than unvaccinated." Those are my two reasons for not— Yeah, so, I stayed away from it.

Commissioner Kaikkonen
Okay, my second question is: Do you know if the government offered financial incentives to set up church buildings as vaccination centers?

Pastor Jason McVicar
No.

Commissioner Kaikkonen
You're not aware?

Pastor Jason McVicar
I'm not aware, no, and nobody ever approached us—or at least, not that I was aware of.

Commissioner Kaikkonen
I believe that some of the arguments for churches closing fell to Romans 13. I believe that's right. I'm just wondering what your thoughts are when Crisstian churches or faith groups would raise the first couple of verses in Romans 13 as an argument for following the leadership of our secular governments.

Pastor Jason McVicar
I did. And we did: We implemented the operational plans. We followed everything. There was no mandate for the church. Nobody mandated anything within the congregation and the government didn't mandate anything for us. So that's not an argument.

Commissioner Kaikkonen
Okay, and then my final question is, you suggested that the mandates in New Brunswick were decreasing at a time that these restrictions within the church were increasing. I'm just wondering: At any point in this journey that you've just gone through, did you feel like the health authorities or the province were targeting the church or that there was religious—?

Pastor Jason McVicar
Oh, they definitely targeted the church. For one—I don't know what it was like in other provinces, but I know in New Brunswick—a huge portion of the unvaccinated population were from the faith community. And Dorothy Shepherd approached the faith community specifically, asking that they promote vaccines to their congregations and encourage them to require proof of vaccination in order to boost those numbers to 90 per cent. So they most definitely targeted the churches.

Commissioner Kaikkonen
So are you aware of other churches that went through this same struggle between the congregations and the ministers as a consequence?

Pastor Jason McVicar
There was only one other church that I knew of that went down the road that my church went down. The rest just navigated it fine. Actually, the church that my family and I landed in after all of this stuff, they were the exact same scenario as us. Their pastors were unvaccinated. They just handled it in a way more mature way.

Commissioner Kaikkonen
Thank you.

Criss Hochhold
Thank you, Pastor McVicar. I appreciate your time this afternoon.

Pastor Jason McVicar
Thank you.

[00:34:01]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 13: Bliss Behare
Full Day 2 Timestamp: 08:04:40–08:16:22
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Mr. Behare, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Bliss Behare
Yes.

Ches Crosbie
Thank you.

Alison Steeves
Can you tell us your full name, where you're from, and your occupation?

Bliss Behare
I'm Bliss Behare, I'm 18 years old, I'm from Baie Verte, New Brunswick, and I'm a seasonal kitchen worker.

Alison Steeves
And when did you graduate from high school, Bliss?

Bliss Behare
I graduated June 2022.

Alison Steeves
So you were in high school during the height of the pandemic roughly, early 2020 to spring 2022?

Bliss Behare
Yes.

Alison Steeves
Can you tell us a bit about what your life was like before that time—before the pandemic started?

Bliss Behare
Prior to COVID, I was really active in my community both within school and outside of it. I campaigned for the Green Party. I organized and spoke at protests for the environment. I was part of art groups and I performed at music festivals. Within school, I was part of band, choir, eco groups. So between those social activities and school, that was mostly what my life consisted of.

Alison Steeves
So then in 2020, when we begin to hear about COVID-19, were you concerned?

Bliss Behare
I was never concerned for myself, given that I'm a young healthy person, but I was possibly concerned for my parents as they're middle-aged.

Alison Steeves
And when the vaccines came out, did you choose to take any of the available vaccines?

Bliss Behare
I did not.

Alison Steeves
How come?

Bliss Behare
I've always been raised to be skeptical about vaccines, so to me it's a case-by-case situation. And having seen that the process was rushed, I wanted to wait at least a year to see the rollout of the vaccine. But before I had time to make my own decision, it was mandated. And once it was mandated, I knew I would never accept the shot because I would never accept a forced medication.

Alison Steeves
What sources did you consult in making your decision?

Bliss Behare
There were a few sources. I did consume both mainstream media and also alternative views on YouTube, such as doctors like Vinay Prasad, and I spoke about that with my

parents and all that information. I also spoke to my nurse practitioner, and I asked her about risks because I'm transgender and I take testosterone and I'd heard about young men having higher cases of myocarditis. So I was concerned about that, and she dismissed that and told me there was absolutely zero risk and that I should just get it. So I found that discomforting, and so given all those different forms of information, I made my decision.

Alison Steeves
Why did you find that discomforting?

Bliss Behare
Because I know that there is at least not zero per cent risk, and it was at least more than that, So I wanted her to at least give me more information, but she wouldn't really speak upon the matter much.

Alison Steeves
So in fall 2021, around the time that Nova Scotia announced that there would be a vaccine passport for several services and other things, what grade were you in?

Bliss Behare
I was in Grade 12.

Alison Steeves
And did you observe any impact in school life, in the atmosphere in school, in the school setting at that time after the announcement?

Bliss Behare
Yes, so nothing was really noticeable, people didn't want to talk about it, but once the mandates were in place—once unvaccinated students were banned from extracurricular activities—the issue was just brought forth right to the front of the stage. And it sort of outed unvaccinated students to all the rest of their peers.

Alison Steeves
And did that sort of create any tension in the school?

Bliss Behare
It did for me. I didn't know any other unvaccinated students, but I wanted to avoid being outed so I dropped out of school and switched to online classes.

Alison Steeves
Were you registered in any activities at that time, for the fall?

Bliss Behare
I was registered for theater, art club, music, so yeah, a few things.

Alison Steeves
And outside the school? Anything outside the school?

Bliss Behare
Nothing at that point.

Alison Steeves
And so you dropped out of school to avoid being outed because you were worried about how you would be treated if people knew your status?

Bliss Behare
Yeah, I knew that I would meet a lot of negative reactions, so I did want to avoid that.

Alison Steeves
And exactly when did you drop out?

Bliss Behare
I would say sometime in October.

Alison Steeves
And can you list sort of what type of activities you had intended to do, or that you would normally do around the fall at that time?

Bliss Behare
Yeah, there was a lot of things. Usually, I would have been preparing to perform at the music festival for the Royal Conservatory of Music. I was probably going to have another art show that was outside of school.

[00:05:00]

I was going to participate in theater and likely organize eco protests as well, so kind of the regular things I would have always done.

Alison Steeves
And so you were not allowed to participate in any of those things at this point.

Bliss Behare
Yes.

Alison Steeves
And what was that like? How did that feel?

Bliss Behare
It was very isolating, and it was just incredibly lonely.

Alison Steeves
At this time, what were you seeing in the media or on social media about vaccine-related topics or people who choose not to take the vaccines?

Bliss Behare
I saw a lot of hate and contempt for unvaccinated people. Every once in a while, when I'd scroll through, I would see videos that said unvaccinated people deserve to die, that they are idiots, that they're just unlikable people that take up space. One person said they were glad that we were banned from things because they didn't want us to be around, so things of that nature.

Alison Steeves
And was this sort of in the main internet or were you seeing any of this sort of coming from the mouths of people you knew?

Bliss Behare
It was primarily online, yeah.

Alison Steeves
And how did that make you feel?

Bliss Behare
For me personally, I was pretty hypersensitive, so I felt physically shaken. Even sometimes for two days, I might have a migraine or feel very nauseous sometimes.

Alison Steeves
Yeah, just witnessing sort of the types of things people were saying.

Bliss Behare
Yeah.

Alison Steeves
Did your decision not to take the vaccine have an impact on any particular relationships in your life? Friends or family?

Bliss Behare
I would say that it had an impact on every single relationship in my life except that with my parents. But besides that, everyone looked at me differently and could hardly look me in the eyes, frankly. So a lot of interaction was cut back because of it.

Alison Steeves
Do you have any specific examples?

Bliss Behare
So there was one person who I had reached out to after I dropped out of school to meet up with. I told her that I was unvaccinated because I knew it would come up anyways, but she told me that her mom banned her from seeing me.

Alison Steeves
After you told her you were unvaccinated, she—

Bliss Behare
Yeah.

Alison Steeves
And how did that feel?

Bliss Behare
That was really disheartening because I know that most young people didn't want to know me at that point because of my status. So I was excited to hear that she didn't judge me on the matter, so it was really disappointing to learn I lost another friend.

Alison Steeves
So she had originally known and was fine with it, but then later on had told you that she was no longer allowed to hang out with you.

Bliss Behare
Yeah, that's what she told me.

Alison Steeves
Have these measures impacted other aspects of your life?

Bliss Behare
I would say it impacted every aspect except physical. So primarily, social aspects were the hardest, such as losing all the groups that I was a part of. But also financially because my father was put on leave without pay. So as a family, we struggled. And as far as my future, that was also impacted as far as university and just any sort of future plans that I had after high school.

Alison Steeves
And why were those impacted?

Bliss Behare
I was generally banned from universities, and any connections I'd made with people, say like in the art or music world, was cut off.

Alison Steeves
And can you describe a specific day or instance that was particularly challenging in all of this?

Bliss Behare
One of the hardest days for me was when my mom and I were discussing university opportunities. And I was on and off negative about it, but I generally really love education, so I was excited, and we discussed a particular university and we're starting to get inspired by it. But then we went online to look up the COVID policies, and we found that I was banned not just from the physical classroom, but also banned from online classes. So that was disappointing.

Alison Steeves
So at this point in time, with everything up in the air, no indication of when these requirements are going to end, what was your outlook? How were you feeling about the future?

Bliss Behare
I felt like I was in despair. I felt very bleak. I really felt, especially considering there was more threats and more possible exclusion, I felt that there would never be an end to it. And because I felt that way, because I felt like our future, not just personally on my note but as a country, our future was bleak, I did feel fairly suicidal because it seemed that it would never end.

Alison Steeves
Now that many of the measures have lifted and they're sort of less focused on COVID, would you say your life has returned to normal, or would you say that you experience any ongoing impacts?

Bliss Behare
In some ways it definitely has gone back to normal, which I'm grateful for. I have a job; I'm going to college and those were things that I wanted. But internally as far as my mindset, I think I'm changed forever.

[00:10:00]

I think I may never ever trust my government again or trust any institution in Canada unless I see justice and restitution. But I'm still grateful for the physical things that have changed, such as the mandates lifting.

Alison Steeves
And I wanted to ask, is there any particular activity that was particularly painful or difficult for you to be excluded from, or were there any particular instances of not being able to participate?

Bliss Behare
The hardest for me was music because for me, and for most people, music is about playing music with each other and collaborating, and it's a very beautiful experience. So my tutor who I had who taught me clarinet for about seven years said we can no longer do in-person classes together. That was very rough for me especially. Also, I couldn't perform at the music festivals or anything like that, too.

Alison Steeves
That was that tutor's personal choice or was it a requirement?

Bliss Behare
For my tutor it was personal choice.

Alison Steeves
Is there anything else you'd like to add?

Bliss Behare
I guess, I would just say that, although in those moments I felt that there was really no hope, having seen the convoy and having seen movements like this, like the National Citizens Inquiry, I am given a lot more hope.

Alison Steeves
Thank you, Bliss. I'll turn it over to the Commission.

Thank you.

[00:11:38]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 2**

March 17, 2023

EVIDENCE

Witness 14: Joe Behare
Full Day 2 Timestamp: 08:16:38–08:33:00
Source URL: https://rumble.com/v2djjsi-nci-truro-day-2.html

[00:00:00]

Ches Crosbie
Mr. Behare, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Joe Behare
Yes.

Ches Crosbie
Thank you.

Alison Steeves
Can you tell us your full name, where you're from, and your occupation?

Joe Behare
Joe Behare. I'm from Baie Verte, New Brunswick, and I'm a civil servant in the federal government.

Alison Steeves
And how long have you worked for the federal government?

Joe Behare
Twenty years.

Alison Steeves
The same department or you moved around?

Joe Behare
I did one brief stint in another department just during COVID.

Alison Steeves
So primarily in the same department?

Joe Behare
Yes.

Alison Steeves
And you were in this position in 2020–2021?

Joe Behare
Yes

Alison Steeves
How would you describe your experience working there prior to the pandemic and up to that point?

Joe Behare
It was positive, you know. I enjoyed my job. I had become a manager in my department and built up some good relationships both with colleagues and with clients. So it was very positive.

Alison Steeves
And in 2020, as you began to hear about COVID-19, were you concerned?

Joe Behare
With COVID? Again, not for myself. Maybe for others like my wife and my mom, but not overly concerned, no.

Alison Steeves
So when the vaccines became available, did you take one?

Joe Behare
No.

Alison Steeves
At what point did you realize that your decision not to take the vaccine might cause problems for you?

Joe Behare
I didn't— Right up until the time that I was put on leave without pay, I didn't believe that— I couldn't believe that anything would be done that I would be negatively impacted.

I did see that there was a lot of negative stuff in the media and even in personal interactions that I'd had. But I didn't think, you know— I didn't think I'd lose my job.

Alison Steeves
And do you recall when the federal government announced the mandates for federal workers?

Joe Behare
I remember my wife saying she'd read something in the paper about this being talked about sometime in September—I guess, or so—of 2021, maybe October. I don't remember when the election was at that time—sort of right after the election.

I remember saying to her, "There's no way that's going to happen. I've got a union and we have courts in this country. We've got a Charter of Rights. They can't do that."

Alison Steeves
So you weren't concerned?

Joe Behare
Not really, not at first. Not when I heard that, no.

Alison Steeves
And the time that they officially announced the mandate, were you working in the office?

Joe Behare
No, at that point nobody was. At that point I was on a secondment agreement with another department and the office was in Dartmouth. I was in Baie Verte. It's a two-hour drive away, so there was never a question of being in an office. We were all working remotely at that point.

Alison Steeves
And did you inquire as to whether you'd still be subject to the mandate even though you were not going into the office? Did you request accommodation on the basis that you were not going into the office?

Joe Behare
Yes. I mean— I did sort of— I did try and make a case that this was not a matter of workplace safety, and so there was no rationale for a mandate. There was some case law as well by that time that sort of backed up my point. I didn't expect to be accommodated, but I still made the case.

Alison Steeves
And what was the response?

Joe Behare
"Sorry, this is the policy. There's no accommodation."

Alison Steeves
Had you offered to do anything such as masking when you go in, or social distancing?

Joe Behare
Sure. I did note that we were working remotely. But if I was required to go in the office, I said, "I'll do tests. I'll do tests at my own expense. I'll wear a mask, et cetera." Everything like that.

But that wasn't the point of the policy. The point was to try and coerce you into taking the vaccine. So it wasn't about being healthy or public health, that wasn't what it was about.

[00:05:00]

Alison Steeves
So you offered to do testing as well and still—

Joe Behare
Yes, if I ever had to attend at the office—which, by the way, I never did.

Alison Steeves
So you were ultimately placed on leave without pay?

Joe Behare
Yes.

Alison Steeves
And can you tell us a bit about the day when you were placed on leave?

Joe Behare
So the day was November 17th and that was to be my last day.

I remember working in the morning to finish up doing something and then sort of leaving— Or thinking that in the afternoon I would take some correspondence, some personal emails, some phone numbers, and contacts off of my computer and from my files at work. I'd kind of planned to do that: that's why I didn't do it in the morning, because I had other things to do from a work perspective.

But then, when I went to do it, I was completely locked out of the system. My phone was wiped. It was almost like I was cancelled. So I couldn't get any of those things done. I didn't have any access to things like my leave balances or, even later, any of the HR stuff I needed like T4s, stuff like that.

Alison Steeves
So they had locked you out before you had even left?

Joe Behare
Yes. But they did it in such a way it was very, kind of pre-emptive. They didn't even wait till the end of the day. I assumed I had until the end of the day, which would have been four o'clock.

It felt very punitive that it was done in that fashion.

Alison Steeves
And how were you feeling that day and that night after being placed on leave from this job you'd been working at for 20 years?

Joe Behare
I mean, again, like I said: I didn't believe it would happen until it happened. People were telling me, "Oh, there's no way they can do that. Don't worry. That's not going to happen." But by then, I thought that it would happen.

So it felt very— It felt real when it did happen. The aftermath was quite— It was probably the most shocking day to realize that I was in fact left without pay and just at that time of year too.

Alison Steeves
Are you unionized?

Joe Behare
How do you mean?

Alison Steeves
Do you have a union, sir?

Joe Behare
Oh, yes. Yes. Sorry, I thought you said something else.

Alison Steeves
No. And did you talk to your union about filing a grievance?

Joe Behare
Yeah, so at first, the union declined to represent people like me. They said they were in agreement with the policy. But a bit after that, there were a few cases that came through in the courts that basically said workers were working from home; it wasn't right that they be subject to a mandate; that the employer didn't own them. And, you didn't sign away your rights when you've signed a labour contract.

So the union kind of changed its mind and said it would represent us on a case-by-case basis. And I filed a grievance at that time against the policy. So that would have been early December.

Alison Steeves
Have you had any results from your grievance?

Joe Behare
No, and it's been over a year. Obviously, everybody is dragging their heels on it. Even though the collective agreement has set time limits for responding to first, second, and third level grievances, they didn't respond. They still haven't responded to the third level grievance. I kind of didn't expect anything from those grievances. I wanted to take this to a labour relations board, but the process is that you had to go through the first stages of grievance.

And like I say, the whole process should have lasted, according to the timelines, maybe a month and a half or two months. It's been probably 14 months, and I still haven't got a response to the third level grievance. So obviously they're trying to sort of drag it out and hope that I go away and get tired of it.

Alison Steeves
So when you went on leave, how long did you think you would be on leave for?

Joe Behare
Seven months.

Alison Steeves
That's what you expected?

Joe Behare
Oh, I didn't know how long it would last. I expected that that was the end of my job. But I kind of—as I said, I didn't do anything other than file the grievance. I didn't quit.

Alison Steeves
Right, so you were on leave, you weren't expecting to go back, but you had no idea when you might be able to go back if you wanted to?

[00:10:00]

Joe Behare
Right, if I wanted to.

Alison Steeves
Were you receiving any pay at this time?

Joe Behare
No pay or anything like that, no.

Alison Steeves
So did you eventually get any other income during this time?

Joe Behare
I did eventually get another job—a five-month contract—with a company in Ontario. I worked remotely and that was some time in February. So that was good. It didn't pay as much but I liked the job and I liked the people that I was working with.

Alison Steeves
What would you say the financial impact has been of being off your federal government job?

Joe Behare
I mean, leaving aside the fact that I was working at that other job, which kind of defrayed a little bit of the financial impact; it was sort of the equivalent of being fined $60,000 or $70,000, right? That was the income that I didn't receive during that time.

Alison Steeves
This alternative job, it was significantly less?

Joe Behare
Yeah, it was less. I mean, that put a dent in it. But we went through our savings quite a bit. Also, all through the months of November and December of '21 and January of '22, we were without an income.

I was looking for work, but it was hard to find work at that time—especially if you were unvaccinated. So, I didn't know. You know, that's when we were going through our savings.

Alison Steeves
Did your decision or your views on this matter impact any friendships or relationships with family at this time?

Joe Behare
Unfortunately, yes, it did. Because, as I said, some friends were very supportive, but others were not. I can't really unsee that now. People who thought that it was okay for this action to have taken place, and to me, I can't forget that they felt that way. I had some arguments with family members as well, and that's kind of put a strain on our relationship.

Again, people want to get past it now and say, "Oh yeah, that was then, but get over it." But I can't unsee what I saw. Yeah.

Alison Steeves
Would you say that the vaccine passports had a significant impact on your life in any way?

Joe Behare
I wasn't able to easily travel. For example, my mom is elderly and not well. She lives in Ontario, so I couldn't hop on a plane to see her. I did go by car a few times, but there was always the worry that you'd get stopped at the provincial border to check your passport and things like that. So there was that: the inability to travel on public transportation. I couldn't visit my daughter, who lives in the States.

There was this feeling of social exclusion as well, which was kind of harsh.

Alison Steeves
You're in a small community, correct?

Joe Behare
Yes.

Alison Steeves
So did you feel the impact within the community?

Joe Behare
Yes, especially in the small town that's right near us. There was this one incident: My wife was on this group for the Green Party, and she made a point about unvaccinated people being sort of excluded and how that was—And how the candidate should be standing up for them as well. Somebody posted, "Well, you know, Meg, we all know you're unvaccinated and I saw you at the market the other day with no mask on," it's an outdoor market, "and it's disgusting."

It's quite hurtful in a small community to have people call you disgusting.

Alison Steeves
So during that time that you're on unpaid leave indefinitely, couldn't visit your mother and ostracized by the community, how was your outlook for the future at that time?

Joe Behare
To echo what Bliss said, I felt very— I felt alarmed at what was happening in our country, and I felt like the fact that seeing people going along with this in a public way, but also what the government was being able to do with seemingly no checks from the courts— Or the Charter didn't seem to matter. I was alarmed and had a fairly dark view of what was going on and I could see that other people were too.

[00:15:00]

The mood in society in general that I saw was depressed. It was a dark time. We even talked about: Where can we go that's better than this? Is there any other place?

For the first time ever, I contemplated leaving my country, which was pretty despairing.

Alison Steeves
Is there anything else you'd like to add, Joe?

Joe Behare
No, I mean, just that I think— I think that it's great what you guys are doing here, giving people a chance to go on record and say what has happened. As we move on from this, we run the risk of forgetting what actually—how it was in the darkest time. So it's good to just put it on record and remember. So thank you for the opportunity.

Alison Steeves
Thank you. I'll turn it over to the commissioners. Thanks very much.

Joe Behare
All right.

[00:16:22]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
TRURO HEARINGS

Truro, Nova Scotia, Canada
March 16 to 18, 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

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 1: Dr. Laura Braden (Parts I and II)
Full Day 3 Timestamps: 00:07:15–01:19:09/01:42:38–02:17:05
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

PART I

[00:00:00]

Ches Crosbie
Dr. Laura Braden, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Laura Braden
I do.

Ches Crosbie
Thank you.

Nicolle Snow
Good morning, Dr. Braden. Thank you for being here to give your testimony.

Dr. Laura Braden
My pleasure.

Nicolle Snow
Now, I know that you've prepared a detailed slideshow. And you're going to start with your qualifications, training, and experience. So I'm going to let you get right into the slideshow. I'm going to try not to interrupt. And if I do from time to time, it will probably just be to explain in simpler terms because I know you have a complicated slideshow. So it may be just to explain in simpler terms what you're talking about or to have you do so. So I'm going to go ahead and let you take the floor.

Dr. Laura Braden
Thank you. And again, it's a pleasure for me to be here today.

Yes, so my name is Dr. Laura Marie Braden, and I have a doctorate in molecular biology with a focus in molecular biology, cell biology and transcriptomics, genomics, functional immunology, proteomics et cetera. So my education and experience started with a degree in cellular molecular biology. I then did another one in neuroscience because I just couldn't get enough of school and that was followed by a doctorate, as I mentioned, at the University of Victoria in BC, which is my home province.

In my doctorate, I specialized in molecular immunology, with a focus on host parasite interactions. Really understanding the interface between host and pathogens, and these pathogens included virus, bacteria, and parasites. And I used techniques in molecular biology to get a better sense of these interactions. These techniques included transcriptomics, so learning how RNA expression impacts this; genomics, so the genes; functional immunology, so really getting a sense of how cells in the immune system interact with hosts and parasites; and histopathology, microscopy, et cetera.

I was then recruited to come to PEI, the East Coast, and that is my home province now; I'm a proud Islander. And I did my first post-doctoral fellowship in pathology and microbiology. I did another one again in immunology, again really focusing on understanding how the host and the parasite or the pathogen interact. I then got my big girl job—you say that after you do your postdoc—with a private biotech firm. But I maintained a tight connection with the academic world because teaching is a passion of mine; communicating science is a passion of mine. And I had an adjunct—there's a spelling mistake there, I apologize—an adjunct professorship in the faculty of veterinary medicine in pathology and microbiology.

So getting into what my career was up until 2021: I was the senior research scientist and program lead in molecular biology and biotechnology. I was in charge of development of novel biotechnology solutions, genomics, transcriptomics, again histopathology, functional immunology. And a really important piece of this, which is what I'm going to focus on a little bit later in my talk, is that I have an extensive experience in the GLP environment. And what that means is good laboratory practices, which is what regulatory compliance is all about. So, I know what it takes to go through a proper rigorous regulatory compliance approval process with the FDA and the Health Canada. And so, I have familiarity with regulatory compliance processes, the approval process of new products, and most importantly, what quality control and quality assurance means.

Nicolle Snow
Wow. Okay. Great. So we're in for a science lesson today.

Dr. Laura Braden
Yes. Okay, so number one—I already mentioned it's an extreme pleasure to be here. You know, as we got through the beginning of the COVID crisis, from the very beginning, there were red flags for me. And as someone with the understanding and education of, number one, how to read science. Science is hard to read, scientific papers are hard to read. It's very exhaustive. But with our training, we learn how to do so. I know how to interpret data; I know how to read data. And so, things were popping up that didn't sit quite right. So it was sort of a professional obligation of mine and those in my profession, I feel, to question the,

quote-unquote, science. Because that's what scientists do: we never stop questioning. Until 2020.

[00:05:00]

I'm going to highlight a few things here in the slide and then move on. There's a lot to talk about. With the brevity and in the interest of time, I would like to focus on a few things.

The first ones I've highlighted here. So number one, at the very beginning, there were genomic sequences that were published on COVID that contain some very interesting inconsistencies with the whole concept of natural origin. I also want to talk a little bit about masking and the inconsistencies in the scientific data to support indiscriminate masking of healthy people, asymptomatic spread, and also the use of PCR. I use PCR every day of my life in my career. I troubleshot PCR. I was talking with the technical support teams of the major biotech firms who were supporting PCR in my lab: I know how to use PCR. And I have some things to say about that. I'm not going to go too much into it, but there was also this demonization of early treatment strategies to control the virus. Never before have we never treated the virus. You always treat the sick people; you don't send them home. And there was this demonization of early treatment strategies with safe generic drugs that was very upsetting and inconsistent with science.

And finally, I want to point out the last piece here. This whole concept of this novel technology that, in my opinion—which was my initial and very adamant concern—that there was a lack of quality assurance and quality control to ensure there was no contamination in these products. And I fail to this day to see rigorous testing to demonstrably justify its widespread use.

So I'll move on. The first thing that I saw was early sequence data in 2020 that indicated there were novel genetic inserts in the sequence. And what that means is— We were told from the very beginning that this was a natural born virus that was a zoonotic, so it transferred from a bat to a human. They published the sequence in January of 2020, and then a paper came out, a preprint. So because there's so much data, we have to get the data out as fast as possible. Preprints are when the authors want to get the information into the realm without going through the exhaustive process of peer review, which can take many months. So a preprint, you have to keep in mind, hasn't gone through the rigorous testing of peer-review process, but it's open science: They want comments. They want to get a discussion going, which I will emphasize is the tenet of science. It's open discussion and discourse. So they want to get this done.

Okay. There was an early sequence analysis indicating there were these interesting novel genetic inserts. And this caught my attention because these inserts showed significant similarity to HIV-1 sequences that were never present before in coronavirus. And that was very interesting to me as a scientist, and I wanted to talk about it. And I was, of course, silenced from my peers, saying this was ridiculous. These sequences, I'll show here. This is a 3D generation using bioinformatics tools that you can put in a sequence of a protein and you get a rendition of what this protein looks like. So this was the spike protein from this paper. This is the paper from Pradhan et al. Uncanny similarity of unique inserts in the COVID-19 spike protein to HIV-1, gp120, and Gag. And that's just a lot of talk, saying we found similarities in COVID to HIV. That's interesting. Let's talk about it.

The really important piece of this, of course, is that these sites that they found are the sites I've highlighted here in red—that are the binding sites. These are the binding sites of the protein, meaning those are the pieces of the protein that would interact with human cells.

So if those are interesting or different and unexpected, let's talk about it. That might be something to talk about, right? Interestingly enough, those particular proteins that are similar in HIV-1 are Gp120 inserts that facilitate or allow interaction with $CD4^+$ T cells. So this was indicating that SARS-CoV-2 could interact with not just the ACE2 receptors, which we've all heard about, but also T cells. And this is a paper talking about it.

Okay. So in addition, they also found the furin cleavage site, and I've highlighted those here in green. These are the furin cleavage sites. They again were not present in any other coronaviruses, so this was an interesting finding.

[00:10:00]

And these also facilitate nuclear transport, and we're going to get into that in a little bit later, but they were different. And they also show that these particular furin cleavage sites were key to pathogenesis. This is what made COVID-19 pathological to humans. So instead of discussing this and engaging in discourse, which is typical of science, this paper was withdrawn over a weekend, and it sort of disappeared into the ether, and we never saw it again. And this was very concerning to me because this contradicts the typical process for discourse after publication. If there's a paper that's published, and there's other authors that have an issue with that, generally what happens is that there's interactions, there's comments, there's letters to the editor, et cetera, but instead of any of that, it was just mysteriously withdrawn.

Nicolle Snow
And so, if I understand what you're saying, Dr. Braden, there's early evidence that the signatures on the virus were man-made or synthetic?

Dr. Laura Braden
That's correct.

Nicolle Snow
And that did not support the theory that it came from bat to human.

Dr. Laura Braden
No. And that evidence continues to accrue. Many papers in the last couple of years have shown that, including a paper by a group of authors that have shown other endonuclease signatures that are recombinant in nature. And so, let's talk about that. And also, there's evidence coming out, of course, in the U.S., about this whole concept of lab-made origin. So instead of discussing these potentials in 2020 as a group of peers, people who brought that up were censored. They were taken down off social media sites. And of course, the papers were withdrawn, which is completely antithetical to science.

I'll move on. So the next thing that really bugged me was how they figured we would stop a mosquito with a chain-link fence. And that's tongue-in-cheek, of course. But it was the indiscriminate masking of healthy people that never made sense. And it didn't make sense to a lot of people. But those of us who worked in Level 3 biolabs, work with viruses, know how these things work. It didn't make sense even more. Yet we saw our colleagues go along with this narrative, which was especially concerning.

So we heard about the masking and how it doesn't make sense in a number of ways. It wasn't supported by science. Public Health said you need to follow the experts and trust the science, and masking is the best way to stop the spread. If you're working with virus, you need to have negative pressure rooms. You need to have flow hoods. You need to have full body suits, proper respirators, not a bedazzled cloth mask. That does not work.

And even then, we know from previous scientific research: this doesn't stop the flu, which is droplets. How could they imagine that masking would stop aerosols, which is COVID? So, it didn't make sense. But then it didn't make sense intuitively. And then large, randomized control studies were then published, one of them being from Denmark, the famous DANMASK study, and then the Bangladesh study. They showed no impact on risk reduction. This is the one from Denmark. And then we finally have, over the last couple years, despite the evidence that they don't stop spread, the meta-analysis by the Cochrane collaboration showing no impact. And I'll quote from the lead author, "The pooled results of the studies did not show a clear reduction in respiratory viral infection with the use of medical/ surgical masks." So I'll move on from that.

Nicolle Snow
Just to summarize: it sounds as though the medical professionals who were indicating we needed to wear masks were ignoring this science.

Dr. Laura Braden
They were. So the next point: moving the goal posts, as they did constantly. This one, that there's sick, perfectly healthy people. And what I mean by that is—asymptomatic people were told that they were sick because they tested positive using a PCR test. And it is my professional opinion that this was used by the media and health bureaucrats to perpetuate the fear in people. Public health, again, did not support this assumption with evidence of any kind. It was never proven that asymptomatic shedding resulted in infectious spread. And even the WHO, the World Health Organization, admitted it was rare. One of the biggest studies to sort of conclude that asymptomatic spread wasn't a thing was a Chinese study, this was published in Nature. Out of the 10 million PCR tests they conducted in Wuhan, 300 of those 10 million were asymptomatic. And out of those 300, 190 people already contained antibodies, so they had already been infected.

[00:15:00]

And out of the 300, none—not one person—produced a live virus in the lab setting, demonstrating high cycling of PCR was generating false positives.

Nicolle Snow
Okay, so the false positives were used to support the asymptomatic spread narrative.

Dr. Laura Braden
Correct. And I'll go through that a little bit more in detail here. I will be clear: PCR detects nucleic acid; it does not detect disease. Never before in my training have we used PCR to show that an animal was sick. PCR is a good diagnostic tool that is always followed up with a confirmatory test of some kind. In a virus setting, if you test an animal and it is positive for PCR—and I will also mention here within the realms and the linearity of the test itself,

which is an important part—you always confirm with either a bacterial culture or a virus culture of some kind.

That was not done in this case. Diagnostic tests need to be interpreted in the context of the patient: So whether or not this person already had COVID, if there was a presence of antibodies already in their blood, meaning they already went through the infection and they just have residual DNA because, again, PCR tests for nucleic acid. Do they have symptoms? Are they sick?

It has been shown conclusively over and over again that high cycles over 30 is detecting such low levels of viral RNA, it does not indicate infectivity. And that's what they showed with the China study from the slide before. Viral shedding occurs after recovery. DNA is sometimes sequestered, and RNA is sometimes sequestered by our immune system cells weeks after the virus is gone. Is that what is being detected here? We don't know because they never conducted culture-based methods to confirm the person actually had infectious viral particles. They use PCR cycled at ridiculously high levels, and what I mean by that is the test is only designed to confirm the presence of nucleic acid within a certain range. And that range really shouldn't be considered past 30, 35 cycles. Yet across Canada, provinces were cycling routinely 40, 45 cycles. That is inconsistent with the science, based on the test.

Nicolle Snow
And so that's where the false positives come from.

Dr. Laura Braden
Correct.

Nicolle Snow
These are healthy people that may have had the virus at one point. The signature, if you will, is still in their system. And so because they're cycling is so high, it's magnifying, revealing that signature.

Dr. Laura Braden
Precisely, yes.

And I've mentioned this point previously: PCR detection of viruses is helpful, but it does not detect infectious virus. And this has been shown exhaustively in the literature with many other viruses—that viral RNA can be detected long after the disappearance of the actual infectious virus. And actually, in Portugal, there was a Lisbon Court of Appeal that concluded the PCR test is "unable to determine, beyond reasonable doubt, that a positive result corresponds, in fact, to the infection of a person by the [SARS-COV-2] virus." And that's very important. This precedent was being set across the world, yet Canada was not following the contemporary science.

And the next slide is an example of a FOIP [Freedom of Information and Protection of Privacy] request, kindly given to me by Dr. Jessica Rose, from the Newfoundland Public Health showing the threshold is 45 cycles. And that to me in my professional opinion is abhorrent. And it's hard to find every single province across Canada, but I know that PEI was cycling to 40, I know that Ontario was cycling to 40, so we can assume the rest of provinces followed the same trend.

Nicolle Snow
And that would not be the standard, to be cycling at that level?

Dr. Laura Braden
No.

All right. So those are the pieces that I wanted to talk about in terms of the mandates.

Now I want to get into the quality control and quality assurance—or lack thereof, in my opinion. For an experimental product, we would expect rigorous quality control and assurance that the product we are receiving is consistent, it is transparent, we know what is in it. The necessary steps to approve this gene therapy, which is what it is, were rushed, incomplete, or simply ignored.

The precautionary principle was thrown to the wayside.

[00:20:00]

For example, there was no genotoxicity studies conducted because they felt it wasn't needed. And I am assuming that by the end of my presentation, you will disagree with that statement. The biodistribution studies that had to be FOIP'ed—because they didn't want us to know where it went—were extremely underpowered and lacked relevance. There was no quality assurance from sponsors. And when I say sponsors, in the regulatory realm that means the pharmaceutical companies of Pfizer and Moderna, they are the sponsors. There was none from them on very important considerations, including the potential for contamination.

This would include the RNA quality—they're injecting RNA, so we expect the quality to be consistent and high—batch composition, protein identification, any of those things. There was no quality assurance about the fragmentation of RNA. RNA can be fragmented. What does that mean? You will learn.

And Pfizer knowingly allowed contaminants, a potential danger. And you will see why.

Finally, the production process lacks fidelity and transparency. What is an injection? How do we know it's consistent from person to person lining up? How do they know that every single injection contains the exact same thing in each lot? We don't know that.

So before I go on, I want to get us all on the same page because there's going to be some technical discussions that I'm going to bring up, and I want to make sure everybody is up here. So I apologize that this is technical. I'm going to try my best to explain this.

The first thing I want to talk about is the process of reading DNA. DNA—so this is a cell. DNA lives in the nucleus: this is the brains. This is the double-stranded DNA. All the red bits here are genes. These are the pieces that make our proteins. When your body or your cells want to express a protein, the DNA is transcribed into RNA. At this point, there's many different processes to snip the RNA pieces. There's height to make it high quality. There's all these little checks and balances in your nucleus. It is then shuttled outside of the brains into the body: this is the cytoplasm of the cell. The mRNA is then translated into protein. The protein is then—so proteins are not single-stranded, they're globular. There's many domains: primary, secondary, tertiary domains. All that happens, folding, and then you have your protein.

Nicolle Snow
Can I just summarize what you said to see if we've got that. So you basically explained the process of converting the DNA into mRNA, which happens in the nucleus, the brain of the cell. Then the mRNA is converted into protein. And I know you use different words for that. But that's essentially what's happening within the cell.

Dr. Laura Braden
In a very simplified version, but yes.

Nicolle Snow
Great.

Dr. Laura Braden
Correct. All right, the next lesson: What is a plasmid?

A plasmid, you may have heard about a plasmid. What is a plasmid? What is a vector? It's a piece of DNA that can be used to transfer foreign genetic material into cells. So in molecular biology if we want to express or we want to produce a protein, we can take the piece of DNA that we want. In this case—let's say it's a virus DNA—we want to express the spike protein. We use molecular scissors to cut that gene out of the DNA. And then we insert it into this plasmid or vector, the red part. And so, you can see here, we can insert the gene of interest into the plasmid and use molecular glue. That's a simplification, but it's literally how it works to glue those pieces together. Then we have this plasmid that is a circular DNA. And we can transfer that into bacteria.

Plasmids live in bacteria, ubiquitously in nature. That's where they're from, bacteria and archaea. And there's some very important characteristics of plasmids. Number one, they can replicate on their own. They often contain genes of interest that will help bacteria survive. So if you've heard of methicillin-resistant staphylococcus aureus, MRSA, that's because they've attained antibiotic resistance from a plasmid and now those bacteria are resistant to those antibiotics. This is a very important characteristic.

Also very important, the double-stranded nature—so these are double-stranded—makes them stable. They do not degrade easily, and they replicate easy.

[00:25:00]

Okay. So just to recap: You want to express a protein of interest. You cut it up, you put it in a plasmid, and you put the plasmid into bacteria, and you grow the bacteria up rapidly, and you get many, many copies of that plasmid.

Nicolle Snow
And that's how you're making spike mRNA.

Dr. Laura Braden
That's right. So now: How did they make the spike injectables?

So we've got our plasmid that has our piece of spike in it. They're transferred to *E. coli* here. So these are the little plasmids. They're transferred to the *E. coli*. They're then fermented or grown rapidly in vats: hundreds of litres of bacteria growing in media that they like. They have all their nutrients. They're growing rapidly. With them, their plasmids are growing. Then, we can harvest. This is from Pfizer. I should mention this is the process detailed from Pfizer itself on how they made these injectables. So then they harvested the plasmids: you break apart the bacteria and you harvest the millions and trillions of plasmids. Then you need to cut up the plasmid because you need to get the DNA out, the red piece, the spike protein DNA. So, they cut them. They linearize the plasmid; that's an important piece.

They then use something called in vitro transcription. So if you recall what I said, transcription is when you go from DNA to mRNA. So in vitro, meaning it's in a tube—this is not in a cell—they add the DNA that they've now taken out of the plasmid. They add a bunch of enzymes and things, and they are looking for this mRNA: this is what is going in the injections. They then purify. All of these pieces, I should mention, by Pfizer's own lips: this is intense rigorous testing to ensure there's no contamination in every one of these steps. That they've linearized all the plasmids. That they've turned all the DNA into mRNA, and if there's any that's left—under their words—they digest it. They get rid of it. They purify the mRNA so that all they have is that mRNA for spike protein that they then add to the lipids to make our delivery mechanism then—the lipid nanoparticles with mRNA.

Nicolle Snow
Okay, can I summarize that? I'll try.

Dr. Laura Braden
Please.

Nicolle Snow
I regret skipping science class now. So the bacteria, or the plasmid, is used for replicating the DNA.

Dr. Laura Braden
Correct.

Nicolle Snow
Okay. And once it's replicated, that is supposed to be filtered out. The plasmid or the bacteria is filtered out, leaving pure DNA. Then the DNA is converted into the mRNA using the process that you showed us earlier happening in the cell.

Dr. Laura Braden
That's right.

Okay, so now that we're all at the speed on that, what did they tell us? They being the sponsors, Pfizer and Moderna: What happened during injection?

So they told us— Okay, so here's the lipid nanoparticle. You can just blow this up, please. And they injected it into the deltoid, and it stays in the deltoid: that's what they told us. And

at that point, in cells of the muscle in your deltoid, this is a cellular rendition of what is happening. So I'm just going to use my laser pointer here to show you.

This is the lipid nanoparticle with mRNA. It is taken into the cell here. This is the cell. You recognize the brains, here's the nucleus. The delivery of these mRNAs are turned into spike protein. Some of the spike protein is cleaved, proteolytically cut up into tiny little bits. Some of it is taken to the outside of the cell. The end result is—spike and spike peptides, or tiny bits of spike protein, are exposed to the immune system of the person to induce production of antibodies specific to those peptides or protein fragments, thus inducing immunity. This is what they told us would happen.

And based on data that has accumulated over the last few years, data that has been the result of FOIPs—or court-ordered discovery of documents that were otherwise going to be hidden from the public for 75 years. What we can say is happening is number one: the injections do not stay in the deltoid. And this is based on data that was under a Freedom of Information request by Dr. Byram Bridle from a study that was conducted in Japan. The distribution of these LNPs go throughout the body. That is clear. They go into very sensitive organs. They do not stay in the deltoid. And not only do they go throughout the body, but they accumulate.

[00:30:00]

What do I mean by that? That means that over—I'm going to just highlight here some tissues that are sensitive: liver, adrenal glands, your spleen, ovaries. Over time—

Nicolle Snow
One moment. I just want to make sure we're still streaming and everyone can see, so we'll just pause for a moment. Okay.

Dr. Laura Braden
Over time in these sensitive organs that I've highlighted in red, the LNP— So this is a distribution study where they radioactively labeled LNPs, and over time, were able to quantify where they went. And they show accumulation over time in these sensitive organs.

In addition, this study was based on a single dose injection. So based on this study, Pfizer concluded that it stayed in the arm. It is not relevant to the true vaccine regime: Because there's only one injection, it is not biologically relevant. They didn't do a second injection and see if there was further accumulation. They just looked at a single injection, and I'll tell you the number of rats in this study was three. For every time point, they looked at three rats.

Now, one of the most concerning pieces from this data set is with respect to the ovaries. So Dr. Jessica Rose took this data and plotted it. And you can see here that, after 48 hours, it continues to go up. This is the LNPs over time: The x-axis here is time. The y-axis here is concentration. Over time, it accumulates in the ovaries of rats. Why did they stop at 48 hours? Why wouldn't they continue until it plateaued, like what would be scientifically rigorous and ethical? They stopped at 48 hours. So, we aren't able to see what would happen. But if you were to take this and extrapolate based on the degree of increase from the data to 48 hours, this is what might be happening. But we don't know. So we have to just base this on our own integrity. Again, why was this data only shown in 48 hours? Sample size of three.

And importantly, this study was done in a non-GLP environment: the only study from the Pfizer dossiers that were not done in accordance with regulatory compliance, which is necessary for this type of approval process. They did it in a non-GLP: meaning none of the processes were vetted. They weren't under strict operating procedures. That's a huge concern for someone who came out of that environment.

Nicolle Snow
Is that a quality assurance issue?

Dr. Laura Braden
A huge quality assurance issue in my opinion, yes. So that was the first thing that we know is happening.

The second: spike peptides share significant similarities to human proteins. Now, what do I mean by that?

Remember this picture here, how the spike protein in the cells of the body is either cut up with tiny little scissors and taken to the outside of the cell or full proteins are taken to the outside of the cell. When proteins are cleaved or cut up, the results are peptides. All proteins have peptides that make up the larger protein, and they all share similar peptides when you cut them. This is a very simplified explanation, but the point I'm trying to make is— There is a huge concern for the development of autoimmune conditions when the body is instructed to create antibodies against a peptide, in this case spike, that shares very strong similarity to human proteins. There is a huge concern for autoimmune development in that case.

Nicolle Snow
And so, the concern is that the spike peptide will be attacking human protein because it's so similar?

Dr. Laura Braden
Very close. The concern is the antibodies produced by the recipient, by the human, will be against peptides that are also in spike—but also endogenous, also in the human. They share similarity to human proteins. And 27 of those share similarity with proteins involved in fertility and development of the fetus.

Nicolle Snow
And so, what might that mean?

Dr. Laura Braden
That would mean that the body will be producing potentially antibodies against proteins that are critical for human development.

[00:35:00]

And that is a concern that should have been addressed, in my opinion.

Nicolle Snow
So development of the fetus might be seen as a foreign body.

Dr. Laura Braden
Correct. Placental development, decidualization, all those things that are critical components.

Nicolle Snow
And that could lead to miscarriages?

Dr. Laura Braden
It could lead to a lot of things that I wouldn't be able to speculate on. But that should have been done. That is part of the quality assurance that wouldn't have happened. Those are studies that needed to be done.

So, I'll recap: Not only are the LNPs going to important tissues such as ovaries—and we're seeing data in real time right now that they also cross the placenta, that's a big concern—but then the proteins that are being expressed share significant similarity with human proteins.

Nicolle Snow
Is it possible the manufacturer may not have known that?

Dr. Laura Braden
In my opinion, there is no way that they wouldn't have known that. This is part of rigorous primary research that would have happened in a room full of very, very well-paid scientists over many months. Anybody in first-year biology can put in the sequence of the spike protein and find out what similarities peptides would share.

Nicolle Snow
Thank you.

Dr. Laura Braden
What else do we know? We now know that unlike what Pfizer and Moderna have said, the spike protein and the mRNA enter the nucleus or the brains of our cells. There was assurances that this wouldn't happen, but recent reports show the nuclear presence—so again, where the DNA in our cells live, that spike protein and spike mRNA localize to the nucleus. And my question is: Why is this research being done three years after the rollout of these injectables?

And this is the paper. So one of the conclusions from this paper— And if you recall, one of the pathological characteristics of spike protein is the presence of the furin cleavage site; it's one of the things that make it so pathogenic to humans. It is also a nuclear localization site, meaning that that particular sequence facilitates, helps the mRNA go to the nucleus. And that was a surprise to these researchers. This publication was from January 2023.

Nicolle Snow
That's not supposed to happen.

Dr. Laura Braden
Not what they told us what would happen, no.

Nicolle Snow
Yeah. Okay. All right, so the spike protein that's contained in the injection is landing in the nucleus, which is the brains of the cell.

Dr. Laura Braden
That's correct. And I'll just bring up this, which was on the CDC website: you can go back to the "wayback-when-machine" and find this yourself. Of course, this has been taken down.

One of the things that they say is that they these injections do not impact or interact with our DNA. And that is no longer what they claim. And this is a paper showing that—and I want to impress on you—what this means is that the spike protein and mRNA go to the brains. This is the brains right where our DNA lives. And this is showing you a picture of that data. What you're seeing here are cells under fluorescence microscopy. The blue staining is the nuclei; the green staining is the protein, the spike protein; and the red staining is the spike mRNA. And you can clearly see, and this has been replicated, a clear association with the nuclear envelope—so, what wraps our DNA in the nucleus as well as inside the nucleus of the cell.

I'll move on. What else do we know? The spike mRNA is reverse transcribed in human cells, and I will explain what that means. This is happening. So this paper here was published last year. And it was conducted in liver cells: so, this is not in humans, this is in vitro. And it shows that there's intracellular reverse transcription of the COVID injectable mRNA vaccine in vitro in a human cell line. And this is happening as quickly as six hours.

Nicolle Snow
Sorry. Is in vitro in a petri dish?

Dr. Laura Braden
That's correct. And you know, this is not happening in a human. But this type of information is critical. And these are the original experiments that needed to happen because if you see some kind of trend like this, that begs more questions. That's a huge red flag:

[00:40:00]

wait, it's reverse transcribing. And in addition to that— So reverse transcription, for everybody who is listening, is when mRNA is turned into DNA: we are going the other direction now. And this is facilitated by very important enzymes called retrotransposases. And the one that in humans that they found to be associated with this is something called Line-1. This particular enzyme is really important—and you'll notice a trend—to

embryogenesis and development of the fetus, development of people. Okay. And it is being exasperated: it is going up in expression after injection, after exposure to these Pfizer products.

Nicolle Snow
So I think I'm going to try to simplify that. Does this mean that the spike mRNA that we said is landing in the cell is then being converted to DNA, back to DNA?

Dr. Laura Braden
This is saying that is potentially happening.

Nicolle Snow
Yeah, what's happening in that Petri dish.

Dr. Laura Braden
Exactly.

Nicolle Snow
Which would be good quality assurance, I would think, to do that sort of research when you're developing the product.

Dr. Laura Braden
Correct.

Furthermore, in another study they found that that enzyme, Line-1, mediates—so it facilitates—reverse transcription of the SARS-CoV-2 virus into the genome. This is in cells of humans, this is in a Petri dish, these are human cells. This paper is where this could be found. So, the virus is being turned into DNA and going into the genome of the people cells. Sorry, that sounded quite— So, not only is it being reverse transcribed into DNA, but with the virus, it's being reverse transcribed and then inserted into the genome.

So I just want to quickly go back to this picture because I don't want to lose people. This is very important that everybody understands: reverse transcription is when you go from the RNA back to the nucleus. Line-1 is the enzyme that facilitates this. There's others, but this is the main one. And so, the concern is, not only is it going to the nucleus, as we've shown, but **the potential for it to be reverse transcribed into DNA and then furthermore integrated into the genome is there. This is a concern.**

What else do we know?

The products do not contain what we were told they contain. What you are seeing here is from a dossier. This is Pfizer's data showing the RNA integrity of what was being produced commercially. There was some documents that were leaked, so to speak, after the European Medical Association met with Pfizer. They had major objections because they found inconsistencies in the quality of RNA that was being produced for their clinical studies versus the quality of RNA that was being commercially produced and therefore used for widespread inoculations. There was inconsistencies.

And what does that mean? That means that the length of the RNA, the integrity of those messengers that were being injected, varied. It was inconsistent. It varied from batch to batch. And that is unacceptable quality control or quality assurance when you're considering what those things actually do. And this picture shows that. So what we should see here is just a single, very strong peak. This is showing the volume or the quantity of RNA, and it should be a beautiful peak. There shouldn't be any other peaks; there shouldn't be shoulders; there shouldn't be anything like that.

Nicolle Snow
So, the shorter peak is the shorter RNA.

Dr. Laura Braden
Is the impurity. Yeah.

Nicolle Snow
And that's a truncated piece, like that part of the message is missing, as you said.

Dr. Laura Braden
That's correct. So the per cent RNA integrity is not even close to 100 per cent. And it was closer to 55 per cent in some commercial batches. So, if this is true, we do not know what is being made in the cells after they have been injected, and the physiological impacts of this is unknown. There is no way to predict. And every single vial has a different concentration of RNA that's complete RNA. In addition to that—

So I mentioned this was leaked from the EMA. This was raised as a major objection.

[00:45:00]

And the level that was set originally was 70 per cent, which is still interesting that 30 per cent impurity is somehow acceptable. The original level was set at 70 per cent. Because Pfizer couldn't meet that, instead of increasing their quality assurance, they just reduced the acceptable background to 55 per cent. So they are okay with 45 per cent of the injections containing—who knows what.

And I'll quote from the objection: "The possibility of translated proteins other than intended spike protein resulted from truncated and/or modified mRNA species should be **addressed."**

And I mentioned this— Fifty-five per cent intact RNA is the new acceptable limit. So that's a concern. Truncated mRNA species is known. They are known to be potentially pathogenic. They could have unknown physiological impacts. Our cells have checks and balances to make sure that that message from the DNA to the RNA to the protein has high fidelity: is translated; there's no mistakes; there's no mutations. If this truncated mRNA is then allowed to reproduce in our cells, what is the protein impact of that? What impact does that have on the cell? Are there misfolded proteins? Misfolded proteins are a huge concern. And that's what this is talking about. If the RNA is not intact, what is the protein that's being produced?

And that was the objection raised to Pfizer. And Pfizer submitted some very interesting digitally sort of mastered proof that nothing nefarious is going on or the proteins are what they say they are. And that was just unacceptable because it was digital protein verification. They didn't give actual data to show what those proteins are. There's never been sequencing done on the proteins. There's never been crystallography done on the proteins or any of that—confirmatory steps necessary to show people, to show the public and assure them that those truncated mRNAs are not going to be a problem.

Nicolle Snow
So the truncated RNAs then, they have a partial message. So that's confusing the body or the body is— We don't know what the body is going to pick up from that in terms of messaging.

Dr. Laura Braden
Well, the message could be read. But as I mentioned: so, recall, the proteins are translated and then there's all this protein modification and their globular and all these domains. If it's a partial message, that protein could just be partially—who knows what it interacts with. There's the potential for interactions that we don't know about is very, very high.

Nicolle Snow
Okay, and so it's a matter of waiting to see how that evolves in the body.

Dr. Laura Braden
Yes.

Finally, there has been data in the last month that has been rigorously, in my opinion, confirmed to show the injections contain double-stranded DNA contamination from the plasmids. So if you recall in the process map, and I won't bring it up again: the plasmids were linearized. The DNA is then transcribed into mRNA, mRNA into the injections. That entire process appears to be contaminated. The researchers, Dr. Kevin McKernan et al. and his team, have taken it upon themselves to sequence what is in the vials. Because we were never given sequencing data; it continues to be hidden from the public. So they did it using Illumina sequencing: they did RNA-Seq, DNA-Seq, Nanopore sequencing. They have exhaustively repeated the data. Because the concern is very real, so they wanted to make sure it was what it is.

And they found, without a shadow of a doubt, double-stranded DNA contamination in the injections. They had two vials of Moderna; they had two vials of Pfizer. Contamination was present in all of the vials in various amounts. In addition, they found contamination of plasmids that contained the antibiotic-resistant gene from the original cloning experiments. Neomycin and Kanamycin, the sequences are there for those particular resistant genes. And regulatory authorities have said there is an acceptable limit of contamination by double-stranded DNA. One molecule of DNA for every 3,000 molecules of RNA.

[00:50:00]

What they found is orders of magnitude higher than that, number one. Number two, they found intact plasmids. And I'll show you what that means. If there's no questions to that slide, I'll move on.

Nicolle Snow
No.

Dr. Laura Braden
So this is the RNA integrity plots from those vials, showing shoulders here—again, what are those? We are not sure.

Nicolle Snow
The shoulders is that the shortened—

Dr. Laura Braden
Those are truncated, and in some cases, elongated versions of mRNA.

Nicolle Snow
Okay.

Dr. Laura Braden
So I just want to recall. Plasmids: What are we talking about? They are circular DNA. They are highly transmissible and replication-competent, meaning they can replicate all on their very own. They are used in molecular biology to produce proteins of interest; in this case, it's spike protein. They are often associated with *E. coli*. That was the original bacteria that they were using to reproduce these plasmids. They contain their own promoter. They contain the interest. So here's the promoter: This is ensuring that it is replicated. So it promotes the gene of interest. This is where the spike would be. A bunch of other things. They need to be able to select that those bacteria containing those plasmids are actually containing what they think. And they do that using antibiotic resistance. So if you put this plasmid in a bacteria, you know it contains it because the bacteria will survive in the presence of that antibiotic. And in this case, it's Neomycin and Kanamycin.

So remember this diagram. These are the potential areas of contamination that I have circled here in red. According to Pfizer, the linearization of the plasmids occurred earlier in **the manufacturing process. And then after this step, there's rigorous testing to demonstrate they are linear. That is not— There is circular plasmids present in these vials. And importantly, this step is considered by regulatory authorities to be a critical quality assessment, meaning this is a critical point to ensure there is no contamination. I emphasize that because of the importance of what we are discussing here. It is critical.**

Nicolle Snow
And I'd like to summarize that because it is an important point. So the bacteria and the plasma that was used to replicate the DNA, we talked about that process earlier—which is supposed to be filtered out—was not filtered out in these samples that the scientists examined from Pfizer and Moderna.

Dr. Laura Braden
There's contamination. Yes.

Nicolle Snow
And that's the contamination you're speaking of. So it's that bacteria and plasmid that is in the injection, which is not supposed to be there.

Dr. Laura Braden
Correct.

Nicolle Snow
Okay.

Dr. Laura Braden
Here are some maps, the next two slides. The only thing I want to impress upon you is that not only are there plasmids present in the vials, but the plasmids are different. There's different sequences. Some have really long spikes, some have different— There's just different contamination. It's not like there's a consistent plasmid in every one. It's not like there's consistent sequences of the double-stranded DNA. It varies.

Nicolle Snow
So that would be from batch to batch.

Dr. Laura Braden.
That's correct. Pfizer and Moderna, same thing.

So, to confirm that the plasmids were what they saw on the sequencing data, they took the vials and they digested all of the RNA out of it so that all they would have left is double-stranded DNA if it was present, meaning plasmids potentially. They then exposed that double-stranded DNA to *E. coli* in a flask of medium. *E. coli* are really good at taking up plasmids, so if there's plasmids in what they just put in there, they will take it up. They then took that bacterial medium, plated it on plates, agar here, that contains antibiotics. If they were to find bacterial growth on these plates, that would demonstrate there were plasmids that were replication competent in those vials, number one; number two, that contained antibiotic-resistant genes. And they found that in both Moderna and Pfizer. And you can see that here with colonies of bacteria growing on these plates.

Nicolle Snow
And how is that important that it's in— And maybe you're going to get to that.

Dr. Laura Braden
What that confirms is that not only were they finding plasmids, they were circular, they were replication competent, and they were able to grow in antibiotic media. Now, if you imagine that those injections are going into the human body. And we know that they go all over the body, including the GI tract, and those plasmids are then—GI tract being your

colon and everything, where you have tons of bacteria growing, that's your microbiome—and those plasmids are replication competent,

[00:55:00]

it follows they could get out and they could get into the bacteria of the human, thus transforming their microbiome with potential antibiotic-resistant genes. That is a huge concern that is unacceptable quality control.

These sequencing results of the contents of injectables found multiple versions of expression plasmids in varying degrees between vials. These are viable. There is inconsistent contamination to which people were not given informed consent.

I realize we are getting up there in time, so I will try to go a bit faster if that's required.

Nicolle Snow
No, it's pretty fascinating, so—

Commissioner Drysdale
We have time.

Nicolle Snow
Okay. Keep going. Yeah, we do.

Dr. Laura Braden
So I would just like to summarize this independent product analysis. And I would also like to say that it is unacceptable that this product analysis landed on the shoulders of independent citizen scientists and that this wasn't done by the sponsors because we wouldn't have known this was the case if Kevin McKernan and his team didn't sequence this. And I will also note, based on Kevin McKernan and his team, that they're trying to reproduce that with the original injectables. This is for the bivalent boosters that they are pushing on our children right now. That is what we are talking about.

Nicolle Snow
So, the contamination that they have identified is in the boosters.

Dr. Laura Braden
This is in the bivalent boosters that is currently being pushed on the public.

Nicolle Snow
And they haven't examined the original injections yet to say whether it's present.

Dr. Laura Braden
No, but they have high suspicions, based on earlier data, that they will find the same thing.

Nicolle Snow
I also meant to ask you whether this might contribute to the wide variety of adverse events we're having if there's so many different contaminants in the different vials, different levels of contamination?

Dr. Laura Braden
Unequivocally, yes.

So I just want to summarize this independent product analysis. They found double-stranded DNA contamination levels at up to, or maybe more than, a hundred-fold higher than acceptable limits. It's important to note: this has been under, for the last months, rigorous community discussion, scientific discourse, trying to reproduce data, trying to get at some very important questions in a way that is transparent to the public. Anybody can go and follow this stuff. They're trying to get it out in Twitter spaces; they're getting it out in their Substacks. Anybody can go follow them. And I would have to say, thank you very much to that team for doing this work.

They have estimated up to 35 per cent, again, being confirmed, of the nucleic acid in each vaccine as being expression vector. And most of this DNA is expression plasmid DNA: again, the plasmid being what was initially carrying out the reproduction of the spike protein. Interestingly, and very important: whenever you have presence of contamination like this, how can you assure the public that there isn't contamination of other bacterial-type associated things, like *E. coli* endotoxins.

So when you're growing up plasmids in *E. coli*, and you get evidence of plasmid contamination, then you must assume through logic that there might be *E. coli* contamination. So *E. coli* contains endotoxins. Endotoxins can cause anaphylaxis, TSS (toxic shock syndrome), among other things. So it's sort of like a canary, right? To see the plasma present. Again, we don't know. But that's a concern. The plasmids carry antibiotic resistance—again, the potential to transfer that to humans is a concern. And while the bacteria are unlikely to express the spike protein, they can replicate the plasmid. So, the bacteria in our guts, if they get this plasmid, there is absolute certainty that they can replicate it.

Nicolle Snow
Okay, and does that mean that it's questionable whether the body will react properly to antibiotics if they need antibiotics for some condition?

Dr. Laura Braden
That would be my concern, yeah.

Nicolle Snow
Because the body would be resistant to it, to the antibiotic. Okay.

Dr. Laura Braden
So the next really important question that follows— And I'm taking you through this in a way that I've been following it because it's step after step. So the next question that I have: Is this contaminating DNA interacting with our DNA?

In molecular biology, it is sort of a known. It's a known phenomenon that when you have high amounts of double-stranded DNA present, it can enter the genome.

[01:00:00]

And it doesn't need those special Line-1 transposases to help you. It can just do it on its own.

Nicolle Snow
And the genome is?

Dr. Laura Braden
The DNA.

And this happens during cellular division: when your cells are splitting in meiosis and mitosis, this is when cells split into other cells; they grow. It's cellular division, okay? This is known to happen during that process. What are tissues in the human body that are highly divisive, that are dividing all the time? Liver, skin, your intestinal tract, sperm cells, egg cells, bone marrow, lymphocytes, the developing fetus. All of these tissues are under high rates of mitosis. And this is the paper showing transfected plasma DNA is incorporated into the nucleus during this process. So, we know that there's publications showing this. This is a known thing in molecular biology, that the double-stranded DNA can integrate into the genome during these dividing cell processes.

So in this instance, where we have potentially billions and trillions of double-stranded DNAs in the injectables that is contaminating, they are now going throughout the body, we know that. They're accumulating in certain very sensitive areas, we know that. And those sensitive areas are subject to high rates of mitosis. And now we're showing that high levels of double-stranded DNA are present in those injections in highly dividing tissues. The logic follows there's a potential for integration into the genome. Moreover, we know that the furin cleavage site acts as a nuclear localization site, getting the DNA into the nucleus of the cells. In addition, in those plasmids that they've sequenced, they found a sequence and they know that there's a special promoter called the SV40 promoter. And that's a promoter that is used in molecular biology to replicate plasmids because it works so well. It's like a supercharger replication, okay?

It facilitates nuclear entry as well, in addition to being an oncogene. Kevin and his team found evidence of the 72 base pair insertion in this promoter that, as you can see here, has a striking effect on gene expression. So this promoter turbocharges the plasmid replication. **And here is the sequence— And I apologize, you can't see, well maybe you don't want to see the letters. But basically, what this is showing in one plasmid, you see the evidence of the insertion of the 72 base pairs, and the other one you don't. So, it's just inconsistent. Some plasmids have it; some plasmids don't.**

Nicolle Snow
The SV40 is not present all the time.

Dr. Laura Braden
No, the promoter is; the supercharged insertion isn't.

Nicolle Snow
I see. Okay.

Dr. Laura Braden
So what is the SC40? It's a simian virus, that's what it comes from. It's a highly competent promoter sequence used for efficient replication. And the nuclear entry of plasma DNA requires this promoter to get in.

Nicolle Snow
Okay. Is it unordinary that that it would be used in this process?

Dr. Laura Braden
No, it is not. It's a really exceptional way. Way back early—before it's in the injection—that's an acceptable way. That's an acceptable way to replicate plasmids. We're not supposed to be injected with that, though.

Nicolle Snow
Yes, okay.

Dr. Laura Braden
That's supposed to be gone.

Nicolle Snow
That's for a whole entirely different science, not for use in the human body.

Dr. Laura Braden
That's correct.

So I want to just bring this all together. When I'm talking about the abhorrent, abysmal quality control and quality assurance that in my opinion has happened with these injections, it has resulted in every injection being a new event. When you go to the grocery store, you expect your milk to all be the same. When you take a Tylenol, you expect it to be 400 milligrams, not sometimes 900, and not sometimes 300, and not sometimes containing lead. It's quality assurance and control: that is what makes the world go round in consumerism and commercial products. And that is supposed to be an accepted, sort of, standard and fundamental tenet for pharmaceutical drugs.

In this case, this is not, in my opinion, the case. Every injection is a new event. You may or may not have spike of various lengths, mRNA of various lengths, double-stranded DNA of various lengths.

[01:05:00]

You have the SB40 promoter: sometimes it contains the turbo, sometimes it doesn't. Sometimes it contains the resistant genes for antibiotics. Who knows if there's endotoxins in there? Who knows where it's going in your body? That's a really important point.

And I wanted to recall, because yesterday— I've been watching this entire testimony. Yesterday, I apologize, I forget the name, but the nurse was talking about aspirating and how they don't aspirate anymore. And how every time someone is injected with one of these products, it either could get into the blood—maybe it doesn't; maybe it stays in the deltoid a little bit, who knows? Because it's not the same for every person. And this on top of it, the confounding impacts of these contaminants, makes it so concerning for me.

Nicolle Snow
So, it sounds as though the process is well outside any kind of reasonably accepted standard.

Dr. Laura Braden
Absolutely, yeah.

Nicolle Snow
And so, and I know you can't speak to whether the manufacturer would have known this, but ought they have known this?

Dr. Laura Braden
One hundred per cent. The onus is on them to know this. The lack of sufficient quality control and quality assurance by manufacturers that every injection is consistent, lacking contamination, and that the necessary checks and balances are undertaken to ensure there is no potential negative impacts on people, was not done.

The injectables are not a conventional vaccine. They are a gene therapy drug built on brand-new technology that lacks the assurances from quality control to ensure that it was consistent and lacked contamination. It enters the nucleus; it doesn't even provide immunity; and it persists in the body for months.

Why does this matter to us? That's why.

In conclusion, things are not what they seem. The origin of the SARS-CoV-2 virus, we don't know. The true numbers of actual infections—this is my personal opinion, based on my **professional experience—this has been a CASE-demic. Mandates are justified by trusting the experts. They've never been supported by citations or references and were politically incentivized. Early treatment was treated as pseudo-science despite clear benefit. How many died unnecessarily? And finally, mRNA products are an abject failure. They are not safe, they are not necessary, and they do not contain what we think they do.**

Nicolle Snow
Thank you, Dr. Braden. This is fascinating data and evidence. I really appreciate you putting this slideshow together. I want to take a moment because I think the audience and the people watching live stream should know a little bit about your personal story.

Dr. Laura Braden
So I think I've demonstrated fairly well that I've had concerns about multiple facets of the COVID crisis. I live in PEI, where every Thursday, we were told by Dr. Heather Morrison, the chief public health officer, that our children were going to die if we didn't vaccinate them. We were told that there was a huge risk to their health. We were told a lot of things. And for quite some time, I as a professional did not speak out publicly because we saw what would happen to you if you did.

After they started rolling out vaccines, injections, for the children, I decided that I had a moral obligation and a professional obligation to stand up and ask questions publicly. So in November of 2021, the International Day of the Child, I attended a rally in Charlottetown, Prince Edward Island, and expressed my concerns. Of course, back then we didn't know about all of what I just spoke about. But my concerns were with respect to the silencing of early treatments, to the fact that children were not at risk, and all of those things. And in December of 2021, I was fired.

[01:10:00]

I was terminated from my position and effectively cancelled from my career, for this.

Nicolle Snow
You've sacrificed a lot to speak up on behalf of others. And what was your position?

Dr. Laura Braden
So I was adjunct faculty in the Department of Animal Medicine at the University of Prince Edward Island. And I was also, as I mentioned, program lead and senior scientist in molecular immunology and biotech for the private company that I worked for. And at no point—during me speaking out publicly—did I ever mention my employer's name. I spoke as a private citizen with the education to back up the conclusions that I made. And I never once indicated who I worked for or that I was there on their behalf. I was never given any warning. I arrived to work on a Monday morning. My supervisor was there, who flew in from the U.S. They'd never allowed me to speak to defend my position. They escorted me out of the building. I was never given any severance or any of the like. They fired me for degrading COVID to be a bad flu, for calling ivermectin a potential early treatment, and for questioning the safe and effective nature of mRNA injections.

Nicolle Snow
Thank you, Dr. Braden. At this time, we are going to take a break. And we'll have you take the stand again after. And we'll let the commissioners have an opportunity to put some questions together for you; I believe that they will have some.

So we will have a ten-minute break? Ten minutes please, thank you.

[01:11:54]

PART II

[00:00:00]

Nicolle Snow
Dr. Braden, at this time, I'm going to turn you over to the commissioners.

Dr. Laura Braden
Thank you.

Commissioner Massie
Well, thank you very much for your excellent presentation. Full disclosure. My question will be from a base of knowledge. Because all of these nice cartoons she has depicted for recombinant DNA technology and stuff, I did that in my youth. We were the first lab in Canada to do a recombinant DNA experiment with resistance gene in bacteria, so I know that stuff. I was also, during my post-doc, the first lab in Canada to produce what we call a recombinant adenovirus, which is the basis for a number of these vaccines that are currently used in the industry, so I know the technology. And having worked at the NRC, I was also involved in the commercialization of these processes, so I know the scale-up of product from *E. coli* under GLP conditions, as well as the scale-up of recombinant adenovirus. The technology I contributed to develop at the NRC was licensed with a number of companies, one of which is known. It's CanSino. It's a Chinese company that has produced a recombinant adenovirus using our technology. And I know very well what it takes to produce a quality product.

So I have a few questions for you. The first one is— I've been reviewing exactly the same literature as you presented it in a very, I think, clear way for most people. If you look at all of the issues that you raise in terms of the quality of the product, do you think that it's because it was rushed? Or all of the issues that you are presenting can be corrected if the method is properly developed and the assessment is properly done?

In other words, do you think that these mRNA liposome vaccines can be scaled up under GMP process that would be according to the highest standard? Is it possible to do it if you would do the steps properly?

Dr. Laura Braden
In theory, I think that is possible. Putting it into context, with respect to this particular injection, injectables, I do not. And this is the reason: I have yet to see any evidence to support the use of full-length spike as an antigen for the human body because spike is a virulence factor and inherently an inflammatory molecule that has lots of issues. So I could see this being—you know, I'm not sure if that's addressing your question, Dr. Massie—I could see this being something, in theory, the process without rushing the system, with ensuring higher quality throughout the process, in theory, would be possible. My objection is to the gene of delivery.

Commissioner Massie
I have a more specific question about the issue of the double-stranded DNA plasmid that can potentially insert it into the genome. I know it's a recent paper that described the frequency, and I haven't read this paper in particular. So based on what you've read from that, could we anticipate that the frequency could be a concern in terms of what it could actually trigger—in terms, for example, of insertion of the SV40 promoter near potential oncogene. Like we have seen, for example, in the first gene therapy trial with the retroviral vector where they ended up with a fairly high number of insertions that activated oncogene. Is it something, according to what you've read and what we know right now, that is a likely possibility?

Dr. Laura Braden
Yes. In short, yes, and I'll explain why.

[00:05:00]

Like I mentioned, all of this sequencing of what's in the vials and the discovery based on your sequencing, and all the work that they're doing, is really happening as we speak. And if you think about what they're showing to be present, concurrent with this sort of explosion of deleterious adverse responses, such as what they're calling turbo-cancers, and you're seeing degradation of T cell populations and innate immunity suppression in people who are injected. That information and now you have what we're seeing: it's hard not to draw some sort of correlations between the two. It's hard not to do that. And we can't because we need more data.

However, what we know is, what you've just suggested, the SV40 promoter has certain impacts. In some vials, it contains the insertion; in some vials, it doesn't. It's very potentially possible that the double-stranded DNA is getting into the nucleus. Is it inserting? We don't know. Is that impacting on cancer pathways, we don't know. We do know that spike interacts with P53, which is part of the anti-cancer pathways in people. So there's all of these lines of evidence that are all converging. And of course, there's more data that needs to be generated, but it's hard not to draw those conclusions given what we know now.

Commissioner Massie
Maybe I'll just ask one last question. The analysis that was done by the independent researcher with the vial: it was my understanding, and maybe I didn't read that correctly, that in theory you're not allowed to open these vials to do these types of analysis. Is that correct?

Dr. Laura Braden
I can't speak to that. I don't know the answer to that.

Commissioner Massie
Okay.

Commissioner Kaikkonen
I have two questions. I understand that in vaccine research, the placebo used in the non-treatment groups is usually another old vaccine. Do you know what was in the Pfizer and Moderna COVID vaccine placebo? I think many people are assuming it was plain saline?

Dr. Laura Braden
That is the assumption. That is what we're understanding: that it's saline. And they have said it in some of the dossiers that I've read that the placebo is saline.

Commissioner Kaikkonen
And my second question is, can you speak to blood transfusions?

Dr. Laura Braden
I can speak to it from a concern— So I'm not a medical doctor, I've never done a blood transfusion. So I can't speak to it from that perspective. I can speak to it from a concern of the contamination and what is being delivered into our bodies and how the production of spike that we know is existing for up to 15 months, protein present in people who are injected, circulating in their blood. So from a concerned citizen perspective as well as a professional who understands molecular biology, it is of great concern for blood transfusions to not be screened for the presence of both lipid nanoparticles or spike protein. And in fact, as a mother, I would not let my child be transfused with blood unless it was proven to be clear of both.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good morning, Dr. Braden. I have a few questions, and my questions aren't as complex. I'm an engineer; I'm not a researcher or a doctor.

With regard to masking, you were talking about the difference between the virus being either aerosol or carried in fluid particles, and you'd said that COVID-19 was an aerosol-type transmission.

Are there any other known viruses prior to this that were aerosol transmission-type viruses?

Dr. Laura Braden
The other SARS, MERS, small RNA viruses.

Commissioner Drysdale
Okay, so that so that's not that unusual. It's not an unusual or a novel transmission.

Dr. Laura Braden
Not to my knowledge.

Commissioner Drysdale
Then I have another question related to that. Was there any pandemic planning done by Health Canada or the authorities in Canada anticipating a pandemic. And was there any investigation at that time as to whether or not a mask would be effective in preventing transmission?

Dr. Laura Braden
To my knowledge, there exists such a document. The publication, you'll have to double check this, it might have been in 2016.

[00:10:00]

And their conclusions were that masking would not help in a pandemic situation.

Commissioner Drysdale
And that was a Canadian report?

Dr. Laura Braden
It was a Canadian report, and I believe that Dr. Theresa Tam might have been an author.

Commissioner Drysdale
Ah. Okay. I have a few more questions, and you know it's been a long time since I've been in school, and I was more in physics and calculus than I was in biology. But just for myself: the reason DNA is so important in my understanding, and I know you'll correct me, but isn't DNA the blueprint that the body uses to create more cells or more tissue. It uses that as a guide? Is that the function of DNA?

Dr. Laura Braden
Correct. So in our cells, we have copies of genomes from both our mother and our father, both of which come together to create us. Those genomes are in our nucleus of our cells—sorry, those chromosomes, we have 46 chromosomes. In those chromosomes, which are tightly wrapped together to protect this very fragile blueprint of our bodies—it's wrapped in protein and other things in the nucleus. And it's protected in the nucleus because it is, number one, so important. We don't want deleterious mutations. We don't want things interacting with our DNA. It's housed in a very protected area to facilitate that. And because mutations, anything like that, we don't want to pass down to our offspring. And that's very important when it comes to mutations or anything interacting with our DNA, which is why genotoxicity studies should have been done.

Commissioner Drysdale
Yes. So again, just so I can repeat that. What you're saying is that the reason this is so important that you're finding that these particles are showing up in the DNA, is it's essentially, or could be potentially, putting instructions in there that wasn't before. So instead of when it goes to grow a new cell in the body, it's got new instructions and that cell isn't the way it was originally intended to be.

Dr. Laura Braden
In theory, we're following the trail of logic. Yes. There is a concern for integration of these exogenous non-human pieces of DNA now in our nucleus. We know that high levels of double-stranded DNA will insert on their very own, and there's a couple of other things that I've shown that are concerning in terms of the potential for integration. Now why is that important? Well, if these things are happening in germline cells such as sperm and egg cells, which we show the LNPs in the distribution of these injections go to, and this is happening in those cells, it is potential that that could be passed on to our offspring.

Commissioner Drysdale
Yes. I want to switch around a little bit.

Dr. Laura Braden
Again, can I finish? That it is a potential. I'm not saying that that is happening; nobody is saying that it's happening. But that is why these fundamental studies need to be done because that is a concern. So to evaluate that concern, you have these baseline studies and that was not done.

Commissioner Drysdale
So essentially, we jumped off the cliff without knowing what was at the bottom.

Dr. Laura Braden
With no parachute.

Commissioner Drysdale
With regard to the PCR testing: everybody's talking about that, and I've heard many medical people talk about the cycling. As I understand it, the PCR tests, some people called it a genetic replicator. And when you talk about cycles, is the cycles— Does it have a linear effect or is it an exponential effect? In other words, if I do one cycle or if I do two, is two cycles twice as many, or is it exponentially?

Dr. Laura Braden
It's exponential replication of nucleic acid. Every cycle, there is a doubling. So if you have n equals cycle, it's two to the power of n. So, if you, for example, run a PCR test for 40 cycles, and you started with one molecule of DNA, you will have two to the power of 40 molecules of DNA at the end.

Commissioner Drysdale
Right. So the cycling from 30 to 46—I just want to make sure everybody understands, as I understand your testimony—isn't just simply that it's 20 per cent higher, it's—

Dr. Laura Braden
Two to the power of 16.

Commissioner Drysdale
My next question I think was answered, and that was you were talking about—I was writing them down as you were speaking— But you were talking about how the vaccines were originally intended to be intermuscular, in other words, they weren't to be inserted into the circulatory system. And you said that there was evidence that it was getting out into all other parts of the body.

[00:15:00]

And my question had to do with aspiration. And if we're not aspirating, how much of that might be because of that as opposed to it just getting out?

Dr. Laura Braden
That is exactly one of the concerns. And that is from nurse to nurse, from high school student in some cases, you know whoever is giving the injection, the technique will be different, the potential will be different, and that is why it contributes to every injection being a different event.

Commissioner Drysdale
Okay. In the testing that Dr. McKernan that you had referenced? Was he testing from different batches of vials? I think you said they used two vials?

Dr. Laura Braden
Two vials from the same lot.

Commissioner Drysdale
From the same lot. So it didn't really indicate necessarily with the variation between lots. And am I correct in asking or assuming that these vials were also produced in different facilities? It wasn't just one big giant— Not for the testing, but the vials that were out being used in the public. Were they being manufactured all in one giant facility?

Dr. Laura Braden
From how Pfizer describes it—and there's a great article in the New York Times that worked with Pfizer to give a really nice overview of how they make their products—certain processes are limited to one facility. So for example, in the U.S., that's where all the plasmid is made and then linearized. And then that product is taken to another facility, Andover, for example. And then another facility, and then they come back for quality assurance, loosely termed. But all of the one process, is my understanding, happens in the same facility.

Commissioner Drysdale
Yes. I've got two questions that perhaps aren't fair—but I want to ask you because I want to know, and I think a lot of people here want to know.

From what I was listening to from your testimony, it appeared that there were massive failures or omissions in the initial conceptualization of the research. And then on top of that, there were massive failures of quality control in the manufacturing process. And then there were potentially massive failures in the actual implementation of putting needles in

arms without aspiration. So my question now is: If that is a reasonable interpretation of what you were talking about, have you ever seen that happen on this type of scale in the pharmaceutical industry or the health industry before in Canada?

Dr. Laura Braden
No.

Commissioner Drysdale
My next question is again a difficult one. Have the companies involved with this research and manufacturing and whatnot have any historic record of doing things that were perhaps not in the interest of the public?

Dr. Laura Braden
It is my understanding that Pfizer is one of the most sued-successfully companies ever in the world: I believe the lawsuits are up in the billions of dollars in litigation for various things that are available in the public sphere. But it is my understanding that that is the case. So, the answer is no, they are not; this is not a new one.

Commissioner Drysdale
I have many, many other questions, as I'm sure everybody in Canada does. But I thank you very much for your time and your expertise.

Dr. Laura Braden
You're welcome. Thank you.

Commissioner DiGregorio
I just have a few questions. Sorry, I keep not getting the mic close enough. And I apologize if these questions have already been asked and answered, and maybe I'm asking the same thing in a different way, but please bear with me.

So you spoke a little bit about the PCR not being a good diagnostic test and that it would always be followed up with a confirmatory test. Is there a confirmatory test for the COVID-19 that you would follow up after a PCR positive?

Dr. Laura Braden
Absolutely. So viruses in their very nature lyse, meaning they break up cells. And I've done this in the lab. In experiments where we've infected animals with a virus, you do a PCR to determine the level.

[00:20:00]

It is a good way to assess quickly if your animal is positive or not. Because you don't want to waste the time for the next step. If there's no virus present, you won't get a hit. And, by the way, we are using cycle thresholds of 30. You then take a sample of the relevant tissue, and you expose that tissue. In this case, it would be either spit or mucus or whatever for virus that's respiratory in nature. And you would expose that to a viral plaque assay, is

what it's called. And if there were virus present, you could visualize that underneath a microscope because there'd be clearings in your cells. So you would see the virus has lysed and broken open cells. And based on the number of those plaques—because we know that each plaque therefore equals X many virions—so, you can reasonably extrapolate how many virus particles are there. And that would be step two of the PCR to then confirm that there's virus present that is infectious.

Without that confirmatory test, you cannot say—especially when you're looking at asymptomatic, healthy people—that they contain an infectious virus.

Commissioner DiGregorio
Thank you, and do you know if that type of confirmatory testing was done in Canada as part of the PCR testing processes?

Dr. Laura Braden
There is no way that they did that with all the tests. There might have been one or two. I'm not sure if there ever was one. But with the responses that we were seeing and the testing that were being put out within hours, there's no way that they ran confirmatory tests.

Commissioner DiGregorio
And what about the rapid testing kits that people used and that were distributed? Would that have been a confirmatory test?

Dr. Laura Braden
No.

Commissioner DiGregorio
Thank you. I'm not finished, I'm just turning my page. So you've spoken quite a bit about the need for more experimentation and that some of the experimentation that you would expect to see is happening now, but did not happen earlier. And I'm just wondering what the sort of timing is to complete these types of experiments that are now happening and that we're seeing now, and whether they could have been done at an earlier time.

Dr. Laura Braden
We just witnessed within two or three weeks the entire sequencing and analysis of the genetic material potentially in these vials as well as other bacterial-associated assays that I showed you to show presence of plasmid. All of those necessary steps that should be happening within the manufacture process: there's other more eloquent and more high throughput ways to ensure quality, and that could have been done within days. Some of these things to ensure, for example, there's no double-stranded DNA—that's a couple hours. These aren't months out, and they're easy checks and balances, well, maybe not so easy. They're checks and balances that should have been done and are easily attainable with our given technology and molecular biology. These are not things that are out of the realm of possibility.

Commissioner DiGregorio
And so, the manufacturers were not— This is not testing that they would have performed as part of the development?

Dr. Laura Braden
I can't speak to whether they did. This is what the logic trail would make you do, but I can't speak to whether or not they did all those things. What they did claim, what Pfizer has claimed themselves, is that strict and rigorous quality assurances were made at every step along the way to test for these things. They say that. They tested: there was no plasmids. They tested: The double-stranded DNA was digested. The plasmids were linear. It was pure mRNA. The integrity was 100 per cent.

Commissioner DiGregorio
Thank you. When they made these statements that they had performed this testing, did you understand that that was testing on this particular injectable product, or would it have been based on perhaps past study of mRNA technology?

Dr. Laura Braden
This was with respect to this particular product.

Commissioner DiGregorio
And so, you spoke a little bit about reverse transcription, which I don't pretend to understand. But I think you explained it well enough that as a layman I got a general idea of it. And I'm just wondering if this was— Is reverse transcription an issue that was identified as part of the historical mRNA research, or is this something that has only been discovered since the COVID injectables have been rolled out?

[00:25:00]

Dr. Laura Braden
To my knowledge, there's no data pertaining to the potential for reverse transcription in human cells from mRNA technology. I could be wrong, but this is to my best knowledge. All I'm aware of is the first paper that looked at was this last year, which was on the liver cells.

Commissioner DiGregorio
Okay, thank you. I'm just turning my page.

I think you spoke at the beginning about your experience in GLP—you called it good lab practices. And I'm just wondering whether the proper implementation of good lab practices could have addressed some of the contamination issues that you've raised today. Maybe you've already answered this.

Dr. Laura Braden
I think it's a great point to hammer home. In a GLP lab environment, every single thing that you do is run by a standard operating procedure, an SOP. Those SOPs are vetted and assured by the regulatory authorities to do what they say that they're going to do. So

basically, what this enables for is—in a lab environment, every step along the way is consistently done over and over again the same way. You cannot conduct a study in a GLP environment without SOPs that are first concurred with by the FDA. The FDA and Health Canada ensure that GLP-run studies are done in this manner.

It is my assertion that, in order to run a GLP study, all of those SOPs and standard lab practices that are demonstrated to regulatory authorities need to be done. So to get to your question, is there ways where that could have been mitigated? Is that what you're—

Commissioner DiGregorio
Yes.

Dr. Laura Braden
Okay. If it was done in accordance and in compliance, no. The fact that there are these particular contamination signals and others indicates to me that they did not follow, they were not compliant.

Commissioner DiGregorio
Thank you. And one last question, just, if you could give us a— What would you recommend should have been done differently?

Dr. Laura Braden
Could you be more specific? In what aspect?

Commissioner DiGregorio
Well, what we're hoping to take from your testimony is an understanding of what has happened and an understanding of what could be done differently next time.

Dr. Laura Braden
What could have been done differently is that, at the outset of the COVID crisis, scientists could be allowed to talk to each other in an open public forum in a way that would encourage scientific discourse to understand the biological methods at play and how we could, as scientists, work together to make it go away—or to understand the insufficiencies and where data needed to be generated. Because of the censorship and silencing of people who asked questions, that entire discourse was essentially deleted. And that is one of the most important pieces of this that I need for you to understand: scientists that went against the narrative were not allowed to speak.

Commissioner DiGregorio
Thank you.

Nicolle Snow
So if there's no further— Is there a question? Oh.

Commissioner Drysdale
These are questions from the audience.

Commissioner Massie
I know we're running out of time, but there's one question which I think— Because you've said that you have expertise in immunology, I think it would be worth it to explain the idea of autoimmune reaction that might occur because the spike proteins share what we call epitope or sequences with a number of our own proteins. Because normally, my understanding is that we don't generate antibody or immune responses to our own protein because this would lead to all kinds of diseases. But why is it that having shared sequences between spike and our protein can actually lead to this process?

[00:30:00]

Dr. Laura Braden
Essentially, the injections are programming our cells to produce a protein that could then be displayed to our immune system on our cells. And they are using these receptors called major histocompatibility factors 1 and 2. And really, that part doesn't matter other than the fact that these receptors are there normally to show pieces of non-self to our immune system. So that our immune system can recognize whatever is attached to that receptor, oh dear, we'd better mount an immune response against it. And there's a number of different receptors that also do the same thing. Because this is so important, immunological responses by their very nature destroy what they're intended to destroy. Often with inflammatory diseases, collateral damage from inflammation that is left unchecked is how we get pathology, immunopathology. In a very similar way, when there are antibodies produced against pieces of our self, we develop antibodies to proteins of ourself, and then our immune system thinks our self is bad and to attack it.

So if the spike protein has peptides or epitopes that are similar to those of our proteins, and our bodies are thinking that they are bad and produce antibodies to them, that is the definition of autoimmune disease enhancement or progression. And in fact, one of the one of the proteins with the highest similarity is a protein called thrombopoietin, which is involved in the clotting cascade. So basically, the take-home message here is: the potential for autoimmune disease progression when the similarities in these proteins are so high is extremely concerning. And I'll finish the thought with— That is one of the basic fundamental tests that you would run when you're trying to decide on injecting people with a protein, if there are similar epitopes or antigens, and that is the biggest concern. That should have been done.

Commissioner Drysdale
There is a question from the audience, and it's a long one, and I'll do my best.

There has been some speculation here and elsewhere around the question: Were the problems associated with the COVID-19 injections reasonably attributable to a rushed process? Under normal circumstances, what would be an expected time period for a novel pathogen to be isolated in sequence, a suitable vaccine to be developed, manufacturing, storage, delivery, capacity to be expanded to produce sufficient vaccine vials, needle shipping boxes, et cetera in sufficient quantity to provide for billions of doses around the world?

Dr. Laura Braden
To my knowledge, 10 to 15 years.

Commissioner Drysdale
I have an additional question, I apologize. If I understood your testimony correctly, you were saying that some of these particles, or some of these revised DNA, were getting into the bacteria within the gut of people. So those bacteria now were carrying, I don't know how to call it.

Dr. Laura Braden
Plasmids.

Commissioner Drysdale
Aren't those bacteria in the gut everywhere? Like, if it's in the gut, is it possible that it's getting into the water supply and they're spreading? Do we know this?

Dr. Laura Braden
The theoretical concern is, absolutely. And no, we don't know this.

Commissioner Drysdale
Okay. Thank you.

Nicolle Snow
Dr. Braden, we thank you for your fascinating and interesting testimony here at the NCI hearing.

Dr. Laura Braden
Thank you and you're welcome.

[00:34:26]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 2: Dr. Matthew Tucker
Full Day 3 Timestamp: 02:18:44–02:49:16
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

Dr. Matthew Tucker
Yes, sir.

Alison Steeves
Can you tell us your full name, where you're from, and your occupation?

Dr. Matthew Tucker
My name is Dr. Matthew Tucker. I'm a family and emergency medicine doctor in the Annapolis Valley in Nova Scotia.

Alison Steeves
Dr. Tucker, can you please give us a bit of a background with regard to your work experience?

Dr. Matthew Tucker
I was in the Canadian Armed Forces for 21 years, including almost 10 of those years as a doctor. During most of that time as a doctor, I also worked regular shifts at my local emergency departments in three different provinces.

Alison Steeves
So you were in the military for 20 years, 10 of which you worked as a doctor. Are you now working for the military?

Dr. Matthew Tucker
Yes. As a civilian physician.

Alison Steeves
As a civilian physician?

Dr. Matthew Tucker
Yes.

Alison Steeves
Have you recently also been working in an emergency room?

Dr. Matthew Tucker
I was, during most of the pandemic. I took a break beginning in 2021.

Alison Steeves
And please note, Dr. Tucker's CV is Exhibit TR-13.

What is it like working as a military physician?

Dr. Matthew Tucker
It's great. I hope it doesn't sound overly sentimental if I say, I love the men and women in the Canadian Armed Forces. I have a very high opinion of them.

Essentially, what we do, is we do family medicine, in a military clinic, on a military base. A little bit of what we call occupational medicine as well. It's very interesting.

Alison Steeves
Who exactly are your patients? Is it strictly military personnel or families as well?

Dr. Matthew Tucker
In Canada, it's strictly military personnel. That's quite a large question, actually. Probably beyond the scope of this "thing." In other militaries and other countries, the doctors do look after the families and I wish we did, but we don't.

Alison Steeves
Over the past couple years, have you noticed any concerning trends in your patients' cases?

Dr. Matthew Tucker
Well, I think so. I had a conversation, actually, two conversations. Two different people I asked this question, recently. You know, hallway kind of conversations, at the place where I work. And I said, "Is it just me, or is it all we do these days, mental health things? Is people's

mental health worse than ever?" And both of these people said, "It's not just you." They see the same thing.

So in my opinion, this is very subjective; I don't have statistics at hand, but it's my opinion that there's been a mental health crisis, where I work, for the past couple of years.

Alison Steeves
You've seen an increase in the last couple of years compared to your prior nine or so years of experience?

Dr. Matthew Tucker
I think so.

Alison Steeves
How many doctors work in your clinic right now?

Dr. Matthew Tucker
Not that many. There's doctors and nurse practitioners. So maybe six clinicians in total.

Alison Steeves
Do you regularly meet to discuss cases?

Dr. Matthew Tucker
Yes.

Alison Steeves
Do you notice a trend in the cases arising for them, as well?

Dr. Matthew Tucker
I think so. I mean, let's be clear here. It's not that mental health issues are "new" in the military; military life has always been stressful for people. But I think it's been a significant theme in the past couple of years.

Alison Steeves
Do you have any theories as to why you and your colleagues at the military are seeing this increase in mental health issues?

Dr. Matthew Tucker
Well, I do think that a lot of it has to do with the stresses of the COVID restrictions over the past couple of years.

Can I tell you guys a story, a personal story? It's a true story. When I was a brand-new doctor—this was on a military base in Ontario—my wife and I were shopping for our first

house. We settled on a house and our realtor turned to us and said to my wife, "This is a good choice. This is a good neighborhood for you because 'I'm' going to be away a lot."
I don't know why I didn't believe her, but at the end of four years, when we were leaving that place, I had been away from home for 11 months.

So these are the sorts of stresses that military people deal with. I think that every Canadian has had a lot of stress over the past couple of years. Most people report that they were affected by the COVID measures in some way. But I think that military people have particular stresses that affect them particularly. Like having to go away frequently. Like having to move around. And I think that the COVID restrictions were particularly hard during times like that. I think this was a trigger for a lot of anxiety and depression.

Alison Steeves
So the standard COVID measures that applied to everyone would have particular, unique sort of impacts on those who are used to travelling and being away from family, the way that the military would.

[00:05:00]

Dr. Matthew Tucker
I think so.

Alison Steeves
And can you elaborate a bit on the type of symptoms that patients present with when they have these mental health issues?

Dr. Matthew Tucker
Yeah, thanks for asking that actually. I'm sort of passionate about that question because I think that a lot of people, non-medical people— I think they don't know what the symptoms of depression are. Of course, the classic, the obvious symptom of depression is low mood. But there's quite a number of other symptoms that go along with depression and anxiety.

Things like not sleeping, not eating, low energy, not doing anything for fun anymore, feeling bad about things that perhaps aren't reasonable. And so, I've seen a lot of this lately. People afraid to go out in public, afraid to go to work because they're anxious. I've seen a lot of it lately.

Alison Steeves
Have any of the patients you've seen commented on the link to, sort of, the COVID restrictions or the impact of the COVID measures?

Dr. Matthew Tucker
Yes. Certainly, I've heard that sort of mentioned in passing by patients a number of times. I heard it explicitly, recently, because I asked one of them. I said to him, I said, "hey"— I've seen this person, who I've gotten to know as a patient over the past year or so, a person with significant anxiety. I said to this person, "Hey, listen man, I just want to ask you

something. This might seem like a random weird question but can I just ask you? Do you think that you had trouble with the COVID restrictions?" And his face lit up and he said, "Yes, that's when all this started!" He said, "I was on a military base where I wasn't allowed to go anywhere. My family wasn't allowed to come visit me because of the travel restrictions. We had kids at home. We had no family support because my extended family is from out here, and we were on this base out here. We had an erratic sort of work schedule where it was ever evolving. That was very stressful."

So I think, definitely, yes. These sorts of things were very stressful on our people.

Alison Steeves
Were there aspects of the military, were there certain measures in the military or unique kind of features of the military that would create sort of impacts on military members? Sort of things that, in the way the military operates, they would have specific measures that wouldn't affect other Canadians?

Dr. Matthew Tucker
Well, I think I already mentioned those. The frequent travel. So imagine the stress not only on military members when they have to travel frequently. They have to self-isolate frequently before they travel anywhere. They're worried about their families who are stuck at home with no support because of travel restrictions.

Alison Steeves
With COVID measures reduced now, have you seen a decrease again in mental health issues?

Dr. Matthew Tucker
Well, I think that's a hard question to answer. I think on the one hand, yes. Many people are doing better now. Although I would say that I think many of those people are probably the people who would not have come to see me to begin with. I am still aware of a number of people, who I would say, the COVID measures, the COVID stresses were probably the straw that broke the camel's back for these people. And they have not really gotten better, even though the world may be returning to normal(ish).

Alison Steeves
Is it your observation with anxiety and depression that, even if it's caused by social determinants or external factors, that once it sort of takes hold, it can be hard to treat, even if those factors are—

Dr. Matthew Tucker
That can happen. Now frequently, it does get better. In medical parlance, we have this term called "social determinants of health." And if you ameliorate the social determinants of health, it is true that people frequently get better. But everybody is different and it can be hit or miss.

Alison Steeves
As someone who spent 20 years in the military, can you speak to how a rise in mental health issues, anxiety and depression among military personnel, could have an impact on day-to-day military operations?

Dr. Matthew Tucker
Well, I think that's a fairly self-evident no-brainer. If people are sick, they can't go to work. They can't perform their jobs. It's going to affect the ability to carry out a mission successfully.

[00:10:00]

And I'll tell you something. Part of the reason that I'm passionate about this, part of the reason I'm passionate about our people's health is that—it's not a secret when I tell you this—that the military has a personnel crisis right now. A lot of people are leaving. A lot of people have left. A lot of people are very sick. And I think it's a fairly self-evident no-brainer that that is a— I guess you could say it affects the security of the country if people are too sick to perform the mission.

Alison Steeves
So you are seeing people leave due to those reasons, the mental health issues?

Dr. Matthew Tucker
Yes. I think so.

Alison Steeves
Dr. Tucker, during the pandemic, up until late 2021, you were also working part-time at the local emergency room in Annapolis Valley, correct?

Dr. Matthew Tucker
Yes ma'am.

Alison Steeves
This was not associated with your military practice, correct?

Dr. Matthew Tucker
Correct.

Alison Steeves
At that time, and of course you weren't there as long into the pandemic, so it's hard to compare, but did you also see a trend in rising anxiety and depression?

Dr. Matthew Tucker
I think so. When people come to the emergency department with mental health issues, it typically presents a little bit differently than it does at a family medicine or primary care clinic.

I find that typically, what will happen is, you'll pick up a chart and the triage notes will say that the person is there for something like "situational crisis" or "mental health crisis." So what will happen is, you'll go see them and you talk to them, and it becomes clear that they're suffering from anxiety or depression, stress from whatever is going on in their life.

So during the COVID period, yes, I do think there was a certain amount of that. I do remember seeing several patients at the emergency department who I'd go see, and the triage notes said they were there for situational crisis or mental health crisis or whatever. And I'd go see them. And it became clear, that these people were just— They couldn't make it work anymore because, maybe the measures were affecting their job, there was financial concerns. Maybe their families weren't able to come visit them to help with their little kids or whatever. This was in the general public, and of course, the emergency department serves the general public.

Although, I will tell you something else, going back to the question about the military families. In case you don't know this, every community hospital that's close to a military base looks after military families all the time. And the reason for that is because these people move around all the time, so they don't have doctors, and so they go to their local hospital all the time. And I'm going to tell you something else. Military spouses basically deserve a medal for what they deal with, okay? You know, there's military medals; I think there should be a spousal medal for what they have to deal with. They put up with so much when their spouses are away.

Imagine this. Can you imagine this? Imagine you're a military spouse, okay? And you get uprooted from the place where you're from. Your spouse is stationed at a military base that's far away from where you're from. So you have to move to this place, where you don't know anybody and you've never been. And it's 2,000 kilometres, several provinces away from your extended family. And you don't know anybody. So you depend upon things like activities— You know, clubs, peer networks, your kids' school, churches, whatever. And then imagine that all these things are shut down, and you have nobody. You have nothing. And because of inter-provincial travel restrictions, your extended family is not able to come and look after you. So I would also see those people at the hospital, a couple times.

Alison Steeves
And you would see the mental health impact in some of those patients?

Dr. Matthew Tucker
Yeah, yeah.

Alison Steeves
Going back to the beginning of the pandemic, working in an emergency room, can you tell us a bit about what that was like, circa February 2020?

Dr. Matthew Tucker
A very interesting question because we did a— Everybody knew that this COVID thing was coming. And at the beginning, doctors, I think, didn't really know what it was. Didn't know what to expect. Didn't know what kind of symptoms to expect. And so, at my hospital, what they did was, they decided to organize some practice sessions. Which is always a good idea. They organized some practice sessions on how to deal with a respiratory emergency. So I went down to the hospital a couple of times. We did a couple of practice sessions about how to deal with a respiratory emergency, where we'd have a mock patient.

[00:15:00]

And I would participate in the team. And there would be your nursing team. And we did a practice scenario or two, okay? And we felt great about it. We thought, this is great. We're all practised up. We've got our skills all practised up. We can save people's lives if they come in. It's great. And you know what happened? Nothing. The patients never showed up.

So I'm going to say this. And people, especially people in other parts of the country or other parts of the world, they may have trouble believing this or they may think I'm misspeaking: I'm not misspeaking when I say, I worked regularly in the emergency department, once or twice a week, throughout 2020, throughout 2021. And I never met a single COVID patient until January of 2022.

Alison Steeves
So no flood of COVID patients?

Dr. Matthew Tucker
No. And the only reason I met them then in January of 2022, was because at Christmas time in 2021, the military people were finally allowed to go home for Christmas and so they came back with it.

Alison Steeves
Dr. Tucker, why did you feel that you wanted to come and speak here today at the National Citizens Inquiry?

Dr. Matthew Tucker
Well, I was asked if I would. And I thought to myself, I feel like there are a number of stories from Canadians that haven't been heard or are not being heard. Still not being heard. I think that everybody deserves to have a voice in the national conversation. And I thought that maybe I could shed some light on some voices that haven't been heard—just with the view towards improving our healthcare system and improving the lives of the people that I care about.

Alison Steeves
Thank you very much. I'll turn it over to the Commission if you have any questions.

Commissioner Massie
Thank you very much for your testimony. My first question would have to do with the condition of the family, around the military.

Dr. Matthew Tucker
Yes.

Commissioner Massie
How extensive could be the isolation, based on assignment, when they move from one location to the other? In other words, do they have the time to build a social network or are they moved constantly so they have to rebuild it all the time?

Dr. Matthew Tucker
That's a very good question. I could answer it at length; there's multiple components to that question. The short answer is, it depends, okay? Sometimes people stay in the same area, at the same military base for 10, 15 years. That's more common than it used to be; it's more common on certain bases. Sometimes, people move around every two or three years. So it all depends.

And I will tell you this though, based on my experience, this is my experience in being fluent with this culture. People usually say, as a general rule, that in the military, when you get stationed, it takes sort of a year just to get your feet under you with understanding what the amenities are in the local area. It probably takes two or three years to really start building relationships with other people to the point where you feel comfortable there. And so absolutely, that can be very difficult on families. And in particular, a lot of our military bases are located in smaller rural areas that might be even harder for people.

And so going back to the COVID stuff: If stuff is shut down, a lot of these military families, and I said spouses before, but it's also the kids. It's also the kids. It's very hard on them.

Commissioner Massie
I have another question with respect to the mental health issue. I know it's kind of difficult to define because it could have many different components. I know that you're not, in theory, in contact with families or the kids and so on. But have you noticed, or have you heard of, special conditions affecting the kids also of the military? Because of the isolation and travel restrictions was there something— And all of the other conditions that the kids were subjected to because of the lockdowns?

Dr. Matthew Tucker
Yes, yes. I think I said that when I was talking about seeing these families at the emergency department, I think I said spouses, but it's kids too. Kids will typically present in a different way. It may say behavioural issues, but that can encompass a variety of things.

[00:20:00]

You know, whether it's childhood anxiety, depression, ADHD that's not been properly diagnosed.

Commissioner Massie
I'm going to ask a sort of broad question. Knowing what you know now, from the experience of what happened over the past three years, what would you recommend we should have done differently with respect to managing this whole health crisis? I know it's a broad question, but—

Dr. Matthew Tucker
It's a broad question. I'm not sure it's my place to answer that question. I sort of felt like I came here to tell you what I've seen. I'm not sure it's my place to— I don't have all the information to answer the question. But I think my best answer to that, maybe, would be— I think the biggest recommendation that I would have made would have been to say, I would have liked to have seen everybody listened to.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
Good morning. I would just like to, kind of, further the comment that you made about— You alluded to the military personnel being in somewhat of a crisis in terms of, I guess, recruitment and retention, possibly?

Dr. Matthew Tucker
Yes, yes.

Commissioner Kaikkonen
So we know across the country, there's been a lot of connections with, you know— People are stepping back, this quiet quitting. And as a doctor, who would be seeing all of this and wondering as well.

From my perspective, I'd like to know, is there a way to counter the quiet quitting, this stepping back from working, being part of the community, volunteering? Do you have any kind of tidbits that would help people to step out from their homes and not be so fearful? Just from your perspective as a doctor.

Dr. Matthew Tucker
Can you elaborate on the question a little bit, like how to counter—

Commissioner Kaikkonen
We have this quiet quitting movement. There's a lot of employers who can't find employees. There's a lot of charities now who don't have volunteers. And it seems to be increasing; they call it the "quiet quitting movement." And it seems to be increasing in not just pockets of the country that had very tight restrictions, but it's spreading across the country. Even to those provinces that didn't have as quite—the restrictions were less than, maybe, the Atlantic region.

And I'm just wondering if you have any counsel, from a physician's perspective, of how we can counter that movement. And say that, "You have a place, you have a purpose in this world. You have a place that's important." The social fabric is dependent on people being participants.

Is there some way that you can add to that conversation that might actually encourage people who may be watching from online or in here? That they could say, "You know, I have been moving outside of the social fabric. Is there a way that I can participate, that I should be participating?" And maybe encourage those people who are listening. Particularly online because all of you did show up. But, you know, just to try to encourage people to move forward and maybe counter what seems to be happening and may increase and, actually, seriously disintegrate our social fabric. Thank you.

Dr. Matthew Tucker
Okay, I think that's a big question. I think you already answered some of it yourself. I think the very short answer to a very big question would be, you have to find a way to re-engage people with society. I think there would have to be a re-emergence of social cohesion, shared values, shared purpose. I suppose that efforts that would help, you know, build communities and bring people together would be the start to that.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
I have a number of questions myself, and there's two questions from the audience.

Dr. Matthew Tucker
Yes, sir.

Commissioner Drysdale
But first, before I start that, I want to thank you for your service: 20 years of service to our country. So you were with the Canadian Armed Forces for 20 years.

Dr. Matthew Tucker
Yes, sir.

[00:25:00]

Commissioner Drysdale
Would you say that the Canadian Armed Forces is effective at evaluating risk and solutions to unusual problems?

Dr. Matthew Tucker
In general, yes. I mean, listen— To a certain extent, that's not my place to comment on.

Commissioner Drysdale
No, but—

Dr. Matthew Tucker
I mean, the people that make these assessments, they would rely on a variety of metrics that I don't have access to. But I think in general, yes, that's part of what they do.

Commissioner Drysdale
That's part of what they do.

You also mentioned that in 2020, when the pandemic was first announced, there was uncertainty in, at least in your medical community, about what it entailed and what it might mean. And you did some tests, some practice runs, to see how you might handle that.

Dr. Matthew Tucker
That's right.

Commissioner Drysdale
How far into the pandemic was it before you or your colleagues began to understand that COVID was affected by the age? In other words, the risk to an 85-year-old might be less than the risk to a 19-year-old?

Dr. Matthew Tucker
How long did it take to realize that? I would say, I mean, I don't remember for sure. A lot of stuff has happened in the past couple of years.

Commissioner Drysdale
Sure.

Dr. Matthew Tucker
But I would say, you know, probably later in 2020, that started to dawn on us. But I mean, it was hard for us to realize that where I worked because we didn't see any of it.

Commissioner Drysdale
Right, right. But even where you were and you didn't see anything, I guess, with what you were hearing in the press and what you were talking to your colleagues about, they were starting to understand that it was related or it was vastly related to age, or it was riskier.

Dr. Matthew Tucker
Yeah. I would say sort of later in 2020 that that started to become clear.

Commissioner Drysdale
When did the Canadian Armed Forces require or mandate vaccines for members?

Dr. Matthew Tucker
In the fall of 2021.

Commissioner Drysdale
So in the fall of 2021, how many 85-year-old members are there in the Canadian Armed Forces, that you are aware of?

Dr. Matthew Tucker
So listen, they keep increasing the age where you're allowed to stay, but it's not to 85 yet.

Commissioner Drysdale
Being an organization, that's part of their task, and they do it very well, in my opinion, is to assess risk, understand unusual situations, and respond in an appropriate way. And if the information seemed to be available in 2020, and they didn't have members who were in that age group, do you have any idea why they would have mandated the unknown vaccine?

Dr. Matthew Tucker
I can't answer that question. That's way beyond my pay grade.

Commissioner Drysdale
Okay. I have two questions that were submitted by the audience. The first one is, and this might be a difficult one too. Knowing that we understand— This is a commentary following the witness that was on prior to you, Dr. Braden.

Dr. Matthew Tucker
Okay.

Commissioner Drysdale
"Knowing that we understand the spike protein that does cross the blood-brain barrier, is it possible, or should we be wondering, if this may also be contributing to the increased incidence of anxiety and depression?"

Dr. Matthew Tucker
I mean, my short answer to that is, maybe. Like any number of things, I think it requires more study.

Commissioner Drysdale
Okay. The last question is, "With regard to military members, who for either medical or religious reasons requested an exemption from the vaccine mandate," and I guess weren't provided with one, "how would that have contributed to their increased stress levels?"

Dr. Matthew Tucker
Well, it increased it. I mean, if you want to know, I certainly saw that sort of thing.

Commissioner Drysdale
Yes. Well, thank you very much.

Dr. Matthew Tucker
Okay. Can I just say one more thing? Are we done? Okay, can I say one more thing?
I feel very strongly about this. I know the inquiry heard yesterday from some people who have been through some things that have led them to have had bad experiences with the medical system.

Can I just say, for the record, to those people, or to anybody else who may benefit from hearing this: That I don't think it's ever appropriate, in any medical context, for anybody to be belittled or laughed at or made fun of or dehumanized for their personal medical choices. Or for their anxieties and concerns about what's going on with them.

[00:30:00]

That's never appropriate. Everybody always deserves to be treated professionally and empathetically. And to those people who have had that experience, I just want to say I'm sorry to hear that you had to deal with that and I would never treat you that way.

That's it.

Alison Steeves
Thank you, Dr. Tucker.

[00:30:32]

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

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 3: Dr. Aris Lavranos
Full Day 3 Timestamp: 02:51:30–03:41:11
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Perhaps I would swear, affirm the witness then? Yes, sir, you affirm that you will tell the truth, the whole truth, and nothing but the truth.

Dr. Aris Lavranos
I do.

Ches Crosbie
Thank you.

Chad Horton
Good morning, sir.

Dr. Aris Lavranos
Morning.

Chad Horton
Could you kindly introduce yourself to the Commission?

Dr. Aris Lavranos
My name is Dr. Aris Lavranos. I have been an emergency physician for about eight years now. I have a very, very small sort of family clinic where I see patients in an outpatient setting, follow-up in the emergency department, which I've been doing for a couple of years, really in response to COVID. And I am just about to graduate from law school.

Chad Horton
Now, can you speak a little bit more expansively, Dr. Lavranos, about your history of practice and your areas of practice?

Dr. Aris Lavranos
Sure. So I did my residency and fellowship in Ontario between Kitchener-Waterloo, Hamilton, Collingwood, Southlake, sort of that area. I returned to Nova Scotia about six or seven years ago. I practised all over the province, practised in Digby, practised in Amherst, practised in Kentville, the IWK, Central Zone, Truro, travelled throughout the province. Over the COVID crisis, I practised mostly from Truro, occasionally in Kentville, the IWK, and [inaudible: 00:01:43] emergency departments.

Chad Horton
Okay, so when you say that you practise in emergency departments, would you be classified as an emergency room physician?

Dr. Aris Lavranos
Oh, yeah. And I did my family medicine training with a fellowship in emergency medicine, so a sort of subspecialty in that and that's what I did almost exclusively.

Chad Horton
And what does emergency medicine contemplate?

Dr. Aris Lavranos
The primary care in general sees everybody as their entrance way into the healthcare system. But generally speaking, the emergency department is the face of the hospital structure to the public. So one of the things that I often like to comment on—and I think some of my other colleagues have mentioned it already—is that public health decisions, the impact of those, is felt in places like the emergency department, perhaps predominantly in the emergency department. A lot of public health consequences aren't always amenable or agreeable to being seen and followed up in primary care in a family physician's office. So an acute case of sexually transmitted infection, acute case of a sick child who might not get in to a family medicine appointment, we see a lot of those kinds of consequences.

Chad Horton
Now, you just commented on public health policy a little bit and this is something that came up during the testimony of Dr. Chris Milburn. And this is on the record, on the public record in the news. But Dr. Strang I understand made some comments that, as an emergency room physician, Dr. Milburn should not be commenting on public health policy.

As an emergency physician, are you qualified to comment or have an opinion on public health policy?

Dr. Aris Lavranos
Yeah, absolutely, absolutely. I think stating anything otherwise is a little ludicrous. We see patients who are and are not wearing their helmets in bicycle accidents, right? Who are and are not wearing their seatbelts and this is all within the ambit of public health. You know, if we have epidemics or outbreaks of infections, infectious diseases, measles outbreaks, sexually transmitted infections— I mean, we are exposed to all of those things. And then, of course other consequences of sort of, let's say, more broad social determinants of health, which also falls in the ambit of public health. So for example, if smoking cessation improves, we do not see as many smoking-related issues. If, you know, children start vaping a lot more, we see a lot more evidence of consequences of vaping in children, and so on. So we are certainly exposed to all of that. And it would be within the ambit of anybody, let alone someone who has a public health background or understanding, expertise, as emergency physicians alone, to be qualified to comment on that.

Chad Horton
And for the record, can you confirm Dr. Lavranos that you've provided me with a copy of your CV?

Dr. Aris Lavranos
Yes, I have.

Chad Horton
Okay, and that will be entered as an exhibit for the Commission [TR-16].

Within the scope of your practice—and you've told us that you've covered a fairly wide geographical area of Nova Scotia—approximately how many patients would you attend with or otherwise treat in the run of a week?

[00:05:00]

Dr. Aris Lavranos
So it's a good question. Depending on the week, and how heavy I'm working, how many clinic days or how much schooling, or those sorts of things. But when I was working at my fullest, if I did three or four shifts, I worked more than most of my colleagues when I'm working full-time, I acknowledge that. I could see probably five or six thousand patients a year so that would probably be like the upper limits of what I would see if I was working full-time. So that's 18 to 20, 22 shifts a month, an average of 25 to 30 patients per shift. So it's a lot, yeah. It's a big number.

Chad Horton
And at the beginning of the pandemic, let's go back to early 2020, what were your professional plans?

Dr. Aris Lavranos
Sure. So even before entering— Sort of the idea of going into law, I liked the idea. I've always been interested sort of politically, administration-wise. And my idea was to find more training, leadership courses, certifications to try and bring back some of that expertise into the medical field. But certainly, never to stop practising clinical medicine. I love emergency medicine; I really, really love it, and I think I'm quite good at it. So I mean, there's a tremendous amount of meaning and reward in my life from that.

But then sort of going into law school, I thought I would bring back some of that legal training, do something college-related or administration-related. But as a consequence of the COVID pandemic, my life trajectory has changed dramatically, dramatically. So my pursuits now are— I've become very, very disillusioned with the practice of medicine in Canada generally, in Nova Scotia specifically. I think that a lot of the consequences and crises that we are seeing now could have been mitigated, at the very least, if not diverted outright. And so, I am pursuing a career in medical malpractice to try and hold hospitals and physicians accountable for the errors that lead to the crises we see.

Chad Horton
That's very interesting. And for the benefit of the Commission, can you just briefly talk about when you went to law school and why you did that initially?

Dr. Aris Lavranos
Yeah, so again, that was not the intention. I really, really enjoyed my advanced negligence course, I really enjoyed my tort course in first year. But I liked constitutional law, I liked administrative law, I liked the idea of supporting health care policy. You know, I contributed at least likely to Tim Houston's plan in Nova Scotia to legal bodies advocating for certain conservative platforms for health care. So that was kind of the direction that I was originally interested in. So the idea of medical malpractice was very, was new. That was later on, definitely.

Chad Horton
And a final question about that, Dr. Lavranos. When did you go to law school? When did you graduate, if you have graduated? And did you continue to practise medicine while you were a student?

Dr. Aris Lavranos
I did. I practised medicine throughout law school. I did sometimes, like, a reduced load. We consider 16-ish, 14 to 16 shifts to be full-time emergency medicine practice per month. I would do 6, 8, maybe even 10 in the month, depending on what the month was, so not quite full-time practice during school. During reading weeks, during the summer, it would jump back up to sort of a much more heavy, heavier workload. I started law school in 2020. But I worked throughout the pandemic; school hadn't started at the beginning of the pandemic, so I worked pretty intensely over the first nine months of 2020.

Chad Horton
And has that completed or are you still in that process?

Dr. Aris Lavranos
Yeah, so I'm still doing that. My law school has another six weeks or seven weeks of school.

Chad Horton
All right, we'll shift gears and go back to the pandemic itself and your experience as a physician. Now, based on your education training experience, in any medical literature you had read, what was your understanding on the front end of the pandemic of the danger posed to public health in Nova Scotia by COVID-19?

Dr. Aris Lavranos
Yeah, so I was definitely one of the biggest alarmists when it comes to COVID in the beginning of 2020. January 24th or the 26th, I can't remember which of those two, but I was on shift in Truro.

[00:10:00]

I was handing over to my chief, or they were sort of on shift with me, and Xi Jinping of the CCP had just announced that they were going to shut down the province of Hubei, Wuhan, whatever. And I had thought to myself, this is going to be peri-apocalyptic. For somebody in such a precarious position of power on the world stage to announce— The political ramifications of that, I thought that this was going to be massive. At that time, I was very much on board: "Two weeks to stop the spread," I thought it sounded insufficient. I thought that we really needed to have closed borders immediately. This whole idea of Trump having been racist for suggesting that and, "Oh, you should just go and eat at Chinatown," the Democrats were saying. I thought that this was not appropriate. I was, like, people are underemphasizing how dangerous this could be.

But that perspective only lasted maybe a couple of months. Once we started to see the zero-prevalence data that was coming out at the end of 2020, the beginning of 2021, that's when it was published. But the data that was out there beforehand—end of 2020, by Bhattacharya and Ioannidis—showed that it was probably nowhere near as fatal as we had thought. The Diamond Princess cruise ship was the first week of February, the second week of February. Nine hundred people of 3,000 contracted the virus I think, something like that. Maybe nine people or seven people died. So not nearly what we had thought or what we had expected.

These videos of people collapsing in China, largely discredited. The reports out of Tehran, largely discredited. Demographic data coming out of New York was very early on in the **summer; I think it was like June or July of 2020. Thirty per cent, 35 per cent of all fatalities were happening from long-term care facilities with people who were extremely old and extremely co-morbid. So very quickly, I became sort of disillusioned with the idea of the alarmism and the hysteria that was sort of flowing around COVID.**

Chad Horton
Just a brief point of clarification, Dr. Lavranos, for the audience. When you say individuals were largely co-morbid, what does that mean?

Dr. Aris Lavranos
Yeah, so I mean, like, there was this meme that went around when the CDC published the data showing that something like 94 per cent of patients who succumbed to COVID had 2.6 co-morbidities. So those are chronic conditions that stick with you. Now, appropriately a lot of push-back against that was, well, lots of people have co-morbidities. For sure. But the average ages of death were fairly advanced and patients were very co-morbid. And if you looked at the number of patients who were healthy who succumbed to COVID, it was a really much older population. So co-morbid means other medical conditions that could contribute to somebody's general frailty.

Chad Horton
Thank you, Dr. Lavranos. And you just touched on another point that has come up a couple of times. And I believe one of our commissioners asked about this. But can you briefly explain, as time went on, your understanding of the age stratification of risk associated with COVID-19?

Dr. Aris Lavranos
Yeah, so it was apparent that this was the single greatest contributor to co-morbidity as a risk factor for COVID morbidity or mortality. So prolonged stays in hospital, even if you survived, or passing away from COVID, it was by far the most important. And I would say probably summer/fall of 2020 is when that was, kind of, very well understood—very well understood. There are other co-morbidities that sort of came out, right? Like, early on, the whole idea— Because it was a quote-unquote, "novel virus." I mean, at least clinically it was a novel thing. I mean, we've heard a little bit about the immunology, virology component about it. Coronaviruses are well understood and well-known for a very long period of time. But at least this was a novel virus, even clinically.

And so, the idea was initially a respiratory-predominant kind of concern. And then it became a little bit more of a coagulopathic concern: that what we thought was actually lung harm turned out to be microangiopathic clot disease, renal failure, heart attacks, that kind of a thing. So our nature, our understanding of it evolved and with that, the co-morbidities that could lead to consequences of that also evolved. But age was certainly the biggest risk factor by far. So several orders of magnitude. If you are 80 years old versus 8 years old, it is a massive difference, like, thousands and thousands of times more lethal for the aging population.

Chad Horton
Now, I want to ask you, Dr. Lavranos, about what you personally observed within your capacity as an emergency room physician as the pandemic evolved throughout 2020.

Dr. Aris Lavranos
Yeah, so, in—

Chad Horton
And just a moment, I apologize for interrupting you doctor. I'm specifically asking about COVID illness.

Dr. Aris Lavranos
Yeah, okay. That's what I was going to follow.

[00:15:00]

Okay, so with respect to COVID specifically, I've seen very, very, very little COVID—very little COVID—over the COVID crisis. If we exclude the last six months; if we look at up until Omicron, let's say, I probably saw 10, maybe 12 people with COVID. Almost all of them had survived. I was seeing them post, right? Like, I saw one person who was sick. They were not sick with me, actually; they became sick later. But I'd see nobody sick with COVID, like having to intubate them, resuscitate them, or anything like that. I never saw anybody like that. I saw maybe a handful of people who had COVID who came in: runny noses, coughs and coughing, sneezing, kind of typical respiratory tract infection sicknesses.

Chad Horton
Well, in the many hospitals that you've worked in, as you explained earlier, did you witness any overburdening of hospital resources as a result of COVID admissions?

Dr. Aris Lavranos
Certainly not, certainly not. It was a bit of a joke in the hospital. In Truro, when I was there, we had our COVID unit stocked and ready. We had a COVID physician on all the time, bracing, waiting. Those physicians were starving for work. They would come down and see patients in the emergency department and call. "Do you have any business? Do you have anybody with COVID around? Do you want us to come and see someone? Oh, that sounds like it could be COVID. Do you want me to come and see them?"

So, it was— No, I never saw it. I never saw any overwhelming of hospital resources.

Chad Horton
And, this is a somewhat redundant question, but I think it's an important question. Do you have any awareness—or can you speak up to today regarding the ultimate mortality numbers appropriately attributable to COVID-19 in Nova Scotia?

Dr. Aris Lavranos
Without having sort of the data here in front of me, the numbers are very low, I would say that. Maybe even extremely low, I would say that. The average age of death in Canada is not much different than it is anywhere else in the world. Tends to be much older, much more co-morbid people. And I mean, like, Nova Scotia, we are older than other places in Canada, there's no doubt about that. So actually, we're considerably older compared to Alberta, and so our risk compared to other provinces is probably a little greater to that extent. I mean, at least colloquially I find, in Canada, it tends to be one of little bit of a "heavier set" provinces. So obesity tends to be a risk factor as well. So in that regard, we're probably a little worse

off than the other parts of Canada. But generally speaking, case fatality rates in Nova Scotia are just like they are everywhere else: very, very low.

Chad Horton
Now, would you have been in a position within your capacity as an emergency physician to observe the impact of anything you would attribute to COVID-19 policy or public health policy?

Dr. Aris Lavranos
Yeah, big time. Definitely. And so, this amazing commentary back and forth between Dr. Chris Milburn and Dr. Strang is interesting to me because we do see that a lot. So deaths of despondency and conditions of despondency—which is substance abuse, substance misuse, suicidality, depression, mental health collapse—is just skyrocketing, absolutely skyrocketed. So from a personal point of view, over the last two and a half, three years, it is alarming, distressing, the amount of those kinds of things that we have seen. So I have just dozens and dozens of examples. Dozens of them.

I'll just relay a few of them that I recall. Two senior citizens, one lady ultimately passed away in hospital. The last thing that she said to me coming from a long-term care facility is, "I'm just so lonely." And that was the last thing that she said alive. I had an elderly gentleman from a long-term care facility, lovely gentleman. I had seen and known him a couple of times before. He really, really regretted going into a long-term care facility just before the pandemic started. He said that he feels like a prisoner, not allowed to leave, not allowed to go out, not allowed to do things. He's like, "I would never have done this. This is unimaginable."

I had an absolutely lovely physiotherapist who came in: two kids, struggling at home, kids aren't in school, husband was a trucker, gone a long time. She was absolutely hysterical in fear over the risk that the virus posed to her, which was very, very low, exceptionally low to a young, healthy person, no co-morbidities.

[00:20:00]

Hysterical with that, asking for anxiolytic help for her anxiety or depression.

The number of patients we've seen who don't have access to their physicians for chronic care, whether it's cardiologists, nephrologists, hematologists, rheumatologists, whatever specialist they are. Number of patients who have come in with surgeries delayed, someone **needs a gallbladder out, comes in much sicker because their gallbladder surgery has been delayed. Diagnostic imaging: I've been waiting for an MRI for nine months; it's been put off. My pain, my concern, my fear is getting worse. Missed screening appointments for cancers—loads of that.**

And then perhaps worst of all, alcoholism. You know, I'm used to seeing a very slow steady state of alcohol-induced liver cirrhosis over the course of a year. I don't know, probably I see five or less patients. And there were some months over the COVID crisis that I would see five in a month. It was just really, really alarming. A couple of them, one of them I ended up following very closely. Liver transplant. Everything, sort of, fell apart as a consequence of loss of their regular routine, loss of their regular work functioning, loss of their regular

recreation, contact with their loved ones. So I mean like people sort of succumb to their vices of choice.

But the worst of it by far was during my shifts at the IWK. I can't attribute all of this to COVID policy. But I mean, the evidence is overwhelming that, you know, children not being in school, not being exposed to their extracurriculars, not being in touch with the rest of their family units, not being in touch with the rest of their friends, in a household that the parents are struggling more and more financially whereas their co-morbidities are also worsening. So this is not conducive to mental health in a child. And so, when I was at the IWK—especially during end of 2020/2021, somewhere around there—just the amount of mental health use at the IWK was just skyrocketing; emails being sent out, requesting help from the physicians in the emergency department to offload some of the burden from the mental health team as they were seeing such massive volumes of mental health issues.

Meanwhile, there's no COVID in children that we were seeing. Like children were not coming in, you know, like flooding the department with COVID or were super sick with COVID. Or other things, right? Like not having, you know, regular school-based accidents or other extracurricular accidents, or, you know, all the sort of bread-and-butter things that we would see in a pediatric emergency department. Volumes were much, much, much reduced, whereas mental health was skyrocketing.

And it's an interesting thing—sorry to keep going here—but it's an interesting thing because you think to yourself that, well, at least the regular infectious disease patterns were reduced, and that's pretty good for children, right? And the answer seems to be, well, no, because you've got to pay the piper at some point. And the question is, how much interest do you owe? And so, what we're seeing in the last year with children flooding the emergency department sick, right? Just flooding and calls, like, we've never seen anything like this. We can't keep up, and Advil shortages, Tylenol shortages, all those sorts of things. So I mean, the immune debt that follows from all of this are consequences. So we're still seeing the consequences of these kinds of COVID policies, for sure.

Chad Horton
Okay. And I do not want to put words in your mouth, but I just want to make sure that I understand your evidence. When you talk about "immune debt" and an escalation in children's hospitalizations now, am I understanding correctly that what you're saying is—because they were isolated and they weren't regularly exposed to germs or pathogens, that they have weakened immune systems?

Dr. Aris Lavranos
Yeah, I mean like that's kind of the theory of it, right? Well, I guess there are two ways to look at this. One would be this sort of, like, let's say, economic component of it, right? Like the numbers of it. So if one per cent of children who contract viruses are going to get really sick and need to be admitted—and normally that's a slow simmer all the time—well, when they all get sick at once because they all return, even if it's still one percent, the absolute number has risen a lot. So that's one component of it.

The other component is, there's probably some cross immunity between viruses. So you know, in 2020 or 2021, you get a little bit of a runny nose or cough or sneezing from some coronavirus or parainfluenza or adenovirus or whatever. And then, a month or two months

later or six months later or a year later, you get something that is similar in nature. Well, maybe you have a little bit of some cross immunity and so it kind of helps buffer things.

So I mean these are sort of, like, theoretical things.

[00:25:00]

There's no RCT to try and figure out how that's going to work. But certainly, you've got to pay the piper at some point. And so, a slow simmer, I guess, would be what's most preferable.

Chad Horton
Okay. Just a final question in connection with what you just said. And I want to make sure again that I understand you and that the Commission understands you appropriately. What you describe as escalation in pediatric admissions, is it currently related or not related to the COVID-19 virus?

Dr. Aris Lavranos
To my knowledge, it is not. To my knowledge, it is not. I mean like, certainly, there could be. But I mean, the most recent major issue was not associated with the COVID virus, no.

Chad Horton
And one more point of clarification, Dr. Lavranos. When you were speaking, you indicated that there are many issues associated with delayed care. What was the cause of delayed care? You reference diagnostic imaging, you reference surgeries, you reference access to specialists, and some other things. Why was that access inhibited?

Dr. Aris Lavranos
A tremendous amount of resource allocation to preparation and, sort of, shoring of resources in anticipation of COVID harm. For example, I mean, the amount of patients that we see from family physician referrals because of virtual care who were not seen, were not examined. You know, like, we do not have heart rate; we do not have somebody referring somebody who was listening to their chest, you know, felt their pulses, checked their fluid status, those sorts of things. So I mean, we still have a flux of patients who are not being physically seen and who are, at best, being virtually seen, right? So we see all of those kinds of patients.

And then, I mean, there was a big report that came out maybe last year. Sixty-five million dollars over a four-month period were paid to specialists to help support their incomes because they were not seeing patients at the usual rates that they would normally see. So I think that it was several hundred physicians who qualified for that. I think, if I remember correctly, it was over 400. So 400 physicians over four months are getting paid 65 million dollars to support their incomes for not seeing patients. And this is because rooms are being taken for COVID or wings are being taken for COVID or nursing demand is being moved, or whatever the case might be, right?

And so, that has consequences. And the evidence out there for this—apart from, you know, personal experience—is striking. It's alarming. How much weight gain have people had? How much worse is their hypertension? How much worse is their diabetes? Did somebody have a heart attack that went missed, that ultimately became heart failure because they didn't want to come in? Did somebody's diabetic ulcer worsen, progress dramatically, because they were not seen? So these kinds of things are happening all the time as a consequence of— I mean, "neglect" is too harsh a word, but as a consequence of the reprioritization of resources.

Chad Horton
So everything you've just described— I think it would be fair to characterize them as negative. The things that you've described, would you attribute these negative contingencies to the COVID-19 virus or to public health policy related to COVID-19?

Dr. Aris Lavranos
Right. So looking at what the case fatality rate is, what the demographics of greatest concern, the co-morbidities that are of greatest concern, certainly there could have been— And when we knew this, there could have been a very different approach from a policy point of view to mitigating the harms of the virus. And this has been championed, suggested many, many times by elite physicians, physician groups, states all over the world. So, I mean, the Great Barrington Declaration certainly argued for a focused approach to prevent lockdowns, so the protecting of the most vulnerable.

Did we have a prolific education campaign from public health so that we could educate people on who is at highest risk? I mean, like, certainly by the end of January? No. We did not have public service announcements, town halls advertising and educating the public as to what are the biggest risk factors, the top five risk factors; who is most likely to succumb; and then measures that they can take to protect themselves. We didn't have anything like that. We had lockdowns of businesses across the board.

So that is a very heavy-handed and, in my estimation, ridiculous approach to what we knew about the virus, even at the end of 2020.

[00:30:00]

Chad Horton
All right. We're getting close. We have about four minutes left, but there's something I **would like to get into with you if I could. When the vaccines started to roll out, the COVID-19 vaccines, Pfizer, Moderna, et cetera, as an emergency room physician who practised throughout a significant portion of Nova Scotia, did you observe any adverse events associated with these vaccines?**

Dr. Aris Lavranos
I did. Yeah, I did. That, in my estimation, were as a consequence of the vaccines. Now, I should say that vaccine policy is one of the COVID policies that I was most, most concerned about and I spent a lot of time in law school sort of researching, studying, and writing about. The rate of adverse events from the vaccines that we saw—that I saw—were much,

much greater in scope than I saw as a consequence of the virus itself. Now, that's my anecdotal experience. I have to admit to that, there's no doubt about that. But that doesn't mean that that would be the case across the board, right? Like, from that I could not say that by conclusion the vaccines are unsafe. I couldn't say that off of my experience.

However, you've got to know that these are exceptionally safe—radically, like, near-certainly safe—in order to have mandates. That is the issue to me when it comes to vaccine policy. It's not the supporting, the encouraging of vaccinations. It's not the addressing of vaccine hesitancy. It's not the mitigating of vaccine harms. If you are going to prevent people from circulating in society; if you are going to attach stigma to a personal health decision; if you are going to label these people as denialists, misogynists, racists, whatever you want to call them; if you are going to inflame society— And we have seen the consequences of that repeatedly throughout history, right? Repeatedly. Whether it was the syphilis epidemic; whether it's HIV epidemics; whether it's abortion options and choice— The stigmatization, criminalization of health care choices has recurrently in society been a major fault. That is a huge public health consequence of messaging. And so, to inflame those tensions, to drive that divisiveness in society in order to push the vaccines, you've got to be really sure that they are, quote–unquote, "safe and effective." And they need to be both: safe and effective. It's insufficient to say, "Well, they're perfectly safe, so who cares? Just give it." Because if they're not effective, then what's the point? You're still taking a lot of harm without the benefit.

Chad Horton
A couple of follow-up questions on that, and I will try to be brief. So you indicated that you observed adverse events, which you attributed to the vaccine.

Dr. Aris Lavranos
Yeah.

Chad Horton
Was there discussion between you and your colleagues about those observations? And what I'm asking you is, was it your sense and experience that you are not alone in what you were seeing?

Dr. Aris Lavranos
Oh, yes, absolutely. Yeah, the evolution of thought in my department was remarkable. So we have about 20 or 25 physicians. What started off as about one or two physicians kind of talking quietly—hushed tones, emails and messages back and forth; concerns about COVID policy; about what is the actual fatality rate; what are the co-morbidities; what is the messaging like, and so on—kind of really started to grow over the course of the two or three years.

And then as vaccines came out, there was a little bit of, "Well, you know, we've got to do everything we can, get everybody immunized," and so on. And you know, "COVID still poses a major risk." But then you start seeing a couple of more issues, like, you know, the whole myocarditis, pericarditis. It's like, "Well, you know, actually, I don't usually see a lot of myocarditis, but I saw two or three last month," or "Well, yeah, you know, I don't see a lot

of pericarditis, but I'm seeing quite a bit of it this month." And you start talking to another one of your colleagues who had [contested that], you're like, "You know, I saw a lot more than I'm used to seeing too." And then you start wondering, did I see this in the context of COVID waves in the past? Not really. And so, these kinds of conversations certainly were happening a lot.

Chad Horton
Okay, on that point, two more questions: Did you receive any education or training regarding the monitoring or the reporting of adverse events associated with these vaccines?

Dr. Aris Lavranos
Any training with the monitoring or reporting, no. No, no, not at all. We got a couple of, as I recall, a couple of flyers saying, you know, "You've got a report." There was I think an email or a post-it note that said, "Please document vaccination status on every chart," so that you can collect data from that point of view.

[00:35:00]

And then because of a really astute and dedicated physician who I work with, we had the link to the reporting address: an electronic link to the reporting address posted around our doctor's area. The link was about that long, would have taken half a minute to a minute to type, just really cumbersome. Very difficult process.

Chad Horton
And if you did report an adverse event, how long would that have taken to go through the process?

Dr. Aris Lavranos
For an event? I think, probably somewhere between five and fifteen minutes, probably five to fifteen minutes, I would guess.

Chad Horton
What is the significance of that within the context of working in a hospital in Nova Scotia?

Dr. Aris Lavranos
In an emergency department? I think that any of my emergency physician colleagues who are here would attest that that is almost prohibitive. It is far, far too cumbersome, far too cumbersome. Yeah, very, very difficult. Labourious.

Chad Horton
And a final question on that point: What were your observations regarding the attitude and culture in hospital regarding reporting adverse events associated with the COVID-19 vaccines?

Dr. Aris Lavranos
I think the vast majority of people would hope that someone else would report it if it turned out to be such an adverse event. So I think that the majority of my colleagues knew it had to be done, but didn't think perhaps, like: "Well, maybe the emergency department, maybe right now is not the best time. Maybe I'll get to it later. Oh, the patient was admitted, hopefully it'll happen. Oh, they're going to get followed up from a family physician or a specialist." Hopefully, somebody else would go about it: I think that was my general sense of the culture of what it was like.

Even the ones who were most diligent, who were, like "I've got to do this," even they found it difficult. Because I mean, 15 minutes, if you were going to do that, let's just say twice, three times a shift: 15 minutes is definitely enough time to see one patient. So that means that that physician would see maybe two or three fewer patients that shift, just as a consequence of having to go through this reporting. And so, two or three per shift may not seem like that much, but there are many physicians who are working in the department at a single time. So if we have, you know, six, seven, or eight shifts, now that's suddenly 24 patients we did not get seen over the course of a day as a consequence of having to make this reporting. If that's the numbers, give or take, that we're looking at.

Chad Horton
I could talk to you all afternoon, Dr. Lavranos. One more question. It was suggested by a witness yesterday, a nurse with, I believe, 40 years experience: that the under-reporting of adverse events associated with the vaccines was in her estimation a significant issue. Do you agree with that statement based on your experience?

Dr. Aris Lavranos
Yeah, it's a really good question. Because, on the one hand, under-reporting might be a problem, absolutely. On the other hand, you might have over-reporting by some or by individuals, right? And so, the signal is very, very noisy. There's no doubt it's very noisy. The adverse reporting system is not great. I think that there are still other ways of looking at what are the potential consequences that are probably better. So if diagnostic codes for people coming in can be measured, monitored—so like, how many people had a heart attack in January of 2018—we could find that kind of the data, right? And then how many people had a heart attack in January of 2019, and then in 2020, '21, '22? So you have sort of bigger systems that can look at this.

The problem is at a much smaller, narrower focus, you can't really look at it in, perhaps, acute real-time and respond as quickly as you should. So I mean, one of the take-home messages of the pandemic certainly would be to increase the reliability of such a reporting system. Right? If for example: only physicians had access, you needed to have a physician code to register, the system was a lot more streamlined, maybe you could electronically tag a patient's MRN number or their health card number and just, like, easily auto-populate some kind of a form. So it's definitely room for improvement, is what I would say.

Chad Horton
Okay, Dr. Lavranos, I will turn you over to the Commission, and I have some questions to provide to them I believe from the audience.

Dr. Aris Lavranos
Thank you.

[00:40:00]

Chad Horton
Alright. Now, does the Commission have any questions for Dr. Lavranos?

Commissioner Massie
Yeah, thank you very much for your testimony. One of the questions that I have, you mentioned that, initially, in the community of doctors you were working with, there was just a few that were sort of aware that maybe some things were not going on as they were presented by the health authority. And with time, with the practice, they evolved.

What would you say now, currently, is the level of awareness of your colleagues in the small group of people you were?

Dr. Aris Lavranos
I would say from, in the group that I talked to and work with closely, I would say nearly 100 per cent. Nearly 100 per cent. So I would say of 20 physicians, 19 of them sort of look back in hindsight and think to themselves this was not— This was not very well managed.

Commissioner Massie
And I guess the corollary question is, how many of them are willing to speak up?

Dr. Aris Lavranos
Me. I think just the one, yeah. I have other colleagues who have helped me write letters. So we wrote a letter to the NSHA [Nova Scotia Health Authority] [Exhibit TR-16b] [Response, Exhibit TR-16c]. I had a meeting with Dr. Strang in 2021. I wrote a letter to Tim Houston and the government [Exhibit TR-16a], and I've had many colleagues who have written and signed the letter with me. But this was largely sort of like a personal communication, kind of a sense of anonymity. So how many would be willing to sort of like sit here where I am sitting? It's just me. The rest of them, too concerned about fallout, too concerned about reputational damage, that sort of thing.

Commissioner Massie
So I guess my question is that— Because of this issue of repercussion to speak up, from your personal path, I guess, why is it that you are coming up and expressing yourself on those issues? Knowing fairly well that it could actually turn out into some consequences which are not very good.

Dr. Aris Lavranos
I've got a lovely family. I love my wife very much. She understands, supports me. I am privileged enough to work in an environment where, you know, knock on wood, my job

security is still pretty high. I am already having sort of a transition point into a different industry. And the competition that it has and the open-mindedness that it permits is different than healthcare. But all of those things aside, there's that great Alexander Solzhenitsyn quote that says, "Let the lie come into the world, let it even win, but not through me." So I take this to heart. I think that it's really, really important. The spirit of the truth is really important to embrace and to promulgate. So any consequences that come from speaking the truth are consequences that are worth following. So you know, I'm okay.

Commissioner Massie
And maybe one last question. Given that it's been reported, I think fairly broadly, that the number of therapeutic interventions of different types—as early or sometimes later-on treatment—could actually have a big impact on the outcome.

[00:45:00]

And yet it's still fairly, I would say, suppressed in practice for a number of reasons.

Do you expect that eventually we will come to terms with that, and the health authority will start seeing that these treatments need to be freely authorized and let the doctors practise medicine?

Dr. Aris Lavranos
Yeah, it's a great question. It's actually a big question. My short answer is, I don't think so, no. I don't think that that is likely to happen. I think that there are too many— There's too much of a bureaucracy, too much of an administrative state. Whether it's the College, whether it's guidelines that are produced by healthcare bodies like, for example, the Canadian Thoracic Society or the Canadian Cardiovascular Society. And then there's too much industry and bureaucracy involvement to allow that kind of— And it's just, generally speaking, not really the approach that we have in Canada. So it would take huge shifts to do it.

On the topic of therapeutics more broadly for COVID, just like I had mentioned about the vaccines, you know. The vaccines: I think it would be disingenuous for anyone—anyone—to say that they met our expectations. They most certainly did not meet our expectations. I think everybody would agree to that. Certainly, transmission changed dramatically—their impact on transmission.

I wrote a huge paper in law school, the impact on transmission was very well understood. I **was showing some of my colleagues the data last night. Very early in 2021, like January, February, March, you probably thought to yourself, "Oh my God, this is something that we could really hang our hats on. This is something very impactful." But by June for sure, when it comes to transmission, there was a huge study that was done—70 countries, 3,000 counties—showing that there was basically no association between COVID rates and the vaccines. That was published by Subramaniam. The data was released, I think, in August, but it was published thereafter. So that was one of them. Obviously, Israel, you know, the Northeast of the US—so the evidence was overwhelming.**

Anyway, my point of all that is to say that even if something is not super efficacious, if it's safe, it's okay to have a conversation about its utility, right? Like give it a go. And with vaccines or with therapeutics, it's totally okay.

So my big issue with the therapeutic conversation early on is that maybe azithromycin, maybe hydroxychloroquine are not panaceas. Maybe ivermectin is not a panacea. These things have been around for a very, very, very long time, and we understand their risks and benefits. And if I was going to prescribe azithromycin—which I do all the time, every week; I would say every week I prescribe azithromycin—and I think to myself, what are the pros and the cons? What are the risks? Who should I give it to? Who should I not give it to? And we give it out.

I don't see much fault in such a system that we've embraced for—ever.

Commissioner Massie
Thank you.

Commissioner DiGregorio
Thank you for your testimony today.

Please correct me if I'm wrong, but I think I heard you say that, early in the pandemic time you were very concerned about the potential dangers, and that later on you developed concerns about health issues going undetected because of an allocation of resources having been put towards COVID units that maybe were not being used as busily as expected.

What's your view on when a reallocation of those resources that were put towards the COVID units should maybe have come back to focus on other health areas?

Dr. Aris Lavranos
I would say probably by the end of 2020, there was sufficient global data to know what was the risk posed. And I think that the strategy could have been much, much better implemented by the end of 2020.

Commissioner DiGregorio
Thank you.

Chad Horton
Thank you very much, Dr. Lavranos.

Dr. Aris Lavranos
Thank you very much, thank you.

[00:49:48]

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 4: Dr. Dion Davidson
Full Day 3 Timestamp: 03:53:38–04:46:11
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Dr. Davidson, while you're assuming your position there, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Dion Davidson
I do.

Ches Crosbie
Thank you.

Chad Horton
Good afternoon, Dr. Davidson. Before we get into your examination proper, could you kindly provide the Commission with an overview of your education, training, and experience?

Dr. Dion Davidson
My name is Dr. Dion Davidson. In summary, I'm a vascular surgeon and critical care doctor. I went to medical school in Saskatchewan. I went on to do eight years of general surgery and vascular surgery training after that. My family and I moved to Nova Scotia here to a relatively smaller town in 2005 with a relatively larger hospital, so a regional hospital that had a vascular surgery program. And I've practised in Nova Scotia ever since, basically as a community vascular surgeon and ICU doctor.

Chad Horton
And for the benefit of our audience, what is vascular surgery?

Dr. Dion Davidson
Vascular surgery is the surgical procedures but also a lot of medical management and other aspects of diseases that have to do with arteries and veins, to put it simply.

Chad Horton
And do you have any other areas of interest with respect to your involvement in medicine beyond what you've just described?

Dr. Dion Davidson
As I said, I am or I have, for most of my career, been an ICU doctor as well. For most of my career I served as one of the attending doctors in the ICU at our regional hospital. So I have an interest in critical care; I've worked in that area as well. In addition to sort of community vascular surgery, what we do as vascular surgeons, we do a lot of surgeries on carotid arteries in the neck in order to prevent strokes. We do a lot of surgeries and various procedures for arteries in the legs to relieve pain and prevent amputations. And we repair abdominal aneurysms and other types of aneurysms to prevent rupture and death. So that's kind of the core, I would say, of a community vascular surgery practice, so all vascular surgeons do a lot of that.

In my case, I've also taken a special interest in what's called chronic venous disease, which is a bit of a different offshoot, kind of a less dramatic offshoot of all that. Not life or limb threatening but certainly very common and kind of underserved in the medical community. So those have been my areas of interest. That's what's taken up a lot of my career. I've contributed to two different national committees developing guidelines for carotid artery surgery to prevent stroke and with respect to chronic venous disease as well.

Chad Horton
Well, this is my assumption, but I want to get this on the record. As a layperson, when you tell me that you're a vascular surgeon, my presumption is that perhaps there may not be a great many vascular surgeons practising in the province of Nova Scotia. Are you able to tell us how many vascular surgeons were practising at the start of the pandemic in early 2020, including yourself?

Dr. Dion Davidson
It's maybe not quite as simple to answer as you might think. I'll say that, at the beginning of the pandemic, there would have been five to six full-time vascular surgeons, maybe four to five full-time vascular surgeons. For example, my partner in the Annapolis Valley is also a general surgeon, so he maybe wouldn't be termed a full-time vascular surgeon, and there was some of the same sort of thing happening in Halifax. So it would be a number something like that. And that would be to cover vascular surgery for Nova Scotia and PEI.

Chad Horton
In your practice, how many patients could you expect to treat in the run of a week?

Dr. Dion Davidson
Again, not super easy to answer, but I'll say, in terms of new consults and follow-ups in a given week, maybe 50 to 80, something like that.

[00:05:00]

And then maybe another 10 patients I would provide minor surgeries for, such as wound debridements. Wound debridements would be an example, some minor office procedures. And then, maybe anywhere from one to five bigger surgeries per week that might be sort of planned surgeries during the day, and then, maybe more urgent surgeries during the evening or night time.

Chad Horton
And do you have any experience as an educator?

Dr. Dion Davidson
Yes, I would say I've spent a lot of time in education of nurses, medical students, general surgery residents, family medicine residents as well, in terms of lectures. And then for their electives, accompanying me in clinic and in the operating room. And kind of how we do it as doctors is teach as you interact, as you're working.

Chad Horton
Now, at the beginning of the pandemic, let's say early 2020, what had been your plan for both yourself and your family with respect to your professional future in Nova Scotia?

Dr. Dion Davidson
Before the pandemic, we were dug in. We had been there for, I guess about 15 years at that point, my wife and I. We had raised our three daughters there. I was a really hardworking vascular surgeon. My career and my profession took up obviously most of my life. And my wife became a prominent community leader and businesswoman, including helping the Nova Scotia Health with efforts such as recruiting doctors into the community and things like that—a lot of other volunteer-type work. Two of my daughters were still in the Annapolis Valley at that time. So before the pandemic, we had no plans to ever go anywhere. We were dug into Nova Scotia, specifically the Annapolis Valley. Our plan was to stay there forever.

Chad Horton
Okay, and we'll get into your experience throughout the pandemic in a moment. I just want to bring us up to the present and ask you, Dr. Davidson, what are your plans professionally for yourself and your plans for your family currently?

Dr. Dion Davidson
Well, I've resigned my position, kind of at the tail end now of a long and awkward process of resigning. And my wife and our youngest daughter and I are moving out of Nova Scotia.

Chad Horton
Why is that, Dr. Davidson?

Dr. Dion Davidson
We're moving because, I mean, to put it simply: we're moving because of the public health response to the COVID pandemic.

Chad Horton
We'll come back to that. Now can you speak to any experience or qualifications you have with respect to the review and interpretation of medical research literature?

Dr. Dion Davidson
Yeah, I'm not an epidemiologist, but I'm a doctor. And a major aspect of medical school education is the concept of evidence-based medicine. We're taught quite extensively from a very early point how to interpret scientific papers—we're talking about research methods and biostatistics—so that we can, throughout our careers, be able to look at the scientific literature and know what to look for in terms of quality of scientific literature, what it's trying to say, what it's actually saying, what data means. So that's a major component of medical school education. And almost every doctor, almost every day, to some extent, has to assess the medical literature and interpret it. In addition, I took some additional biostatistics classes during my surgical training. Yeah, I mean, maybe no more than any other specialist, but it's certainly part of what we normally do as doctors is review scientific literature.

Chad Horton
Do you have any specific education or training with respect to medical ethics?

Dr. Dion Davidson
It'd be the same answer. I guess the short answer is, not in addition to what we are taught as doctors from a very early point, before we're doctors. A very early point in medical school and all through medical school, principles of medical ethics are strongly emphasized.

[00:10:00]

I mean, not only that, but they come up every day and with every patient to a certain extent. So I also don't have a PhD in philosophy, but I would say that I'm very knowledgeable about the basic premises of medical ethics.

Chad Horton
Can you talk about the concept of informed consent as it applies to the practice of medicine?

Dr. Dion Davidson
Yeah, informed consent is a major cornerstone of medical ethics. And I don't know, maybe it's more obvious to some than others. But obviously, it is a principle that we never as doctors, ever, ever, force a medical intervention on someone. History is replete with examples of times where doctors have done that. And those very sad episodes in history are sort of in the background as we talk about consent. Consent needs to be free—free of coercion—and informed in order to mean anything.

Chad Horton
And does that principle apply to all medical interventions in Canada?

Dr. Dion Davidson
Does it apply? I mean, historically it would have applied, I would say. One would think, and I think we all would have said before the pandemic, that the threshold for even considering contravening the ethic of informed consent should be extremely high.

Chad Horton
As we entered the pandemic in early 2020, what was your understanding of the danger posed to public health in this province by COVID-19?

Dr. Dion Davidson
Well, I was as concerned as anybody else about COVID-19. Similar to Dr Lavranos' testimony, in early 2020, nobody knew much of anything about this virus, except that it was really serious and that it could be a catastrophe. So I was very concerned about it; I took it very seriously. I started to work with other doctors in our hospital—and again, a lot of this will sound familiar from Aris's testimony—in trying to learn as much as we could about it with the limited information that we had at the time, and then trying to prepare for these waves of critically ill COVID patients that surely were going to be coming to our door. So that concern and fear took up—and trying to prepare—many months going into and through the summer, for sure.

Chad Horton
Okay I'm going to touch on something you just said or perhaps we can expand on it. So you indicated that you were very concerned, like many people were, during the early stages of the pandemic. What was your observation during the early stages of the pandemic regarding the allocation of in-hospital resources?

Dr. Dion Davidson
Well, I think, again, we were all very concerned. We didn't have much data, but we were concerned enough, early on, that we all agreed that we needed to be ready and that it was probably appropriate to slow the hospital down as much as possible. So one thing that was certainly very prominent in our hospital, which has a relatively big surgery department, is that elective surgeries were halted for months. So elective means surgeries that aren't urgent were just deferred. Put on hold. Not done.

Chad Horton
Now when you say surgeries that were not urgent, is that the same as surgeries that were not important? Or are those two different things?

Dr. Dion Davidson
Yeah, certainly, two different things.

Chad Horton
So could an elective surgery still be an important surgery?

Dr. Dion Davidson
Oh, for sure. Yes. I mean, no surgeon should be doing any surgery they don't think it's an important surgery to do.

Chad Horton
Okay, so you've discussed the allocation of in-hospital resources. Shift gears a little bit. What were your observations in hospital with respect to COVID-related illness during the initial stages of the pandemic?

Dr. Dion Davidson
Yeah, again, similar to what Aris was saying: we were geared up and spun up. We were getting ready. I was part of teams of people that where we were trying to develop these protocols about how we would safely intubate patients in respiratory distress and safely get them to the ICU.

[00:15:00]

Including the possibility of emergency surgical airways, if that was going to be needed. And really, certainly, in the early months, there was very little of that. Very few, very small numbers of critically ill COVID patients at first. It's hard for me to kind of remember the exact timeline. But certainly, for the first several months, there was a lot more sort of preparing than there was actually looking after critically ill COVID patients.

Chad Horton
And I think you just referenced critically ill COVID patients, how about during the initial months of the pandemic COVID admissions generally?

Dr. Dion Davidson
I wouldn't have been involved. I would only be involved if they were ICU patients, so there probably were some. My impression was that, again, for several months, it wasn't nearly the numbers that we feared that it would be, even the less sick.

Chad Horton
So you had spoken earlier about your significant apprehensions at the front end of the pandemic. Did your level of apprehension or your areas of concern evolve over time, and if so, how and why did they evolve?

Dr. Dion Davidson
Certainly. I mean, as with many other people, as the spring turned into the fall, we had more data. And it became evident pretty quickly that, again, the virus was serious, and it could be very serious for certain people, but we were getting a very clear picture of who was most at risk. And as we've heard, age was the major factor for that. Comorbidities such as obesity and diabetes played a role as well, but age was certainly the major risk factor. And I feel like that was becoming very clear, certainly as 2020 turned into 2021. So I was becoming, I guess, less concerned that the virus was going to be a world catastrophe. I'm still taking it seriously but less concerned about that.

Chad Horton
And where you're talking about age being a significant factor, is that the idea that Dr. Milburn and Dr. Lavranos described as age stratification of risk, as it relates to COVID-19? Is that the concept?

Dr. Dion Davidson
Yes, exactly. You know, the concept that if you're a healthy child— I mean, there's no such thing as zero in medicine, but if you're a healthy child, your risk of a bad outcome from COVID approaches zero. If you're 80 years old, you're at much higher risk, like a thousandfold risk.

Chad Horton
Okay, what's your understanding of the risk for a healthy adult, somebody who wouldn't be medically classified as elderly? If that's an appropriate classification.

Dr. Dion Davidson
Again, by now there's very good data, even on a decade-by-decade basis. It would be hard for me to give you a number, but for the average healthy 40-year-old, your case fatality, certainly your infection fatality number, is low, less than 1 per cent.

Chad Horton
Is that 1 per cent relative to infections or 1 per cent relative to the population?

Dr. Dion Davidson
Certainly, IFR (infection fatality rate), even the case fatality rate, was probably about that. I don't want to overstate it.

Chad Horton
Sure. Okay, so I believe that you said a few moments ago that the risk posed to children is close to zero. Did I hear you correctly?

Dr. Dion Davidson
Yeah.

Chad Horton
Okay. In light of that perspective, what was your sense of locking down schools or locking down society generally?

Dr. Dion Davidson
Well, yeah, that was my first major crisis moment, I would say. So like everybody else or most people, I understood and probably even supported the idea of two weeks to flatten the curve.

But even then, and certainly as that became two months to flatten the curve and extended longer, I was increasingly distressed about the idea of wide society lockdowns. And for all the reasons that I'm sure, even at that time let alone now, would be obvious to everybody in this room. And it boggled my mind why public health wasn't discussing the potential dangers—not potential dangers but dangers of wide society lockdowns, in terms of rationalizing why they were recommending that.

You know, the downsides are obvious. And you know, again, Aris talked about this.

[00:20:00]

You've heard it before, but the missed cancer screening, the missed cancer diagnoses, the patients staying at home and not seeing their family doctor to manage their diabetes and their blood pressure—all of the strict health downsides should have been obvious. And then the society downsides: children not going to school, not getting the development that they get from going to school, older people dying alone and away from their loved ones.

Again, it was obvious to me, and I have no special insight into this sort of thing. I know it was obvious to many people. Why it wasn't being publicly discussed was very distressing to me. And why, month after month, it was decided that this one virus—which was now just one more way among a thousand other ways that we could die in life—why that one virus was the only thing that public health was concerned with. I just didn't understand that at all, and it really distressed me.

Chad Horton
In your professional medical opinion, was there any medical or scientific evidence that you were aware of during that time that suggested that these ongoing lockdowns should have been or remained implemented?

Dr. Dion Davidson
Not on an ongoing basis. You know, again, we were getting more and more data about who was at risk and who wasn't. The downsides of lockdowns, if they weren't obvious before, I think were becoming more evident. So certainly not on an ongoing basis. There were preeminent, very prominent PhD epidemiologists from Harvard, Oxford, Stanford, who took a step to organize and gather other preeminent PhDs and other researchers and scientists from around the world to suggest that wide society lockdowns were a bad idea.

And they base this on very old planning: that before Covid, somewhat further back in time, the approach to pandemics it had been agreed would be focused protection of those at most risk. It was only with Covid that was actually this new idea that you had to shut down the entire society because of this one virus. And their ideas made a lot of sense to me. I didn't understand why they were being demonized in the public and among this new public health establishment and in the media.

And then, as time wore on, we had glimpses into what other jurisdictions were doing. Countries like Sweden, states like Florida and Texas were not widely shutting down. Or you know, they were undertaking more humane versions of that, again more focused and shorter lockdowns and their age-adjusted mortalities were no worse. In some cases, they were better than areas like New York or California—or Nova Scotia, at least later on—that were undertaking these draconian lockdowns.

Chad Horton
Were you aware of any debate or discussion happening either in hospital amongst your colleagues and leadership or in the public health sphere in Nova Scotia regarding whether these ongoing lockdowns were appropriate? Was it a matter of discussion and debate that you were aware of?

Dr. Dion Davidson
Well, as I said, I was actually very disappointed that it wasn't a matter of public debate. And it wasn't even anything that public health was bringing up, which I would have thought would have been public health's job. So certainly not at that level. In terms of otherwise—Other than me just grumbling and complaining and others sort of agreeing—you know, my colleagues around me sort of agreeing that there would be downsides—there really wasn't a lot of discussion about it, not nearly enough in my opinion.

Chad Horton
You've just discussed your views on the lockdowns. As time wore on, did your concerns begin to evolve or did you have other concerns?

Dr. Dion Davidson
Well, I had other concerns. You know, elective surgeries don't apply so much to vascular surgery. A lot of what we do is life or limb threatening more immediately, if not emergently. So you know, I was still operating, my practice was continuing.

[00:25:00]

And then, in addition to all that, I was trying to help prepare and trying to learn more about COVID. So I was very busy. I carried on. I hoped that public health knew what they were doing in terms of the lockdowns. But as time went on, I was just more and more suspicious of that. I'm not sure if that answers your question or not, but that's how that evolved.

Chad Horton
Absolutely. How about based on your education, training and experience and your understanding of clinical literature, how did you feel about the vaccine rollout and/or the implementation of vaccine mandates?

Dr. Dion Davidson
Yeah, so that was the next point of concern for me. So when the vaccines were being developed, I remember being somewhat concerned at the speed at which it was happening. As you've heard, it would normally take multiple years—five years, ten years minimum—to get a vaccine to the point of new pathogen-to-public rollout.

Donald Trump's administration authorized Operation Warp Speed. And the whole idea of that was that there weren't going to be these normal regulatory processes. They were going to cut the red tape so that these vaccines could be developed more quickly. Which is great if everything goes well, but that means, by definition, you don't have the long-term data, especially in terms of safety. So I had some concern about that. The randomized trials came out, and to be honest again, I was busy. I scanned them and in retrospect, I did not read them critically enough, but they seemed to be saying good things about the mRNA vaccines.

And then public health, obviously, was all in. They were immediately safe and effective. It was amazing the confidence with which they could tell us that these were safe and effective vaccines based on two randomized trials and a couple of months of data. But again, I was busy and I was naive. I should have questioned things more at that time. But I assumed, hoped, that the powers that be knew what they were doing in terms of pushing these vaccines. So I myself, I got vaccinated. I got the two primary vaccinations, mRNA vaccinations in early 2021.

Chad Horton
I'm just going to ask you one question about what you said. You talked about cutting the red tape and pushing the vaccines out, and you mentioned two months of data, trial data. With your experience as a physician and a surgeon, and you also indicated, "I should have read the studies more carefully." Based on your experience and where we are today, do you believe that that was a responsible statement? A medically responsible statement or a socially responsible statement to characterize those interventions as safe and effective?

Dr. Dion Davidson
No, I think that's an irresponsible way to describe almost any medical intervention, let alone a brand-new technology that had been studied in two randomized trials with a couple of months of data. We never talk about medical interventions like that. I never sit down with a patient who has a problem and I have a surgery that maybe could fix that problem. I hope it would, I think it will. I never just sit down with them or stand up with them and say, "This is safe and effective, do it." That's never how we talk about things as doctors. Ever.

You talk to the patient about what's happening with them, what their options are. And maybe even I give a recommendation, but I also talk to them about the risks of what I'm proposing and the potential benefits. And it's always, always up to the patient. And if the patient decides against what I'm recommending, you stick with them and you try something else. You never just say, "This is safe and effective; do this, take this." That's never how we talk about medical interventions.

Chad Horton
Well, I thank you for that doctor. A logical corollary to what you've just said is, or the next logical question then, given what you've just expressed to the Commission: How did you feel about the mandates themselves when the vaccines actually became mandated in this province?

Dr. Dion Davidson
Well, so that was the next issue. It's one thing to heavily promote a medical intervention like that to the public. And you know, there's arguments to be made, certainly that that shouldn't have happened.

[00:30:00]

To then force people to take that intervention is a whole new level. And I really couldn't comprehend that the discussion was even being undertaken. By then, we had even more data about what was happening with the virus. And it was serious; the virus was serious. I'm not a COVID denier. I eventually, later on, helped look after extremely sick patients in

the ICU who had COVID. And so, I don't deny that: for a relatively small number of people, it is a very serious disease and it can cause death. There was no doubt about that.

But again, by then we had much more data about who was at risk and who wasn't. We had much more data about the magnitude of mortality that COVID was bringing us. And even at that point that mandates were being discussed, we were starting to get data about how the vaccines did little or nothing to reduce transmission of the disease.

So as Aris was saying earlier, in order to even contemplate a mandate where you're forcing someone to take a medical intervention on pain of losing their job or they're being able to participate in society as they normally would— In order to even think about that, it would have to be an infectious disease situation where the pathogen is so serious and the intervention is so safe and so effective that you can then contravene this extremely important ethic of informed and free consent. So at that point, it did not seem that any of those criteria were being met.

The data was becoming more clear to the extent that it was being admitted on American national television by the CDC and Anthony Fauci that the vaccines were, first of all, losing their effectiveness even in contracting COVID fairly early, within four or five months. We all saw the 95 per cent effective go down to 50 per cent effective over the next few months. But more importantly, they were admitting that they did little or nothing to reduce transmission of the virus. And so then, in my mind—and I challenge anybody to tell me how this cannot be—the whole argument for even considering forcing vaccination on someone is null and void.

Chad Horton
Changing topics here a little bit, Doctor. As the vaccines were rolled out and as we got into a vaccine mandate situation here in Nova Scotia, did you have any direct or indirect experience with adverse events in your medical practice with respect to the COVID-19 vaccinations?

Dr. Dion Davidson
Yes, I did. And you know, just to clarify, the term is not adverse event due to vaccination. The term is adverse event following vaccination or following immunization. And the whole point there is that it's extremely difficult to prove that any adverse event is because of a vaccination. But that's part of the point of encouraging, or what we should have been doing is encouraging, people to report adverse events happening after. And there was not the sort of burden of proof for health care professionals—for example, nurses or doctors—to know that an adverse event was because of the vaccination. We are supposed to be reporting adverse events, whether we think they have any relationship or whether we can sort of explain any relationship or not.

I certainly had first-hand experience of at least—I have to be careful about patient personal health information—life-threatening, and many more cases of more minor thrombotic events, shortly after vaccination. And when I first saw those, that was my first introduction into the online adverse events reporting system that you heard about. I must say: I think Aris left, but he must be many orders of magnitude smarter than me because I don't know how you could get through one of those reports in five minutes. I mean it took me 45 minutes; it took me 10 minutes just to figure out the links on the website to try to get to the five-page PDF that you'd have to fill out. I found it—and I spoke to many other people that

agreed with me—a very cumbersome, very awkward process to report an adverse event occurring after a vaccination.

[00:35:00]

Chad Horton
Would it be your opinion that the way that the reporting system was set up, that it could potentially impair the reporting of adverse events, or otherwise inhibit the reporting of adverse events?

Dr. Dion Davidson
Yes. And in addition to that is the whole issue of communication with us as health care professionals. We were relentlessly bombarded with how great the vaccines were, that they were safe and effective, safe and effective a thousand times a day, this oversimplification of this new medical intervention.

And informed by our various regulatory bodies—the College of Physicians and Surgeons in my case—that if we did not publicly voice support or if we publicly voiced anything other than support of public health's statements about that, that we would be disciplined or that we would face disciplinary measures. So not only is the mechanics of reporting the adverse event very cumbersome and time consuming, the overall messaging, I can tell you, was not, "Be sure to look out for these adverse events." I think I saw one email during those years. And again, that was after the newspaper article that you heard about, that it felt like public health was forced to say something about this adverse event's reporting system.

So every day, relentless: "vaccines are safe and effective." Maybe one message about reporting adverse events.

Chad Horton
I'm going to ask you this in a general way, Dr. Davidson. Is it your opinion that the messaging that you just described had a dissuasive effect on the reporting of adverse events?

Dr. Dion Davidson
I don't know how it couldn't have.

Chad Horton
And I'm going to back up just a little bit. You had mentioned thrombotic events. For those of us who aren't physicians, what is a thrombotic event? And just so everyone can remember, Dr. Davidson, I believe your evidence was you observed an increase in thrombotic events as an adverse event post-vaccination. Is that correct?

Dr. Dion Davidson
That's correct.

Chad Horton
And what is a thrombotic event?

Dr. Dion Davidson
Simply put, it is blood clots forming in blood vessels. In my case, you know I saw a couple in arteries but more so in veins.

So much so that it did lead me to change my practice, my office practice, where I provide relatively minor venous procedures to advising patients about more anticoagulation or medications that would reduce their risk of clots in the superficial veins and the deep veins, which could potentially be life threatening.

Chad Horton
Did you prescribe interventions in connection with adverse events post-vaccination?

Dr. Dion Davidson
Not specifically procedures for those clots—you don't really do procedures in the midst of an acute clot—but just the additional blood thinners, anti-coagulants to prevent them.

Chad Horton
So prescriptions. Yeah. Okay. And I've just been told that we're nearing the conclusion of our time, so I'll try to get through the rest of this quickly. But as a physician and surgeon with, I believe, based on what you had said—that I think you came into the province in 2005—by my counting that would give you approximately 18 years' experience as a physician and surgeon in Nova Scotia. Correct?

Dr. Dion Davidson
Yes.

Chad Horton
Yeah, okay. So as a physician and surgeon with 18 years' experience practising in Nova Scotia specifically, is it your opinion that the implementation of vaccine mandates was a necessary public safety measure?

Dr. Dion Davidson
Vaccine mandates were an unnecessary public safety measure.

Chad Horton
Okay. And similarly, is it your opinion that the implementation of vaccine mandates was a reasonable public safety measure?

Dr. Dion Davidson
No, they were not a reasonable public safety measure.

Chad Horton
Final question, Dr. Davidson. You indicated that, based on your experience, you were leaving the practice of medicine in Nova Scotia. You shared with us what I believe any layperson would believe is a fairly impressive history and list of credentials. What I'd like to ask you, sir, is what does your departure from medicine mean for Nova Scotians?

[00:40:00]

Dr. Dion Davidson
It's a difficult question to answer. I mean, certainly, you know, it would be true to say that I have been a hard-working community vascular surgeon. I do a lot of call coverage, or I did, before I was in the process of resigning. I do a lot of call coverage in terms of frequency of call coverage, covering the western zone of Nova Scotia for general vascular surgical sort of concerns and urgencies and emergencies. As I said, I was one of the attendings in the ICU. So I had a very busy practice, was a real hard worker for sure.

And so, you know, when someone like that resigns, it certainly leaves at least somewhat of a hole. And you know, in my case specifically: So it means that the remaining vascular surgeons, first of all, until they can find a replacement, will be working harder. There is a shortage of vascular surgeons around the world and across Canada, and I don't know how long it will take to recruit another vascular surgeon. Patients will wait longer. I think in particular some areas that unfortunately are chronically underserved, like diabetic foot infections and some of the aspects of chronic venous disease that I was talking about, that I spent more time on—those patients, I think, are going to be quite ill-served until and whether that gap is filled. Yeah.

Chad Horton
All right. Those are my questions, sir. I will turn you over to the Commission. Thank you.

Commissioner Massie
Thank you very much for your testimony. I have a question. I realize that you're very busy, so you didn't have the time maybe to do the critical analysis of the literature, so you decided to take on the vaccine. Was it because you were influenced by the environment, or was it something that you wanted to do initially because you wanted maybe to protect vulnerable patients in the hospital?

Dr. Dion Davidson
I'd say a little of both. I mean, you know, again, I just sort of trusted what my bosses and elders were telling me, right. I mean, ostensibly, public health should know more about all this stuff than I do. And even though some of it didn't make sense at various junctures, at times it's much easier just to accept what you're being told and do what you're told rather than do your own research, do your own reading. So we were told the vaccines were safe and effective and we should get them. So I just got them. At that time. Not since.

Commissioner Massie
And did you encourage people in your family to also get vaccinated?

Dr. Dion Davidson
No, I wouldn't say so. I'm just trying to think back to that time period. I didn't necessarily encourage my wife to get vaccinated, I left it up to her. And I think I might have encouraged my parents to at least consider it. I don't remember ever being so— I was never aggressive about it, but I think I may have encouraged my parents to consider it at the time.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Thank you for your testimony. Just a few questions. You spoke a little bit about the cumbersome reporting process for adverse events. And I'm just wondering if you have any thoughts or recommendations on how that process could be improved upon.

Dr. Dion Davidson
Yeah, I mean, not specifically. Along with all the other things, I'm not an IT specialist. But it seems to me, it would be quite simple to make the process—the mechanics of that process—a lot more straightforward. First of all, in terms of, "Here's what you click on. Here's a few boxes to click. Now you can scan a QR code." I mean, surely things like that could be brought into play.

But even, again, more importantly than that, I would say, would be that overall messaging—that this is our responsibility as health care workers to look out for these adverse events. We don't have to prove that they're because of the vaccination. The whole point is that this is a screening system. And that and along with every email that said that the vaccines are safe and effective should have been a line right underneath saying, "And by the way, it's your responsibility to look out for adverse events and report those as well." So those would be two, I think, fairly simple recommendations moving forward.

[00:45:00]

Commissioner DiGregorio
So would that include maybe part of the education and training that doctors receive?

Dr. Dion Davidson
Yeah, I suppose. But I mean, it wouldn't take much education and training. It's like one sentence.

Commissioner DiGregorio
And one other question. You mentioned that you have resigned and that you're leaving Nova Scotia. I'm just wondering if there is something now that Nova Scotia could do that would prevent you from leaving.

Dr. Dion Davidson
Yeah, I mean, I don't know. I guess, a complete turnaround of public health and its attitude toward the public. And some overtures that they're going to seek to be more holistic and humanistic about their approach to things like this.

Yeah, I don't know. Maybe. I'm pretty far down the road of leaving, but you never know.

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
I have a couple of questions, Doctor. Thank you for your testimony. First question was— Do you know of any other professionals currently leaving the province of Nova Scotia for these types of reasons?

Dr. Dion Davidson
That's a very good question. At least a couple have left. But also, I know of dozens that have— You know, I heard the term quiet-quit recently. So I know of dozens of doctors and nurses who have taken leaves of absences, have downsized their practice. And some of these are people that were basically fired for not getting vaccinated. And even now, two years later: even now, we have all this data about how the vaccines don't reduce transmission. Even to this day, you can't work as a health care worker in Nova Scotia Health unless you got those two vaccines, two years ago.

So I know of dozens of nurses and doctors who aren't working because of that. A few that actually even got vaccinated but just like me, just got sick of things, and so they've retired early and are in the process of moving away. So I guess the short answer is, yes, I know about others.

Commissioner Drysdale
This question might seem odd. How much did you know about mRNA technology prior to you taking the vax yourself?

Dr. Dion Davidson
Not much at all. You know, as I said, scanned the RCTs that were done at that time. And then, you know, maybe a quick internet search here and there about what this technology was. And that was about it.

Commissioner Drysdale
But were you aware of it being a novel technology to be used on the population?

Dr. Dion Davidson
Well, mRNA technology, the technology, the idea is not new per se. I mean it was, I don't know, 10 years ago or whatever that it came about and it's been used in very limited ways over those years. So it wasn't new in that way. But I was aware that this was obviously the biggest application that had been made of mRNA technology. And in that sense, it was new.

Commissioner Drysdale
It's just the reason I asked that question is because you're right: as I understand from previous testimony, the mRNA technology has been around for quite some time. But this, as I understand, was the first time it was introduced in mass to the human population.

Dr. Dion Davidson
It was my understanding as well.

Commissioner Drysdale
And considering that it had never been done before, you would have thought that there would not just be the standard review process in place, but it would be an additional process.

Dr. Dion Davidson
One would have thought.

Commissioner Drysdale
You know, I have another question that's a very short one. And I can't imagine you can answer this, but my question to you is, why? Why did this happen? Why did we— And I think you were here earlier and listening to the testimony, but we heard from Dr. Braden about—this is my words, not hers—the breakdown in the process from conceptual science to production of product, to putting it in arms. And there seemed to be a breakdown in the entire system from top to bottom. Even after it went into arms, the reporting of adverse reactions or even the reporting of efficacy seemed to all break down on this.

Dr. Dion Davidson
How did that happen?

[00:50:00]

Commissioner Drysdale
How did that happen? Why? Or why did it happen? Perhaps those are two different questions.

Dr. Dion Davidson
From what I understand, there was somewhat of a new public health elite that emerged early in the pandemic. And they became obsessed with this one virus—with some good reason, it was bad—to the negation of literally every other public health concern.

And then it became political, and then it became tribal. So that you were either on team "coronavirus is going to kill us all, and everything and anything that we need to do to stop it or that could even possibly stop it, is justified" or you're on "team critical" of all that. And I think just many public health officials chose their team. Many doctors chose their team, and they just stuck with it, no matter what the data said. And that carried through the entire pandemic. People chose their team, they chose their tribe, and they just stuck to their guns, no matter what else came up.

Commissioner Drysdale
Thank you.

Commissioner DiGregorio
Sorry, I just have one more question that I forgot to ask you. How long did you train to become a vascular surgeon?

Dr. Dion Davidson
So medical school for me was four years. It is for most people four years. And then I trained in general surgery first and then vascular surgery. That was a total of eight years after that.

Commissioner DiGregorio
So 12 years. Is my math okay there?

Dr. Dion Davidson
From the beginning of medical school till the end of my surgical training was 12 years. And I did, you know, four years of university before medical school, so 16. A lot of years.

Commissioner DiGregorio
And did I hear you correctly say that there is, not really a shortage of vascular surgeons, but that you are in short supply?

Dr. Dion Davidson
Yeah, there is a shortage of vascular surgeons. I mean, there's a shortage of any number of specialties around the world and doctors in general, right. But certainly, specifically vascular surgery, yeah.

Commissioner DiGregorio
Thank you.

Dr. Dion Davidson
You're welcome.

Ches Crosbie
Thank you, Dr. Davidson.

[00:52:33]

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 5: Ellen Smith
Full Day 3 Timestamp: 05:10:20–05:28:15
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Alison Steeves
[mic not on]

[00:00:39]

Ellen Smith
... a homemaker, presently.

Alison Steeves
Could you tell us a little bit about your family?

Ellen Smith
Yes, my husband and I have lived here for 22 years this summer. We have two adult children living with us currently. One is our 28-year-old son who has minor special needs and our daughter who has Downs Syndrome, and she will be 25 this summer.

Alison Steeves
Back in late 2019, early 2020, can you tell us about your day-to-day life for you and your family, sort of what was your daily routine?

Ellen Smith
Certainly. My husband was going to work in office in the town of Summerside, and he would drop our daughter off daily at a day program for handicapped adults, which she attended from roughly 8:30 to 3 o'clock every day. I was basically the glue to hold this all together. I believe our son had just moved back in with us and was trying to get into the armed forces to train as a financial officer.

Alison Steeves
How long had your daughter been in this day program?

Ellen Smith
In the day program, since she graduated from high school at age, almost 18. So it would have been several years earlier, three years roughly.

Alison Steeves
So she knew the routine pretty well and the people that work there.

Ellen Smith
Absolutely. It was a very small program, and so there were only small numbers of people in the program. She became princess to them very quickly. She was a very young client compared with most of the attendees.

Alison Steeves
And you said your daughter has Down Syndrome, correct?

Ellen Smith
Yes, she does, as well as some other comorbid diagnoses. She has sensory integration dysfunction, and although she's never been assessed, we think she's inherited some of my husband's diagnoses. We see her ticcing and she doesn't have great attention skills. So we think she has ADHD as well.

Alison Steeves
Would you say that routine is pretty important for her?

Ellen Smith
Absolutely. Any medical professional would attest, and any parent of a special needs child or an adult would attest to the fact that they need predictability because they don't cope with change. They don't learn as quickly new routines. So any threat to that routine over a longer period of time can really compromise their stress levels.

Alison Steeves
So in 2020, when PEI began implementing COVID-19 measures, did that impact your daughter's routine?

Ellen Smith
Oh, absolutely. She wasn't allowed to go to her day program for quite a while. I began to see her having signs of mild depression. She would occasionally have crying jags or be overly sensitive to normal comments being made in our day-to-day lifestyle. She just seemed to be more mopey, that's a good English word to use. Yeah. And of course, that affected us as her parents. Generally, when you have a special needs child, you're already stressed to the max. There's a lot of detail involved in that which I won't bore you with.

Shortly after we moved here, for example, the IWK (Izaak Walton Killam Hospital for Children)—that'd be 22 years ago—sent us a letter saying that anybody who had a child who'd had open heart or brain surgery would be traumatized and would become hypervigilant about their health, their mental state, their emotions more than the average parent. So not only were we dealing with the grief associated and the stress associated with having a special-needs, delayed child, but the medical condition that she had been through or the surgery had compromised our state of mind, as well. So if anything happens to her that affects her emotional state or her physical health, both of us are deeply affected by that. That's just been since the get-go.

Alison Steeves
So to be clear, your daughter had had heart surgery, very young?

Ellen Smith
Yes, at 10 weeks of age, yeah.

Alison Steeves
And your observation was that this sort of information pamphlet was correct for you and your husband? The impact was that—

Ellen Smith
Oh, absolutely, absolutely. It gave us a reason to pat ourselves on the back because we knew then we weren't crazy.

Alison Steeves
So every time any sort of slight change or health issue made you hypervigilant, it was kind of an increased impact?

[00:05:00]

Ellen Smith
Oh yeah, the slightest little thing. And certainly, I as her mother because I had been taking care of her, more hands-on than of course my husband was because he was the breadwinner, and still is. So it definitely affected me. And I know it affected my husband.

Alison Steeves
And how long did these impacts, these changes in your daughter's mood, last?

Ellen Smith
There's still some residual effects. To this day, a couple years after she was able to go back to her program, if we have a snow day or if there's any kind of cancellation that's out of the normal routine, she seems a little concerned, a little anxious. And I often have to reassure her that it's just because of the snow and they just cancel schools because it's not dangerous to drive, et cetera, et cetera. And then she seems reassured.

But I don't remember her ever questioning that. In fact, previous to this time, she would go, "whoo-hoo, day off!" You know, like a typical teenage kid would.

Alison Steeves
So since the pandemic you've noticed that if there's a change in routine or if there's a cancellation in her day program, it's more stressful for her?

Ellen Smith
Yeah, if it's out of the normal routine like, you know, Christmas holidays. Gosh, I'm trying to think what else they get off regularly. I guess that's about it really. And she's so excited about Christmas that that was never a big issue for us so, or for her. But definitely now, I see a difference in her behaviour. Yeah, if there's snow.

And it's funny, I just noticed that this winter. I don't know if I was even cognizant of it last year. We were too concerned about other issues of course. But it's definitely affected her. I'd say her state of mind hasn't completely recovered.

Alison Steeves
And you mentioned your husband's diagnosis. Can you speak about that?

Ellen Smith
Yeah, absolutely. He was diagnosed several years ago at a private clinic in the U.S. with ADHD. I'm just looking at my notes: a learning disability, OCD, a post-concussion syndrome, a tic disorder, and a mood disorder. He does deal with some chronic anxiety on top of all that. And he was given some trials with pharmaceuticals since that diagnosis. But what we discovered was, for example, for one of the diagnoses, if he was given a drug, it would exacerbate the symptoms of one of the other diagnoses. So we learned over several months—well actually a couple of years—that that wasn't going to work. So we've developed kind of a naturopathic approach to it of supplements, vitamins, exercise, fresh air. And it seems to kind of keep everything at bay.

At the beginning of the lockdowns, when he had to work out of the home, and Michaela was home, that's our daughter, he started having sleep problems. And that's a first for him. He's not a young man; he's 66 now. He would have been in his early 60s during the lockdowns, of course. And he got a sleep medication. But after trying it for several months, it started making some of his symptoms worse, as well. So we slowly had to kind of ease him off of that.

And to this day, he's still having—not as bad sleep problems, but he still has trouble getting to sleep and staying asleep at night. And that was never really an issue with him up to that point, he usually just as soon as he hit the pillow. And I would know, obviously, because I could see that. So yeah, this is all brand new for us.

Alison Steeves
What aspect of the COVID measures, do you think, impacted his sleep? Or what was the connection?

Ellen Smith
Well, just the stress, just the stress. I mean, the lockdowns were frustrating having to wear masks everywhere.

He had had some nursing training. He did quite well in the academic end of it. He's a very bright man. And we both were privy to the fact that, for example, with the vaccines— I'm sorry, I'm getting confused here.

If a person had had vaccines, according to standard immunology that was known at the time and now, if they work, then if you're exposed to anything that you're immunized for, you should manifest little or no symptomology.

So if you're carrying that virus or disease, certainly that would be more of a danger. So it made sense to us that a vaccinated person would be more of a danger to other people if they were carrying. And we had— Sorry, go ahead.

Alison Steeves
No, sorry. Had your husband's routine changed as well, then. He was impacted?

Ellen Smith
Yes, he had to work at home. He still is, as a matter of fact. He's a federal government employee. So he wasn't getting out and being exposed to, you know, getting back and forth to work or running errands on the way home. Things like that that had been part of his life.

And just the stress of not knowing what the heck is going on, you know, in our world.

[00:10:00]

I mean, we all were following everything. And I just saw his behaviour go from sort of in control to worse. And it's kind of been worse since then. Like he's more difficult to deal with since that time. It's not as bad as during the lockdowns, certainly. But he's still— His symptoms just seem to be worse at times than I remember in previous years. And that's hard on the family. It's hard on the children. It's hard on me, certainly, you know.

I have to make up any deficits, and I can't work outside the home. I haven't been able to for quite a few years because of his disabilities as well as our daughter's. But, yeah, we're all feeling it, definitely, you know. My own mental health has been compromised. I see my sleep disruption happening more regularly than it used to up to that point, as well.

Alison Steeves
And you spoke a bit about the vaccines. You're referring to the COVID-19 vaccines?

Ellen Smith
Yeah, absolutely. At first, we thought we weren't going to take them, knowing what we knew and a little bit of research we'd been doing. But then his job required him to take it in order to keep being employed by this particular department.

Our daughter had to be vaccinated in order to return to the day program, eventually. The first year wasn't such a big issue because there was no vaccine available, and we had to just

deal with it. But once it was available, they were insisting, absolutely, that she had to have this.

So I decided I'd better too because our in-laws, my husband's family members, his sisters insisted that we wouldn't be allowed to visit his mother in Nova Scotia unless we were all vaccinated. So we just said, "Oh the heck with it, we'll do it." And we did.

Alison Steeves
And when did you take the COVID vaccine?

Ellen Smith
I was probably the last person in our family to take it because I wasn't being forced to keep a job or anything. My last one—and I only took the first two, I haven't taken any subsequent boosters—I believe it was either late November or early December of 2021. And I had the usual side effects from the first one, with a little bit of fatigue and sore arm, stiff arm for a few days.

The second one, as soon as the pharmacist gave me the shot during that process, it was like liquid fire going into my arm. And I said, "Ow," quite loudly. I said, "That really hurt." I said, "Did you break the tip of the needle or something?" And the guy who gave it to me, the pharmacist, he didn't seem to be concerned in the least. He just put the Band-Aid on it, you know, alcohol swab and the Band-Aid. And just said, "Wait 15 minutes in the store so we make sure you don't have any kind of bad side effect immediately." And I didn't and went home.

And I had the usual symptoms I had with the first one: the fatigue and the sore arm for a few days. But since that time, regularly, I've had either a sharp, fiery pain right on the spot where the vaccine went in, or like, an achy feeling. And that happens several days a week, some weeks worse than others.

Alison Steeves
So that was approximately over a year ago now?

Ellen Smith
Sorry?

Alison Steeves
That would be over a year ago now, from the time that you took the second vaccine.

Ellen Smith
Yeah. Well, I had it, what? November, December, so a year and a third, roughly. Yeah.

Alison Steeves
And how soon after you took the vaccine did you start having those symptoms?

Ellen Smith
Oh, right away, within the first two or three weeks. I just figured it was taking longer to get rid of the initial side effects from, you know, which we were told to expect. But it just never went away with me completely.

Alison Steeves
So it's still bothers you today?

Ellen Smith
Yeah, oh yeah. Like today, it's just like, I've had a really good sleep last night. But it's still like— It doesn't hurt to touch; I can actually bump into something. But it's almost like there's a piece of something in there and it hurts. The needle pin, which it doesn't have, of course, because it would get infected. But other days, it's like, achy. So I can feel it from the inside. But to the touch it doesn't hurt, which is really bizarre.

Alison Steeves
And did the pharmacist speak with you about that this could happen or any potential side effects?

Ellen Smith
Not at the time, no. Well, we had to sign paperwork that asked us if we had an allergy to one of the components of the vaccine that was kind of unusual or rare or whatever. And of course, I wasn't aware, so I said, "no." But, other than that, no. I had just read online what to expect. So when it happened, I wasn't alarmed. But the fact that it's continued with me, you know, not to the same degree as the first few days. But it's just there all the time, and I find that so strange.

Alison Steeves
Would you say that your concerns about sort of these post-vaccine symptoms and lockdowns have impacted any of the relationships in your life? You mentioned family members who were insistent that you get the vaccine.

Ellen Smith
Right. Well, I've never really shared that with any of my in-laws because they'd probably accuse me of being crazy.

[00:15:00]

Or having a big imagination.

My immediate family know about it. I haven't gone to a doctor because I figured, what are they going to do? They're going to remove the spot or do a biopsy? I mean, my experience is a lot of doctors are just trying to keep their job, so they're doing what's demanded of them, I think, unofficially.

When my husband asked for— For example, my husband could never take the regular flu shot every year because he's allergic to egg whites, the albumin, the protein, the egg white.

And up to that point anyway, a lot of the vaccines for flu, regular flu, I believe involved the use of the egg white. At least the old ones did. So he was never able to take that. It could be a life-threatening thing; his throat would close over.

And he didn't know that the new vaccine wouldn't be created that way. So when he went in to ask his doctor for a medical exception, his doctor—who was from Iran or Iraq—gave him a story, about, "Well, in my country, a couple of hundred years ago, there was a gentleman in charge, their leader, who wanted to have marital relations with every single woman in the land. And so, everybody just went along with it or their head would be chopped off." And I said, "Oh, well, that's an interesting analogy."

Alison Steeves
That was his response when your husband asked about getting an exemption?

Ellen Smith
Oh, he absolutely refused. He said, "No, I can't do it."

Alison Steeves
Ellen, what's been the hardest part of all of this for you?

Ellen Smith
Not knowing if it's going to continue again. Or if this is going to happen to a more severe degree. You know, if governments are going to work against their populations, I guess, in such a blatant way. I mean, you'd have to be a fool not to recognize that this stuff happens behind the scenes all the time and has been going on since the dawn of man. But the fact that it's come out of the closet so blatantly. And they're no longer even trying to hide what they're doing. Scares the you-know-what out of all of us in our family, I guess.

I don't trust the people in charge as much as I used to. I was never a naive person who believed everything that came down the pipeline. But I figured the truth is somewhere in the middle. But boy, I've gotten a lot more skeptical since all of this took place in the last two or three years.

Alison Steeves
Thank you, Ellen. And I'll turn it over to the commissioners if you have any questions.

Thanks very much for sharing your story today.

Ellen Smith
Absolutely, my pleasure.

[00:17:55]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 6: Scott Stephen Spidle
Full Day 3 Timestamp: 05:28:30–05:48:58
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Thank you, Mr. Spidle. You affirm that you will tell the truth, the whole truth, and nothing but the truth.

Scott Stephen Spidle
I do. Yes.

Ches Crosbie
Thank you.

Alison Steeves
Can you state your full name and where you're from?

Scott Stephen Spidle
Scott Steven Spidle from Annapolis Valley here in Nova Scotia.

Alison Steeves
Scott, I understand that back in early 2020, you had a very bad case of COVID. Is that correct?

Scott Stephen Spidle
Yes, that is correct.

Alison Steeves
And when exactly did you contract COVID?

Scott Stephen Spidle
It was about the first or second week of February.

Alison Steeves
What were your initial symptoms?

Scott Stephen Spidle
Initial symptoms were just normal flu-like symptoms.

Alison Steeves
How did you know it was COVID?

Scott Stephen Spidle
After the first week, about when those flu symptoms went away, I started experiencing shortness of breath and chest pain and also of course spoke with my family doctor about this. And the testing at the time had just started, and even in the mainstream media they reported issues with the testing, including both false positives and false negatives. And so, she expressed concern with the accuracy of the testing. So that wasn't really relied upon.

And also, upon one ER visit, the doctor who was seeing me—at that point it was basically standard protocol to test anybody in the ER, especially if they exhibited these symptoms. When the nurse started to prepare the test kit, the doctor turned to the nurse and said, "Don't bother with that." And at that point I was consulting with them with my symptoms, and along with the self-treatment I was doing. And he agreed that the treatment I was using was good; he reiterated that and that he believed I had COVID as well.

Alison Steeves
So your family doctor and also an ER doctor assessed that you most likely had COVID. I understand that these symptoms persisted off and on over a long period of time. Is that correct?

Scott Stephen Spidle
Yes, that is correct.

Alison Steeves
So how many trips did you end up making to the emergency room with these symptoms?

Scott Stephen Spidle
The symptoms continued to get worse. Shortness of breath, mainly. I got to the point where I could hardly breathe. And so, yeah.

Alison Steeves
At any point where you offered any treatment?

Scott Stephen Spidle
Not really. Like I say, that one doctor in the ER, he basically just said to keep using the self-treatment I was using.

Alison Steeves
What was the self-treatment?

Scott Stephen Spidle
I was using vitamin D, vitamin C, vitamin E, zinc, honey and green tea, and tonic water with lemon juice.

Because at that point, hydroxychloroquine was beginning to be spoken about as a treatment and it appeared quite evidently that that was not going to be available to us here in Nova Scotia or myself. So through my own research and people I know in the military, they suggested tonic water, as it contains quinine, which is basically a predecessor of hydroxychloroquine.

Alison Steeves
And did that help with your symptoms?

Scott Stephen Spidle
Yes, once I started putting those kind of meds and treatment to me, it still kept getting worse but not as rapidly.

Alison Steeves
So did your COVID go away?

Scott Stephen Spidle
It did eventually. I did also receive a rescue inhaler on another ER visit, which was basically a shot in the dark by the doctor. That doctor had actually believed that I was experiencing anxiety and gave me Ativan pills, sent me home with those. And I was so furious with that visit that I actually used the Ativan pills that night because I was so upset with how I was taken care of at the hospital.

Alison Steeves
So how bad did your COVID get? This was going on for how long?

Scott Stephen Spidle
Approximately four to five weeks from beginning to end. Like I say, it got to the point where I literally couldn't breathe. I only live about five, ten minutes from the hospital and one night I end up calling 911 because I didn't feel like I could drive that far in a car.

Alison Steeves
And after several months, what ended up happening to you?

Scott Stephen Spidle
I ended up having chest pain and shortness of breath slowly start to come back again, off and on. And then I woke up one morning and I could hardly get out of bed because of back pain. The shortness of breath was not as severe like it was previously, when I was very ill. So I wasn't sure what to make of it. I sort of just sat outside in a lawn chair in the morning for about 10 minutes and see how I felt with some fresh air. And the pain was still there significantly. So I drove myself to the hospital that morning.

Alison Steeves
And what happened at the hospital?

Scott Stephen Spidle
They quickly identified one of the lungs had fully collapsed. So the doctor told me that he would have to perform a chest tube.

[00:05:00]

And he strongly stressed that my informed consent would be required for him to do the procedure. And so, he did that, and shortly thereafter, he said that he wanted to send me back home with the chest tube. And I live alone, so I expressed to the nurse that I did not feel comfortable going home alone with this chest tube. And at this point, there was a shift change happening in the ER, and the nurse had spoken with the doctor coming on shift about my situation. He then shortly came to speak with me and said, "No, we're not going to send you home. We're going to transfer you to Halifax for emergency lung surgery in two days."

Alison Steeves
So you were admitted to the hospital at that time, in the Valley?

Scott Stephen Spidle
Correct.

Alison Steeves
And can you tell us about your experience in the hospital after that?

Scott Stephen Spidle
I was in the ER at Valley Regional for about three to four days. I was on morphine and meds at that point, so my mind was a little cloudy. I don't remember exactly how long it was. But on, I believe it was Day 3, my eyes began to hurt and I just by chance happened to wipe my forehead and it was just slime from sweat accumulating on my forehead. I did not receive any personal care at all. The only time a nurse or anybody came to see me in my stretcher bed was to provide morphine or medication. I had to request a face cloth to clean my face.

And then, I believe it was the next day—because I was only there three or four days—they requested an X-ray. And since getting physical medical records from my doctor, where it stated they requested a mobile X-ray, where they bring the X-ray machine to your hospital bed or stretcher, and that's not what happened. The nurse was a student nurse, I guess she

overlooked it or didn't understand the request, but she unplugged my chest tube from the vacuum line on the wall and then took me in my stretcher, ER stretcher, to the X-ray department.

The wait in the hallway alone—sedated, unplugged from my chest tube—it was only a few minutes, but within that short time I could feel in my chest like the air being let out of a balloon. And when the X-ray tech came out, he looked at me and I looked at him and I said, "They just unplugged my chest tube and I think my lung just collapsed." And he said, "Are you serious?" I said, "Yes." And I was just, you know, on morphine; it didn't seem like a big deal to me at that moment. So he rushed me into the X-ray, did that, rushed me back to the ER, then the nurse came, plugged my chest tube back into the wall.

And then after about five or ten minutes, what had just happened sort of registered in my mind, okay. And I started yelling, "Help me, they're going to kill me, I need a doctor." And after yelling that three or four times, it was only a few moments, the ER supervisor and a respiratory specialist came to my side. They assessed me and realized the lung had collapsed and, despite being plugged back into the vacuum line, it was not coming back up. So they just decided that they'd have to do another chest tube, which is a very painful and horrifying experience, really. And they had to do another one because they had to use, I guess, a larger diameter one so they could create more vacuum in my chest cavity to allow the lung to come back up.

After that, I had a very serious conversation with the two of them about how that should have never happened, which they agreed. It was shortly after then, maybe an hour or two, actually before then, the supervisor called a meeting at the nursing station—because of my condition, they had me right in the section there in my stretcher, right there in front of the ER nursing station, so they could keep close eye on me. And so, she called a meeting with the nurses after this happened and basically told them, "You know, if you have questions, have patience, wait and ask; take your time instead of making mistakes," more or less.

Alison Steeves
So when you were admitted, Scott, to stay, you were told in two days you'd be going to Halifax for lung surgery?

Scott Stephen Spidle
Correct.

Alison Steeves
How long did you end up staying in the hospital before going to Halifax?

Scott Stephen Spidle
More than two weeks. And just add to that meeting, when that was said and my situation was mentioned, the nurse who had unplugged my chest tube said, "Oh, well." And I almost flew off the handle. Except immediately a nurse, an elderly nurse who clearly been a nurse for a long time, turned to her and said, "You can't be like that."

[00:10:00]

Alison Steeves
Had you been hospitalized before, Scott?

Scott Stephen Spidle
Yes, I actually have two autoimmune conditions, which put me at high risk for COVID and one of those is ulcerative colitis. So I've been hospitalized two or three times for that for quite an extended period of time.

Alison Steeves
How would you compare the level of care you experienced and witnessed in this visit that we just spoke about compared with in the past?

Scott Stephen Spidle
It was a black and white difference, totally different. A lot of the doctors, but mainly the nurses: they seemed scared or apprehensive of being near patients. It was very odd and, like I said, that was right at the beginning of all the hysteria and all the hype.

Alison Steeves
So Scott, you've had this horrible experience with what you and your family doctor and at least one ER doctor felt was COVID, and it resulted in significant lung damage, correct?

Scott Stephen Spidle
Yes, they actually end up having surgery on both lungs because the other lung was in the same condition, on the edge of collapsing. And the surgeon had said that it took about 30 years off the life of my lungs.

Alison Steeves
So then when a vaccine emerged against COVID-19, were you eager to take it?

Scott Stephen Spidle
No.

Alison Steeves
Did you take the vaccine?

Scott Stephen Spidle
No, I did not.

Alison Steeves
Why not?

Scott Stephen Spidle

Well, numerous reasons. One being that I had survived COVID, and I believe natural immunity was longer lasting, more effective than the vaccine. I also had concerns about the safety of the vaccine, even before it was rolled out. And also, in the fall of 2021, when it was really getting rolled out, I had two loved ones die shortly after receiving their injections: one within 48 hours, massive heart failure with no previous heart conditions, and the other one over the span of about a month in the hospital, with all their organs shutting down and the doctor saying they didn't know why. So I was quite apprehensive to getting the shot.

Alison Steeves
How did you feel when provinces across Canada and the federal government started implementing vaccine mandates and passports?

Scott Stephen Spidle
I thought that was extreme. I'd even use the word tyrannical. I mean, it was a clear, extreme violation of our basic rights and freedoms. And it caused, I mean, we've heard numerous testimonies here: the effect it's had on people's lives, their families, relationships, employment, you name it.

Alison Steeves
Are you familiar with the truckers' Freedom Convoy that went to Ottawa in January 2022?

Scott Stephen Spidle
Yes.

Alison Steeves
Can you speak a bit about your experience with the convoy?

Scott Stephen Spidle
Yes. I missed the convoy here from Nova Scotia to Ottawa in the first week due to continuous lung issues with long-term problems. And eventually, a few friends here from the province returned after being there and participating in the convoy. And at that point, I was starting to feel better. I was no longer short of breath, no more chest pain, and wanted to go. And they said, you need to be there because they knew my position and how I felt about things.

So they went back up and took me up there with them. And we booked reservations at an Airbnb for a week. Of course, at that point, nobody knew how long it was going to last. And it was probably the greatest time in my life, especially after the previous two years. There's so much love and joy, as I cry and hug every single day. A friend of mine who's had numerous friends who were truckers out there, and one of them told me— The first day I got there, he's chatting with me. And he said his eyes hurt from crying so much, of just happiness and just relief and being around people and just a sense of normality again.

Alison Steeves
How long did you end up staying at the convoy?

Scott Stephen Spidle
Right till the very end, that Sunday morning.

Alison Steeves
So you were planning to stay a week. Did it end up being longer than that?

Scott Stephen Spidle
Yes, well, like I say, we had reservations for a week. And it was time to go home and they were heading back, and I told them the night before that I had to stay. It meant that much to me. And to that point, prior to that, a few days before— When I arrived in Ottawa, the fencing was still up around the War Memorial. And I was there when the veterans took down the fencing. And it wasn't like the media said, it wasn't a bunch of protesters tearing it down. It was basically all veterans: people stood back and allowed the veterans to do it. And they orderly removed the fence and stacked it neatly to the side and then negotiated with the police

[00:15:00]

in terms of carrying out a watch duty at the War Memorial to make sure nothing happened to it. Because of course, at that point, the police were quite lacking resources in terms of men on the ground. So the veterans agreed to take on that role.

Alison Steeves
Did you find that the media portrayal of what was happening in Ottawa was accurate?

Scott Stephen Spidle
Not at all, not at all.

Alison Steeves
So reports that the protesters were racist, white supremacists, hateful people. For example, Ottawa City Councillor Catherine McKenney, in an article—and this is Exhibit TR-14—one article in *Ottawa CityNews*: "Ottawa City Councillor Catherine McKenney issued a statement on January 26, 2022, that stated, in part, 'several members of this group are connected to militant, racist, sexist, and homophobic groups, and they are not here to only raise voices against vaccination mandates, but to also fuel hatred against the very fabric of our society.'"

Do you feel that is an accurate characterization of what you observed and experienced at the convoy?

Scott Stephen Spidle
No, I would say that is the complete opposite of what the atmosphere and the people that were there are doing. There's actually a very large presence of Christians, religious people there, along with Indigenous people. And leading up to that point, we had dozens of churches across the nation being burned and vandalized. And to have those two communities come together, it was very nice to see. And there was people there from every walk of life. And also, the professional class: I met with numerous doctors and lawyers there. Actually, at the War Memorial, I actually spoke with a— He didn't say what sport, but

he was clearly, he was like seven feet tall, built, you know. And he said he was a professional athlete; I assume a hockey player. I sort of know the image; I played hockey for 25 years. And he said he was fully supportive of what was happening.

Alison Steeves
Do you have anything to add about the people that you met at the convoy?

Scott Stephen Spidle
It was— sorry.

The veterans were like the heart and soul largely of what was happening on the ground. That moment when they removed the fence and I was there and helped a veteran remove the flowers from the fence. And—personally, and to a lot of others—that was the highlight of the whole event. They, actually, because of long family history, they took me into the fold of the watch duty afterwards and I participated in the night watch duty, which was a very surreal experience being in the nation's capital. It was very quiet, dark, with the monument lit up and yeah, it was pretty special. Like I said, there's a lot of doctors, nurses; there's just everybody you could imagine.

Alison Steeves
What did this experience mean to you?

Scott Stephen Spidle
A great deal. Personally, I'm the kind of person— I believe, you know, our forefathers, fathers, and grandfathers, they fought and died to protect and preserve our rights and freedoms. And here we were as a nation and across the world largely sacrificing our rights and freedoms to save lives. So it was like everything was upside down.

Alison Steeves
Thank you, Scott. Those are my questions. I'll turn it over to the Commission.

Commissioner DiGregorio
Thank you for sharing your story today. I just have one question around the vaccine mandates and I was wondering if you ever asked for or obtained an exemption?

Scott Stephen Spidle
No, I did not. I did not have a need for an exemption.

Commissioner DiGregorio
Thank you.

Scott Stephen Spidle
I did not have a need for an exemption for myself personally. But I did help others with the religious exemptions, providing them with the sources to acquire that.

Alison Steeves
Thank you, Scott.

Scott Stephen Spidle
Thank you very much.

Oh, if I could just say one more thing. When I was in— They moved me up to a step-down unit when I was in Valley Regional. And I was there for an extended period of time. And there was a nurse who'd come on shift after being off for a weekend. And this was about a week and a half into it. And when she came in, she said, "What are you still doing here?" And then we had a chat. She went to go find answers. And I could hear her outside the room, just outside the door, right, speaking with who I assume is her supervisor. And she asked why I was still waiting. And her supervisor said that was an inappropriate question for her to ask. And she responded by saying, "If he ends up in ICU, it's not my fault."

[00:20:00]

And if that nurse is out there, thank you. And please reach out to me if you can.

Thank you.

[00:20:27]

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Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 7: Janessa Blauvelt
Full Day 3 Timestamp: 05:49:55–06:24:12
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Ms. Blauvelt, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Janessa Blauvelt
I do.

Ches Crosbie
Thank you.

Christina Lazier
Good afternoon, Commissioners. For the record I'm Christina Lazier. I'm Atlantic Regional Counsel with the NCI.

Would you please state your name and spell it for the record?

Janessa Blauvelt
Janessa Blauvelt, J-A-N-E-S-S-A B-L-A-U-V-E-L-T.

Christina Lazier
Thank you.

At this time, before we get into the actual testimony of the witness, I would like to ask that the Commissioners take judicial notice of certain pieces of legislation and certain public health orders. So I'll just make a list. These will be provided to you for your reference documents. There's a screen right in front of me here, so it's difficult. I can't see the commissioners.

So I would ask that you please consider and review the Nova Scotia *Health Protection Act*; the Nova Scotia Communicable Diseases Regulations made under sections 74 and 106 of the *Health Protection Act*; the Nova Scotia *Personal Health Information Act*; the *Hospitals Act*; the Nova Scotia *Health Authorities Act*; the Nova Scotia *Emergency Management Act*; and all declarations of state of emergency.

The original declaration of state of emergency, which was issued by the Minister of Municipal Affairs, the Minister responsible for the *Emergency Management Act,* on March 22nd, 2020: that was the first declaration of state of emergency in Nova Scotia. And all the subsequent declarations: they were renewals of the original declaration, and they continued every two weeks for a full two years. So the last of the declaration of state of emergency expired on the 21st of March 2022.

Also please take note of the *Nova Scotia Human Rights Act* and the *Canadian Constitution* and *Canadian Charter of Rights and Freedoms*.

Similarly, as we have had witnesses from the other Atlantic provinces, I would ask that you consider the similar health legislation and emergency management legislation and human rights legislation from Newfoundland and Labrador, New Brunswick, and Prince Edward Island.

Furthermore, to the list I would add, in the case of Nova Scotia, 97 iterations of the one section 32 order issued by the Chief Medical Officer of Health, Dr. Robert Strang. Section 32 of the *Health Protection Act* of Nova Scotia is what gives Dr. Strang the authority to issue orders for public health in the context of communicable disease.

It will be important for the Commissioners to become extremely familiar with the provisions, and the order which was issued. The initial order was issued by Dr. Strang on the 24th of March 2020, and every subsequent iteration through to July 6th, 2022. Please consider all the iterations. There are 97 in total. And it is important to note that the July 6th, 2022, iteration of the public health order pursuant to section 32 of the *Health Protection Act* is still in place now. Embedded in those *Health Protection Act* orders, section 32 orders, are protocols and directives.

I would ask that the Commissioners give particular attention to the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings, the first of which iteration was issued on October 6th, 2021. That's the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings. It was originally issued on October 6th, 2021.

[00:05:00]

And it has subsequently been amended. There are other iterations of it, and they will be provided as well. Also, the COVID-19 Proof of (full) Vaccination for events and activities. Those protocols were embedded in the chief medical officer of health's orders. But they appear as separate documents, so I'm just wanting to make sure they don't get lost in the shuffle, so to speak. Thank you.

Ms. Blauvelt, can you please tell us where you live?

Janessa Blauvelt
In Yarmouth, Nova Scotia.

Christina Lazier
And what is your occupation, please?

Janessa Blauvelt
I'm an LPN, licensed practical nurse.

Christina Lazier
What are the duties of an LPN?

Janessa Blauvelt
I provide safe and ethical care to my patients under the direction of the RN and attending physician. Some of my duties would include medication administration, IV insertion, wound dressing, personal care, et cetera.

Christina Lazier
And in what settings would you typically work as an LPN?

Janessa Blauvelt
I worked at the Yarmouth Regional Hospital as a float nurse, so I worked on all the departments.

Christina Lazier
Okay. Did you work at any other location as an LPN?

Janessa Blauvelt
I did. I worked in long-term care as well.

Christina Lazier
Okay, and thank you. You're not working currently as an LPN?

Janessa Blauvelt
No, I lost my job in the mandates.

Christina Lazier
When you say, "the mandates," what are you referring to, please?

Janessa Blauvelt
The forced vaccination policy that was put out by my employer and the province.

Christina Lazier
And who was your employer?

Janessa Blauvelt
Nova Scotia Health Authority.

Christina Lazier
Thank you. When did you first begin working at Yarmouth Regional Hospital?

Janessa Blauvelt
I started in May of 2008. I worked in housekeeping for a number of years, and I built on my education—started in 2016. I started my upgrading and I took a counselling course and then I started my nursing career in 2018.

Christina Lazier
And where did you do your nursing training?

Janessa Blauvelt
At Nova Scotia Community College in Yarmouth.

Christina Lazier
When did that begin?

Janessa Blauvelt
2018 to 2020.

Christina Lazier
And when were you to have graduated under the normal course?

Janessa Blauvelt
I would have graduated in June of 2020.

Christina Lazier
Okay, and did you undertake your studies with Nova Scotia Community College through June 2020?

Janessa Blauvelt
Once the emergency measures were put in place in March of 2020, we got one week of our last clinical in, and then we were pulled out. And there was a lot of uncertainty for almost two months of how we were going to finish our clinical to be able to graduate.

Christina Lazier
What was the implication of being pulled out, as you call it, from your clinical? Maybe you can explain that.

Janessa Blauvelt
Well, that is when you put everything together and you really put your skills together; that's where you get your hands-on training. So it was a very important part of the whole thing. It's where it brings it all together and you get to utilize all your skills that you've used.

Christina Lazier
So you started your program, I believe it was in September of 2018?

Janessa Blauvelt
Correct.

Christina Lazier
And your clinical placement began in, was it March 2020?

Janessa Blauvelt
Correct.

Christina Lazier
And you were in that one week before you were pulled out. So who pulled you out of that program?

Janessa Blauvelt
The College decided to pull us out.

Christina Lazier
And I don't mean to mislead: It's not that you were pulled out of the nursing program altogether but that you were removed from the clinical placement which was where? Where were you at?

Janessa Blauvelt
At the Yarmouth Hospital.

Christina Lazier
So what was the implication for you of being pulled out of the clinical, which was the most important, as you were describing, aspect of the training and hands on skills?

Janessa Blauvelt
Well, we found out after being in limbo for quite some time that we were going to finish our clinical online virtually. So we didn't get any of that experience there—the hands-on experience. And we did not complete it until August 2020.

Christina Lazier
And then did you graduate?

Janessa Blauvelt
I did, with honours.

Christina Lazier
Thank you.

So in March 2020, what was it that happened that caused your school to pull you out of the clinical placement?

[00:10:00]

Janessa Blauvelt
The public health emergency that was put in place by the province and Dr. Strang and the risk of contracting COVID in the hospitals.

Christina Lazier
Is that something that was communicated to you by your employer? Sorry, not your employer, but the Nova Scotia Community College: Is this the understanding that you gained from them?

Janessa Blauvelt
Yes.

Christina Lazier
Okay. I would like to make note and ask the Commissioners to take judicial notice of the fact that, in Nova Scotia, the Minister of Health never issued a public health emergency. Under the *Health Protection Act* there is provision—I believe it's section 53—for the Minister of Health to declare a public health emergency, but in Nova Scotia that never happened.

The only state of emergency that was ever declared was by the Minister of Municipal Affairs under the *Emergency Management Act*. There were declarations of state of emergency, and you will read them, and you will see that the presence of COVID-19 in the province was the rationale for the declaration of state of emergency. But it was not the Minister of Health who declared a state of emergency at any time.

So that was your understanding from your school?

Janessa Blauvelt
Yes.

Christina Lazier
The reason why they pulled you out, okay. So what then happened in August 2020? You had graduated. Had you invested financially in your training?

Janessa Blauvelt
Yes. Yeah, I have a substantial student loan.

Christina Lazier
Okay. So were you eager to get to work at that point?

Janessa Blauvelt
Yes.

Christina Lazier
Were you able to get a job at that time?

Janessa Blauvelt
Yes, I started working in a long-term care facility. I still continued working in housekeeping as well. And then I started my full-time position at the Yarmouth hospital as a float nurse in December of 2020.

Christina Lazier
Okay. So how long were you working at both the long-term care facility and the Yarmouth hospital?

Janessa Blauvelt
I worked in the long-term care facility from October 2020 until April 2021. And I was employed with the Yarmouth Regional Hospital since May 26, 2008.

Christina Lazier
And when you were employed with the Yarmouth Regional Hospital, your employer was Nova Scotia Health Authority?

Janessa Blauvelt
Correct. Yes.

Christina Lazier
So what changed for you in the summer— I'll take you to the summer of 2021. What happened in the summer of 2021?

Janessa Blauvelt
Well, there was a lot of talk about the forced vaccination. I had started researching early on in the pandemic, pretty much March of 2020, when it came out. I woke up within two months as to what I believed was really going on. And I knew that this vaccination, this novel vaccination, was not anything that I wanted to take. There was a lot of division amongst the co-workers in the workplace surrounding the vaccine.

Christina Lazier
In what sense was there division?

Janessa Blauvelt
Well, there was a couple times where I was working—one in particular—where a co-worker had said in front of other co-workers that anyone that was unvaccinated deserved to work the COVID unit. And that they hoped that the unvaccinated person would get COVID first, as well as their family.

Christina Lazier
And how did this make you feel, these conversations?

Janessa Blauvelt
Unsafe. It made me feel— I don't know, a bunch of different emotions, like I didn't want to be there, like I didn't fit in.

Christina Lazier
What did you observe in the hospital in the summer of 2021 in relation to the incidents of COVID appearing among patients seeking treatment at the hospital?

Janessa Blauvelt
We had no COVID patients at that time. We had a COVID ward that was ready to go, and nothing.

Christina Lazier
And how had it been since you had been at the hospital in 2020 as well?

Janessa Blauvelt
No COVID patients.

Christina Lazier
So did you inquire— In your words, you mentioned this forced vaccination. What were you referring to when there was talk about forced vaccination?

Janessa Blauvelt
It was just going around amongst the co-workers and mentioned, you know,

[00:15:00]

through nurse managers and whatever, that it was going to be mandatory. Or there was talk that it was going to be mandatory, to have to take the vaccine to keep your employment.

Christina Lazier
And when you're talking about the vaccine, what vaccine are we talking about?

Janessa Blauvelt
The mRNA COVID vaccines.

Christina Lazier
So were you concerned when you heard talk of a forced vaccine?

Janessa Blauvelt
Yes, I was.

Christina Lazier
And what, if any, steps did you take to inquire of your employer or your union about such a policy if it were coming into place?

Janessa Blauvelt
I had spoke to my educator that I did not wish to get this vaccine. I was not taking this vaccine. And they told me at that time that it would not be able to be forced on anybody.

Christina Lazier
So who was your educator?

Janessa Blauvelt
At that time, her name was Hannah Stanwood.

Christina Lazier
And was that a clinical person or an administrative person?

Janessa Blauvelt
Like an administrative educator. They go round to the floors and update you on policies and stuff like that.

Christina Lazier
So that was someone you inquired of. Did you inquire of anyone else?

Janessa Blauvelt
Well, I made it clear to my nurse manager that I was not taking this.

Christina Lazier
And what response did you get?

Janessa Blauvelt
There was really no support. It was— They were following what they were being told.

Christina Lazier
Is that what your nurse manager expressed to you? I need to understand a little bit more about the conversation you had, what you were left with in the way of an answer.

Janessa Blauvelt
Basically, that I did not have a choice if I wanted to keep my job.

Christina Lazier
So what communication did you have from your employer formally with respect to vaccination with COVID-19 vaccines?

Janessa Blauvelt
Well, we found out on October 1st of 2021 that the COVID vaccines would be mandatory by November 29th, 2021. And we did receive email confirmation.

Christina Lazier
And I'll enter into the record as Exhibit 1, the Nova Scotia Health Authority notice to Ms. Blauvelt that she would have to get vaccinated or lose her job.

What did receipt of that notice do to you?

Janessa Blauvelt
It made me spiral out of control and go into a grave depression and anxiety. And my last day worked was actually October the 1st. I worked in the emergency department. That night too, I had a co-worker say that anybody that did not take the vaccine was being selfish because we were in a pandemic, and we were putting others at risk.

Christina Lazier
Were comments like that reprimanded or dispelled by senior supervisors or other people in the administration or clinical staff?

Janessa Blauvelt
Well, I never reported it or anything.

Christina Lazier
So on October 1st, you had a shift. I'll indicate to the commissioners that October 1st, 2021, is the first date on which a proof of vaccination mandate was issued in Nova Scotia. And it's contained in one of the section 32 orders of that date.

So you went into mental health crisis. Is that fair to say?

Janessa Blauvelt
Correct.

Christina Lazier
And what did you do?

Janessa Blauvelt
I reached out to the crisis response team.

Christina Lazier
And who would the crisis response team be? What is that?

Janessa Blauvelt
It's a mental health department that's within the outpatient department in the hospital.

Christina Lazier
And did they see you?

Janessa Blauvelt
They did.

Christina Lazier
And what happened?

Janessa Blauvelt
They put me in contact with a psychiatrist.

Christina Lazier
And how soon did you get to see a psychiatrist?

Janessa Blauvelt
Right away.

Christina Lazier
Would it have been within days of October 1st?

Janessa Blauvelt
Yes.

Christina Lazier
Within a week of October 1st?

Janessa Blauvelt
Yes.

Christina Lazier
Okay. And following consultation with that psychiatrist, what was the result?

Janessa Blauvelt
He put me off work for three months due to the stress and anxiety, low mood, the depression, and the stressors, financial stressors, all that stuff that were—

Christina Lazier
And I believe that the formal notice from the doctor was actually in the form of an attending physician report, an APR form, as it's known.

[00:20:00]

Janessa Blauvelt
Correct.

Christina Lazier
Nova Scotia Health Authority, and so that will be entered as Exhibit 2. And would you please turn to that document now? And what exactly did the doctor put in the form of a reason for putting you off work?

Janessa Blauvelt
Stress due to the mandatory COVID-19 vaccination mandate at work. And the symptoms: anxiety, low mood, panic attacks, lack of energy, poor concentration.

Christina Lazier
There's some dates on that form referencing the 15th of October 2021.

Janessa Blauvelt
Correct.

Christina Lazier
Do you understand what those dates reference?

Janessa Blauvelt
That may have been the day that I seen him in his office, but I did see him through the crisis response before that date.

Christina Lazier
Okay. And so, for how long did he put you off work?

Janessa Blauvelt
For three months.

Christina Lazier
While you were off work, did you receive correspondence from your employer or your union?

Janessa Blauvelt
Yes.

Christina Lazier
And what correspondence did you receive?

Janessa Blauvelt
We had to fill out the Nova Scotia Health COVID-19 Immunization Disclosure form.

Christina Lazier
So you say "we," are you referring to a group or yourself?

Janessa Blauvelt
All the employees.

Christina Lazier
I see, okay. So you received that same correspondence asking you to fill out a COVID-19 immunization disclosure form?

Janessa Blauvelt
Yes, and the advice by my union is that I should do it.

Christina Lazier
And so COVID-19 immunization: Is that how it was discussed in your workplace, that COVID-19 vaccines would immunize you against COVID-19?

Janessa Blauvelt
Yes.

Christina Lazier
So did you comply?

Janessa Blauvelt
No. Oh well, I did with the form, but I did not comply with the mandate, no.

Christina Lazier
And when you filed the form, what date was it on which you filed that form? I'm believing it was October 24th?

Janessa Blauvelt
The 24th of October.

Christina Lazier
And how long did it take them to respond to your disclosure form?

Janessa Blauvelt
October 31st, my religious exemptions were all denied.

Christina Lazier
Okay. Was any reason given in that denial you received on October 31st?

Janessa Blauvelt
No.

Christina Lazier
So you mentioned exemptions. At what point did you take any steps to obtain an exemption from this policy requiring COVID-19 vaccination?

Janessa Blauvelt
Well, right away I started, but I got one October the 23rd. It was a sworn affidavit by a lawyer, and then I had a handwritten one that I had did out and one from my pastor, as well.

Christina Lazier
And what did you do with those three documents supporting what you were hoping would be a grant of an exemption?

Janessa Blauvelt
Well, I had to attach them into this email, this COVID-19 disclosure form.

Christina Lazier
And did you?

Janessa Blauvelt
I did yes.

Christina Lazier
So that, already? Oh, my goodness, my goodness. Rapid fire, okay. Another gear. All right. Thank you, Commissioner. Exhibit 3 will be COVID-19 Immunization Disclosure forms and the exemption letters that had been submitted.

The response you received from your employer was a denial, am I correct?

Janessa Blauvelt
Correct.

Christina Lazier
Did you at any time contact the Nova Scotia Human Rights Commission?

Janessa Blauvelt
Yes, I did.

Christina Lazier
And what assistance were you looking for from them?

Janessa Blauvelt
Well, I was hoping that they would uphold my right to my God-given right to my body and my personal choice and my creed.

Christina Lazier
And when was it you contacted them?

Janessa Blauvelt
In September 2021 I started writing them when the word was going around.

Christina Lazier
And what timeframe did they give you that you should receive some response from them?

Janessa Blauvelt
Four to six weeks.

Christina Lazier
How long was it before you heard from them, the Nova Scotia Human Rights Commission?

Janessa Blauvelt
They did write back asking for my exemptions in November.

Christina Lazier
In November of what year?

Janessa Blauvelt
2021. I attached them all, and then I did not hear back until a year later, November of 2022.

Christina Lazier
And at that time, did they confirm that an investigation would be undertaken?

[00:25:00]

Janessa Blauvelt
No.

Christina Lazier
What was the nature of the response?

Janessa Blauvelt
That it was a complaint process and they said, "Thank you for your patience."

Christina Lazier
I'll note that Exhibit 4 is an email from the employer, Nova Scotia Health Authority, communicating denial of Ms. Blauvelt's requests for religious exemption to the COVID-19 vaccination.

And Exhibit 5 is the email stream between, correspondence between Ms. Blauvelt and the Commission about her request for a religious exemption. I'm going to ask—

I'm going to check with the timekeepers. I understood that the break was going to be forfeited so that we could continue with her. Thank you. Because these exhibits only became available today so we would have to take an extra 10 minutes in any event.

So did you make other efforts to pursue the answers to your concerns?

Janessa Blauvelt
Yes.

Christina Lazier
And to whom, in the way of public officials, did you write?

Janessa Blauvelt
I had wrote my local MLA, Zach Churchill. I wrote the Member of Parliament, Chris D'Entremont. I wrote Dr. Strang. I wrote Tim Houston and the health minister.

Christina Lazier
Would that be Michelle Thompson?

Janessa Blauvelt
Correct.

Christina Lazier
Exhibit 6 will be correspondence with public officials. Did you get an answer from any of them?

Janessa Blauvelt
The only one that I did get a response back was from the health minister, but it wasn't signed by her. And it did not address any of my questions. It just said that the reason why they were continuing to keep the policy in place was to protect the vulnerable population.

Christina Lazier
Was there any science supplied?

Janessa Blauvelt
No. Just that they continued to listen to the science, basically. There was no evidence really given.

Christina Lazier
And you then corresponded with your employer, I understand, in the way of a conditional acceptance.

Janessa Blauvelt
Correct.

Christina Lazier
And what was the nature of that document, conditional acceptance, to get vaccinated?

Janessa Blauvelt
Well, yes, I outlined the possible adverse effects and reactions to the vaccine, and if I was to get the vaccine and was compromised or injured in any way, if they would support me or take liability.

Christina Lazier
And did you get a response to that conditional acceptance letter that you provided?

Janessa Blauvelt
I did. They said that they received it and that they were considering it with their colleagues with people services. And I did not hear any more about it.

Christina Lazier
Exhibit 7 will be that conditional acceptance letter and the employer's response.

We do have a few more questions if I may beg the patience of the Commissioners.

I understand that you and other employees of the Yarmouth Regional Hospital initiated a process of notice of liability, which was then served on Tracy Unger, Director of Employee and Labour Relations. Is that correct?

Janessa Blauvelt
Correct.

Christina Lazier
Exhibit 8 will be notice of liability and the affidavit of service of the bailiff who served that notice of liability on the Director of Employee and Labor Relations. It was received by an assistant of hers. Again, any response from that?

Janessa Blauvelt
No.

Christina Lazier
And you're a member of the CUPE union, or is that correct?

Janessa Blauvelt
Correct.

Christina Lazier
And did you grieve your matter?

Janessa Blauvelt
I did, yes: December 14th of '21.

Christina Lazier
Okay. And so, you sent, I understand, your grievance to union local president Carl Krause and union rep Andrew Baxter to initiate your grievance because your request for exemption had been denied. You received a response to that on July 18th, 2022, I understand?

Janessa Blauvelt
Yes.

Christina Lazier
Sorry, what you received was a meeting with the senior human resources consultant of your employer.

Janessa Blauvelt
Correct.

Christina Lazier
Yes, and did that bring satisfaction?

Janessa Blauvelt
No.

Christina Lazier
You were then denied your grievance. I understand it on September 13, 2022. Is that correct?

Janessa Blauvelt
Correct.

Christina Lazier
Was that step three response?

Janessa Blauvelt
Yes.

Christina Lazier
Yes, okay, has anything further happened with respect to your grievance?

[00:30:00]

Janessa Blauvelt
No, I was just told that the union had the right to vote what case went to arbitration and what case did not. And I have not heard anything more.

Christina Lazier
Do you know whether your collective agreement includes a provision for voting on whose matter goes to grievance?

Janessa Blauvelt
I was not able to find that in the collective agreement.

Christina Lazier
Exhibit 9 will be the grievance form and correspondence with the union. Exhibit 11 will be the collective agreement.

So with respect to grievances and so on: Were you aware of the arbitration decision of Yvonne Mackey?

Janessa Blauvelt
Yes.

Christina Lazier
And who's Yvonne Mackey?

Janessa Blauvelt
She is an RN at the IWK.

Christina Lazier
Okay, so I'll ask the tribunal to take notice of the arbitration decision of Yvonne Mackey. That will be provided as Exhibit 10.

Yvonne Mackey is a nurse with the IWK, Izaak Walton Killam Children's Hospital, and she requested a religious exemption and was denied. Her matter was grieved. Her matter did go to arbitration, and she won. And it was noted that her employer violated *Human Rights Act* in not granting her the exemption that she requested based on her religious beliefs.

So what is the state of your employment now? Your career?

Janessa Blauvelt
Well, I'm not allowed still in this province to work in my profession. I've been considering moving out of province, so I can continue to work.

Christina Lazier
As it is now, the ongoing public health order, section 32 order, requires for you to return to work that you would have to be vaccinated with COVID-19 vaccines. Is that correct?

Janessa Blauvelt
Correct.

Christina Lazier
And you did, I understand, recently have a conversation with—or attempt a conversation with—Karen Oldfield of the Nova Scotia Health Authority?

Janessa Blauvelt
Yes, it was called the Community Conversation at the Rodd Grand Hotel in Yarmouth.

Christina Lazier
And also, Michelle Thompson, Minister of Health and Wellness, was there on January 18, 2023?

Janessa Blauvelt
Correct.

Christina Lazier
And what happened there?

Janessa Blauvelt
Well, I had the chance to speak. They did not answer any of my questions. I was very passionate. I told them how it affected my life. I asked them how long they planned to keep us on unpaid administration leave. And actually, the microphone was taken out of my hand, and they told me that's enough.

Because I had one more question that I wanted to ask. And the question being that most health care workers only received the two shots in 2021, early 2021. According to their very own experts and their good science, the very small amount of immunity wanes within four to six months. So technically, these employees are no longer considered vaccinated according to their science. So why are they allowed to continue to work, while I continue to be punished and not allowed to work in my profession?

Christina Lazier
And I will just note for the commissioners' sake that the definition of fully vaccinated is in Part 1 of the July 6th, 2022, order. You'll find definition of what is fully vaccinated and the fact that health care workers such as an LPN do fall within that definition of the application of that requirement for vaccination.

I'll leave it to the commissioners to have any questions. I should note that those are all the exhibits at this point.

Do you have any questions, Commissioners?

Christina Lazier
Thank you, Ms. Blauvelt.

Janessa Blauvelt
Okay, thank you.

[00:34:16]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 8: Josephine Fillier
Full Day 3 Timestamp: 06:48:16–07:07:50
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Our next witness is Josephine Fillier, who will be appearing virtually. Josephine, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Josephine Fillier
I do.

Ches Crosbie
Thank you.

Criss Hochhold
Hello, Josephine.

Okay, can you please tell us your full name, where you live, and what do you do?

Josephine Fillier
My name is Josephine Fillier, and I am from St. John's, Newfoundland. I am a stay-at-home mother to three children.

Criss Hochhold
In your submission to National Citizens Inquiry, you advised us that you received the vaccine in 2021, is that correct?

Josephine Fillier
Yes, June 18.

Criss Hochhold
What prompted you to get vaccinated?

Josephine Fillier
Well, basically at the beginning of COVID, everything was locked down. And I was doing my high school diploma, trying to get it after 13 years of being a stay-at-home mom. And I had to quit because the kids went online and I had to help them with their online studies and I couldn't focus in my house, doing my work. So I became like depressed, isolated, and all these things.

So when the injections came out to get, the Atlantic bubble was closed, and my partner was in Niagara Falls, and it would be my first trip off the island, so I decided to leave. He paid for the trip, and I went to Niagara Falls. But to get it, I had to get the COVID injection into my body because I was in fear that the government would come to my house. And there was all kinds of fear—online, in the news and everything—at the time.

Criss Hochhold
So Josephine, it sounds like you were quite apprehensive about getting the vaccination, is that true?

Josephine Fillier
Yeah, I had severe anxiety attacks. Like, I've been struggling with depression and anxiety since I was a little girl, but it was very manageable. I was on antidepressants and anxiety meds and they helped me out a lot. But my intuition, I guess, told me not to get this COVID injection. I knew something was off about it anyways. But since I was in fear and I really wanted to go visit my partner, who was in a different province, and I didn't want to isolate away from my children for two weeks upon arriving home, I ended up getting it. And I knew it was the biggest mistake of my life.

Criss Hochhold
Josephine, where did you go get the vaccination?

Josephine Fillier
At the Village Mall, here in St. John's.

Criss Hochhold
Do you remember who administered it to you?

Josephine Fillier
It was an LPN—Faye Chidley.

Criss Hochhold
Before administering the vaccine, did the LPN explain the potential risks and/or benefits of the vaccination for COVID-19?

Josephine Fillier
No, basically all they said was that I would have a fever and a sore arm. And they told me to stay for about 15 minutes just to make sure I didn't have a reaction. So I took my paper that had my lot number and the stuff to do in case you have, like, a fever or sore arm or anything like that and I just sat down. And then I was fine after 15 minutes, so I went home; I took the bus and I went home.

Criss Hochhold
Prior to the vaccine, did you have any health issues? Were you an active person? Were you eating healthy? Can you describe your lifestyle a bit to us and how that's changed since then?

Josephine Fillier
Well, before, I was a very outgoing active person; I wasn't in fear of anything. I was like, you know, a bubbly type person. And I have ADHD, so I'm always active; like, I wake up in the morning and I can go, go, go all day long. It runs in the family, so my mom is like it, my sister is like it. So ever since then, I've had to basically slow down a lot. Because if I exert myself much, I feel like my body is shutting down.

Criss Hochhold
Okay. Just for the Commission's records, the vaccine itself was Pfizer.

Josephine Fillier
Yeah, I had one dose.

Criss Hochhold
One dose. Do you have the lot number on you, Josephine?

[00:05:00]

Josephine Fillier
Yeah, I keep checking it, to see if there's any adverse side effects. So it's FA 9093.

Criss Hochhold
Josephine, what happened after you received the vaccine? Just refresh my memory with that because you said you went home, you were fine at first.

Josephine Fillier
Yeah, well, I was fine. It takes me about 45 minutes to an hour to get the bus from the mall to my house. And prior to the vaccine, I had a bruise in my right thigh and it never healed fully. So when I went home, I was laying down on the couch and I noticed that there was a severe burning pain in my leg. And I thought that something was seriously wrong. That I was clotting maybe, maybe something was going on with my leg. And so, I put my feet up on the back of the couch just in case, to elevate my feet. And it just escalated from there.

Criss Hochhold
How do you mean escalated?

Josephine Fillier
Basically, the burning never went away; even 20 months later, it's still there. It escalated to crawling sensations, like, I had bumps on my legs, which are still there today. I had swelling and internal vibrations, and then I had lumps all over my legs, on the back of my thighs and on my shins.

Criss Hochhold
Josephine, with all the symptoms that you're showing, did you report those to a health care professional—to your doctor—or did you go to the hospital?

Josephine Fillier
No, I actually went to my doctor. He's been my doctor for 23 years now. He knows my entire medical history, my mom, my sister, all of our kids. And he gaslit me the entire time.

I was telling him about the lumps on my legs and he just told me to get compression socks. I told him about lumps in my scalp, in my head, that were very painful. And this remark was really, really upsetting because he told me that if I didn't look for lumps, I wouldn't find any. And I thought that, you know, if you check lumps—you have to check your body, you have to be self-aware. You have to understand your symptoms in case it could be, like, you know, a tumour or cancer or something. So once I noticed that there was lumps on my legs, that was the first indication that something was going on with either my lymph nodes or my blood vessels.

Criss Hochhold
Then how long after the symptoms appeared did you contact your family doctor? I'm trying to understand: From the time you received the vaccine to the time the symptoms appeared and then you reported them to your physician, to your family doctor, how much time had lapsed?

Josephine Fillier
Maybe a month or two because I got it June 18, 2021. And then around the beginning of August, I made my first appointment, and then he basically brushed it off. So I just, you know, went home. And the fall came and then the winter came, and more and more symptoms started happening.

Criss Hochhold
Do you know if your family doctor submitted any of your symptoms to the CAERS system: the Canadian vaccine reporting system? Are you aware of any of that?

Josephine Fillier
The CAERS? No, I had to do that myself. Like I said, he was gaslighting me. He even said to me that it is not connected to the vaccine, the COVID injection. Because he knew of somebody who impersonated someone and took 77 injections, and they're fine.

Criss Hochhold
I believe that reference is in regards to a person in Germany, and it was reported in the media, who took a number of extra vaccinations in order for the benefit financially. Whether it's proven or not, I'm not certain of.

[00:10:00]

Josephine, your family doctor didn't accept the symptoms that you were showing physically. Not only from a psychological perspective, perhaps due to anxiety or depression or heightened anxiety, because of what you've written from the research, but you actually had physical ailments, physical symptoms, and your doctor was completely dismissive of that. Did you seek a second opinion? Were you able to perhaps go to the ER or the hospital to speak to another physician about that?

Josephine Fillier
No, because, like I said, this doctor has been my doctor since I was 10. I literally trusted him with my entire life. Like, I didn't know about the injections; I didn't know about anything at this time. I just knew that something was wrong with my body, and I needed to find out what it was because I did not feel well at all. I felt like I was dying.

Criss Hochhold
Did your doctor run any tests on your blood, for example, or any other tests to ascertain, to see what potentially, if there's an issue?

Josephine Fillier
Yeah, I actually had to have a severe mental breakdown in his doctor's office about a year ago in order for him to do anything. But he gaslit me so much for a long time. And then I had to, like, literally cry out for help saying, "I know something is wrong with me. I need help."

Nobody believed me because my own partner didn't believe me; my family didn't believe me; my friends didn't believe me. And I needed some help. I felt so alone and I needed a professional at least to acknowledge me. And so, he ended up getting me a referral to a neurologist. He gave me blood work for just, like, you know, regular calcium, proteins, and all this stuff. And then that came back normal. So then, somebody told me to get a D-dimer test done. So I went back a couple of weeks later, got that done, that came back normal.

Then I was suffering with vertigo this summer just past, in 2022. And I felt like I was drunk. **And I'm taking care of my kids and I was feeling so sick for a week. And I couldn't walk, I felt really unwell. So then he got me a CRP test done to see if I had chronic inflammation and that came back normal. So I just saw my neurologist on Thursday past, and he now told me that it could possibly be this dysautonomia, and it's an autoimmune response to the vaccine. And then he told me that I need to get an MRI done and I need to get a lot of blood work to see if it's an autoimmune response and to also check for connective tissue damage.**

Criss Hochhold
For the commissioners, the lab report as well as the outpatient specimen collection requisition would be exhibited as TR-21, TR-21a through to f. TR-21, TR-21a through to f. That also includes the immunization record.

Josephine, how did it make you feel when, bearing in mind we were becoming a bit of a national—

I'm going to skip forward just a little bit in the interest of time because I think we have an understanding how you were feeling at the time and everything you went through.

Did you go to the Freedom Convoy?

Josephine Fillier
Oh yeah, I found out about the convoy on Saturday and then everything was planned for me to leave on Monday in order to go to the Trucker Convoy.

Criss Hochhold
Thank you. What happened as a result of your attendance of the Freedom Convoy?

Josephine Fillier
Well, I took myself off of my medication because I no longer trusted pharmaceuticals because of my injury. And so, I also took my children out of school for those two weeks while I was gone because they just came back after another lockdown and I didn't want to put a mask on their face. So I ended up going to the Trucker Convoy and my social worker, who has been involved with my file for a while, she thought I was having severe mental breakdown.

[00:15:00]

So when I came back February 7th into Newfoundland, on February 8th she came and told me that they had to remove my children until further investigation.

Criss Hochhold
When were the kids removed from your custody?

Josephine Fillier
February 8th, my two boys.

Criss Hochhold
Of last year, of 2022.

Josephine Fillier
Yeah.

Criss Hochhold
We're sorry to hear that. And you're working on this actively to regain custody of your children?

Josephine Fillier
Yeah, well, my oldest has come home as of December. But my youngest is having some behavioural issues at school, so my social worker wants to make sure that I am, you know, okay with my mental health and he has support and I have support before he can return home. But he's in the process of transitioning back.

Criss Hochhold
Very good. Just a couple of more questions. You said that you've come off medication earlier this year. Can you just briefly describe what medication you were on and what it was for?

Josephine Fillier
Well, I don't remember the name of my antidepressant, but I was on antidepressants. And then I was on lorazepam for my anxiety because I was in abusive relationships and had childhood trauma. So I have severe PTSD from all of that. But everything was fine; it's just that, since I got this injection into my body and I knew something was seriously wrong, I no longer trusted pharmaceuticals or doctors.

Criss Hochhold
You said you've had anxiety and depression since childhood, which you also said got heightened because of the vaccination. How was your mental health affected after you received the vaccination? Did your symptoms increase or did they stay about the same? What happened?

Josephine Fillier
My symptoms seriously increased from, basically, depression and anxiety to severe panic attacks where I felt like I was having a heart attack constantly. I had chest pains, electrical shocks in my chest. I had chronic fatigue and anger issues and then basically just escalated from that to—

I had a tremor in my leg last April, because I was out for a walk and I became chilly. And my right leg, when I came home, I put my feet on the heater like I normally do to warm up and then my leg just started shaking uncontrollably. It's basically affected my entire nervous system. I have severe nerve pain, like my feet go on fire, and it's mostly my right leg. That's what I don't understand. Like, I guess since I had the bruise there. With my research, the spike protein possibly started, like, attacking that one part of my body and then it spread throughout my entire system. But even now, my neurologist checked my leg, and he said that my right leg is much more weaker than my left leg. So I have a severe pain all the time, like, numbness, my foot goes numb, it goes on fire. Crawling and pins and needles, shooting pains, stabbing.

Criss Hochhold
Thank you, Josephine. I really appreciate it. While I do have more questions, I do not have more time. So I'm going to refer to the commissioners for any follow-up questions.

No questions. Thank you, Josephine. I really appreciate your time.

Josephine Fillier
Thank you.

[00:19:34]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 9: Linda Adshade
Full Day 3 Timestamp: 07:08:15–07:28:15
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Linda Adshade
I do.

Ches Crosbie
Thank you.

Criss Hochhold
Can you please tell us your name, where you're from, and what did you do?

Linda Adshade
My name is Linda Adshade. I'm from Oxford, here in Nova Scotia. I worked with the Nova Scotia Health Authority [NSHA] from 2009 until, let me see, probably October of 2019. At that point, I took a position with public health. Please don't shoot me.

Criss Hochhold
Linda, I understand you've had a lengthy career with Nova Scotia Health Authority, but I'd like to focus on your most recent role with NSHA. Can you tell me how you came to be in the position, what the position is, and what it entailed?

Linda Adshade
So there was a broad letter sent out; they were looking for many people to come to work with them for the lab results. So you had the negative and you had the positive lab results.

Criss Hochhold
Sorry, negative lab results for what?

Linda Adshade
Oh, sorry, for COVID-19.

Criss Hochhold
COVID-19 tests that people—

Linda Adshade
Yes, the PCR tests, sorry. So I was put in a position to look after the negative lab side of it. So when I went there, I actually started off doing the vaccine clinics. Was pulled from there to go back to work remotely from home. They made me the supervisor of about five people at that time.

Criss Hochhold
Okay, so if I understand correctly, you had a different role. They advertised this role specifically that deals with COVID-19 test results.

Linda Adshade
That's correct.

Criss Hochhold
And you assumed that role, and it was completed remotely. You did not have to attend the office.

Linda Adshade
That's correct, yes.

Criss Hochhold
So can you tell me more about— What do you mean you received, or you were in charge of, the negative tests? And what was the overall purpose and scope as well, please?

Linda Adshade
So I would get all the information in the morning. Then my staff would call all of the individuals on the list to give them their PCR test results. And we only dealt with the negative side. That's the only people that we called.

Criss Hochhold
Okay. So that means, if I understand correctly, people throughout the province would attend testing centres. They would get the COVID vaccine tests done—the swabs or whatever the case may be—and then you would receive the test, the lab results.

Linda Adshade
Right, that's correct.

Criss Hochhold
And would that include, then, contact information for the individuals?

Linda Adshade
Yes, that's correct.

Criss Hochhold
Okay, and what would you do with the test results?

Linda Adshade
So with the test results: So in the morning, I would get this huge, huge file. Of course, you can imagine how many people are being tested. Once I got that file, I would then take the file and separate it. I would keep all of the data for myself. I needed that information to deal with situations, but my staff only received the negative lab results. So they would have the name, all of their information, so that we could confirm, you know, "May I speak with so-and-so. Could you please give me your name, your date of birth, health card number," anything along those lines, just to verify. Then we would give them the test results.

Criss Hochhold
Okay, and you said you received a big file in the morning that included all test results.

Linda Adshade
That's correct.

Criss Hochhold
So that would be negative as well as positive.

Linda Adshade
Positive, yeah.

Criss Hochhold
But you were focused for your role only on the negative aspects that you would then disseminate to your staff who'd make the contact with the people.

Is there anything that you can tell us how that data that you received in those spreadsheets was related to information that was given to us on the televisions, through the media or through the government messaging?

Linda Adshade
Okay. So I started thinking to myself, "Wow, they seem to be like saying there's all these cases; I don't get it." So again, it came on an Excel spreadsheet. I was able to take out the positives from the negatives so that I only ended up with the positives. When I counted those up each day, to the end of the week, they didn't match what they were telling us on TV—not even close. They were saying thousands of people. There were not thousands of people in the run of a week.

[00:05:00]

They were off by hundreds. Not by two or three, hundreds. I started thinking, "Okay, this is crazy. They're lying to people."

Criss Hochhold
So based on the numbers that were shown on TV, it did not match up with what you had in front of you. You literally had the actual figures in front of you that they would have used to compile the numbers shown to the people in the province and around.

Linda Adshade
Yes, that's correct.

Criss Hochhold
Did you take any steps about that? Did you follow up on that, or was this really more you were gravely concerned but— How did you feel about that then?

Linda Adshade
Well, I was upset because they were lying to the people. They were lying to us. They were lying to everybody. I didn't take it up with my management or my supervisor because I was met with a lot of resistance prior to that for my opinion on the vaccine.

Criss Hochhold
We'll get to that, too.

Linda Adshade
Yeah.

Criss Hochhold
Okay, so thank you for that. To summarize, your role as a supervisor gave you access to all the data, all the tests within the province—the entire province.

Linda Adshade
Yep. The entire province.

Criss Hochhold
And the Province inflated grossly, according to you, the numbers that they gave to the people in terms of how many people tested positive for COVID-19 in relation to how many actually tested positive.

Linda Adshade
Right.

Criss Hochhold
Thank you.

Josephine [sic], now I'm going to move away from that, and let's talk about your story a little bit as well because it is also very important. Your job that you had as the supervisor for negative COVID-19 testing, you mentioned it was done remotely. Were you able to do that entirely remotely, or did you need to go to an office at any time?

Linda Adshade
The only time I would have had to go to the office was to pick up equipment. But other than that, I worked remotely just from my kitchen in my home.

Criss Hochhold
And what happened that changed your employment status? Did you receive notification from the province in regards to your vaccination requirements because mandates were coming in?

Linda Adshade
Yes.

Criss Hochhold
For Nova Scotia Health Authority workers, employees—not just health care professionals, but all employees for the health authority.

Linda Adshade
Right.

Criss Hochhold
Were you affected by that?

Linda Adshade
Yes, I was. Yes.

Criss Hochhold
Okay. I'm going to enter Exhibit TR-17, which is a letter, an email that was sent out. I just want to read just a short excerpt from that, if I may. The date on this is November 30th, 2021, at 10:29 a.m. It was sent by the COVID-19 policy request, and the subject was "Viral Vector Offer of Vaccination."

"Dear NS team member. You're receiving this letter as you have submitted an intent to decline COVID-19 vaccination or an exception request (medical or Human Rights) that has been declined or remains on review. COVID-19 vaccine core planning team and Nova Scotia Health Occupational Health, Safety & Wellness team are continuously looking for ways to support health care workers impacted by the provincial mandate for those working in high risk settings." So I'm just going to focus on those three little words to that: "high-risk settings." How high risk of a setting was your home?

Linda Adshade
Well, let me put it to you this way: I live in the middle of absolutely nowhere. So unless a bear had COVID and come into the home, that's the only way.

Criss Hochhold
But so because you— It was really a rhetorical question in a sense, wasn't it?

Linda Adshade
Sorry.

Criss Hochhold
No, no, that's okay, I wanted an answer. But they sent an email out to health authority employees specifically addressed to those working in high-risk settings. Yet your role was not in a high-risk setting because you had no contact, ultimately—I'll sum it up—with the outside world. Because were you working from home remotely with no need to attend the office?

Linda Adshade
No.

Criss Hochhold
I won't read the rest of it, but it will be there for the commissioners. I take it you received that letter because you showed an intent, or you gave them notice, that you were not planning on getting vaccinated. Is that correct?

Linda Adshade
That's correct. Yeah.

Criss Hochhold
Did you feel that you had enough information about the vaccine, about its safety and efficacy before making that decision?

[00:10:00]

Or what prompted you to turn away from the vaccine?

Linda Adshade
There were several things. Basically, that it was rolled out so quick. My understanding is a vaccine takes years to— Not that I'm a doctor, nurse, scientist, or anything, just from understanding, it takes many years to produce a vaccine. I felt that this was too quick.

Fifty years ago, my mother was given a drug when she was pregnant. It affected me that I had at the age 22 cervical cancer from this drug that she took. It also affected my daughter who also has precancerous cells. It can also affect my grandson. So I have a little issue with trusting that stuff without actually doing some good research. When I did all my research and looked into it, I did not feel comfortable at all.

Criss Hochhold
You had obviously a very, very serious experience as a result of that. Do you remember what vaccine your mom got that might have caused, that might have been responsible for that?

Linda Adshade
I'm not sure. I believe.

Criss Hochhold
Okay, that's fine. So based on that, you made a decision: I'm not going to; I just don't trust it. And you said that you've done some research about this vaccine. Because of that decision, did you submit a letter of exemption or any other documentation to your employer advising them of your hesitancy?

Linda Adshade
I did not. Again, I've worked in about eight different areas of the hospital. I also worked at the doctor's office at one point. Not that this came from a doctor but told by some of the staff was, "Don't even ask. Nobody's getting them."

Criss Hochhold
So your belief was, well, I was talking to people, colleagues and workers, and they said, "Don't bother." So you chose not to.

Linda Adshade
That's correct.

Criss Hochhold
You received this email about the need of vaccination. Can you tell me about that experience that led to your suspension or termination of employment with the Nova Scotia Health Authority?

Linda Adshade
So I had my manager ask me several times, about getting the vaccine. I told her, "You knew from the start I'm not doing this." So she said, "You know that you will be put on unpaid leave, which could lead to termination if you don't take this vaccine." And I said, "I'm well aware of the consequences."

Criss Hochhold
So you had a conversation with your supervisor about the vaccine, your hesitancy, and you were advised of the potential consequences.

Linda Adshade
Mm-hmm.

Criss Hochhold
Did you have an experience with your supervisor, or a specific chat with your supervisor or manager about getting vaccinated. And that supervisor then would go and get the vaccine in order to make you feel safer about its safety? Can you tell me more about that, please?

Linda Adshade
So I was talking to her one day about my hesitancy and explaining, "You know, things just don't seem to be adding up." She goes, "Well, I'm going to get mine this afternoon. My first one," you know. "When I get back, I'll touch base with you." Because I was a supervisor. So she said, "I should be back by four o'clock, at least." Getting on to six o'clock, I still haven't heard from her. Finally, she calls me and she says, "I am so sorry that I ran so late. I got my vaccine and I got facial paralysis and had to go to the doctor."

Criss Hochhold
How did that make you feel?

Linda Adshade
I was like, okay, that determines it 100 per cent for me.

Criss Hochhold
So you had no support from your employer in regards to the vaccine hesitancy. Not because you submitted a letter, but because you chose not to— And also not to speak up because you were under the belief that they were not going to be receptive anyhow.

Linda Adshade
Right.

Criss Hochhold
In the interest of time: How were you then, I guess, laid off or terminated? Can you tell me, as we move forward, how that would happen, please? Thanks.

[00:15:00]

Linda Adshade
So I think my last day with public health was 27th of November of '21. So I was thinking to myself, okay, I'm possibly going to starve to death here. So I decided, "Okay, I guess I'm going to take early retirement." I still had three years to work to get my full benefits. Unfortunately, I don't have my full benefits.

So basically, they just told me, "As of December 1st, you're done." So I got up on the 1st of December to collect all my information off of the computer, and they had literally stripped me of everything. I could not get into my email, I could not check my pay, I could not look at anything.

Criss Hochhold
So you were locked out effectively. Was that a deadline for the vaccination requirement, or was that when you said, "I'm going to take early retirement and that early retirement is going to be effective on December 1st."

Linda Adshade
No, because it didn't become effective until January.

Criss Hochhold
Okay, so you were locked out of the system a little early.

Linda Adshade
So I was just stunned. And I even called and said, "Can I not just get my email about my pay?" "Nope, you are done," and basically, "don't contact until you're vaccinated."

Criss Hochhold
How has this impacted you financially? The early retirement—because it doesn't sound like you wanted to retire.

Linda Adshade
No, I didn't.

Criss Hochhold
How did that affect you?

Linda Adshade
Well, we are just living on my husband's income at this time, thank God. He's a good worker. He's a good man, so right now we're living on his income.

Criss Hochhold
Once again, while I have more questions, in the interest of time, I will ask the commissioners if they have any questions.

Commissioner DiGregorio
Thank you for testifying. I just had a question about the numbers that you were talking about at the beginning of your testimony. And I was just wondering how you know that the numbers you were getting every morning were for the entire province.

Linda Adshade
Because we called the entire province. So that's what they indicated when you first started working. You would receive all of the data of all of Nova Scotia. We called everywhere in Nova Scotia; it wasn't just within our area. We called right across Nova Scotia. So all the results came from the testing that was done here.

Commissioner DiGregorio
Thank you.

Linda Adshade
You're welcome.

Commissioner Massie
Yeah, on the same topic, what was the gap you would see between what you could see on the Excel sheet and what was published? Was it a significant gap in terms of the numbers?

Linda Adshade
I would say anywhere from two to four hundred, possibly. Is that what you're meaning?

Commissioner Massie
I mean, was it a two-fold more, or— Because 200 is an absolute number. Is that what you're saying?

Linda Adshade
No, it wouldn't be an absolute number. So I would say that probably, I don't know, they were reporting 25 to 30 per cent more than what was actually there.

Commissioner Massie
Okay, so it's an increase of about 25 per cent.

Linda Adshade
Yes, I would say, yeah.

Commissioner Massie
Okay. And any information on the cycle threshold on these Excel sheets, or is it blind?

Linda Adshade
They were sent to you every day, every morning at 8:00.

Commissioner Massie
No, I'm talking about what was the level of amplification they were using to get the positive. Was it like fixed 40-45 cycle, or you don't have information on that?

Linda Adshade
I'm not sure on that, to be honest with you.

Commissioner Massie
You don't have this information.

Linda Adshade
No, I don't have that information.

Commissioner Massie
And how long was that reporting or communication to the public maintained? Was it stopped at one point? What was the time frame? It was since the beginning of the pandemic, and then it went on until—

Linda Adshade
It was still going on when I left in '21. They were still reporting. Is that what you mean?

Commissioner Massie
Yeah, yeah. And it was going on after that.

Linda Adshade
Yes.

Commissioner Massie
Good, thank you.

Criss Hochhold
Thank you so very much. I appreciate your time.

[00:20:00]

Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 10: Katrina Burns
Full Day 3 Timestamp: 06:48:16–07:07:50
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Katrina Burns, do you affirm that you will tell the truth, the whole truth, and nothing but the truth? Thank you.

Katrina Burns
I do.

Ches Crosbie
Thank you.

Alison Steeves
Can you please tell us your full name, where you're from, and your occupation?

Katrina Burns
My name is Katrina Burns and I'm from Truro, Nova Scotia and I'm a substitute teacher.

Alison Steeves
And how long have you been a teacher?

Katrina Burns
I've been a teacher for about seven years now.

Alison Steeves
Has that been in the public system?

Katrina Burns
No, I originally started out in the private school sector and then moved into Halifax Regional Centre for Education [HRCE] in 2020.

Alison Steeves
Okay, so you did approximately five years in the private system and then you switched to HRCE in— When did you start at HRCE, sorry?

Katrina Burns
I started in September of 2020.

Alison Steeves
Okay, so going back to the pre-pandemic era, sort of late 2019, early 2020: Can you share a bit about what your life was like back then, family, community, et cetera?

Katrina Burns
We were just a basically normal family who had just had our second daughter. I had my second daughter September 22nd of 2019. And we had planned to do— With my first daughter I had gone out. I had done every activity possible, from stroller boot camp to play groups. And then, with the birth of my daughter, obviously then came COVID and we were on lockdown essentially right away.

Alison Steeves
And did you know your neighbours pretty well at that time?

Katrina Burns
Very close with our neighbours, very, very close.

Alison Steeves
And you're in Truro now, but at that time—

Katrina Burns
I was in Hammonds Plains.

Alison Steeves
Hammonds Plains. And how long had you been living in Hammonds Plains?

Katrina Burns
Seven years.

Alison Steeves
In the same community?

Katrina Burns
In the same community.

Alison Steeves
And then you started at HRCE in which month of 2020?

Katrina Burns
Well, it would have been August. This is when the teachers usually go back.

Alison Steeves
And what was it like starting there?

Katrina Burns
So I had gone into the public school system as a substitute. So when they originally started in 2020, they had sectors of places where you were allowed to go to sub. So there was about, I think, 30 schools in my section that I was allowed to sub at. I kept it narrowed down to two schools. And I was lucky enough to get a job every single day at those two schools. But a lot of people had a problem or a difficult time finding employment during the time because of the limitations of where they were able to sub.

Alison Steeves
So over the course of the 2020 school year, you are subbing between two separate schools.

Katrina Burns
Yeah.

Alison Steeves
And you substituted pretty much every day.

Katrina Burns
Yeah.

Alison Steeves
The place that you worked in 2021, did you continue doing that?

Katrina Burns
Yeah. So I ended up falling into a long-term sub position, which was a maternity leave at one of the schools that I was subbing at. And then that's where I had started of September 2021, in a Grade 2/3 class.

Alison Steeves
And you had been subbing there at the same school the year before.

Katrina Burns
Yes.

Alison Steeves
Can you tell us a bit about your class that year in September 2021 and the school you were working?

Katrina Burns
Yes, so I was at a school named Sycamore Elementary in Sackville, and it was a lower income school with a lot of kids who had diverse needs. The class I was getting was a particularly difficult one, with multiple students who had anywhere from behavioural needs to severe learning disabilities.

Alison Steeves
What grade was it?

Katrina Burns
It was a 2/3 split.

Alison Steeves
And so, do you feel that in the course of your time teaching there that you were able to make some progress, build some good rapport with the students in that class?

Katrina Burns
Absolutely. So from day one I started my class similar to another teacher who was actually here, where we would kind of talk to each other about how we were feeling. We weren't able to have any kind of physical contact, but we would be having conversations in the morning about how we're feeling coming into the class; how we're feeling about our day; and kind of what our day would look like so that they were prepared throughout the day for their transitions.

Alison Steeves
And so, you started in 2020. There had already been shutdowns the year before, and so the COVID protocols were sort of in place. We were about six months in, I think, at that time.

Do you recall what sort of COVID measures were implemented in your school?

Katrina Burns
Absolutely. So when I was originally subbing in 2020 and started out, there were many different protocols in the different schools.

[00:05:00]

So some schools went as far to have walkie-talkies, so you could communicate if a child either fell on the playground or needed some assistance. That way, someone from the office would come and escort the child back to the office to kind of be looked at. That way, it would keep kids from transporting through the school so much. And we could keep transmission down throughout the school. There were other schools who almost barely had any kind of protocol. And then Sycamore did have the same kind of protocol where it would be a class going down on one side, another class coming up the other, sanitizing as soon as they came into the classroom, or left or went to the washroom and came back in. Even if they had just washed their hands in the washroom, it was still sanitizer to come back into the classroom.

There was also, if there was any sign of sickness, it was a call up to allow the principal to know so that we could then call their parents to get them to be picked up.

Alison Steeves
Were the kids subject to masking and social distancing?

Katrina Burns
Absolutely. So desks had to be— When I had gone into the 2/3 class, we were allowed at that point to put the desks kind of together, but they had to stay in those groups. There was no travelling around the classroom unless they had the mask over their face. They were able to bring their mask down while they were sitting at their groups. And I did have an area set up in my classroom beside the window for the summer months when it was really, really hot for the kids to go down and pull their mask down so that they could sit and get fresh air in the morning.

Alison Steeves
So based on your personal observation, how did those measures impact the daily life for students and teachers at the school?

Katrina Burns
It was so hard to go in in the morning and see all of these kids with a mask up over their face and struggling to breathe, and struggling to kind of express themselves. It was almost like they had become kind of emotionless to what was happening around them. You had some kids who were so worried about getting COVID and spreading it to family members that they were just panicked as soon as they came in.

You had kids who were also against the mask because, obviously, they had heard their parents talking, and they would fight you on the mask. And it was constant that we would have to remind them to pull their mask up over their face and that they had to follow the rules in school that we were mandated to follow.

Alison Steeves
Would you say that the kids generally kept their masks clean and sterile?

Katrina Burns
No.

Alison Steeves
When the COVID-19 vaccines came out, did you take one?

Katrina Burns
I did not.

Alison Steeves
And why not?

Katrina Burns
I had just felt really off about how fast things were coming out and how much pressure they were putting on people to go get a vaccination. Like, there had never been that much pressure put on any other kind of, like, flu vaccine or anything like that before. So I had not— Like, it just seemed kind of fishy to me that we were pushing people to go do this and even against their will, even when they were asking for exemptions.

Alison Steeves
Did you feel pressure to take the vaccine?

Katrina Burns
Absolutely. There was pressure on all ends: from my family, from family friends, from people at school to just everyone all around me seemed to have kind of— Like, our neighbours as well became people who would just constantly be reminding us like, "Oh, well, you could just go get the vaccination. It's easy. You could go get it, and then all of this would be over." So.

Alison Steeves
Did you start noticing any differential treatment on the basis of this decision?

Katrina Burns
I did especially for my six-year-old. We grew up in a community where we all had kids together. And it became part where there were bubbles and my six-year-old daughter would sit in the window and stare out at her friends playing, and she wasn't able to go play with them.

Alison Steeves
Did you notice any differential care in the healthcare system?

Katrina Burns
Yes, so around October of 2021, I had been driving with my husband and I felt a sharp pain just shoot down my left arm. And then it came to a point where I couldn't breathe. And we had to pull over, and I couldn't catch my breath. My heart was pumping from my chest and so we went to emerge. I have a vast history of heart problems, everywhere from heart problems to blood clots to aneurysms in my family, including my father who had his first heart problem at 27 years old. And I'm 33, just for reference.

[00:10:00]

So I had gone in, and once we got to the hospital, there was screening for COVID. And I'm standing there clutching my chest asking to be helped, and the woman went through the protocol and got to the question about whether or not I was a vaccinated individual. And when I said that I wasn't, it was at that point where she proceeded to then stop and tell me that her father-in-law was not vaccinated and was against the vaccination and decided, after she had a long talk with him, that he would go get it. So therefore I should go and get it because I'm just hesitant on the vaccination. As I'm clutching my chest thinking that I'm having a heart attack.

Alison Steeves
In the fall of 2021, when Nova Scotia announced the Nova Scotia COVID-19 mandatory vaccination protocol in high-risk settings, indicating that teachers would be required to have two COVID-19 vaccines, what was that like for you? What were you feeling?

Katrina Burns
At this point, I was incredibly worried for my future. I knew that I wasn't going to get the COVID-19 vaccination, especially after having gone through what I went through at the hospital. It just kind of reconfirmed that it wasn't something for me. If I wasn't going to get the care at that point, if something did happen when I did take the vaccination, I wouldn't have the care at that point either. So at that point, I just felt that I couldn't go through with it.

Alison Steeves
Were you worried about your job?

Katrina Burns
Very much so. But I was also more so worried at that point about the 21 kids who were sitting in a classroom, who also needed to have that constant or consistent support and the constant reassurance from someone in the morning that they were going to be there and be that support for them. Some of these families were children who didn't have the proper support at home or the proper care at home and who needed someone there. And then there were other kids who struggled very much with bullying and were coming back to school and struggling with their reading and their writing and needed that support. So it was these 21 kids who weren't going to have that support from me that I was giving them. And I didn't know whether or not my replacement would give them the same amount of care. So I was worried about losing my job, and financially it obviously put a strain on my life; however, I was more so worried about the 21 kids that I was teaching.

Alison Steeves
Did you attempt to get an exemption from your employer?

Katrina Burns
I did, so I had sent in an email explaining why I felt that I couldn't get the COVID-19 vaccination and I was denied the exemption.

Alison Steeves
Did you provide me with a copy of that response from HRCE?

Katrina Burns
I did, yes.

Alison Steeves
Do you have that in front of you?

Katrina Burns
I do.

Alison Steeves
So it's Exhibit TR-0007b. Do you mind if I read an excerpt from their response?

Katrina Burns
Mm-hmm.

Alison Steeves
"So, after careful consideration, I have concluded that the information provided is not sufficient to support the need for an accommodation. Further, I note that your position as a teacher requires that you interact directly and in close proximity with students. As such,

even if you are entitled to an accommodation, Halifax Regional Centre for Education could not accommodate it without undue hardship."

So they felt you had insufficient information. And they state that even if you had sufficient information, they would not grant an exemption.

Katrina Burns
Mm-hmm.

Alison Steeves
Did you also inform your employer that you would be willing to wear a mask or test regularly as an alternative to vaccination?

Katrina Burns
Absolutely. So I had gone in every day wearing a mask, even though it was the most horrendous thing to try and teach with a mask on, especially when you're trying to teach kids who are trying to read. And I did tell my employer that I would test every single day if I could keep my position.

Alison Steeves
And what was their response?

Katrina Burns
No.

Alison Steeves
Did you also provide me with a letter of support from one of your students' parents addressed to Tim Houston, Zach Churchill, and Robert Strang, expressing their discontent with the mandates on account that their child was losing you as a teacher?

Katrina Burns
Yes.

Alison Steeves
And you have a copy of that in front of you?

Katrina Burns
I do.

Alison Steeves
So that's Exhibit TR-0007a. And do you mind if I read an excerpt from there?

Katrina Burns
Sure.

Alison Steeves
"To Tim Houston, Zach Churchill and Robert Strang. Today I received notice that my eight-year-old son's teacher will be removed from her position due to this unethical, unnecessary and illegal vaccine mandate being forced on all Nova Scotians by your government.

[00:15:00]

"I am irate. Katrina Burns is one of the best teachers my child has ever had. She is irreplaceable. Yet you now unwisely and unjustly cause her to have to be replaced."

Can you tell me a bit about this student?

Katrina Burns
So he was a young boy who had had trouble in previous years with being bullied, and his mom had removed him from school in pre-primary. But then he wanted to go back to school and get to know some of his peers and kind of socialize with peers, so he had decided to come back to school. He had struggled very much with reading and his writing, and, in the short time that I was with him, he made leaps and bounds compared to what he was. And he loved coming to school, which was vastly different from his previous years. So that made all of the difference in the world for him to come in every day and be as happy as he was.

Alison Steeves
Was this the only parent who had expressed support for you at this time?

Katrina Burns
No. So I was made to stay and go through all my parent-teacher interviews, which were all phone interviews at this point, and then afterwards was able to allow parents to know that I would no longer be their child's teacher. And I had so many parents reaching out to ask, like, "What can we do? Who can we contact?" And given the response that I had received, I said, "Unfortunately, I don't think there is anything that you can do, but I appreciate very much the support."

Alison Steeves
Did anything change your employer's mind?

Katrina Burns
No.

Alison Steeves
So you were placed on unpaid administrative leave.

Katrina Burns
I was.

Alison Steeves
When?

Katrina Burns
For December 1st was the— So November 30th was my last day of work, and December 1st I was completely done.

Alison Steeves
Do you recall when the the vaccination protocol was announced?

Katrina Burns
I feel like it was October 6th that it was announced.

Alison Steeves
So approximately early October, you find out that you're going to be placed on unpaid leave indefinitely, and then you stay in the school and you work there for approximately two more months. What was it like working there during that time, knowing that?

Katrina Burns
So I kind of kept my vaccination status hidden as long as I could, just to avoid any kind of bullying or kind of different treatment from the staff. Again, I worked at a very lovely school for the most part. Everyone was COVID conscious, but they didn't kind of judge me any differently once they found out. So I took the time to kind of let them know myself. The people who were very COVID conscious and were constantly checking numbers and constantly following all protocol to make sure that they didn't get COVID kind of stood back a little bit further from me. But there was never a point where they kind of treated me too much differently. They would just keep their distance.

Alison Steeves
Can you describe what it was like for you to leave school on your last day before your leave?

Katrina Burns
So the last day of work— The last week I was at work, I was asked to train the person who would be taking over for me and to kind of help them with some of the needs that were in the classroom. So I spent the week packing up my classroom, and if anyone is a teacher in here, they know how much stuff teachers accumulate over the time. So I spent that week unpacking my classroom, but still leaving stuff so that there was a bit of normalcy for the kids. And then, come the last day, it was a very emotional thing for especially my classroom because they couldn't fully understand why I was going to have to leave. And they didn't

fully understand why I couldn't just stay and teach them, even though I wasn't vaccinated, because I still followed all of the rules.

Alison Steeves
What impact did this have on your life, this experience?

Katrina Burns
So, my life has drastically changed compared to what I did before. I was very much, I guess, what you could call a rule follower. I didn't go against the grain at all. I thought that I would have this wonderful life where I'd become a permanent status teacher. My husband would work. We'd make money, and our kids would grow up. And now we're living on one income.

[00:20:00]

We've moved out of the community that we were living, and sold our first house and moved to Truro. We have lost family members. We have lost friends of family that have been family friends for 24 years since my dad passed.

So to say that it's had a mass effect on my life would be, like, a valid thing to say. It's been horrible. My mental health has struggled incredibly. My kids have struggled. We've missed out. I had to miss out on dance recitals. I had to miss out on first-time things for my six-year-old daughter, so it's been horrible.

Alison Steeves
Do you have any final words, Katrina?

Katrina Burns
I just— I was very hesitant to come up and speak just because I've kind of stayed hidden for a little while, especially with the move. I had a lot of, kind of, backlash when it came to my choice and why I wouldn't just go with it. But I feel like it's very important to make note that I was classified in with a group of people just because they were fighting for a right, and I was then called a misogynistic racist. And if you know— Like if the people who know me, know that that's not who I am. That's not who I am as a mother. That's not who I am as a daughter. That's not who I am as a wife or as a teacher. So to be classified as that and to be treated the way I was treated by people who were a part of my life for so long is insane that this is has happened.

Alison Steeves
Thank you, Katrina.

Commissioner Massie
Thank you so much for your testimony. You started to mention that you used to be a rule follower. That's by temperament, I suppose. So have you now come up with being more questioning about rules?

Katrina Burns
Absolutely. Especially with the time at the hospital where things were just dismissed, I definitely question a lot more. And especially when it would come to my kids, there's definitely a lot more question when it comes to vaccinations. Even my hesitancy to go to a doctor if my kids are sick or if I'm sick is huge at this point.

Commissioner Massie
There's also another thing I missed in your— Maybe it's just me: When you went to the hospital, did they end up treating you properly?

Katrina Burns
So no. I didn't get into that part, but I was brought in and I went to triage, set down, and the nurses were whispering behind triage. And then I heard them say, "She's unvaccinated." So at this point, they handed me the little monitor to put on my finger. And then they proceeded to put their gear on. And then threw my identification bracelet at me, instead of handing it to me or putting it on. Asked my husband to leave, who had driven me in there and I live with. And then they brought me into the main area of the QE2 to kind of check my heart. But then again said, "She's unvaccinated," so moved me to another area.

The room that I went into had a bed with dirty linen all over it. And the nurse took the linen, threw it to the side and then told me to remove my shirt. Then another doctor came in, slapped the monitor on my chest then ripped it off, and security escorted me down to a room that had plastic boards up the middle of the walls. And then signs posted all over that said, "droplet exposure." They then allowed my husband to come back in, but had him fully dressed in mask, headgear, a gown, and made him sit six feet away from me.

They then came in. They took my blood. They then administered a COVID test. They took the COVID test right away, stuck my blood on the door. And every nurse or doctor that came in had to put on new gear and take off the gear as they left the room. I saw probably two nurses and then the doctor came in. The doctor disregarded all of my conversation about how I was feeling, proceeded to tell me they would not be sending my blood for any testing. They would send my COVID test, however, and I would hear back about my results from my COVID test. And then sent me on my way.

Commissioner Massie
Is that normal protocol?

[00:25:00]

Katrina Burns
It doesn't seem normal. My dad, as I mentioned, had multiple heart attacks. And when he went in, they did test his blood because usually the heart attack had passed by the time he got there. So I wasn't oblivious to that having to be done, but he told me that he would not be sending in my blood work.

Commissioner Massie
Thank you.

Alison Steeves
Thank you, Katrina.

Katrina Burns
Thank you.

[00:25:58]

Final Review and Approval: *Jodi Bruhn, August 3, 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

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 11: Kirk Desrosiers
Full Day 3 Timestamp: 07:54:55–08:20:59
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Mr. Desrosiers, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Kirk Desrosiers
I do.

Ches Crosbie
Thank you.

Criss Hochhold
Can you please tell us your full name and where you live.

Kirk Desrosiers
Kirk Desrosiers. I live on the South Shore, Northwest Cove.

Criss Hochhold
What was your occupation?

Kirk Desrosiers
I worked for a company called Admiral Insurance. I was a facility specialist for just a little over 13 years now.

Criss Hochhold
What does that mean, facility specialist?

Kirk Desrosiers
Dealing with the property itself within the building, contractors, vendors, health and safety, IT support and ergonomic assessments.

Criss Hochhold
Okay. And you were a volunteer in your community?

Kirk Desrosiers
I do lots of volunteering in my community, yes.

Criss Hochhold
Okay, but particularly, do you volunteer as a volunteer firefighter?

Kirk Desrosiers
I do, yes, for District 1 Blandford.

Criss Hochhold
I want to talk a little bit more about your volunteer firefighting. As a volunteer firefighter, for you specifically, what was your role? What were you doing there as a volunteer firefighter?

Kirk Desrosiers
Well, a particular role like that is a lot of extensive training and a lot of studying and learning about the equipment and the apparatuses on the fire trucks, and a lot of dealing with the medical calls and learning about medical procedures.

I was studying for the MFR, medical first response.

Criss Hochhold
Okay, excellent. Within that capacity as a volunteer firefighter, not only did you receive a lot of training, but did you suit up and attend calls, fire calls and calls of that nature as well?

Kirk Desrosiers
Starting off, I was just still training. I wasn't a full firefighter, but I would wear the gear and do drills and training exercises.

Criss Hochhold
Okay. For those training exercises that you did, when you say full gear, what does that mean? What do you mean the full gear? Does that mean you get the helmet, the mask?

Kirk Desrosiers
You get the helmet, the full wardrobe, the tank, the scuba gear they call it—all the apparatus, all your equipment.

Criss Hochhold
How much weight would that be?

Kirk Desrosiers
Well, it's a little over 75 pounds.

Criss Hochhold
Seventy-five pounds, so you'd have to be in pretty good physical condition to strap on this apparatus, suit, and then conduct exercises and that as well?

Kirk Desrosiers
Not so much physical—I guess in one aspect you would have to be physical, but strong. Because, like I said, depending on the extra equipment that you have to carry, depending on the type of call or emergency you have, it could be overwhelming.

Criss Hochhold
So in order to become a fully qualified firefighter, you said you had to undergo testing. Was there a test you did in 2021 in order to, you know, proceed in those qualifications?

Kirk Desrosiers
Yes, in order to be a volunteer firefighter, you have to go to a doctor and do a full physical assessment to make sure that you're mentally and physically able to carry out your duties.

Criss Hochhold
What's the test comprised of, the physical?

Kirk Desrosiers
Like, check your heart. Measure the stress on your heart, do little treadmill tests; make sure that you don't have a hernia, any things like that. They check your blood pressure and make sure that it's normal and make sure that there's no issues with, like, breathing.

Criss Hochhold
What was the result of that test?

Kirk Desrosiers
I was good. Perfect.

Criss Hochhold
Clean? Clean bill of health, good to go?

Kirk Desrosiers
Filled out all the forms, gave me the clean bill of health, sent it off to the firehouse.

Criss Hochhold
And that was in early August of 2021?

Kirk Desrosiers
It was, yes.

Criss Hochhold
Ok. So you were fit for duty.

Kirk Desrosiers
I was fit, yeah.

Criss Hochhold
Then you gave some consideration to getting vaccinated shortly after that, is that correct?

Kirk Desrosiers
Well, not shortly after that. For the longest time, I was sort of speaking against it. I didn't think it was safe enough. I was really terrified and nervous. I didn't want to put that in my body because I just felt it was too soon to take something like that without extensive testing. So I tried as long as I could not to take the vaccination.

[00:05:00]

Criss Hochhold
But you decided against it and you did take it?

Kirk Desrosiers
At the end, yeah, I did. It was mostly due to peer pressure, the media, the medical doctors: everyone was telling me that I have to take it.

Criss Hochhold
Okay. So you went and got your first shot. How long after your— I'm going to put it in context for time: How long after your firefighter physical tests did you get the first shot?

Kirk Desrosiers
The first vaccination was August 16th, and I got my physical August 17th.

Criss Hochhold
So very, very closely together, obviously.

Kirk Desrosiers
Yes.

Criss Hochhold
Just for the record, the lot number would have been— This is a Pfizer vaccine?

Kirk Desrosiers
It was Pfizer, yes.

Criss Hochhold
Do you have the lot number in front of you?

Kirk Desrosiers
The lot number for that one was FA9099.

Criss Hochhold
Now, before you received the vaccine, who administered it for you and where did you go?

Kirk Desrosiers
The first one I got was at the drive-thru setup over in Dartmouth, at the Dartmouth Hospital.

Criss Hochhold
And do you remember who gave it to you? The person?

Kirk Desrosiers
I don't, unfortunately, no.

Criss Hochhold
Okay, well, that's okay. Whoever administered this to you, did they warn you about potential risks, side effects, benefits of getting the vaccine?

Kirk Desrosiers
At the time, they briefly said some stuff. I couldn't really remember. I don't know if I was just panicky or scared; it just happened so quick, and then they told me just pull over and stay in the parking lot for 20 minutes while someone looked after me.

Criss Hochhold
And how did you fare after the first shot? Any issues?

Kirk Desrosiers
No issues, no symptoms, nothing. I was perfect after that. Like it didn't even happen.

Criss Hochhold
Wow. And then you decided to get a second shot as recommended.

Kirk Desrosiers
Yeah.

Criss Hochhold
When was that?

Kirk Desrosiers
That was on August— No, sorry that was September 13th.

Criss Hochhold
So roughly a month after the first shot.

Kirk Desrosiers
Yes.

Criss Hochhold
Give or take a few days. And that was also Pfizer?

Kirk Desrosiers
It was Pfizer, yeah.

Criss Hochhold
And do you have the lot number in front of you?

Kirk Desrosiers
That one was FA9091.

Criss Hochhold
I'm going to ask the same thing as well for your second shot. Where did you go get that?

Kirk Desrosiers
That one was at the Superstore.

Criss Hochhold
And who issued that to you? Who gave you that?

Kirk Desrosiers
Unfortunately, I don't know.

Criss Hochhold
Was it a pharmacist?

Kirk Desrosiers
It was a pharmacist, yeah.

Criss Hochhold
He was the pharmacist at the Superstore.

Kirk Desrosiers
It was, yes.

Criss Hochhold
Did the pharmacist talk to you about potential risks or harms or benefits of the vaccine?

Kirk Desrosiers
No, nothing at all.

Criss Hochhold
Did you have to sign a form?

Kirk Desrosiers
I did, yeah.

Criss Hochhold
Do you remember what the form said by any chance, or did it lay things out for you? Or was it just a consent form to receive?

Kirk Desrosiers
It was a consent form for them to administrate it.

Criss Hochhold
Yeah. You don't remember how many pages there were or what the consent form said?

Kirk Desrosiers
I do believe it was just one page. But it was mostly, they were like, "Sign it or you're not getting it." Like, "We got to hurry up and move along," kind of ordeal.

Criss Hochhold
Okay, thank you. Did you have any issues after the second shot?

Kirk Desrosiers
Well, after the second vaccine, everything was the same as the first. Everything was going good: no signs, no symptoms, everything was okay. Except on September 22nd, and that would have been a Wednesday, because I woke up and I was really kind of out of it. I wasn't feeling right, and I thought it was just because I was overworked at my job and doing the training. I was just tired and sore. I was having trouble breathing. I was like, "Ah, it's the middle of the week. I'll just push through and see what happens." But I remember waking up that day and it felt like someone was sitting on my chest.

Criss Hochhold
Did you do anything about that? Or what did you do after that?

Kirk Desrosiers
No, I just played it off as, "Oh, I'm just getting run down with everything I've been doing at my company and at the firehouse." So I just thought, "Oh, I'm probably just getting a cold," or I was thinking, "Oh, maybe it's symptoms from the vaccine." Maybe it was like, if you get a vaccine you get like cold symptoms, I didn't really know. But that day, I just drank a French vanilla just to warm up my lungs to try to help myself to breathe.

Criss Hochhold
You know, Kirk, I'm just going to back up just a moment here. There is one question I'd like to ask as well, just in regards to the conversation you had with the pharmacist.

[00:10:00]

Considering you were a volunteer firefighter—you know, pretty good shape, carrying heavy equipment, right? Potentially having a life—pulling somebody out of a house, of a car, operating the equipment. Given your age and your health, were you given then a personal risk assessment by the pharmacist? Like, to let you know of your chance of becoming seriously ill or dying should you contract COVID-19?

Kirk Desrosiers
Nothing like that, no.

Criss Hochhold
Nothing like that. All right. Because you'd be one of the fitter people really around in the community, at the very least, because of the duties you would have to perform. So there was no consideration given whatsoever.

Kirk Desrosiers
Nothing like that, no.

Criss Hochhold
Thank you. Now we're going to move forward once again. So you had all these symptoms that you kind of just chalked up to work-related: I'm stressed, a little bit of this. So you carried on and you went to work that day.

Kirk Desrosiers
Yes.

Criss Hochhold
Can you tell me more, just what happened I guess throughout the day, just briefly? And then what happened after that?

Kirk Desrosiers
Well, it wasn't just that day, it was over time. I just kept thinking, "Oh, it's a chest cold." And it was probably within two weeks time frame of going back and forth to work and doing my training. And I said to my partner quite a bit, "I got this chest cold in my lungs, but I don't have a cough." And we did some research—and she goes to a naturopath—about taking elderberry. It's supposed to be good for your lungs. So I tried that, and it seemed to be okay. But it was one of the last days at work, I remember: I was doing a lot of activity and it was all day. I was lifting stuff that's about 50, 60 pounds all day long. And then I just started sweating, and I felt a really bad pain. And I just couldn't catch my breath and I had to leave.

Criss Hochhold
Did you go to the hospital right after that because of how you were feeling?

Kirk Desrosiers
No, I went home and I just laid down, took a nap, and it seemed to be passing me. Except for the sore lung feeling. And I decided that night to go to the firehouse for training, just because it was mostly just learning exercises; it wasn't physical hands-on. So I was like, I'll go there tonight and learn some stuff.

Criss Hochhold
Okay. And once you got to the firehall, can you tell me what transpired there?

Kirk Desrosiers
Yeah, it was quite early as I got there, because I was still kind of overwhelmed a bit. But it was basically— We're just going around at the fire trucks and checking all the storage compartments. So if there was a scene where I was located, if one of the firefighters said, "I need the fire axe," I'd know to go to compartment 10 on the truck to hand it to him. So it was just cataloguing items on the truck.

And then we started to do the MFR—medical first response training. And the training that we're doing that night was checking blood pressure. And the first one was just the automatic, where you put it on, you push a button, and it just reads the systolic and diastolic pressure for you automatically. But I remember the fire chief that night said, "Well,

if you do get a medical call, what I want you to do first is use the manual—the one that you—"

Criss Hochhold
The little pump.

Kirk Desrosiers
Yeah. And I said to him, "Well, that's good, Chief, but I don't know anything about that or what to listen for, the blood coming or going." And he goes, "Well since you asked about it, why don't you be the guinea pig; you be the volunteer to sit up front and show everyone?" So I sat there and one of the EMTs put the cuff on me and his face just blanked out white. And he got right nervous. And I was like, "What's wrong?" And he read it and it was 157 over something. And he goes, "That's really high. What I'm going to get you to do is just sit in the corner away from everybody and just try to calm down, and I'd like to read that again."

So it was about 45 minutes and then he came and got me and asked, "Can I do your blood pressure check again?" And the second time he did it, it was 187 over something and he goes, "That doesn't seem right because you're just sitting here relaxing." And I go, "Well what do you think?" And he goes, "I got to get you to the hospital immediately." And I'm like, "Oh-ho-ho, well, let's not go immediately." I said, "I have a pain in my lungs for a while. I think it's just a cold and that's interfering." He's like, "No, you could take a stroke or a heart attack at any second."

So I remember Tami, my partner, came to pick me up and rushed me to the emergency room. I got there, we walked in, and they asked, were we vaccinated and stuff. And I was like, "yeah." They took me aside.

[00:15:00]

And Tami, unfortunately, my partner, she wasn't vaccinated then. And they almost physically took her out of the hospital and wouldn't let her come in at all. She had to wait out in the car. And I first sat there after they kicked her out, and I was alone waiting for someone. Finally, the nurse came over and got me, and she put the blood pressure on me, and it read 212 over 137. And all I remember is getting thrown in a wheelchair, and they dragged me off to different rooms. The first room was the EKG, and then they rolled me down to another room and said, "We're just going to put you on the monitor and check everything." And then one of the nurses noticed, "Your oxygen level is, like, extremely low." And I'm like, "Okay I didn't know that it was low. I'm just doing my thing."

So another doctor came in, and they were assessing the monitors that I was hooked up to. And one of the nurses was like, "Oh, you just got high blood pressure because of the work you've been doing at the firehouse. Once it goes down a little bit, we'll send you on your way. You'll be fine." And I kept telling her, "Well, does it have anything to do with a chest cold?" Because I had pain in my lungs and it was getting quite severe. She's like, "Oh no, that's just because you're doing extensive work, and it's just your muscle's sore." And I'm like, "Well, a sore muscle doesn't have anything to do with my breathing. Like, I'm having trouble breathing."

So the other doctor that came in the room was like, "Oh yeah, we should look into it a little more." And he's like, "I'll be right back. I'll get you prepped for some tests." Then another

doctor came in, and she was asking me some questions. And I was like, "Yeah, I had a pain—it was almost two weeks now. And it's like I'm having trouble breathing, and obviously now I got the extreme high blood pressure due to it, which I never had in my life." And she goes, "Oh, it fits the time frame." And I'm like, "Doc, what do you mean time frame? Time frame for what? Me coming in tonight?" She's like, "No, time frame for your vaccine." And I didn't mention anything then to the doctor. And I was like, "Well, what do you mean?" She said, "When did you get your vaccination?" I was like, "My second vaccination was September 13th." And she calculated in her head for a minute and she goes, "Oh, that's a few weeks off." That's right where—that lines up with what we see.

Criss Hochhold
What happened after that?

Kirk Desrosiers
And I'm like, "Well, what do you mean, what you see?" And she goes, "Well we're seeing people with blood clots." She goes, "Don't be alarmed. I'm going to do some tests with your blood and just check." And she said at the time, "We're going to check for a coagulation agent in my blood." So she drew my blood and I was nervous. Because when they took my blood before, it was in the cup pretty quick, the little tube, but this was like motor oil, like it was really thick. So I was kind of sweating nervous because of that.

So she came back with the tests with another doctor. And she's like, "Yeah, we're correct. You do have blood clotting agents in your blood." And then she said, "Don't worry about that. You don't have to be alarmed. Such per cent of people have that, but it doesn't affect them." I'm like, "Well obviously I'm being affected in some way." So she goes to the other doctor, "Let's get you in a wheelchair and we'll take you up to get x-rays." So I went and got a chest x-ray and then I came back to the room waiting for tests. And then another doctor I never saw came in with two other doctors and they were talking amongst themselves looking at the chart. And they said, "Yeah, we find there's some stuff in your lungs." I'm like, "okay." And they're like, "Yeah, blood clots." And then they didn't really give any other information on that.

And then the other doctor that was late coming in, they were obviously having a little chat, he said, "We got to get a CT scan." That's where you inject the dye into your body. So again they threw me in a wheelchair and took me up there. And I remember as I was going up, I was thinking to myself, "Well, this is crazy." Like, I was terrified. You go in somewhat not feeling all right, but it seems like it was getting worse as soon as I got in there. Because one of the doctors that was in the room was like, "have oxygen on standby." And I'm like, "Oh my lungs are going to collapse on me. I'm not going to be able to breath." But they put me back in the room. And each time I did a test, it was two hours. And then my cell phone died. So I was in the room for, all together, 15 hours without my partner and I couldn't contact her.

Criss Hochhold
Fifteen hours. They were running tests.

Kirk Desrosiers
Yeah.

[00:20:00]

So, after the doctors came back into the room, the one doctor that wanted the additional tests— I can't really explain the words that he used, it's from memory, but he said—

Criss Hochhold
Summarize it for us.

Kirk Desrosiers
He said, "extremely large quantity of blood clots in both my lungs."

Criss Hochhold
So you went from having a clean bill of health, testing to be a volunteer firefighter, everything is great

Kirk Desrosiers
Yeah.

Criss Hochhold
to all of a sudden severe issue with lung clots and within weeks of receiving the second dose.

Kirk Desrosiers
Within two weeks of the second vaccination. Yeah.

Criss Hochhold
Within two weeks of the second vaccine. What happened after that? Did they do further testing? Did they put you on medication, what happened?

Kirk Desrosiers
No. After they showed me the test and told me that, my partner, she was panicking. Finally, she called every floor, every office, every room, and one of nurses came in said, "you Kirk Desrosiers?" I'm like, "yeah." "Your wife's trying to get in touch with you, and we'll charge your phone." So they charged my phone. I talked to her and she was upset and crying, thought I'd died because my phone died and I told her I had blood clots.

Criss Hochhold
No answer, yeah.

Kirk Desrosiers
But they kept me in for another little bit. And they said, "Oh, you're going to be fine in a couple months. Just take the blood thinners. We'll get you in touch with hematology; everything's going to be fine." And I knew it wasn't going to be fine because one of the

doctors that was standing behind that doctor was just shaking his head, like, couldn't believe that the other doctor was telling me it's going to be okay. But after I talked to my partner, she was concerned that it had something to do then with the vaccine. Especially when the doctor said, before I even mentioned it: "It suits the timeframe."

Criss Hochhold
So do you know if the physicians that you were dealt with or your main physician there, did they enter anything into that, once again, this vaccine reporting system, to CAERS?

Kirk Desrosiers
Well, that was it. Tami told me to talk to them and I had the phone on speaker phone. And I said, "Well, the doctor knew." And obviously, I put two and two together just like that doctor. Like, this has something to do with the vaccine. All of a sudden, I got all these blood clots. So I asked the doctor that told me to go for the X-rays and the CT scan, I'm like, "Are you going to fill out the adverse reaction, that I had a reaction to the vaccine?" And his words to me was, "It takes too long, we're not going to do that here."

So they didn't fill out anything there.

Criss Hochhold
Okay. We're getting a little bit short on time, Kirk. And there's a lot more that we would like to get to, but I need to shorten it up a little if we can.

Kirk Desrosiers
Yeah.

Criss Hochhold
This happened in September of 2021. We are now in March 2023, a year and a half later. What have the long-term implications been on you since that incident at the hospital till today?

Kirk Desrosiers
I'm taking Xarelto. It's a high milligram of blood thinner. The specialist said, where it is affected through the vaccination, they have no idea how long I'll have to take these blood thinners—if it's only for a short period of time or if I'll have to take it for the rest of my life.

Criss Hochhold
So your specialist made the correlation to your blood clots to the vaccine?

Kirk Desrosiers
Yeah. The hematology department at the Dixon building put two and two together, filled out the forms and sent it off to, I think they said Health Canada, something like that. But I talked to them. I gave them the batch numbers and stuff like that.

Criss Hochhold
Okay.

Kirk Desrosiers
But I'm also taking now, because of that, two different types of medications for high blood pressure.

Criss Hochhold
How has this affected your quality of life?

Kirk Desrosiers
Till recently, I'd have to say I didn't have any quality of life. Since October 19th on, I'd say for the first six months after that, my health deteriorated so bad I was bedridden for six months. Couldn't do anything. That affected my mental health. I ended up putting on over 70 pounds I'm still trying to get off me because I'm not being active. Because talking too long or walking too long or doing anything: It's too much on my body. I can't breathe. My lungs are on fire. I'm sore to this day.

[00:25:00]

It's like someone's sitting on me all the time.

Criss Hochhold
It's a long road to recovery.

Kirk Desrosiers
It is, yeah.

Criss Hochhold
Because we have your spouse coming up as well, I'll leave some of the questions that I would have for you in regards to the financial hardship, I will pose those to her instead. Okay? Thank you, Kirk.

Kirk Desrosiers
Thank you.

Criss Hochhold
I'm going to see if the commissioners have any questions for you.

Commissioner DiGregorio
Thank you for your testimony. Just one question, and I hope you don't mind me asking: How old are you?

Kirk Desrosiers
Forty-three years old.

Commissioner DiGregorio
Thank you.

Kirk Desrosiers
Yeah. Thank you.

Criss Hochhold
Thank you, Kirk.

[00:26:03]

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Final Review and Approval: *Jodi Bruhn, August 3, 2023.*

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 12: Tami Clarke
Full Day 3 Timestamp: 08:21:20–08:36:23
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Tami Clarke, do you undertake and affirm that you will tell the truth, the whole truth, and nothing but the truth?

Tami Clarke
I do.

Ches Crosbie
Thank you.

Criss Hochhold
Can you please tell us your name? We know where you live, because of Kirk. Your name and occupation, please.

Tami Clarke
My name is Tami Clarke, and I'm a coordinator for Public Works.

Criss Hochhold
I'm going to do a continuation really, right from Kirk's testimony. Because you are his spouse and the significant health issues that Kirk had would have had an impact on you as well.

Tami Clarke
Yes.

Criss Hochhold
How were you affected by Kirk's health issues? I know it's a very broad question, but how were you affected? We can imagine the distress you went through at the time that he was at the hospital.

So I'd like to focus more on the time since then. How has that impacted you and your quality of life and your relationship?

Tami Clarke
I had to receive the vaccine, both vaccines, after he had his blood clots in his lungs in order to keep my job, so—

Criss Hochhold
I'll get to that.

Tami Clarke
Okay, so my quality of life in general?

Criss Hochhold
Yeah, just with Kirk. And then we'll talk, I want to get to that.

Tami Clarke
I'll wake up in the middle of the night to see if he's still breathing. I'm nervous to leave the house sometimes because I don't know if he's going to be okay. He's different because he doesn't socialize as much, or he's not able to do the physical things that he'd like to do or talk for long periods of time.

Criss Hochhold
What impact does that have on you and your relationship?

Tami Clarke
I feel overwhelmed. I feel anxious. I feel depressed. And I feel alone.

Criss Hochhold
Tami, who were you working for when Kirk received his vaccines? Who was your employer at that time, do you remember?

Tami Clarke
The Province of Nova Scotia.

Criss Hochhold
In what capacity, what department for the Province of Nova Scotia where you working at?

Tami Clarke
Education and Early Childhood Development.

Criss Hochhold
When the requirement came out for the vaccine, bearing in mind that Kirk had effects from the vaccination, what were your thoughts to the vaccine requirements?

Tami Clarke
I didn't want to have that vaccine.

Criss Hochhold
Did you reach out to your employer and see regarding those mandates? Did you send any emails or letters?

Tami Clarke
No, I didn't. I just asked my director at the time if there was any exemptions for someone who would feel traumatized by taking a vaccine that their partner had that affected them so much.

Criss Hochhold
Did you send an email on November 19th to the NSGEU [Nova Scotia Government Employees Union] asking the union not to mandate vaccines?

Tami Clarke
I did.

Criss Hochhold
What was the response to that?

Tami Clarke
They said as long as the employer has a policy that clearly states what they're going to do about vaccines, that that was all they were going to require.

Criss Hochhold
The contract that you have, the Province and your role with the Department of Education, did that have any mention of vaccination requirements?

Tami Clarke
It did not.

Criss Hochhold
What was the reason given by your employer for requiring employees to be vaccinated?

Tami Clarke
So that we didn't spread COVID-19 to others.

Criss Hochhold
I'm just going to think about what specifically was your role within the Department of Education.

[00:05:00]

I know you said educator, but can you be more specific? Can you elaborate on that please?

Tami Clarke
I was a coordinator for the transcripts and international programs. I was only dealing with the people in my group, and there was three of us all together and no members of the public whatsoever.

Criss Hochhold
So you had three of you working together as a group in an office setting.

Tami Clarke
Yes, in an office of three to four hundred people approximately.

Criss Hochhold
But how many for you, you said in a group of three?

Tami Clarke
Just three for us in my division, specifically.

Criss Hochhold
Okay.

Tami Clarke
Including myself.

Criss Hochhold
So there was really no reason given for them why they required the vaccination other than nothing at all? No reason other than just that you need to get this done?

Tami Clarke
It was just so that we don't get COVID-19 or spread it to people around us. And that we are civil servants, so we are the people who the province would look to for direction, I suppose.

Criss Hochhold
Did you seek an accommodation for a vaccine? I know you sent an email off to the NSGEU regarding asking them not to implement the mandates, but did you send any correspondence asking them for an accommodation?

Tami Clarke
No.

Criss Hochhold
How come?

Tami Clarke
I had people who I knew that were in my department and otherwise that had asked for accommodations, well, an exemption to the vaccine for religious reasons and reasons that were much worse than mine. Heart conditions and things like that. And they were all denied, so I didn't bother to go that route.

Criss Hochhold
So no accommodations or exemptions at that point then, you thought.

Criss Hochhold
So you felt you had choice in regards to getting a vaccination, for your employment?

Tami Clarke
My choice was either be vaccinated or be unemployed with no income.

Criss Hochhold
Which route did you choose?

Tami Clarke
I chose to be vaccinated.

Criss Hochhold
How did you feel about that decision?

Tami Clarke
I felt like my autonomy was taken away. I felt like I didn't have the freedom to choose what chemicals were in my body. And I felt like I was taking a drug that hadn't been tested and that I could die or have something that's long-term like Kirk.

Criss Hochhold
So you were scared.

Tami Clarke
Oh yeah, yeah.

Criss Hochhold
How long after—I guess to put it in perspective, with Kirk's health issues—did you go through this?

Tami Clarke
How long did I go through—

Criss Hochhold
When Kirk had health issue side effects, how long into his side effects, into his health issues, before you had to make a decision to get vaccinated? Is this early on after his vaccine injury?

Tami Clarke
It was about a month.

Criss Hochhold
About a month. So quite fresh.

Tami Clarke
So in November, I had to be vaccinated with my first vaccination and his condition was diagnosed in October, October 19th.

Criss Hochhold
So weeks, barely. Do you remember where you got the vaccine?

Tami Clarke
Yes. At the Independent Grocer in Hubbards, Nova Scotia.

Criss Hochhold
Do you remember who administered it to you?

Tami Clarke
I don't know her name, but I could find it. I think there's only a staff of under five there.

Criss Hochhold
Perhaps, do you know what the role was, a pharmacist?

Tami Clarke
Yes, a pharmacist.

Criss Hochhold
Were you advised of any risks?

Tami Clarke
Yes, I don't remember what they were. It was a short thing that they sort of did; I think it may have been a page. It was quite quick. Your choice was either say yes or don't have the vaccine.

Criss Hochhold
Just like Kirk, you're a young lady. Given your age and your health, did they do a personal risk assessment on you, from the pharmacist's perspective, in terms of a need of a COVID vaccine?

Tami Clarke
No, I do remember filling out a form prior to getting the vaccine that was a government form asking if I had any autoimmune issues. And I did tell them that I have Graves' disease, but they knew that. So I informed the pharmacist, without prompting, that I have that. And she said I was fine, good to go.

[00:10:00]

Criss Hochhold
No issues.

Tami Clarke
No.

Criss Hochhold
Do you remember which date you received the vaccines?

Tami Clarke
I received my vaccine on November—the first one, November 24th, 2021.

Criss Hochhold
Do you have a lot number with you as well?

Tami Clarke
Yes, it's FF5109.

Criss Hochhold
Did you have any symptoms, any signs, anything going on after your vaccine?

Tami Clarke
I felt traumatized by the vaccine, so it would be anxiety and—yeah.

Criss Hochhold
Any side effects from the vaccination other than the mental health side, the anxiety, the depression, potentially?

Tami Clarke
No.

Criss Hochhold
Thank you. You had to take a second vaccine as well.

Tami Clarke
I did. In order to go back to work again, I needed a second vaccination.

Criss Hochhold
And you received that when?

Tami Clarke
January 18th, 2022.

Criss Hochhold
Do you have the lot number for that as well, please.

Tami Clarke
Same. FF5109.

Criss Hochhold
Same lot number.

Tami Clarke
It was.

Criss Hochhold
About six weeks apart. Any signs of symptoms regarding the second vaccine?

Tami Clarke
Other than the feelings of anxiety and trauma, no.

Criss Hochhold
Tami, we only have a few minutes left, but I want to dig just two things. I cannot imagine what you went through. How did it make you feel having to go get a vaccination, knowing that your spouse had a significant vaccine injury? And your employer was unwilling to listen and nor apparently was the Province. How did that make you feel?

Tami Clarke
Horrible. I feel like there's no trust. I feel like there's a broken system and I am just a number. I don't feel like there's a human side of things and there was an agenda and it was just the agenda and not me. And, yeah.

Criss Hochhold
How were you guys affected financially with all this? Because Kirk is not able to work at this point in time. But I wanted to run over it if that's okay.

Tami Clarke
He had to go on unemployment insurance at first and then, in between unemployment insurance and the benefits from his workplace for disability, there was 120 days of no income whatsoever for Kirk. And for me, I was on short-term illness as long as I could be through my employer, but then it would go down to 70 per cent. And I was able to— I had to go back to work at that point. So we've had to determine which bills to pay. If we can afford to eat the same way. If we can visit our family at Cape Breton because we can't afford gas. Just lots of decision-making that we never had to make before.

Criss Hochhold
You've been able to find employment a little closer since then. Has the situation improved over the last little while? Is there a light at the end of the tunnel for you?

Tami Clarke
I'm closer to my home, so I don't worry for Kirk as much. Now that I have a new employer, I feel like they understand that sometimes I have to work from home if Kirk isn't feeling well because I just want to make sure that I can take him to the hospital if he needs to go. Yeah, I feel like it's a more positive workplace.

Criss Hochhold
So you have an employer that actually accommodated you needs.

Tami Clarke
Yes.

Criss Hochhold
We are slightly over time, so I'll stop my questions now. But I'll see if the commissioners have any questions. No?

Tami, thank you very, very much. I really appreciate you.

Tami Clarke
Thank you.

[00:15:03]

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 3 Timestamp: 08:36:25–08:47:16
Source URL: https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html

[00:00:00]

Ches Crosbie
Commissioners, that concludes the evidence for this first stage of three days of hearings here in Truro, Nova Scotia. There will be the next segment of hearings that's going to take place March 30th to April 1st in Toronto, Ontario. And in total, there will be nine [sic] sessions of the National Citizens Inquiry.

And I just remind everyone, folks in the room and everyone watching out there—those who may hear about the proceedings on social media or otherwise through their networks—this is a National Citizens Inquiry. It's about you, and it's for you. It is your inquiry. It therefore requires your interest. It's working for you. It's working to vindicate you. It's working to give you a voice, but it also requires your support. And I know that we all here at the National Citizens Inquiry thank you for all the support given so far, and we will need more as we travel across the country.

Commissioners, you did ask me to make a very short set of concluding remarks here, or summation based on the three days of hearing, and I'll do that. And the way I'd pull this together is, we heard basically three major themes coming out. One is fear, the other is truth, and the third I would call safety.

There's some overlap between fear and truth as themes because what we've heard about is **that the truth has been perverted and sometimes outright lies told. Outright lies have been told—big lies, but there are also smaller lies involved with exaggerating data. For example, there's Linda Adshade's testimony. She had access on a frequent basis, weekly basis, to the spreadsheets reporting the positive testing. And remember, the testing at 40 cycles: you're getting a lot of false positives there, so even the testing results were in a sense a lie to start with. But even built on top of that lie, she discovered, was a 25 to 30 per cent larger lie because what public health and the authorities were reporting to the public was exaggerated beyond what was stated in black and white in their own data, on their own spreadsheet. That's lying.**

Fear: Jordan Peterson told us that our leaders panicked and adopted a repressive authoritarian Chinese model for how to deal with this apparently new virus that was on the

go. They adopted an authoritarian communist model of how to deal with it out of panic and fear. And then they used fear to manipulate public opinion, to impose tyranny. Those are his words.

And Commissioners, I submit to you that what we've heard from many people in these hearings in the last three days shows us that this tyranny imposed from above by the leadership of the country—provincial, federal—resolved itself into smaller group tyrannies, group cruelties, and group punishments in the workplace and even in hospital emergency rooms and in the health care setting, where that should never, ever occur.

We heard from Shelly Hipson—her work extracting or crowbarring, or somehow or other, extracting data from various government departments—that, contrary to what we were told, that the hospitals were under tremendous pressure from COVID cases, that they were no more than 1 per cent of all hospitalizations. We've heard continual anecdotal evidence from the physicians who testified that they were waiting for COVID cases and went for stretches, even for a year and a half or two years. No COVID patients.

[00:05:00]

Yet we were told something different, weren't we? Why was that? Because the authorities wanted to perpetuate and inculcate fear in the public, in the citizens, in you, and to use that fear, as Peterson said, to use that fear to impose tyranny—tyranny on Canadians.

There were many smaller untruths or manipulations of the truth. For example, one you could call the sucker punch. And we heard a teacher today, Katrina Burns. She was told by her school board: even if you were entitled to obtain an exemption, we still wouldn't give it to you.

Now, on safety. I have to wrap this up, Commissioners, because it's late in the day and it's on a Saturday. But very briefly, Dr. McCullough told us 17,000 deaths are recorded in VAERS [Vaccine Adverse Event Reporting System]. And of course, he also indicated and others have said, and it's generally known that VAERS only records— A small percentage of the total actual number of adverse events get reported to VAERS. That's the US database for adverse events. And he told us that 5, 10, no more than 50 deaths, and even a large vaccine program in the past, has been deemed not safe and not effective and withdrawn. And yet, we have in the United States alone 17,000 deaths. That doesn't include—for the most part, Canada or countries outside the United States.

And Commissioners, we stopped AstraZeneca at one serious adverse event in 55,000. One in 55,000. We heard from an expert whose reanalysis of the data in the Pfizer and Moderna trials turned up a one in 550 serious adverse event rate. One in 550, and yet AstraZeneca **was withdrawn at one in 55,000.**

What is going on here and where are the heads of our leaders? Do they know what safety means? And yet they continue the rollout and the promotion of the mRNA product. But not just that. We heard from Dr. Braden, and she called it "abhorrent," I'm quoting her words, "abysmal," the quality assurance and quality control systems in place, or non-systems in place, for the manufacture of these injectable products, the mRNA products. They're not just deficient, incomplete RNA: They're heavily contaminated with truncated mRNA; double-stranded DNA; circular plasmids, which are replication competent, in other words, they can reproduce themselves; potential endotoxin producing *E. coli*; and DNA with a high rate or potentially entering the human genome through cells, in particular, with high rates of division.

Now, I don't know about you out there, but to me, that sure doesn't sound like something people should be getting injected into their bodies. Abhorrent and abysmal quality-controlled substances with unresolved issues, untested issues, and potential horrific consequences—not just in this generation but in succeeding generations.

And so, Commissioners, after three days of evidence, this is where we are and this is where the evidence rests. We'll hear more, I'm sure, in Toronto. Hopefully we'll hear from the authorities because we've sent out summonses to them: the public health officers, the politicians, those who've been telling us and repeating the safe and effective mantra for how long now? Years.

[00:10:00]

We've asked them to come and explain themselves and explain why this is safe and effective, and why they did the various things that they did. Why they perpetuated mask mandates, which by the way are still in effect we've been told, in hospitals here in Nova Scotia. And a vaccine mandate still in effect to work in hospitals here in Nova Scotia, which everyone now admits, including the makers of the vaccines, do not halt transmission or infection. Why?

Commissioners, on the face of the evidence we've heard so far, this is madness. I rest.

[00:10:51]

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