

© National Citizens Inquiry, 2023.
All rights reserved.

Title: Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada
Publisher: National Citizens Inquiry

First Publishing: PDF, English, Canada, November 28, 2023
<https://nationalcitizensinquiry.ca/>

ISBN 978-1-7382185-8-5

National Citizens Inquiry, 2023. Inquiry Into the Appropriateness and Efficacy of the COVID-19 Response in Canada.

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.

November 28, 2023


To: The National Citizens Inquiry (NCI)

Re: Final Report: Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada

Pursuant to the Mandate and Terms of Reference outlined by the National Citizens Inquiry, we as fully Independent Commissioners have inquired into the appropriateness and efficacy of the interventions undertaken by the governing authorities in Canada, including the federal, provincial, and territorial governments in response to the COVID-19 (C-19) Pandemic.

With this letter, we respectfully submit the first-ever citizen-organized, citizen-funded National Citizens Report.

Independent Commissioners:



Kenneth F. Drysdale



Dr. Bernard Massie



Janice Kaikkonen



Heather DiGregorio

Notice to Reader

The *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada* (the Report) is presented with the intent to inform and foster understanding regarding the matters discussed herein. It is important for readers to understand that the analysis, conclusions, and recommendations contained in this Report are based solely on the sworn testimony received from the witnesses, who voluntarily appeared before the Commission and testified. The Commissioners have relied upon the truthfulness and completeness of each witness's testimony as presented. It is and remains the sole responsibility of the witnesses to assure the accuracy and veracity of their testimony.

Readers are cautioned to critically examine each issue presented within this Report, considering the content, intent, and validity of all information contained herein. The Report has been diligently prepared to the best of the Commissioners' abilities, with deference to the information provided. However, it may not necessarily represent an exhaustive understanding of each topic discussed.

It is important to note that despite invitations extended, no government or regulatory agency participated in the hearings, thereby excluding their direct input from this Report. Consequently, certain additional information that may have been pertinent to the topics discussed herein may have been left out due to the non-participation, refusal, or failure of various government agencies and regulators to engage in this investigative process.

In light of these circumstances, readers are urged to consider these factors and exercise discernment while reviewing this Report. It is vital to approach the content with an open and critical mind, recognizing that this Report may not encompass all relevant perspectives or information.

Table of Contents

VOLUME ONE	22
1. Executive Summary	23
1.1. Introduction	23
1.2. Reasons for a National Independent Citizens Inquiry	27
1.3. Guiding Principles	28
1.4. Purposes of the National Citizens Inquiry	29
1.5. Structure of the National Citizens Inquiry	31
1.6. Selection of Commissioners	32
1.7. Instruction to the National Citizens Inquiry	33
1.8. Public Hearings	34
1.8.1. General Principles of the Public Hearings	34
1.8.2. Locations and Schedule of the Public Hearings	35
1.9. Identification and Classification of COVID-19 Interventions	37
1.10. Assessing the Effects of the COVID-19 Interventions	38
1.11. Assessing the Appropriateness and Efficacy of These C-19 Interventions	39
1.12. Lessons to Be Learned	40
1.12.1. Recommendations	40
1.12.2. An Ode to Truth and Integrity	40
1.13. Conclusions	42
2. The Pandemic	44
2.1. Overview of the Pandemic	44
2.2. Timeline of Major Events	48
2.2.1. Introduction	48
2.2.2. Timeline of Basic Events in Canada 2019	49

2.2.3. Timeline of Basic Events Canada 2020	50
2.2.4. Timeline of Basic Events Canada 2021	52
2.2.5. Timeline of Basic Events Canada 2022	54
2.2.6. Timeline of Basic Events Canada 2023	56
2.3. Aftermath of Pandemic (2023)	57
3. National Citizens Inquiry	60
3.1. Public Confidence in Government-Led Public Inquiries	60
Introduction	60
Transparency	61
Independence	62
Inclusivity	62
Effective Communication	62
Implementation of Recommendations	62
Conclusion	62
3.2. The Need for an Independent Inquiry	64
4. Objectives of Inquiry	65
4.1. Overall Objects of an Independent Public Inquiry	65
4.2. The National Citizens Inquiry	67
4.3. The Commissioners	68
4.3.1. Role of the Commissioners	68
4.3.2. Independent Commissioners	68
4.3.3. Selection of Commissioners	70
4.3.4. The Commissioners	71
4.4. The Report	73
5. Procedures	75
5.1. Introduction	75
5.2. The National Citizens Inquiry Organization	76
5.2.1. The Commissioners	76

5.2.2.Support Group	77
5.2.3.Funding	78
5.2.4.Volunteer Nature of the NCI	79
5.3. The Investigative Process	81
5.3.1.Structuring the Investigations	81
5.3.2.Organization of Public Hearings	82
5.3.3.Identification and Vetting of Witnesses	83
General Procedures	84
Public Lay Witnesses	85
Public Expert Witnesses	87
Government Witnesses	87
5.3.4.Recording and Archiving of Witness Testimony	88
5.3.5.Collecting Documents	89
5.3.6.Commissioners' Evaluation of Evidence and Report	90
5.3.7.Preparing the Report	92
5.3.8.Concluding Observations on the Process	94
6. Public Hearings	96
6.1. Overview	96
6.2. Public Officials Issued Non-Judicial Summons Letter	98
6.2.1.Truro, Nova Scotia Hearings Summons	98
6.2.2.Vancouver, British Columbia Hearings Summons	99
6.2.3.Québec City, Québec Hearings Summons	99
6.2.4.Toronto, Ontario Hearings Summons	99
6.2.5.Winnipeg, Manitoba Hearings Summons	100
6.2.6.Saskatoon, Saskatchewan Hearings Summons	100
6.2.7.Red Deer, Alberta Hearings Summons	100
6.2.8.Ottawa, Ontario Hearings Summons	100

6.3. Detailed Information from the Public Hearings	101
6.3.1. Truro, Nova Scotia	102
6.3.2. Toronto, Ontario	105
6.3.3. Winnipeg, Manitoba	108
6.3.4. Saskatoon, Saskatchewan	111
6.3.5. Red Deer, Alberta	114
6.3.6. Langley, British Columbia	117
6.3.7. Québec City, Québec	120
6.3.8. Ottawa, Ontario	123
6.3.9. Additional Virtual Testimonies	126
6.4. Exhibit Archive	127
6.4.1. Truro, Nova Scotia Exhibits March 16, 17, 18, 2023	127
6.4.2. Toronto, Ontario Exhibits March 30, 31, April 1, 2023	132
6.4.3. Winnipeg, Manitoba Exhibits April 13, 14, 15, 2023	135
6.4.4. Saskatoon, Saskatchewan Exhibits April 20, 21, 22, 2023	137
6.4.5. Red Deer, Alberta Exhibits April 26, 27, 28, 2023	140
6.4.6. Vancouver, British Columbia Exhibits May 2, 3, 4, 2023	142
6.4.7. Québec City, Québec Exhibits May 11, 12, 13, 2023	144
6.4.8. Ottawa, Ontario Exhibits May 18, 19, 20, 2023	145
6.4.9. Virtual Testimony Exhibits	148
VOLUME TWO	152
7. Analysis	153
Introduction	153
7.1. Civil	154
7.1.1. Canada's Justice System	154
Introduction	154
The Legislative, Judicial and Executive Functions	155

The Administrative State	156
Public Health Authorities	158
Colleges of Physicians and Surgeons	159
Recommendations	161
7.1.2.The Response of Canadian Courts	163
Introduction	163
The Role of Canadian Courts	163
Court Shutdowns and Delays	164
The Courts Paid Undue Deference to the Government	165
The Standard of Review in Judicial Review Applications	166
Judicial Notice	168
Mootness	169
Judicial Independence	170
Judicial Appointments Versus Elections	171
Federal Appointments of Provincial Judges	172
The Judiciary Cannot Act in Tandem with the Government Prosecution Service	172
Societal Pressure on the Judiciary	173
The Role of Chief Justices	174
Fear Felt by Legal Practitioners	174
Recommendations	176
7.1.3.Labour Law and the Failure of Unions	180
Discussion	180
Recommendations	180
7.1.4.The Constitution	183
Loss of the Right to Freedom of Expression	185
The Legality of COVID Injection Mandates	185
Recommendations	186
7.1.5.Undermining Democratic institutions	188
Testimony that Politicians Were Pressured to Vaccinate Against Their Will	188
Testimony that Politicians Were Pressured to Not Dissent	189

Testimony that the Normal Passing of Legislation Was Undermined	189
Recommendations	190
7.1.6. International Law	192
Witnesses	192
Canada's Vaccine Measures and International Human Rights Law	192
Other Pandemic Measures and International Human Rights Obligations	195
Canada Has a Duty to Investigate and Provide Redress for Human Rights Violations	197
Looming Obligations for Canada to Implement International Health Law	197
Recommendations	200
7.1.7. Coercion Does Not Equal Consent	202
Introduction	202
Discussion	202
Testimonial Examples of Coercion	206
Recommendations	209
7.1.8. Emergency Planning & Plan Execution	211
Introduction	211
Testimony Concerning Emergency Planning & Plan Execution During Pandemic	213
Conclusions	216
Recommendations	217
7.1.9. COVID-19 Pandemic Mandates in the Workplace	219
Introduction	219
Testimony Concerning COVID-19 Mandates in the Workplace	220
International Human Rights Law	226
Conclusions	226
Recommendations	228
7.1.10. Policing During COVID-19 Pandemic: Balancing Authority and Citizens' Rights	230
Introduction	230
Testimony of Witnesses	230
Discussion of Police Actions	231

Conclusions 234

Recommendations 235

7.2. Social Impacts 237

7.2.1. Neglect and Isolation of Seniors in Canada Amidst COVID-19 Interventions 237

Introduction 237

Testimony of Witnesses Detailing Neglect and Isolation of Seniors 237

Neglect and Reduced Access to Healthcare 241

Isolation and Loneliness 243

Financial Struggles and Digital Divide 245

Conclusion 245

Recommendations 246

7.2.2. The Effects of Sustained Propaganda and Terror 248

Introduction 248

Testimony Concerning the Effect of Propaganda and Terror 248

The meaning of fundamental terms such as pandemic, vaccine, and biologic 250

Conclusion 252

Recommendations 253

7.2.3. Social Effects of Mandates on Canadian Institutions 255

Introduction 255

Testimony of Witnesses' Social Effects of Mandates on Canadian Institutions 255

Conclusions 258

Recommendations 261

7.2.4. The Impact of COVID-19 Measures on the Military 264

Introduction 264

Impact of Pandemic Measures on the Canadian Armed Forces 264

Implementation of the Vaccine Mandates 265

Avenues of Recourse for Members of the Canadian Armed Forces 266

Testimony Concerning Vaccine Injuries in the Armed Forces 266

Recommendations 266

7.2.5.Impact of COVID-19 Measures on the Education System	268
Introduction	268
Witness Testimony	269
Discussion of Impacts on Education	270
Impacts on Mental Health	273
Conclusions	275
Recommendations	276
7.2.6.The Restructuring of Traditional Educational Institutions due to COVID-19 Measures	277
Introduction	277
Analysis of Witness Testimony	278
Recommendations	288
7.2.7.COVID Impact on the Social Fabric	291
How Did We Get Here?	292
Recommendations	305
7.2.8.The Effects of Government Pandemic Measures on Faith Communities	310
Introduction	310
Canada's Historic Beginning	320
Conclusions	344
Recommendations	351
7.3. Economic Impacts	354
7.3.1.Impacts of Mandates on Small-/Medium-Sized Business	354
Introduction	354
Testimony Concerning Impacts of Mandates on Small-/Medium-Size Business	356
Conclusions	358
Recommendations	359
7.3.2.Impacts of Mandates on Canadian Citizens	361
Introduction	361
Testimony Concerning Impacts of Mandates on Canadian Citizens	362
Conclusion	372

Recommendations	374
7.3.3. Financial Impact of the COVID-19 Pandemic Response on Canada	378
Introduction	378
Economic Contraction and Unemployment	378
Government Spending and Debt Accumulation	379
Stock Market Volatility and Investment Implications	385
Conclusion	385
Recommendations	386
7.4. Media Actions During the Pandemic	389
Introduction	389
Freedom of Expression and Freedom of the Press	389
Testimony Concerning Media Actions During Pandemic	390
Conclusions	396
Recommendations	397
Canadian Broadcasting Corporation (CBC)	397
Other Traditional “Privately Owned” Media	398
7.5. Health	401
Introduction	401
List of Witnesses	401
7.5.1. Pandemic Preparedness Plan	412
Introduction	412
World Health Organization Guidelines	413
Provincial Pandemic Plans	414
The “All Hazards” Approach	415
How Did That Happen?	418
Emergency Management Plan (EMP) and Recommendations	418
Recommendations	419
7.5.2. Follow the “Science”: Real Science or Scientism?	421
Introduction	421

Data, Information, Evidence, and Knowledge	421
Scientism	423
Knowledge is Not Wisdom	424
Recommendations	426
7.5.3. Epidemiology 101 in the COVID-19 Era	427
Introduction	427
Over-reliance on Modelling	428
Proper Monitoring of Pandemic Progression	429
Pandemic by Alleged Fraudulent Testing and Attribution of COVID-19 Cases	430
Recommendations	433
7.5.4. Non-Pharmaceutical Interventions	434
Introduction	434
Conclusion	434
Lockdowns	434
Is Wearing a Mask Appropriate?	435
What Should We Think of this Study?	436
Administrative State Confusion and Future Solutions	436
Recommendations	439
7.5.5. Early Treatments	440
Introduction	440
Pioneers of Early Treatments	441
Recommendations	443
7.5.6. Natural Immunity and Early Treatments Rebuffed to Favour Generalized Vaccination	445
Introduction	445
This COVID-19 Virus is Novel, Very Dangerous, and Not Treatable	446
New Gene Therapy Vaccines: Better Than Traditional Vaccines?	448
Mass Vaccination to Reach Herd Immunity?	451
Rationale for Vaccination and Challenges to Prove a Positive Vaccine Risk-Benefit	454
The Challenge of Assessing Vaccine Efficacy and Safety	456
What the Randomized Controlled Trials Proved and Didn't Prove	456

Current Good Manufacturing Process (cGMP), Chief Manufacturing Issues	460
Underestimation of Vaccine-Induced Harms	461
From Anecdotal to Large Statistics of All-Cause Disability and Mortality	464
Poor Modelling Says Millions Saved by Mass Vaccination	468
Conclusions	469
Recommendations	471

7.5.7. Interim Authorization of COVID-19 Vaccine 473

Introduction	473
Testimony Concerning Interim Authorization of COVID-19 Vaccines	473
The Traditional Drug Approval Process	475
Interim Order: Importation, Sale, & Advertising of Drugs in Relation to COVID-19	475
Approval of COVID-19 Vaccines was Virtually Guaranteed Under the Interim Order	477
Were the COVID-19 Genetic Vaccines Approved Without Proof of Safety or Efficacy?	479
The Interim Order Has Become Permanent	480
Conflict of Interests for the Approval of Experimental Vaccines	481
Timing of the Interim Order	482
Phase Three Trial Data Alleged Manipulation of Data	482
Conclusions	483
Recommendations	484

7.5.8. Canada's Future Approval of New Pharmaceuticals 486

Introduction	486
Industry-Designed Backdoor Approval	487
Recommendations	487

7.5.9. Medical Practice and Ethics During COVID-19 490

Introduction	490
Testimony Concerning Medical Practice and Ethics During COVID-19	491
Informed Consent	491
Patient-Doctor Confidentiality	499
Duty of Care	501
Conclusion	509
Recommendations	510

7.5.10.	Canada's Vaccine Adverse Reactions Reporting System	513
	Introduction	513
	Testimony Concerning Canada's Vaccine Adverse Reactions Reporting System	515
	What the Adverse Events Monitoring System was Supposed to Be	522
	The Broken Monitoring System Canadians Got	524
	Conclusions	528
	Recommendations	529
7.5.11.	Delivery of Healthcare Services During the Pandemic	532
	Introduction	532
	Testimony Concerning the Delivery of Healthcare Services During the Pandemic	532
	Conclusion	535
	Recommendations	536
7.5.12.	Public Workplaces and Pandemic Measures	538
	Introduction	538
	Witness Testimony	538
	Analysis	540
	Observations	542
	Recommendations	544
7.5.13.	Alleged Denial of Medical Treatment Due to Pandemic Measures	546
	Introduction	546
	Discussion	546
	Summary of the Testimony of Shelia Lewis	548
	Testimony of Mr. John Carpay (Lawyer for Ms. Lewis)	549
	Discussion of Testimony	550
	Recommendations	555
8.	Recommendations	559
8.1.	Civil	559
8.1.1.	Canada's Justice System	559
	Recommendations	559

8.1.2.The Response of Canadian Courts	561
Recommendations	561
8.1.3.Labour Law and the Failure of Unions	565
Recommendations	565
8.1.4.The Constitution	567
Recommendations	567
8.1.5.Undermining Democratic institutions	569
Recommendations	569
8.1.6.International Law	571
Recommendations	571
8.1.7.Coercion Does Not Equal Consent	573
Recommendations	573
8.1.8.Emergency Planning & Plan Execution	575
Recommendations	575
8.1.9.COVID-19 Pandemic Mandates in the Workplace	577
Recommendations	577
8.1.10.Policing During COVID-19 Pandemic: Balancing Authority and Citizens' Rights	578
Recommendations	578
8.2. Social Impacts	579
8.2.1.Neglect and Isolation of Seniors in Canada Amidst COVID-19 Measures	579
Recommendations	579
8.2.2.The Effects of Sustained Propaganda and Terror	580
Recommendations	580
8.2.3.Social Effects of Mandates on Canadian Institutions	582

Recommendations	582
8.2.4.The Impact of COVID-19 Measures on the Military	584
Recommendations	584
8.2.5.Impact of COVID-19 Measures on the Education System	585
Recommendations	585
8.2.6.The Restructuring of Traditional Educational Institutions Due to COVID-19 Measures	586
Recommendations	586
8.2.7.COVID Impact on the Social Fabric	589
Recommendations	589
8.2.8.The Effects of Government Pandemic Measures on Faith Communities	593
Recommendations	593
8.3. Economic Impacts	596
8.3.1.Impacts of Mandates on Small and Medium-Sized Businesses	596
Recommendations	596
8.3.2.Impacts of Mandates on Canadian Citizens	598
Recommendations	598
8.3.3.Financial Impact of the COVID-19 Pandemic Response on Canada	601
Recommendations	601
8.4. Media Actions During the Pandemic	604
Recommendations	604
CBC	604
Other Traditional “Privately Owned” Media	605
8.5. Health	607
8.5.1.Pandemic Preparedness Plan	607
Recommendations	607

8.5.2.Follow the “Science”: Real Science or Scientism?	608
Recommendations	608
8.5.3.Epidemiology 101 in the COVID-19 Era	609
Recommendations	609
8.5.4.Non-Pharmaceutical Interventions (NPIs)	610
Recommendations	610
8.5.5.Early Treatments	611
Recommendations	611
8.5.6.Natural Immunity & Early Treatments Rebuffed to Favour Generalized Vaccination	613
Recommendations	613
8.5.7.Interim Authorization of COVID-19 Vaccine	614
Recommendations	614
8.5.8.Canada’s Future Approval of New Pharmaceuticals	616
Recommendations	616
8.5.9.Medical Practice and Ethics During COVID-19	618
Recommendations	618
8.5.10.Canada’s Vaccine Adverse Reactions Reporting System	621
Recommendations	621
8.5.11.Delivery of Healthcare Services During the Pandemic	624
Recommendations	624
8.5.12.Public Workplaces and Pandemic Measures	626
Recommendations	626
8.5.13.Alleged Denial of Medical Treatment Due to Pandemic Measures	627
Recommendations	627

9.	Conclusions	630
10.	Commissioners' Statement	633
10.1.	A Message to Canadians	633
10.2.	Final Message of the Commissioners	635
VOLUME THREE		638
11.	Transcripts	641
11.1.	Introduction	641
11.2.	Opening Statements	642
11.3.	Witness Testimony	643
11.4.	About the Transcripts	644



“

The rule of law is not only important to ensure that a justice system functions correctly; the rule of law is equally important to maintaining the confidence of Canadians in their justice system.

”

VOLUME ONE

| Executive Summary



1. Executive Summary

1.1. Introduction

Canada's federal, provincial, and municipal governments' responses to COVID-19 were unprecedented.

The policy, legal, and health authority interventions into the lives of Canadians, our families, businesses, and communities were, and to a great extent remain, significant. In particular, these interventions have impacted the physical and mental health, civil liberties and fundamental freedoms, jobs and livelihoods, and overall social and economic wellbeing of nearly all Canadians.

Given the enormity of these mandates and the resultant consequences, these circumstances demanded a comprehensive, transparent, and objective national inquiry into the appropriateness and efficacy¹ of these interventions to determine what lessons can be learned for the future.

No Canadian government has shown appetite for a fulsome review of the measures implemented. It is also questionable whether municipal, federal, and provincial governments would or could conduct a fair and unbiased review simply because it is their own actions and responses to COVID-19 which should be under investigation.

The preceding description of the genesis of the National Citizens Inquiry represents a somewhat sterile description of the requirement to hold an inquiry into governments' responses to the "pandemic." That description, although absolutely valid, was formulated prior to the commencement and subsequent completion of the National Citizens Inquiry hearings.

Those individuals who participated in the hearings or watched even a small fraction of the more than 300 sworn testimonies have had their lives transformed forever. Many of the testimonies were heartbreaking. Others revealed a sometimes terrifying depth to which this nation has fallen. Over the 24 days of hearings, witness testimonies provided an overall sense of how Canada has been transformed by government actions to address the pandemic.

¹ The word *efficacy* refers to the effectiveness or the ability of the government's actions and measures to produce the desired outcomes or results in addressing the COVID-19 pandemic. In essence, it evaluates whether the government's efforts are successful in achieving the desired objectives in the context of COVID-19 response and management.

Our country underwent a dramatic transformation within a short timespan. Sweeping lockdowns and restrictions on rights and freedoms that would once have been considered unthinkable in our country were adopted with incredible speed and with no room for public comment or debate. This was, in and of itself, a phenomenon.

The testimony objectively demonstrates that an unprecedented attack was carried out on the basic rights, freedoms, and way of life of Canadian citizens. Not since World War II have so many lives been lost due to measures imposed on Canadians by their government.

It is important to appreciate that this statement is based on sworn testimonies of the events and experiences described by the witnesses and that these testimonies, as incredible as they are, do not capture the full breadth of the events that took place.

The COVID-19 pandemic, which began in late 2019, presented governments worldwide with an unprecedented opportunity to change the direction of their respective nations. With the official narrative to contain the spread of the virus and prevent healthcare systems from being overwhelmed, many countries resorted to implementing strict non-pharmaceutical interventions.

These interventions, which included widespread business closures, travel restrictions, and stay-at-home orders, were initially introduced as “temporary” and “emergency” measures to mitigate the immediate impact of the virus.

In the early stages of the pandemic, there was a widespread sense of urgency and fear surrounding the unknown nature of the virus. Public Health experts quickly became the face of governments, and citizens were left grappling with the need to balance public safety with individual freedoms. The severity of the situation, as described in government messaging and daily state-media broadcasts, led to a general willingness among the population to accept stringent interventions as a necessary evil.

During these early stages, public health messaging informed Canadians that the primary goal was to “flatten the curve” and prevent healthcare systems from collapsing under the strain of a sudden surge in COVID-19 cases.

Based on the government messaging presented to the public, the notion of lockdowns seemed logical and justifiable to curb the rapid transmission of the virus. Moreover, the suppression of effective existing treatments in favour of the new, experimental genetic therapy “vaccines” further underscored the need for non-pharmaceutical interventions. Canadians have since learned differently. Nevertheless, at the time, the unknowns were still too numerous to ignore the messaging that we now can conclude as biased and inaccurate, similar to, if not actual, propaganda.

Testimony from experts confirmed that by late March of 2020, the government already knew the true nature and risks of the virus known as SARS-CoV-2. The government knew that it primarily affected the elderly and individuals with comorbidities, and they therefore were aware it was not unusually deadly or virulent to the vast majority of Canadians.

Nevertheless, governments persisted in their imposition of emergency measures. As time went on, the long duration of lockdowns and their impact on daily life began to generate debate and dissent. Economies suffered severe contraction and losses, businesses closed permanently, and livelihoods were disrupted. The societal and psychological toll of prolonged lockdowns became increasingly apparent as people grappled with issues such as mental health, educational challenges, and social isolation.

Governments undertook unprecedented levels of spending—a reality that will impact generations of Canadians to come.

Many people lost their lives due to fear, loneliness, and depression. Many others had scheduled surgeries cancelled. The doctor-patient relationship was severed when medical appointments were no longer conducted in person.

Many had adverse reactions to an experimental biologic injection that many were forced to take against their will.

Many people were terrified by the government messaging that increasingly encouraged people to turn on each other. Friends, families, and communities were torn apart. The government resorted to name-calling and public shaming, and in so doing, altered the social fabric. Society, as it was known, had now become toxic and, in many ways, dangerous. As a result, the incidence of suicide, violence, and despair increased to unprecedented levels.

As the pandemic persisted, differences in the way various countries approached the pandemic started to become known. Some nations adopted more targeted and localized measures, while others implemented broad and strict nationwide lockdowns. These varying approaches contributed to a diverse range of experiences and public perceptions.

Citizens began to undertake their own research—coming together and realizing that historical pandemic-management practices and emergency plans, which had withstood the test of time, had been discarded by Canadian governments and replaced with unsupported measures and mandates that appeared to be politically-driven.

Although the government had done extensive emergency planning well in advance of 2020, these emergency plans were simply ignored, and those professionals who were trained to implement emergency measures were sidelined.

In summary, governments in various jurisdictions throughout Canada were able to introduce draconian lockdown measures in a relatively short period of time. Admittedly, governments were not alone in this endeavour. The excuse of combatting a “novel virus ” combined with a fear that healthcare systems would be overwhelmed to persuade the public to accept any and all measures that were brought forth.

However, as time progressed, the long-term consequences and societal costs associated with prolonged lockdowns could no longer be hidden from the public.

Claims about consequences and social costs are incredible claims to make. Just three years ago they were unthinkable. Once the reader has had the opportunity to thoroughly review the contents of this Report and watch the recorded testimonies, there is no escaping the validity of these assertions.

1.2. Reasons for a National Independent Citizens Inquiry

Canadians demanded an independent inquiry into government responses to the COVID-19 pandemic as a result of a wide variety of considerations that include the following:

- 1.2.1. The scope and magnitude of the COVID-19 response were/remain unprecedented.
- 1.2.2. The impacts were national, and the responses of the governments affected the vast majority of Canadians.
- 1.2.3. Canadians have many legitimate questions concerning how the response was managed and what scientific and policy advice governments relied upon—questions to which the governmental response thus far has been non-existent or unsatisfactory.
- 1.2.4. Calls for the governments themselves to commission an inquiry have gone unheeded.
- 1.2.5. The governments cannot be expected to objectively and impartially conduct the required investigation of themselves—hence the need for a National Citizens Inquiry.
- 1.2.6. It is necessary to solicit, receive, and evaluate first-hand personal testimony from those impacted by governments' responses to COVID-19. It is important that this testimony be sincere, honest, and free of coercion or censorship.
- 1.2.7. It is necessary to solicit, receive, and evaluate testimony from scientific, medical, legal, and other appropriate experts that may differ from the narrative communicated by governments and mainstream media.
- 1.2.8. It is necessary to ascertain where governmental responses to COVID-19 were effective, ineffective, or counterproductive and where alternative methods could have yielded much better or more appropriate results.
- 1.2.9. It is necessary to establish accountability for the impacts of measures undertaken and to ascertain the social and economic costs of those measures.
- 1.2.10. It is necessary to ensure that our governments manage any future declared public emergencies effectively and they exercise related emergency orders or powers in a transparent, responsive, democratic, and effective manner.

1.3. Guiding Principles

The National Citizens Inquiry was established under strict guidelines, which include the following:

- 1.3.1. Independence: The Inquiry must be truly independent. Inquiry Commissioners were selected on the basis of experience, competence, and credibility, and not for any pre-conceived positions they might hold on the issues dealt with by the Inquiry.
- 1.3.2. Citizen-Supported: The authority of the Inquiry must rest on a mandate received from significant numbers of Canadian citizens across the country who have made repeated calls for an independent and objective review of governments' pandemic measures. This mandate was further reinforced by such citizens adding their names to the Petition of Support for a National Citizens Inquiry provided on the Inquiry's website: www.citizensinquirycanada.ca.
- 1.3.3. Open and Transparent: The Inquiry's investigation and related activities were undertaken in an open and transparent basis, free of biases or preconceived conclusions.
- 1.3.4. Truthfulness: All persons who participated in the Inquiry were only able to submit oral or written testimony under oath, dutifully sworn before the Commission representatives.
- 1.3.5. Evidence-Based: The deliberations and conclusions of the Inquiry are evidence-based, with any and all testimony received (including that containing extreme claims and conspiratorial charges) being subject to cross examination. The submitted evidence for all arguments, claims, and/or positions are publicly available through the Inquiry's website.
- 1.3.6. Respect: The Inquiry insisted that all participants exhibit mutual respect for the evidence, opinions, beliefs, and statements before the commissioners, in accordance with the principles of facilitating reconciliation and healing.

1.4. Purposes of the National Citizens Inquiry

- 1.4.1. To inquire into much needed dialogue with Canadians. To listen to Canadians concerning the impacts of government health and policy measures impacting their personal lives, including their physical and mental health, families, and communities (particularly children and seniors), jobs and livelihoods, businesses, and their fundamental freedoms and civil liberties as guaranteed by the Constitution.
- 1.4.2. To invite Canadians to pose to the Inquiry any unanswered or unclear questions concerning COVID-19 and governments' responses thereto, and for the Inquiry to make all reasonable efforts to secure answers to those questions.
- 1.4.3. To receive and evaluate testimony from medical, legal, scientific, and other relevant experts concerning the governments' pandemic measures and strategy, what information was known or knowable by governments, and what, if any, alternative approaches could have been taken.
- 1.4.4. To receive and evaluate testimony from legacy and independent media to understand what information was known or knowable beforehand and whether the information conveyed to the public was factual, objective, and without bias.
- 1.4.5. To invite input from healthcare officers and other governmental officials as to the rationale behind the healthcare protection measures adopted—including mandates, lockdowns, and public health orders and actions—and the strategies employed to secure public compliance.
- 1.4.6. To invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of governments' responses to COVID-19.
- 1.4.7. To investigate public sector expenditures, grants, and any other subsidies or financial support programs and their distribution related to the governmental responses to COVID-19.
- 1.4.8. To consider the issue of civic and criminal liability for any damages or harms caused by governments' responses to COVID-19.
- 1.4.9. To investigate rulings and judgments against citizens for the personal choices they made, and to investigate institutional policy changes that led to the perception of discrimination.
- 1.4.10. To make publicly available to Canadians all findings, submissions, and testimonies certified by and formally presented through the Inquiry.

- 1.4.11. To identify any mistakes, negative impacts, or mismanagement that the Inquiry may determine to have occurred, and if it does so, to recommend appropriate measures for more appropriate and effective government responses in the future.

1.5. Structure of the National Citizens Inquiry

The National Citizens Inquiry consists of two main components: the Commissioners and the Support Group.

- 1.5.1. The Support Group is a purely administrative committee that facilitates the NCI's logistics, such as booking venues, maintaining the NCI website, or raising funds to support this initiative. The Support Group drafted the initial Terms of Reference for the Inquiry, which were reviewed by the Commissioners. The Support Group had no role in the substantive aspect of the Inquiry (e.g., asking questions of witnesses, considering evidence, or advising the Commissioners).
 - The Support Group is represented across Canada through Regional Subcommittees. These committees carried out the local planning and organization needed to host the NCI hearings, accommodate witnesses, and provide logistical support to the Commissioners.
 - Support Group and Regional Subcommittee members were all unpaid volunteers who stepped forward from across Canada and all walks of life.
- 1.5.2. The Commissioners were solely responsible for hearing testimony, asking questions, and issuing a comprehensive report inclusive of recommendations, if any.
 - The NCI's Commission consisted of four Commissioners. The Commissioners elected a Chair to lead the Commission.
 - Commissioners were solely responsible for hearing witness testimony and preparing this Report.
 - The Commissioners were identified by Canadians and reviewed and appointed by the Support Group on the basis of their credibility, demonstrated objectivity, and competence in one or more relevant areas (e.g., law, medicine, science, ethics, public policy, journalism, etc.). It was essential that the Commissioners be objective and non-biased.
 - Commissioners were supported by a Secretariat staff comprised of lawyers and other professionals.
 - Upon the conclusion of the hearings, the Commissioners have written this Report.

1.6. Selection of Commissioners

It was critical that selected Commissioners were, and are, seen to be credible in all regards and in particular that they were, and are, as objective, competent, and trustworthy as possible to Canadians on whose behalf the Inquiry was conducted.

The invitation to nominate or apply to be a Commissioner was posted on the Inquiry's website (www.citizensinquirycanada.ca). The posting included a brief description of the nominees' desired characteristics (e.g., independence, objectivity, competence, etc).

Nominations/Applications were received and evaluated, and those who were most qualified to serve were invited to do so. Commissioners signed a Declaration of Understanding and Neutrality indicating that they accepted the Inquiry's Terms of Reference and commitment that their conclusions and recommendations would not be pre-determined but would be based solely on testimony provided to the Inquiry. The names and biographies of the selected Commissioners are posted on the Inquiry's website.

The Commissioners selected their own Chairperson, Ken Drysdale.

1.7. Instruction to the National Citizens Inquiry

The National Citizens Inquiry was instructed and authorized to carry out the following:

- 1.7.1. To include the activities of all levels of government (federal, provincial, and municipal) within the scope of its investigations.
- 1.7.2. To complete its investigations and to issue a final report of its findings and recommendations within one year of the commencement of its operations.
- 1.7.3. To adopt such procedures and methods as it may consider necessary for the proper conduct of the Inquiry. While the Inquiry is not a court, the Commissioners adhered to court-like procedures with respect to receiving evidence (e.g., instructions to witnesses, cross examination) and legal counsel.
- 1.7.4. To sit at such times and places in Canada, as it may decide, for the purpose of holding in-person hearings, to conduct virtual hearings as necessary, and to receive written as well as oral testimony.
- 1.7.5. To seek additional input and advice from experts and grassroots sources as deemed necessary.
- 1.7.6. To issue interim reports as well as a final report and such other communications as the Commission considers necessary to keep the public apprised of its work and to correct any misconceptions or misrepresentations thereof.
- 1.7.7. To understand that its interim and final reports are the primary output of the Inquiry, which the Commissioners must be prepared to publicly explain and defend.
- 1.7.8. To immediately upon its formation establish a system to account for the revenues used to finance the operations of the Inquiry and the expenses incurred, and to make this accounting public at the conclusion of the Inquiry.

1.8. Public Hearings

1.8.1. General Principles of the Public Hearings

The Public Hearings were conducted under the following Rules and Procedural Principles:

- 1.8.1.1. Proportionality: The Inquiry allocated investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so as to ensure that all relevant issues are fully addressed and reported on;
- 1.8.1.2. Transparency: The Inquiry proceedings and processes were carried out in a manner that was as open and available to the public as was reasonably possible, consistent with the requirements of national security and other applicable confidentiality and privileges;
- 1.8.1.3. Fairness: The Inquiry balanced the interests of the the public's right to be informed with the rights of witnesses testifying to be treated fairly;
- 1.8.1.4. Timeliness: The Inquiry proceeded in a timely fashion to engender public confidence and ensure that its work remained relevant; and
- 1.8.1.5. Expedition: The Inquiry operated under a strict deadline and conducted its work accordingly.

Detailed Rules of Practice and Procedure are available on the NCI Website:

<https://nationalcitizensinquiry.ca/wp-content/uploads/2023/03/NCI-Commission-Rules-FINAL.pdf>

1.8.2. Locations and Schedule of the Public Hearings

Public Hearings were held in locations from coast-to-coast in Canada as follows:

- | | |
|-------------------------------|-----------------------------|
| • Truro, Nova Scotia | March 16, 17, 18, 2023 |
| • Toronto, Ontario | March 30, 31; April 1, 2023 |
| • Winnipeg, Manitoba | April 13, 14, 15, 2023 |
| • Saskatoon, Saskatchewan | April 20, 21, 22, 2023 |
| • Red Deer, Alberta | April 26, 27, 28, 2023 |
| • Vancouver, British Columbia | May 2, 3, 4, 2023 |
| • Québec City, Québec | May 11, 12, 13, 2023 |
| • Ottawa, Ontario | May 17, 18, 19, 2023 |

Members of the public who wished to testify at the hearings were invited to apply through online application forms that were available on the NCI website:

<https://nationalcitizensinquiry.ca/testimony/>

Members of the public were offered the option of testifying in person or via live video broadcast.

Over 900 members of the public (lay witnesses) applied to testify. One hundred forty-seven expert witnesses applied or were nominated to provide testimony (some were nominated more than once).

Approximately 300 members of the public testified at the hearings.

Many more members of the public are currently providing additional testimony outside of the Public Hearings, which will similarly be included in the Commission Record, but which will not form part of the record considered when preparing this Report.

Testimony was “invited” from representatives of all provincial/territorial and federal levels of governments across Canada. Subpoenas were issued and government witnesses were given the option of testifying either in person or on video conference at any of the eight hearing locations.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

Not one representative of any government in Canada appeared to testify at the public hearings. All subpoenas sent were either ignored, declined, or not picked up.

As a result of the lack of government representation at the hearings, the Commissioners were unable to hear governments' defences of their measures. The inquiry sought to obtain government positions through the consideration of non-oral evidence, such as sworn affidavits of government officials—obtained from various court proceedings. Where such materials have been considered, they form part of the official record. It was this sworn evidence as well as their actions, press releases, statements of policy, and press conferences that were utilized to represent government positions.

Actual recorded statements and press conferences, et cetera, were aired at a number of the hearing locations.

Despite the fact that the actions taken by all levels of government represented the most profound intrusion into the lives of all Canadians, not a single government representative took the opportunity to address the Canadian people and explain their side of the story.

As a citizen-led initiative, the Commission did not have the ability to compel the government witnesses to appear through judicial subpoenas.

1.9. Identification and Classification of COVID-19 Interventions

For the purposes of this Report and based on the testimony provided at the Public Hearings, the COVID-19 measures that were implemented by governments were summarized into four major categories. The categories are based on the actual or perceived effects that the measures had on the lives of Canadians.

There is significant overlap between each of these categories. It's important to note that the particular expertise and knowledge of each Commissioner may be reflected and embedded differently within this overlap, as well as each Commissioner's personal and professional response to witness testimony. This is intentional and deliberate so that the voices of all Canadians can be fully represented in this Report.

The major categories are:

- 1.9.1. **Social**, meaning those measures that largely impacted the social fabric and interaction of Canadians in their daily life activities. These include measures that restricted public meetings, movement, and ability to interact and meet with other people.
- 1.9.2. **Civil**, meaning those measures that impacted the civil rights and freedoms of Canadians, including the imposition of restrictions by the governing authorities and, as well, the imposition of forced mandates by both government and non-government entities. These impacts were assessed at the personal, institutional, and organizational level.
- 1.9.3. **Economic**, meaning those measures that impacted the economic wellbeing and performance of individuals, businesses, and organizations in Canada. These could include restrictions to employment, the shutdown of businesses and organizations deemed non-essential, and the overall impacts of the measures on our society as a whole.
- 1.9.4. **Health**, meaning those measures that impacted the health and wellbeing of citizens of Canada. These issues might include such things as forced medical procedures, lack of access to patients because of the mandates: many doctors were treating via zoom, and injuries resulting from forced medical procedures and isolation.

1.10. Assessing the Effects of the COVID-19 Interventions

This Report relies on the testimony of the witnesses to assess the effects of the COVID-19 interventions. The interventions have been grouped into two basic categories as follows:

Pharmaceutical Interventions

This Report defines a “pharmaceutical intervention” as a course of treatment to help prevent, control, or mitigate a pandemic through the use of over-the-counter or healthcare provider prescription medication. This might include such things as vaccine, anti-virals, and antibiotics.

Non-Pharmaceutical Interventions

This Report defines a “non-pharmaceutical intervention” (NPI) as a course of action taken either by individuals or communities to help prevent, control, or mitigate a pandemic through the use of other means, excluding over-the-counter or prescribed medications. This might include the implementation of masking policies, lockdowns, closures of public facilities, and quarantines.

Actual first-hand testimony of witnesses describes how each of the measures affected them personally or how they have been involved in the evaluation of the interventions.

Transcripts of the testimonies, grouped into the various hearing locations are provided in Volume 3 of this Report. The actual recorded testimonies, transcripts, and submitted evidentiary exhibits are also provided on the NCI website.

1.11. Assessing the Appropriateness and Efficacy of These C-19 Interventions

Assessment of the appropriateness and efficacy of the interventions is based on the outcomes observed.

Testimonies from physicians, scientists, researchers, statisticians, legal scholars and practitioners, lawyers, judges, teachers, commentators, and Canadians from all walks of life were used to assess the appropriateness of the interventions.

The Commission heard from a wide variety of witnesses, from locations across Canada and beyond, with a diversity of expertise and experience.

At times, testimony was limited as certain witnesses would not testify out of fear of reprisals. In addition, since all representatives of government either refused to appear or simply would not acknowledge the subpoena, their testimony was never heard.

This Report relies on first-hand testimony received from everyday Canadians and from leading experts in a wide range of fields of study.

1.12. Lessons to Be Learned

1.12.1. Recommendations

Detailed analysis and commentary on each aspect of the pandemic response is provided in “Section 7. Analysis” of the Report. The Commissioners set out and describe each area of review, reference some of the testimony upon which the analysis and commentary is based, provide conclusions based on that analysis, and then provide specific recommendations to address the issues identified.

In “Section 8. Recommendations,” for ease of reference, the recommendations set out in “Section 7. Analysis” are itemized and presented in a simple format.

Recommendations vary widely depending on the subject under consideration. There were no restrictions or limitations placed on the scope or nature of the recommendations made.

1.12.2. An Ode to Truth and Integrity

Collectively, we’ve been paying too much deference to our material comfort, and not enough to truth. Accommodation with half-truths, lies by omission, blatant lies, or complicit silence has created a culture in which the institutions have gradually rotted from within. The COVID-19 crisis has revealed that our Western societies are on the slippery slope towards totalitarianism that cannot happen without the consent and the active participation of the governed. We are all responsible for what’s happening, one way or another.

Without clear separation of powers between independent institutions—the executive branch of government, the administrative branches of government, the judiciary, and healthcare providers—there can be no proper checks and balances. These checks and balances are essential to foster a culture of accountability. Without proper accountability, society is left at the mercy of incompetence and corruption working hand-in-hand to maintain and strengthen the power of the institutions in place.

Restoring a vibrant culture of accountability and thriving on truth is the only way to rebuild the most important asset of a prosperous and benevolent society: trust. Trust cannot be demanded; it has to be earned by word of truth and integrity of actions.

One of the gravest dangers in democracy is the tyranny of the majority that has forgotten the primordial importance of truth and liberty grounded in individual responsibilities that cannot and should not be outsourced to the administrative state. Unless a true safe space is created for the flourishing of new ideas, freely challenged by rigorous debates, societies will eventually crumble in obsolescence.

The relentless search for truth, which is the best possible alignment with the laws of nature, is not a democratic endeavour in and of itself. Before becoming widely accepted, a new scientific discovery (or a new, potentially truthful idea), is unique and cannot be subjected to the vote of the majority that is completely oblivious to this new truth initially. If we kill these new ideas before they have the chance to be accepted widely, we will impede the progress of society.

The only way to confirm if a new idea, a discovery, or a hitherto unknown law of nature is really true is to subject it to the free exchange of ideas in debates. Not to censor it arbitrarily by fiat, bringing forward an ill-proclaimed scientific consensus.

Consensus is a way of functioning when much uncertainty remains, and yet a decision has to be made, especially in a state of perceived emergency. Crisis occurs when institutions are poorly managed or somebody wants to take advantage of imposing decisions without proper vetting, using the pretext of emergencies, real or perceived. When society is in a constant state of crisis, one has to question the competence and/or the motives of the ruling class, including the administrative state.

We have to protect as sacred the path and the institutions that have been used for centuries in the rigorous scientific process. Money and corresponding institutions should facilitate this process, not subjugate it.

People working as unelected officials in the administrative state should not end up being the masters of our destiny but rather the civil servants of the institutions at the service of the people.

We are learning the hard way that dysfunctional institutions can and will fail us when we need them the most. As engaged citizens, we must embark and take part in a major reform of our institutions and not leave it to elusive others. Let's not be discouraged by the magnitude of the tasks at hand.

We owe it all to our children and grandchildren.

1.13. Conclusions

Administrative State: Is the State benevolent or guilty of malfeasance?

As the famous Nobel laureate physicist, Steven Hawking, judiciously said: “The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge.”

In Canada, the administrative state used—and continues to use—the illusion of knowledge to maintain power. This was evidenced throughout the three-year COVID-19 experience when bureaucrats and administrators alike were perceived as all powerful. However, this illusion was only an image accomplished through an elaborate and inextricably intertwined web of deceit, much like the tactics of the sorcerer’s apprentice. Meanwhile, politicians were more than happy to impose popular but ill-advised, half-baked health measures, justifying these emerging policies as well-intended measures to protect public health.

Sadly, the majority of people succumbed to the measures out of fear, a lack of unbiased and objective information, and questionable trust in long-standing institutions.

In this context, as long as most people perceive benefits from the government narrative, everything will be done to protect the illusion of the effectiveness of the ill-advised health measures.

But as we witnessed, the administrative state, to achieve this end, relied on poor modelling and statistics full of omissions while ignoring scientific knowledge and understandings. The administrators also dismissed the wisdom of true experts who have credentials considerably above the pretended expertise of technocrats who systematically censored any dissenting voices threatening their usurped authority.

This is best illustrated by the numerous accounts of ignorance of epidemiology; their ineffective, unjustifiable non-pharmaceutical interventions (NPIs); their willful ignorance of state-of-the-art medical practice; and last but not least, their superficial knowledge of the intricacies of the immune system.

The only way out of this conundrum is through our constitutionally protected freedom of speech, wherein widely held beliefs, thoughts, and opinions are respected, and likewise, conversations, debates, and dissenting voices are heard. This should be particularly true in the scientific and medical professions.

We know the very essence of society is human interactions, and embedded therein, relationships. Because human societies thrive on narratives that present distorted views of reality and define culture according to unwritten rules, new narratives need to emerge. These are particularly critical when societies face a major crisis, like a pandemic. Sometimes, low-resolution representations of reality need to be updated and subsequently redefined by rigorous debates to orient better decision-making and implement more effective solutions to vexing problems going forward.

This Report is an attempt to craft a more balanced and objective narrative based on the hundreds of testimonies heard during the 24 days of hearings across Canada. Why? Because Canadians deserve to hear the concerns raised and to determine their own informed opinions regarding the health crisis we have just faced and the appropriateness of the mitigation measures used by government authorities. It will be up to readers to determine for themselves whether this new narrative is a more comprehensive representation of reality than the messaging delivered by governments and the mainstream media during the three years of the COVID pandemic.

Specifically, this Report examines the health, civil, economic, and societal issues resulting from the COVID-19 response. The Report also makes specific recommendations to improve the management of any future health crises.

What, How, and Why?

This Report focuses on answering questions that are in the realm of scientific and forensic investigations. “What” happened? “How” did it happen? And although the “why” deserves attention too, the Commissioners have determined that it is beyond the scope of this investigation. Still, this existential question will undoubtedly be the subject of many scholarly books for decades to come.

By way of further explanation, asking why is certainly not mundane to the Inquiry as it strikes many sensitive cords for most people, whether philosophically, psychologically, or spiritually. However, going down that slippery slope can lead into a maze where one looks for ulterior motives, where there arises a need for, or requires, soul-searching and psychological discussion, which is outside the borders of rigorous scientific investigations. Attributing motive is not part of the playbook of the scientific method.

What is required are open and honest debates to foster our collective understanding of what happened and how it happened. In any healthy debate, one has to stay focused on the data, the information, and the knowledge before the wisdom can blossom. This is why forensic investigations are critical—so that conclusions can be reached, apart from agendas and ulterior motives.

It is for this reason that the Commissioners have agreed to abide by the witness testimonies to the best of their ability in seeking the truth. These are the truths we have sought throughout the hearings. Moreover, through engaging in this cross-country experience, we can come together as a nation, restoring the very principles and freedoms that have defined Canada since 1867.

2. The Pandemic

2.1. Overview of the Pandemic

The COVID-19 pandemic was presented by governments and corporate media as a global health crisis that emerged in late 2019; and it significantly impacted nearly every aspect of life around the world.

Following is a brief overview of the key aspects of the pandemic:

The pandemic is believed to have started in December 2019 in Wuhan, Hubei Province, China. The virus responsible for the disease was identified as a novel coronavirus, named SARS-CoV-2.

The virus quickly spread globally through human-to-human transmission, facilitated by international travel. The World Health Organization (WHO) declared it a public health emergency of international concern in January 2020. Later, in March 2020, the WHO further designated it as a pandemic.

On March 11, 2020, when the WHO declared the “pandemic,” Canada, a nation of approximately 38.5 million people, had reported only one death—that of an 80-year-old man—from COVID-19. At the same time, 125 laboratory-confirmed cases were reported.

<https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-7-8-july-2-2020/Covid-19-epidemiology-january-march-2020.html>

By the end of March 2020, there was already evidence that COVID-19 mainly affected elderly patients or individuals with pre-existing health issues (comorbidities) and that young healthy citizens did not face a significant risk of death or serious illness from COVID-19.

COVID-19 primarily affects the respiratory system and manifests with a range of symptoms, including fever, cough, difficulty breathing, fatigue, and loss of taste or smell. In severe cases, pneumonia and organ failure are manifestations. It was initially believed to spread mainly through respiratory droplets when an infected person coughs, sneezes, or speaks. It can also be transmitted by touching contaminated surfaces and then touching the face. Aerosol transmission has been confirmed.

Governments and health authorities across Canada implemented various public health measures to mitigate the spread of the virus. These measures included widespread testing, contact tracing, quarantines, travel restrictions, social distancing, face mask mandates, and hygiene practices such as hand washing and sanitizing.

These NPIs were designed, planned, and implemented by public health authorities across Canada. The emergency measures organizations that are tasked with responding to emergency situations in Canada were sidelined, despite the fact that these organizations were specifically and extensively trained to evaluate, plan, and execute emergency response across Canada.

These NPIs were implemented with grave consequences to the people of Canada. Most notably, previously prepared influenza pandemic plans, including a paper authored by Dr. Theresa Tam specifically advising against lockdown measures, were ignored.

It is critically important to further understand that existing protocols for the treatment of SARS-CoV-2-type infections with pharmaceutical interventions were immediately restricted. This was despite the recommendation of Health Canada's influenza pandemic plan and the wide availability of inexpensive, effective, and existing pharmaceutical interventions.

Healthcare providers were advised not to treat symptoms of COVID-19 until they were severe enough to require hospitalization and were explicitly instructed not to prescribe pharmaceutical medications such as ivermectin and hydroxychloroquine. Many physicians, nurses, and healthcare practitioners were punished, suspended or lost their licences to practise for prescribing these specific medications. The Canadian mainstream media aggressively promoted all public health measures, embarking on a continued program of cancellation and/or humiliation of any professional that questioned those measures.

The direct actions of the governments in response to COVID-19 put a significant strain on healthcare systems globally.

This strain was ironically not due to illness from COVID-19 itself, as COVID-19 cases did not generally overwhelm hospitals or lead to widespread shortages of medical equipment, beds, and healthcare workers. Admittedly, in some regions, healthcare systems struggled to provide adequate care to both COVID-19 patients and those with other health conditions, but that was due primarily to two factors. The first was governments' shutdown of healthcare facilities. The second emerged as a consequence of the subsequent suspension and dismissal of healthcare workers who refused to accept the injection that was presented as a "safe and effective" vaccine.

Numerous witnesses from the healthcare field testified that hospitals and emergency rooms were "quiet" throughout most of 2020, and it was not until the widespread rollout of the experimental gene therapy referred to as vaccines that the emergency rooms noted increased patient uptake. Many of these later visits to hospitals included alleged vaccine-injured patients or patients whose medical conditions had gone untreated due to their fear of contracting COVID-19. Witnesses referred to this time as flight or fright. In other words, the nation's engagement was in a state of paralysis.

Albeit, as the evidence revealed, the hospitals in Canada were never overwhelmed. The two weeks to flatten the curve never changed the ability of hospitals to deliver medical services.

As indicated earlier, the effects of these cited government interventions during the pandemic had far-reaching economic consequences, with businesses facing closures, job losses, and economic downturns. Many industries, such as travel, hospitality, and retail, were severely affected. Government interventions, such as stimulus packages and financial aid, were implemented to mitigate the economic impact. The pandemic interventions also disrupted education systems, led to the cancellation or postponement of events, and changed the way people work and interact.

The unprecedented nature and magnitude of government interventions resulted in a massive expansion of Canada's national debt. Both the short-term and long-term effects of these measures will undoubtedly be felt for generations to come.

In an unprecedented global effort, multiple experimental gene therapies were developed and presented to the public as safe and effective vaccines. In Canada, these vaccines were approved for use on the public under a newly created approval process that did not require the manufacturers to prove either safety or effectiveness. No specific testing for adverse medical effects of the vaccines on seniors, pregnant and/or nursing women, or children was required or performed prior to the approval and recommendation of vaccines for these groups. Nor were the vaccines evaluated for medium- or long-term safety or efficacy prior to approval.

This was in addition to the fact that the mRNA technology had never been previously used in wide-scale human populations. Subsequently, the clinical trials were compromised after only two months of monitoring when, in the Pfizer trial, the placebo arm was offered to be vaccinated, thereby losing the control group for longer-term efficacy and safety assessment.

These experimental injections were approved by Health Canada in spite of the significant safety warnings that were evident both during the initial trials and during the post-marketing analysis completed in February 2021. Not only were the safety signals ignored, Health Canada did not have the authority to revoke the approval of the vaccines in any event under the newly created approval process, even if safety signals were identified.

The vaccines were rolled out to Canadians in late 2020 in spite of the significant shortcomings. Vaccination campaigns became the focus of public health and the media, with every Canadian being encouraged to get a safe and effective injection, regardless of their age or individual health circumstances.

In late 2021, the federal government announced that vaccines would be required for travel throughout the country. The provinces each adopted some form of vaccination pass requiring people to prove they had received the requisite number of injections in order to access basic services and businesses.

The federal government announced vaccine mandates for all employees in federally regulated industries, and many Canadian employers put their own mandates in place. Canadians who refused the injections were vilified, ridiculed, bullied, lost their jobs, and were restricted from participating in society.

The vaccines were mandated although they did not prevent infection, did not prevent spread, did not prevent death, and caused significant adverse effects, including death.

As the virus continued to spread, new variants were reported with different characteristics, including increased transmissibility, yet decreased mortality. These variants posed challenges to the effectiveness of the vaccines as the naturally mutating virus developed resistance to the initially distributed vaccine.

Throughout the pandemic, traditional scientific research, collaboration, and communication should have played a crucial role in understanding the virus, developing treatments, and guiding public health responses.

Instead, traditional scientific method and discourse were severely censored. Only government and media narratives were permitted. Researchers and healthcare practitioners who presented alternative evidence were ridiculed and publicly shamed, and in some cases, lost their funding or employment.

Never in the course of modern medicine or scientific practice has this type of censorship happened on such a scale.

Censorship and attacks on medical and scientific process have occurred in the past but never at this level.

2.2. Timeline of Major Events

2.2.1. Introduction

In presenting this Report, the Commission recognized the importance of including a basic timeline of major events during the COVID-19 pandemic. This timeline serves as a backbone, a framework that can help readers more fully understand the sequence of events, the scale and speed of the pandemic, and government responses over time.

The data included in this brief timeline was derived from witness testimony, publicly available information, governmental reports, press releases, and announcements made by the Government of Canada and relevant health authorities during the specified years 2019 through 2022. This information encapsulated key events, mandates, and guidelines related to the COVID-19 pandemic and reflected Canadian responses to the evolving situation during the specified years. It is essential to note that the information is subject to updates and revisions. Cross-referencing with official government sources is encouraged for the most accurate and current details.

The COVID-19 pandemic was a complex and multifaceted crisis that unfolded rapidly, with new developments often arriving in quick succession. For those living through it, the pace of change, combined with the volume of information and guidance issued, could sometimes make it difficult to gain a clear, coherent understanding of the unfolding situation.

By distilling the major events into a concise timeline, we offer a simplified overview of the pandemic's progression, as well as the corresponding measures and mandates that were put into place by the government. This at-a-glance summary allows readers to grasp the chronology, see the relationship between different events, and understand the context in which decisions were made and actions were taken.

Moreover, it provides a basis for more in-depth analysis. Readers can use the timeline to trace the progression of measures taken by the government and relate them back to the individual testimonies, expert analyses, and policy discussions presented elsewhere in the Report. In this way, the timeline becomes an essential tool for understanding the broader narrative of Canada's experience of the COVID-19 pandemic.

In short, the timeline helps to make a complex and turbulent period of history more comprehensible, enabling readers to better understand and interpret the wealth of evidence and perspectives presented in this Report.

2.2.2. Timeline of Basic Events in Canada 2019

Following is a brief timeline of the events related to the COVID-19 pandemic in Canada in 2019. Please note, however, that the virus which causes COVID-19 was not identified until late 2019 and the first case of COVID-19 in Canada wasn't reported until January 2020. Still, this timeline provides a perspective on the initial global unfolding of the COVID-19 pandemic and the beginning responses:

March 31, 2019: Canada reported a federal national debt of \$685.5 billion.

December 31, 2019: The World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology detected in Wuhan City, Hubei Province of China. At this stage, COVID-19 has not yet been identified and is not yet known to Canada or the rest of the world.

Prior to this, Canada's Public Health Agency was operating under standard infectious disease monitoring protocols. As 2019 ended, however, and more information about the outbreak in Wuhan became available, the situation began to change rapidly, and by early 2020, COVID-19 was declared a global pandemic.

In terms of pandemic preparedness, the Government of Canada had in place the Public Health Agency of Canada, established in 2004 in response to the SARS outbreak. This agency was tasked with coordinating responses to public health emergencies. However, the specific guidelines and mandates related to COVID-19 wouldn't come into play until 2020.

2.2.3. Timeline of Basic Events Canada 2020

Following is a basic timeline of some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2020. This is not an exhaustive list but provides an overview of the major developments:

January 25, 2020: Canada reports its first case of COVID-19 in Toronto, Ontario.

March 11, 2020: The World Health Organization declares COVID-19 a global pandemic.

March 13, 2020: Many provinces, including Ontario and Québec, announce school closures.

March 14, 2020: The federal government urges Canadians currently abroad to return home as soon as possible.

March 16, 2020: Canada advises against non-essential travel and begins to implement enhanced screening measures at airports.

March 18, 2020: The Canada-U.S. border is closed to non-essential travel.

March 23, 2020: Non-essential businesses are ordered to close in many provinces, including Ontario.

March 25, 2020: The Canadian Parliament passes an emergency fiscal stimulus in response to the economic impact of the pandemic, establishing the Canada Emergency Response Benefit (CERB).

March 31, 2020: Canada reports a federal national debt of \$721.4 billion.

April 6, 2020: Canada surpasses 15,000 “cases” of COVID-19.

May 8, 2020: The unemployment rate increases up to 13 per cent, the second-highest figure on record in Canada.

April 9, 2020: Ottawa projects 4,400 to 44,000 Canadians could die of COVID-19. Federal government announces more than one million people lost their jobs in March.

April 15, 2020: Wearing masks in public places where social distancing is not possible is recommended by the Public Health Agency of Canada.

May 19, 2020: Some provinces, including British Columbia and Manitoba, begin to lift restrictions and enter phase one of reopening.

June 2020: Many provinces, including Ontario and Québec, move to phase two of reopening, with certain businesses and public spaces allowed to open with restrictions.

July 28, 2020: Remdesivir becomes the first drug to be approved by Health Canada for treatment of patients with severe COVID-19 symptoms.

September 2020: Most schools reopen for in-person learning with new safety measures in place, including mask mandates and physical distancing.

October 2020: Second wave begins across Canada, resulting in increased restrictions and, in some provinces, the reimplementation of lockdown measures.

November 10, 2020: The Manitoba government forces non-essential stores to close and bans social gatherings in an effort to stop a surge of COVID-19 cases.

November 26, 2020: Federal health officials say Canada has purchase agreements with seven COVID-19 genetic vaccine producers.

December 9, 2020: Health Canada approves the Pfizer-BioNTech vaccine for use under an Interim Order.

December 14, 2020: The first doses of the Pfizer-BioNTech vaccine are administered in Canada.

December 23, 2020: Health Canada says the COVID-19 genetic vaccine from USA biotech firm Moderna is safe for use in Canada, and the use of this COVID-19 genetic vaccine is authorized in Canada.

This timeline provides an overview of some of the key moments in the Canadian response to the COVID-19 pandemic throughout 2020. It was a year characterized by swift and significant changes as the country grappled with a new and evolving public health crisis. The data was obtained from a variety of sources.

2.2.4. Timeline of Basic Events Canada 2021

Following is a timeline that captures some of the major events, mandates, and guidelines that Canadian governments issued during 2021 in response to the COVID-19 pandemic. This is not exhaustive, but it covers significant developments:

January 7, 2021: Canada surpasses a cumulative total of 600,000 cases of COVID-19, which include active infections as well as all recovered individuals since the beginning of 2020.

January 12, 2021: Canada signs agreement with Pfizer to purchase 20 million doses of COVID-19 genetic vaccine.

January 23, 2021: Health Canada confirms it has approved a rapid COVID-19 test from Spartan Bioscience for use across the country. The company previously recalled its rapid testing technology –last spring–over concerns expressed by the federal agency.

January 26, 2021: The federal government suspends flights to Caribbean destinations and Mexico in an effort to curb the spread of COVID-19.

February 5, 2021: The AstraZeneca vaccine is approved for use in Canada under an Interim Order.

February 10, 2021: Public Health Canada signs a contract with Telus to track cell phone location data of Canadians.

February 22, 2021: Travellers are required to submit contact information using ArriveCAN app at border crossings.

February 28, 2021: Pfizer Cumulative Analysis of Post-Authorization Adverse Event Reports are completed.

March 5, 2021: Canada surpasses a cumulative total of 900,000 cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

March 29, 2021: Canada recommends immediate pause in the use of AstraZeneca vaccine for persons under 55 years of age.

March 31, 2021: The National Advisory Committee on Immunization (NACI) recommends pausing the use of the AstraZeneca vaccine in individuals under 55 due to reports of rare blood-clotting events.

March 31, 2021: Canada reports a federal national debt of \$1.0487 trillion.

May 5, 2021: The Pfizer vaccine is authorized for use in children aged 12 and up.

June 17, 2021: Canada surpasses a cumulative total of 1.4 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

July 5, 2021: Canada allows individuals that it deems “fully vaccinated” to travel while continuing to restrict travel for everyone else.

August 13, 2021: The government announces that all federal employees must be vaccinated.

August 31, 2021: Health Canada announces that ivermectin is not an approved treatment for COVID-19.

September 7, 2021: Canada starts allowing foreign tourists, that it considers fully vaccinated, to enter Canada.

October 30, 2021: Proof of vaccination becomes mandatory for travel on planes, trains, and cruise ships within Canada.

October 29, 2021: The Government of Canada mandates COVID-19 genetic vaccines for all employees of federal public services and federally regulated industries, including banking.

October 30, 2021: Health Canada approves the pediatric Pfizer vaccine for children aged 5 to 11.

November 9, 2021: Health Canada authorizes the use of Pfizer vaccine as a booster shot.

November 19, 2021: Canada surpasses a cumulative total of 1.7 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

November 19, 2021: Health Canada authorizes Pfizer vaccine for children 5 to 11 years of age

December 14, 2021: The omicron variant is identified in Canada.

This timeline offers an overview of the key milestones in Canadian handling of the COVID-19 pandemic throughout 2021. This year saw continued challenges but also significant progress, particularly with the rollout of vaccines and the implementation of vaccination policies.

2.2.5. Timeline of Basic Events Canada 2022

Following is a timeline encapsulating some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2022. This is not a comprehensive list but provides an overview of the primary developments:

January 7, 2022: Canada surpasses a cumulative total of 2 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020, amid a surge driven by the omicron variant.

January 15, 2022: Ontario and Québec implement stricter measures and lockdowns due to the rapid spread of the omicron variant.

January 15, 2022: Public Health Agency of Canada announces that unvaccinated or partially vaccinated foreign national truck drivers coming from the USA by land will not be allowed entry.

January 28, 2022: Public Health Agency of Canada recommends children 5 to 11 receive a complete 2-dose primary series of Pfizer pediatric vaccine, and 12 to 17 receive a primary series of vaccines.

February 14, 2022: The Canadian Governor in Council directs that a proclamation be issued pursuant to subsection 17(1) of the *Emergencies Act* declaring that a public order emergency exists throughout Canada that necessitates the taking of special temporary measures for dealing with the emergency.

February 22, 2022: The federal government announces plans to lift pre-arrival COVID-19 testing for vaccinated travellers by the end of February.

March 2, 2022: Health Canada approves the Novavax COVID-19 protein-based vaccine for use.

March 21, 2022: Most provinces lift the majority of their COVID-19 restrictions, including indoor capacity limits and proof of vaccination requirements.

March 31, 2022: Canada reports a federal national debt of \$1.1345 trillion.

April 5, 2022: New recommendations announced for a 4th dose (booster) for those aged 80 and older and residents of long-term care/congregate senior living settings.

April 6, 2022: The federal government announces a transition from a pandemic response to endemic management of COVID-19.

May 1, 2022: The federal government lifts the mandate on wearing masks in federal facilities and on public transportation.

June 20, 2022: Canada surpasses 80 per cent full vaccination rate for individuals aged 12 and over.

June 20, 2022: Vaccination will no longer be a requirement to board a plane or train in Canada.

June 20, 2022: Employers in the federally regulated air, rail, and marine sectors are no longer required to have mandatory vaccination policies in place for employees.

August 30, 2022: Schools reopen for the new academic year with minimal COVID-19 restrictions in place.

October 1, 2022: International visitors to Canada no longer have to show proof of vaccination.

October 5, 2022: Health Canada approves a COVID-19 genetic vaccine for children under the age of five.

November 15, 2022: The federal government announces a booster vaccine campaign for all adults.

December 2022: Health Canada admits to monitoring 33 million Canadians' cell phone data for tracking purposes.

December 31, 2022: Canada surpasses a cumulative total of 2.5 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

This timeline offers a snapshot of Canadian management of the COVID-19 pandemic in 2022. The year was marked by the challenges of new variants but also significant advancements in vaccination efforts and a gradual return to a sense of normalcy.

2.2.6. Timeline of Basic Events Canada 2023

Following is a timeline encapsulating some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2023. This is not a comprehensive list but provides an overview of the primary developments:

January 2023: Canada continues with its booster vaccine campaign for all adults, aiming to strengthen population immunity against COVID-19.

February 2023: The government releases new guidelines for managing COVID-19 as an endemic disease, including recommendations for regular vaccinations and ongoing surveillance.

March 2023: The COVID-19 vaccination is added to the schedule of routine immunizations for eligible age groups.

April 2023: Health Canada reviews the latest global COVID-19 data and advises on any necessary updates to national guidelines and policies.

May 2023: Schools and universities prepare for a new academic year with COVID-19 safety measures adapted to the current situation.

May 4, 2023: The WHO Director General announces that COVID-19 is now an established and ongoing health issue and no longer constitutes a Public Health Emergency of International Concern (PHEIC).

June 2023: The federal government reviews its international travel advisories related to COVID-19.

July 2023: Health Canada monitors for new variants of the virus and assesses the need for vaccine adjustments.

August 2023: Back-to-school plans are executed with updated COVID-19 protocols based on the latest public health advice.

In a future timeline, it would be expected that ongoing surveillance, continuous vaccination efforts, and a focus on managing COVID-19 as an endemic disease would be major themes. This “speculative” timeline is based on the assumption of continued progress in managing the pandemic. Real events could deviate significantly depending on various factors, including scientific advancements, viral evolution, and policy decisions.

2.3. Aftermath of Pandemic (2023)

The terrible aftermath of the COVID-19 pandemic was not due to the virus itself. Rather the terrible effects throughout Canada were the result of the interventions implemented by the various levels of government.

The aftermath of the interventions implemented by all levels of government during the COVID-19 pandemic is multifaceted and continues to unfold.

Every single person alive in Canada now and for generations to come has and will be impacted by the scope and magnitude of the interventions put in place by all levels of government in Canada.

The fundamental fabric of Canadian society was and continues to be shredded by the unnecessary measures that were implemented by all levels of government across Canada. These measures destroyed Canadians' trust in themselves, their families, their communities, trust in institutions, and trust in democratic tenets including the rule of law.

Public institutions which exist to protect citizens failed to do so.

Untold thousands of people died: some due to severe adverse reactions to a coerced experimental gene therapy; others died due to despair, loneliness, addictions, or violence which were exacerbated by the measures imposed by governments.

Billions if not trillions of dollars were lost from the economy as a direct and indirect result of the actions of the government. The national debt is at a historic high. Quiet quitting has become a phenomenon. Unemployment, bankruptcy, and insolvency rates reached a peak during the lockdowns, and these increased rates persist to this time.

While the full impact of government mandates and measures have yet to be fully understood, here are some key repercussions that have emerged in the aftermath.

The interventions imposed by the government during the pandemic have allegedly caused significant loss of life with thousands of people succumbing to the strains placed on society by either the imposed directives or directly from adverse reactions to the experimental vaccines.

The long-term health effects for survivors, including potential complications and lingering symptoms, are still being researched.

Health systems are faced with the task of addressing the backlog of delayed medical treatments and prioritizing ongoing healthcare needs.

The interventions imposed by governments during the pandemic has had profound economic consequences. Many businesses have closed, and sectors such as tourism, hospitality, and retail have been particularly affected. Unemployment rates have risen and global poverty levels have increased. Governments have implemented various economic stimulus measures to support individuals, businesses, and economies. The full extent of the long-term economic impact is yet to be determined.

The interventions imposed by governments during the pandemic disrupted education systems. Schools and universities switched to remote learning, which was ineffective in terms of access, quality, and student engagement. The digital divide and learning inequalities were highlighted during this period. The long-term effects on students' educational attainment and skills development are areas of concern.

The interventions imposed by governments during the pandemic have taken a toll on mental health and wellbeing. Social isolation, fear, grief, and economic stress have contributed to increased levels of anxiety, depression, and other mental health conditions. Access to mental health services and support has become crucial in the aftermath of the pandemic.

The interventions imposed by governments during the pandemic have exacerbated existing social and economic inequalities. Vulnerable populations, including low-income communities, marginalized groups, and those without access to adequate healthcare, have been disproportionately affected. Addressing these disparities and ensuring equitable recovery is a significant challenge in the aftermath.

The interventions imposed by governments during the pandemic have underscored the importance of robust healthcare systems, emergency preparedness, and global cooperation. Canada must invest in strengthening the public health infrastructure, pandemic response capabilities, and surveillance systems to better respond to future health crises.

The obvious conflict in legislation between Public Health Emergency Planning and Response and the Emergency Measures organizations must be addressed. Much of the damage done during the emergency response was that public health officials were not qualified to undertake the planning and implementation of an emergency response. The people who were qualified and trained to do this were sidelined and the result was devastating. Public Health can never again be tasked with undertaking an emergency response. This responsibility must lie with Emergency Measures organizations to which Public Health will provide technical expertise and support.

The global response to the pandemic has highlighted the gross inadequacy and capability of any global organization to direct a public emergency response that must take the needs of particular regions and populations into account. The blind following of orders sent down from a bureaucratic and political organization is directly in conflict with the very successful and long held practise of addressing emergency situations from a ground-up perspective. Federal governments should only serve to provide communications and resources when requested. They should never be entrusted with the actual direction and implementation of emergency plans and actions for Canada, a nation state.

It is important to note that the aftermath of the interventions and provincial dictates imposed by the government during the COVID-19 pandemic varied across regions of the country, depending on factors such as extent and scope of the local interventions, healthcare systems, socioeconomic conditions, and vaccination coverage.

The recovery and rebuilding process will require sustained efforts and adaptation to address the long-term impacts of the interventions imposed by the government during the pandemic on various aspects of society.

3. National Citizens Inquiry

3.1. Public Confidence in Government-Led Public Inquiries

Introduction

Government-led public inquiries can play a crucial role in investigating significant events and emerging issues of public concern. Formally known as Royal Commissions, these types of inquiries have been around for some time.

Historically, the intent of government-led inquiries was to uncover the truth, hold individuals accountable, and to inform public policy. The confidence of the public in the integrity and effectiveness of these inquiries is vital for national success.

More recently, Canadians began questioning the validity of government inquiries. This stems from the reluctance of governments to listen to issues of public concern in a fair and unbiased manner. Instead, it is widely believed that many public inquiries are simply for show, utilized to satisfy certain legislative requirements. This may explain why Canadians have become disillusioned by governments carefully choreographing the agenda to reach a predetermined and government beneficial conclusion.

Often these inquiries are staffed with government insiders and/or people invited to participate, even though in some circumstances there exists the appearance of conflicts of interest. The latter in and of itself provides Canadians with legitimate reasons not to trust their public institutions.

Further, without the presence of an objective and unbiased media, the perception is that these public inquiries are generally used to smooth over government failures, indiscretions, conflicts of interest, and outright wrong-doing.

Therefore, government-led public inquiries are often seen as susceptible to bias or political interference, particularly when these inquiries are initiated or overseen by more superior governing authorities. Skepticism arises if there are concerns that the inquiry's findings and recommendations may be influenced or manipulated to protect certain interests or, conversely, to avoid political or legal consequences.

Most of all, government-led public inquiries are expected to be independent and free from external influence. However, when doubts of impartiality arise, inevitably public trust erodes. The same complaint can be linked to transparency. People expect their voices to be heard.

If there are doubts about the impartiality and independence of the commissioners or panel members leading the inquiry, public trust will be eroded. Perceptions of conflicts of interest or close ties to the entities being investigated can also undermine confidence in the inquiry process.

Stated differently, this provides reasons why government-led public inquiries face criticism, particularly if the scope or terms of reference are perceived as too narrow or limited. By the same token, if the inquiry fails to address all relevant aspects of an issue or excludes certain key stakeholders, the public may question the thoroughness and fairness of the investigation.

It is from these perspectives, and more, that public trust diminishes when there is a perception that the findings and recommendations of the inquiry are not adequately acted upon or implemented. If there is a lack of accountability for those responsible for the issues under investigation, it can reinforce the perception that the inquiry was a superficial exercise without meaningful consequences.

Extended inquiry processes with frequent delays can undermine public trust. If an inquiry drags on for an excessive amount of time without clear progress, it may be viewed as an attempt to prolong or avoid uncomfortable findings. Lengthy processes can also lead to public fatigue and a diminished sense of the inquiry's importance or relevance.

In recent years, government-mandated inquiries have not effectively addressed the concerns of citizens, leading to increased skepticism and diminished confidence in the effectiveness and impact of future inquiries.

Public apathy is also a problem since there is a perception that even a negative ruling against the government will simply go unaddressed. It is not enough for a responsible party to simply make an apology in public for unethical or illegal behaviour. Business as usual cannot be the result.

In recent times, both federal and provincial governments have failed to address many of these factors. Governments have been ineffective in restoring public confidence. Governments have also failed to demonstrate the importance of truth-seeking, accountability, and effectively informing public policy decisions.

Given the current level of public mistrust in government-led public inquiries, it is essential to address these concerns by ensuring transparency, independence, inclusivity, effective communication, and timely implementation of recommendations through a completely independent and citizen-led inquiry.

Should government decide to restore public confidence, it will involve a long process of action rather than propaganda. However, if it is the desire of the Canadian people to restore the accountability of their government, they must insist on the following five foundational requirements for any future government-led public inquiry:

Transparency

Transparency is a cornerstone of public confidence in government-led public inquiries. The process should be open, accessible, and free from hidden agendas or opaque-led decision-making. Transparency ensures that the public has a clear understanding of the inquiry's objectives, procedures, and findings. Timely release of information, public access to hearings or proceedings,

and the publication of inquiry reports are essential components of transparency. When the public can see that an inquiry is conducted in a transparent manner, it enhances their trust in the process and its outcomes.

Independence

Independence is another critical factor in fostering public confidence in government-led public inquiries. An inquiry must be perceived as free from undue influence or interference. Independent commissioners or panel members, appointed through a transparent and accountable process, help establish this perception. It is important that those leading the inquiry have the necessary expertise and impartiality to investigate the matter at hand. Independence ensures that the inquiry's findings and recommendations are not compromised by political or external pressures, which strengthens public trust in the process.

Inclusivity

Inclusivity is key to instilling confidence in government-led public inquiries. The involvement of affected individuals, communities, experts, and relevant stakeholders in the inquiry process is essential. Inclusive participation allows diverse perspectives to be heard, fosters public trust, and ensures the inquiry's conclusions are comprehensive and well-rounded. Engaging with those affected by the issues under investigation demonstrates a commitment to fairness, empathy, and transparency, further enhancing public confidence in the inquiry.

Effective Communication

Effective communication is crucial in maintaining public confidence in government-led public inquiries. Clear and regular communication about the inquiry's progress, objectives, and key milestones helps the public stay informed and engaged. This includes providing updates on the inquiry's findings, explaining the rationale behind decisions, and addressing any concerns or questions from the public. Open and transparent communication builds credibility and demonstrates the inquiry's commitment to serving the public interest.

Implementation of Recommendations

The implementation of recommendations arising from a government-led public inquiry is essential to maintaining public confidence. When the findings and recommendations of an inquiry are promptly and effectively acted upon, it demonstrates that the inquiry was not merely a symbolic exercise but an opportunity for meaningful change. Government commitment to implementing the recommendations sends a strong signal to the public that the inquiry had a real impact and that the government is responsive to the concerns identified during the inquiry process.

Conclusion

Public confidence in government-led public inquiries is crucial for the legitimacy, effectiveness, and impact. Transparency, independence, inclusivity, effective communication, and the implementation of recommendations are key elements that contribute to building and sustaining public confidence. When these factors are prioritized, the public can trust that government-led public inquiries are conducted in an impartial, fair, and accountable manner. Public confidence ensures that the

inquiries serve their intended purpose, which is to uncover the truth, hold accountable those responsible, and inform policies and actions to prevent similar issues in the future.

3.2. The Need for an Independent Inquiry

An independent inquiry was necessary for a variety of reasons, including the following:

The Canadian public no longer has confidence in the government conducting objective and impartial investigations into significant events or issues. By removing potential biases and conflicts of interest, independent inquiries can provide a fair assessment of the facts and circumstances surrounding potentially contentious public matters.

Only a truly independent inquiry could build public trust and confidence in the investigation process. When an inquiry is perceived as unbiased and free from external influence, the public is more likely to have confidence in its findings and recommendations.

An independent inquiry that directly engages the public in locations across Canada is vital in holding individuals, organizations, or institutions accountable for their actions or decisions. By examining evidence, interviewing witnesses, and assessing relevant information, independent inquiries can determine responsibility and ensure transparency in the process.

This independent Inquiry has the capacity to identify systemic issues or underlying factors that contribute to significant events or issues. By delving into the root causes, an independent inquiry can provide valuable insights and recommendations to prevent similar incidents from occurring in the future.

Through their findings and recommendations, the National Citizens Inquiry has highlighted areas of improvement to guide the development of effective policies, procedures, and regulations.

The National Citizens Inquiry hearings served as a mechanism for the public to voice their concerns and restore confidence in institutions or systems that may have been compromised. By conducting a thorough and independent examination of an issue, an inquiry can help restore public trust and demonstrate accountability.

The National Citizens Inquiry promotes transparency and upholds democratic values by ensuring that government actions or decisions are subject to scrutiny. They contribute to a transparent and accountable governance system, fostering public participation and ensuring that decisions are made in the best interest of society.

Overall, the National Citizens Inquiry was necessary to ensure fairness, accountability, and transparency in investigating significant events or issues. By removing biases and conflicts of interest, independent inquiries play a crucial role in delivering objective findings, promoting public trust, and informing policies to prevent recurrence.

4. Objectives of Inquiry

4.1. Overall Objects of an Independent Public Inquiry

The overall objectives of an independent public inquiry on the COVID-19 response included:

Examining the Effectiveness of the Response: The National Citizens Inquiry aimed to assess the effectiveness of government responses to the COVID-19 pandemic. This included evaluating the actions taken, policies implemented, and decisions made by authorities at various levels.

Identifying Strengths and Weaknesses: The National Citizens Inquiry sought to identify the strengths and weaknesses in the COVID-19 response, including areas where the response was successful and where improvements could have been made. It aimed to provide an impartial assessment of the actions taken and identify lessons learned for future preparedness and response efforts.

Assessing Decision-Making Processes: The National Citizens Inquiry examined the decision-making processes used by government bodies and public health officials during the pandemic. This involved evaluating the quality and timeliness of decisions, considering the available evidence and expert advice, and assessing the communication of those decisions to the public.

Examining the Impact on Public Health: The National Citizens Inquiry assessed the impact of the COVID-19 response on public health outcomes, including the effectiveness of measures such as testing, contact tracing, quarantine protocols, vaccination strategies, and healthcare system preparedness. It evaluates the extent to which the response protected public health, reduced the spread of the virus, and mitigated the impact on vulnerable populations.

Evaluating Communication and Transparency: The National Citizens Inquiry examined the communication strategies employed by authorities to disseminate information about the pandemic, public health measures, and risks. It assessed the transparency of data sharing, public messaging, and the dissemination of accurate and timely information to the public, media, and stakeholders.

Holding Accountable and Restoring Trust: The National Citizens Inquiry sought to establish accountability for any failures or shortcomings in the COVID-19 response. The National Citizens Inquiry has identified any instances of misconduct, negligence, or lack of adherence to established protocols. The objective is to restore public trust in government institutions and ensure that responsible parties are held accountable for their actions or decisions.

Recommending Improvements: Based on the findings and analysis, the National Citizens Inquiry aimed to provide recommendations for improving future pandemic preparedness and response efforts. This has included recommendations for changes in policies, procedures, legislation, and governance structures to enhance public health resilience and response capabilities.

The overall objective of the National Citizens Inquiry on the COVID-19 response is to provide a comprehensive, impartial, and evidence-based assessment of government actions and decision-making processes. It serves to inform policy development, identify areas for improvement, restore public confidence, and contribute to better preparedness and response efforts in future public health crises.

4.2. The National Citizens Inquiry

More specifically, in addition to the general objectives stated previously, the National Citizens Inquiry undertook the following specific actions:

1. To inquire into and undertake dialogue with Canadians. To listen to Canadians concerning the impacts of government health and public policy measures impacting their personal lives, including their physical and mental health, families, and communities (particularly children and seniors), jobs and livelihoods, businesses, and their fundamental freedoms and civil liberties as guaranteed by the Constitution.
2. To invite Canadians to pose to the Inquiry any unanswered or unclear questions concerning COVID-19 and governments' responses thereto, and for the Inquiry to make all reasonable efforts to secure answers to those questions.
3. To receive and evaluate testimony from medical, legal, scientific, and other relevant experts concerning government pandemic measures and strategy, what information was known or knowable by governments, and what alternative approaches could have been taken.
4. To receive and evaluate testimony from mainstream and independent media in order to understand what information was known or knowable and why information was conveyed to the public as it was.
5. To invite input from healthcare officers and other governmental officials as to the rationale behind the healthcare protection measures adopted—including mandates, lockdowns, and similar orders and actions—and the strategies employed to secure public compliance.
6. To invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of government responses to COVID-19.
7. To investigate public sector expenditures, grants, and any other subsidies or financial support programs and their distribution related to the governmental responses to COVID-19.
8. To consider the issue of civic and criminal liability for any damages or harms caused by government responses to COVID-19.
9. To make publicly available to Canadians all findings, submissions, and testimonies certified by and formally presented through the Inquiry.
10. To identify any mistakes, negative impacts, or mismanagement that the Inquiry may determine to have occurred and, if it does so, to recommend appropriate measures for more appropriate and effective government responses in the future.

4.3. The Commissioners

4.3.1. Role of the Commissioners

The NCI's Commission consisted of four independent Commissioners. The Commissioners then selected, through a vote, a Chair to lead the Commission.

Commissioners were solely responsible for hearing testimony and issuing their report and recommendations.

The Commissioners were identified by Canadians and reviewed and appointed by the Support Group on the basis of their credibility, demonstrated objectivity, and competence in one or more relevant areas (for example, law, medicine, ethics, public policy, journalism, etc.). It was essential that potential Commissioners be individuals that had not publicly expressed strong views, in any way, regarding governments' COVID-19 policies.

Commissioners were supported by a Secretariat staff comprised of lawyers and other professionals.

Upon the conclusion of the hearings, the Commissioners issued this public report, including recommendations.

4.3.2. Independent Commissioners

A key aspect of the Inquiry was that the Commissioners were independent of the Commission, governments, or any other outside influence.

Independence ensured that Commissioners were free from any external influence or bias, enabling them to approach the Inquiry with impartiality. They were not beholden to any specific interests or stakeholders, allowing them to objectively examine the evidence and make unbiased conclusions. This enhanced public trust in the process and the outcome of the Inquiry.

Independence lent credibility and legitimacy to the findings and recommendations of the National Citizens Inquiry. When Commissioners are perceived as independent, their conclusions are more likely to be accepted and respected by the public, government entities, and other policy stakeholders. This increases the chances of effective implementation of the Inquiry's recommendations and fosters public confidence in the fairness of the process.

This Inquiry involved sensitive and controversial matters that could impact various participants, including powerful individuals or organizations. By ensuring the independence of Commissioners, potential conflicts of interest could be minimized or eliminated. Commissioners could make decisions and recommendations solely based on the evidence and the best interests of the public, without fear of reprisal or undue influence.

Independence in a public inquiry promotes transparency and accountability. It ensures that the inquiry process is conducted in an open and accountable manner, free from interference or coercion.

4.3.3. Selection of Commissioners

The Inquiry's Commissioners were selected for objectivity, independence, and competence. Commissioner Ken Drysdale was selected the Chair, and he provided direction to the Commission Administrator, the Honourable Chelsey Crosbie.

The Commissioners had the power to direct the Inquiry, to decide any procedural or substantive question that arose, and to produce interim or final reports and recommendations.

It was critical that selected Commissioners were, and are seen to be, credible in all regards and in particular that they were, and are seen to be, as objective, competent, and trustworthy to Canadians on whose behalf the Inquiry was being conducted.

Given the broad scope of the Inquiry, efforts were made to select Commissioners from various locations across Canada and to include Commissioners who had a broad range of expertise.

Suggestions were received from the public and were evaluated, and those most qualified to serve were contacted and invited to a series of interviews with selected members of the Steering Committee.

Following that interview process each Commissioner was vetted for perceived conflicts of interest.

Commissioners signed a Declaration of Understanding and Neutrality indicating that they accepted the Inquiry's Terms of Reference and were committed to conclusions and recommendations based solely on witness testimony provided to the Inquiry.

The names and biographies of the selected Commissioners have been posted on the Inquiry's website. Short summaries follow.

4.3.4. The Commissioners

Following are brief descriptions of the independent Commissioners:



Ken Drysdale, Chairperson, is an executive engineer with over 40 years of experience as a Professional Engineer, which includes 29 years experience in the development and management of national and regional engineering businesses.

He was the founder and president of a multidisciplinary engineering company with unique expertise in arctic development. He is currently president of an artisan steel fabrication firm and senior partner in an Audio and Video production company.

Ken is currently retired from full-time practice as a consulting engineer but continues to be active in the area of forensic engineering, investigations, preparation of expert reports, and

expert testimony at trial, arbitrations, and mediations.

He has testified as expert witness at trials in Manitoba and Ontario. He has acted as the arbitrator and mediator in disputes.



Bernard Massie, PhD, graduated in microbiology and immunology from the University of Montreal, in 1982, and completed a three-year postdoctoral fellowship at McGill University studying DNA tumour viruses. He worked at the National Research Council of Canada (NRC) from 1985 to 2019 as a biotechnology researcher and held various management positions, including the position of Acting Director General of the the Human Health Therapeutics Research Centre from 2016 to 2019. He has devoted a significant part of his career to the development of integrated bioprocesses for the industrial production of therapeutic antibodies and adenovirus vaccines. He was also an associate professor in the department of microbiology and immunology at the University of Montreal

from 1998 to 2019. He is currently an independent consultant in biotechnology.



Janice Kaikkonen's passion is community outreach. She works primarily with vulnerable populations and youth. Academically, she holds degrees in Island Studies (MA), English and Political Science (BA), and Public Administration. Janice has taught in both K-12 and post-secondary education (Faculty of Arts, Education, Journalism, and preMed). Her research specialization involves the intersection of public policy and the social fabric, which has led Janice to pursue a PhD in Theology and Discipleship.

Professionally, Janice served as a researcher on the PEI Task Force for Student Achievement, as Coordinator for Canadian Blood Services, and was a contributing member to the Canadian Supply Chain Sector Council. At one point, Janice established a transportation service for adults with special needs and owned/operated a summer day camp for youth. In her spare time, Janice enjoys reading and writing and leading workshops on effective communications and media.

Currently, Janice serves as an elected trustee for Bluewater District School Board. Married to Reima, they have 7 children and 17 grandchildren. They live on a farm in Southgate, Ontario.



Heather DiGregorio is a senior law partner at a regional law firm located in Calgary, Alberta. Heather has nearly 20 years of experience in the areas of tax planning and dispute resolution, which involves assisting her clients to navigate the complex and ever-evolving Canadian tax landscape. She is a past executive member of the Canadian Bar Association (Taxation Specialists) and of the Canadian Petroleum Tax Society. She continues to be a frequent speaker and presenter at these organizations, as well as at the Canadian Tax Foundation and the Tax Executives Institute. Repeatedly recognized within the legal community as an expert and leading lawyer, Heather has represented clients at all levels of Court, including the Alberta Court of King's Bench, the Tax Court of Canada, the Federal Court of Appeal, and the Supreme Court of Canada.

4.4. The Report

The report of the *Inquiry into the Appropriateness and Efficacy of the COVID 19 Response in Canada* was authored by the four independent Commissioners with the support of the various resources allocated to the Commission and as outlined in Section 5 of this document.

During the preparation of the National Citizens Inquiry report, there were several key considerations at the forefront of the Commissioners' minds. These considerations helped to ensure that the Report would be comprehensive, objective, and effective in addressing the purpose of the Inquiry.

Here are some important factors that were considered:

Understand the specific terms of reference that defined the scope and purpose of the Inquiry, and stay within those boundaries while conducting investigations and writing the report.

Maintain independence and impartiality throughout the inquiry process. Avoid conflicts of interest or biases that may compromise the integrity of the Report..

Use robust methodologies to collect and analyze evidence. Ensure that evidence was reliable, verifiable, and relevant to the Inquiry's objectives. Clearly explain the methods used and the limitations of the evidence.

Present the findings of the Inquiry in a clear and concise manner. Use plain language to ensure the Report is accessible to a wide audience. Provide context and explanations where necessary to aid understanding.

Make practical and actionable recommendations based on the findings. Clearly outline the rationale behind each recommendation and explain how they address the issues identified. Consider the feasibility and potential impact of the recommendations.

Maintain transparency in the inquiry process by documenting and disclosing all relevant information. Be accountable for the findings and recommendations by providing a robust justification for each.

Engage with relevant stakeholders throughout the inquiry process. Seek input, gather diverse perspectives, and ensure that the report would reflect a broad range of voices and experiences.

Complete the report in a reasonable timeframe. Delivering the report promptly helps maintain public confidence and ensures that recommendations are implemented in a timely manner.

Present the report in an accessible format, considering different audiences and their varying levels of expertise. Use headings, summaries, and visual aids to aid comprehension.

Consider the steps required for the implementation of recommendations and outline a plan for monitoring and evaluating progress. Ensure there are mechanisms in place to track the impact of the Inquiry's findings and recommendations.

5. Procedures

5.1. Introduction

The National Citizens Inquiry was a citizen-led and citizen-funded initiative that was completely independent from government and operated without legal compulsion or coercion. Legally, it is organized as a non-profit corporation with a Board of Directors to manage financial and compliance issues; however, the Inquiry was led by a Support Group and Commissioners.

The conduct of the Public Hearings and the Rules as set out in the Commission Rules Document were informed by the following Procedural Principles:

- **Proportionality:** The Inquiry would allocate investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so as to ensure that all relevant issues would be fully addressed and reported on;
- **Transparency:** The Inquiry proceedings and processes must be as open and available to the public as is reasonably possible, consistent with the requirements of national security and other applicable confidentiality and privileges;
- **Fairness:** The Inquiry must balance the interests of the public to be informed with the rights of those involved to be treated fairly;
- **Timeliness:** The Inquiry must proceed in a timely fashion to engender public confidence and ensure that its work remain relevant; and
- **Expedition:** The Inquiry must operate under a strict deadline and conducted its work accordingly.

Parties and their legal representatives, as well as those otherwise taking part in the Public Hearings, conducted themselves and discharged their responsibilities under the Rules, in accordance with the Procedural Principles.

5.2. The National Citizens Inquiry Organization

5.2.1. The Commissioners

The NCI's Commission consisted of up to four Commissioners. These Commissioners selected a Chairperson to lead the Commission.

- To select Commissioners, the NCI invited the public to nominate individuals the public had confidence could perform the role of Independent Commissioner. Applications were vetted by a volunteer committee, which then submitted a short list to the Support Group. The Support Group appointed the individuals they believed were best suited to conduct the Inquiry in a fair and impartial manner. The Commissioners appointed were Ken Drysdale, Bernard Massie, Janice Kaikkonen, and Heather DiGregorio.
- As set out in the Commission Rules, the Commissioners were independent of the NCI Administration. The Commissioners had authority over hearing the testimony and the conduct of the hearings. The NCI had the administrative role of supporting the Commissioners by performing the administrative tasks necessary to organize the hearings.
- The Commissioners were charged with drafting and issuing a public report including recommendations, if any.
- The NCI was responsible for presenting the report and recommendations to the public and to governments so that if Canada faces a future pandemic, the lessons identified by the Inquiry can be used to ensure that the best decisions are made in the future.

5.2.2. Support Group

The NCI was, and continues to consist of, two main components, the Commissioners and the Support Group.

- The Support Group is a purely administrative committee that facilitates the NCI's logistics, such as booking venues, maintaining the NCI website, or raising funds to support the initiative. The Support Group drafted the initial Terms of Reference for the Inquiry. The Support Group had no role in the substantive aspect of the Inquiry (for example, asking questions of witnesses, considering evidence, or advising the Commissioners).
- The Support Group is represented across Canada through Regional Subcommittees. These committees carry out the local planning and organization needed to host the NCI hearings, accommodate witnesses, and provide logistical support to the Commissioners.
- Support Group and Regional Subcommittee members are all unpaid volunteers who have stepped forward from across Canada and all walks of life.

5.2.3. Funding

The NCI was and is strictly funded by donations from Canadian citizens. The NCI does not have a single large donor.

While preparing for and running the hearings, the NCI did not have enough funds to pay for the next hearing. At each hearing, the NCI asked the public to donate so that the hearings could continue. The public responded and hearing-by-hearing enough funds came in to allow the Inquiry to continue. At the beginning, most of the donations were small, such as \$25 or \$50. As the Inquiry continued, the average size of the individual donations increased.

The fact that large numbers of individual Canadians across the country made the Inquiry happen by individual donations demonstrates the nation-wide desire of Canadians for an inquiry that listened to the citizens.

5.2.4. Volunteer Nature of the NCI

The Support Group, which began and managed the NCI, was and is made up strictly of volunteers. As the NCI progressed, it had a maximum of three support staff to assist with the administration, website, and social media. For some specific tasks, contractors were hired for limited durations.

The Audio Visual team that travelled with the NCI was under contract but went above and beyond what they had been asked to do. All of the support staff and teams also volunteered by working well beyond the hours they were paid for and the tasks they were originally asked to perform.

All substantive activities of the NCI were performed by volunteers including:

- setting the goals of the NCI and organizing its structure,
- running the NCI administration with the staff,
- vetting and selecting Commissioners,
- setting communications strategies and messaging,
- vetting and preparing witnesses,
- preparing for and running the hearings,
- fundraising,
- media appearances and witness videos,
- social media teams clipping videos of testimony,
- calling witnesses at the hearing,
- preparing transcripts of witness testimony,
- website preparation, and
- preparing for the release and communication of the Commissioners' Report.

This is by no means an exhaustive list.

There is no accurate count of the number of volunteers that participated in the NCI. In part, this is because some volunteer groups, once set up, added to their number as they performed their tasks. Shawn Buckley, who participated in setting up many of the volunteer groups, estimated that there were between 800 and 1000 volunteers.

In addition to volunteer activities managed by the NCI team, countless Canadians decided to undertake their own efforts to promote and support the NCI. Whether it was the Posties for Freedom holding posters at City Hall, or individuals retweeting NCI hearings and events, the public participation changed the NCI.

The NCI became such a citizen-led and -run adventure that the NCI Support Group and administration were and are not even vaguely aware of all that volunteers have done on their own.

5.3. The Investigative Process

5.3.1. Structuring the Investigations

The Inquiry had many objectives, including hearing from Canadians about the impacts of government health and policy measures on all aspects of their personal lives, to invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of government responses to COVID-19.

Never before had there been a citizen-run public inquiry. New Rules had to be prepared which ensured the Commissioners were independent and that a fair structure was established to ensure all voices were heard. An outside lawyer was hired to prepare an initial set of Rules. Volunteer lawyer Shawn Buckley and Inquiry Administrator the Honourable Chesley Crosbie then adapted these Rules to work with the NCI structure.

<https://nationalcitizensinquiry.ca/wp-content/uploads/2023/03/NCI-Commission-Rules-FINAL.pdf>

The Inquiry commenced with a preliminary investigation by the Inquiry Administrator. The goal of the investigation was, in part, to identify the core or background facts and to identify witnesses.

The investigation consisted primarily of document review, engagement with interested persons, and interviews by Inquiry Administrator and staff, including volunteers.

5.3.2. Organization of Public Hearings

The Inquiry Rules permitted the holding of public hearings as follows:

- 51. Public Hearings will be convened anywhere in Canada as the Support Group may determine to address issues related to the Inquiry. Hearings may proceed virtually or in hybrid form.
- 52. The Support Group will, in consultation with the Commissioners, set the dates, hours and place of the Public Hearings.

With agreement of the Commissioners, the Support Group determined a series of in-person hearings were to be held across Canada. It was agreed that these cross-country hearings would be appropriate to achieve the Inquiry's objectives, given the Inquiry was committed to "hearing evidence in a process that is public to the greatest extent possible" (per Inquiry Rule 58).

Three-day hearings were planned and scheduled in 2023 in the following locations:

- Truro (representing NL, NS, PEI, NB): March 16 to 18, 2023,
- Toronto (representing Ontario): March 30 to April 1, 2023,
- Winnipeg (representing Manitoba): April 13 to 15, 2023,
- Saskatoon (representing Saskatchewan): April 20 to 22, 2023,
- Red Deer (representing Alberta): April 26 to 28, 2023,
- Vancouver (representing British Columbia and the Territories): May 2 to 4, 2023,
- Québec City (representing Québec): May 11 to 13, 2023, and
- Ottawa: May 17 to 19, 2023.

All hearings were conducted in English, except the Québec City hearings, which were conducted in French. (All hearings would have been fully bilingual had the funding permitted this.) Members of the public were invited to attend the hearings in-person, and they were also live streamed so anyone interested could hear the testimony.

Hearings were scheduled from 9 a.m. to 5 p.m. local time each day, but often ran later into the evenings.

The Inquiry Administrator (or his representative) served as Chair of each hearing; Commission Counsel called each witness at the hearing.

Regional organizing committees were established for each hearing to assist with local arrangements.

5.3.3. Identification and Vetting of Witnesses

NCI established an online application process that invited Canadians to offer to testify at one of the hearings. Given the reasons for the Inquiry as outlined in its Terms of Reference, testimony was sought to address four main categories of impacts from governments' health-protection and policy measures.

CIVIL

- Legal, policing, policy, regulatory, human rights, emergency preparedness, government, private-public partnerships, anti-trust, monopolies, private corporations

SOCIAL

- Media, family, faith, education, community, service delivery, societal coercion

ECONOMIC

- Impacts related to financial matters at all levels, personal, family, corporate and governmental expenditures and debt, government actions

HEALTH

- Medicine, research, pharmaceuticals, regulatory, safety monitoring, patient relations, doctor-patient relationship, industry health, messaging, incentives, and regulatory collusion

In addition, the Inquiry sought testimony concerning "alternative medical narratives," that is, medical or health information that differed from that presented by governments or the media.

To ensure witness testimony covered a range of desired topics across these categories, a detailed series of questions was developed, and witnesses were evaluated on who could offer testimony that could answers questions in these four subject areas.

The open, online application process invited testimony from lay witnesses (those who testified about the impacts of governments' COVID measures on themselves or their families) and expert witnesses (those whose testimony represented their expert opinion). Witnesses had the option of testifying in-person or virtually. The Inquiry received many more applications to testify than could be included in the eight hearings.

General Procedures

All witness applicants were reviewed by a Selection Committee established for this purpose. The Regional Organizing Committees were involved in selecting lay witnesses for their hearings, so the testimony at each hearing reflected regional differences in how citizens were affected by the health-protection measures across Canada.

Expert witnesses were selected by the Selection Committee in consultation with the Regional Committees to apportion a similar number of witnesses to testify at each hearing and ensure their testimony covered the full range of topic areas over the course of the entire Inquiry.

After a short-list of witnesses was selected for each hearing, members of the Inquiry's legal team prepared the witnesses to testify. Some witnesses were screened out by the legal teams if they felt the individual testimony would not fit the categories selected for the hearings.

Given the Regional Committees were actively involved in the witness selection process, there were slight variations in the vetting process in each location.

Witness Drop-Out

Shortly after the NCI invited witnesses to apply on the NCI website to be considered as witnesses, the NCI was flooded with applications. It became clear that only a handful of those who applied could be selected to testify. Those who were selected to testify were contacted or interviewed multiple times. The last point of contact was made by the lawyer who called the individual as a witness.

Despite all of this prior contact, a number of witnesses dropped out a few days before their scheduled testimony time or on the day of testimony. Various reasons were given such as concern of discrimination in employment or concern of social pressure from family or friends. Some became too sick to testify. Some became too anxious to testify.

A couple of expert witnesses also dropped out.

Public Lay Witnesses

A public lay witness or “Non-Expert” witness was an individual who believed they had been harmed directly or indirectly by any of the COVID-19 measures. You may consult the NCI’s website to learn more about the kinds of personal harms Canadians have already identified.

Examples included:

- Disruption in the lives/education of children/students,
- Impaired mental health due to isolation,
- Business loss due to restrictions,
- Job loss due to vaccination mandates,
- Delayed or denied healthcare for non-COVID-19 matters,
- Adverse reaction(s) to COVID-19 genetic vaccines,
- Reputation and/or professional discipline or censorship for expressing contrarian views,
- Restrictions of fundamental liberties, such as speech, association, or travel.

The NCI contacted witnesses whose applications were selected to continue in the screening process. Discussions were held with selected applicants to arrange their participation at the most appropriate hearing location and time. Selected applicants were provided with NCI’s guidelines to assist them in preparing for their testimony.

Witnesses were advised that

- they would only be able to testify under oath.
- they may be subject to vigorous questioning, and
- their testimony would be subject to strict time limits.

Applicants who were not initially selected to testify may still have their story published on the NCI website at a later date as part of a broader project to give a voice to as many Canadians as possible. NCI strived to publish as many stories as possible. NCI contacted every applicant to receive their consent and also, potentially, to ask more questions.

A team of volunteer medical doctors screened all witnesses that testified about vaccine injury. This team developed a medical questionnaire to ensure that each vaccine-injury witness was speaking about injuries that were reasonable to ascribe to the vaccine. For example, underlying conditions which could cause similar injuries were investigated. Each vaccine-injury witness was then interviewed by one of the volunteer doctors to go through the questionnaire. This was to ensure that only witnesses whose injuries could be credibly attributed to the vaccine were approved to provide testimony to the Inquiry.

Public Expert Witnesses

“Expert” witnesses were individuals who gave testimony based on their professional and academic expertise and experience in one or more specific fields relevant to the COVID-19 measures.

Examples included

- doctors and scientists (for example, epidemiologist, pathologist),
- lawyers and public servants,
- economists and professors,
- journalists, and
- psychologists.

“Expert” witness applications were assessed against the following criteria:

- experience and credentials,
- topic(s) of testimony,
- objectivity, and
- strength of supporting evidence.

Government Witnesses

The NCI received no offers to testify from government witnesses (unless the individuals had left government or retired). Under the Inquiry’s Rules, such witnesses could be issued a Summons to attend a hearing to provide testimony on a matter requested by the Commission Administrator.

Sixty-three Summons letters were issued to federal, provincial, and territorial government officials from across Canada. None of the subpoenaed officials agreed to attend any of the hearings to provide their testimony.

Unlike a government commission, the NCI had no legal authority to compel a witness to testify. The Summonses that were served on government witnesses were non-binding in that it was clear that there was no criminal or civil liability for failing to attend.

Although government witnesses were served with a Summons to attend at a specific location at a specific time, the Summons also made it clear that the witness could attend at a different hearing date, in-person or virtually. This was done so that if a witness had a busy schedule it was made clear to them the NCI would accommodate them so that they could testify.

5.3.4. Recording and Archiving of Witness Testimony

All eight hearings were recorded in their entirety. Recordings of each day and individual recordings of each witness will be permanently archived and available for viewing on the NCI website. English and French transcripts of the testimony from each hearing will also be permanently archived and available on the NCI website.

5.3.5. Collecting Documents

An exhibit ledger was developed for materials entered as testimony by witnesses at the hearings.

Witness materials included Powerpoint presentations, reports, curriculum vitae, photos, and media reports.

All exhibit materials were identified with a unique number and classified by Commission Counsel as public or in-camera (i.e, confidential). All exhibits were listed on the Inquiry website, and all public items were posted as well. (In-camera items are available for viewing by the Commissioners only.) The exhibit ledger will be permanently archived for ongoing reference on the NCI website.

5.3.6. Commissioners' Evaluation of Evidence and Report

The National Citizens Inquiry tasked the four independent Commissioners with evaluating the testimonial evidence presented at Public Hearings.

Following are some of the guiding principles utilized in the evaluation process:

Impartiality: The independent Commissioners approached the testimonial evidence with impartiality, ensuring that no biases or preconceived notions influenced their assessment. They considered the credibility and relevance of the evidence without favouring any particular party or agenda.

Corroboration: The independent Commissioners sought out corroborating evidence whenever possible. This could include documents, photographs, videos, expert opinions, or other witness-testimony that supported or refuted the claims made by the individuals providing testimony. Corroborating evidence strengthens the overall reliability and credibility of the testimonial evidence.

Witness credibility: The independent Commissioners carefully assessed the credibility of each witness who provided testimony. Factors such as consistency, coherence, demeanour, expertise, and potential biases were considered. The Commissioners were also aware of any potential motivations or conflicts of interest that may have impacted the witness's credibility.

Cross-examination: Allowing for cross-examination of witnesses was an important aspect of evaluating testimonial evidence. Cross-examination provided an opportunity to challenge and test the credibility and reliability of the evidence presented. The Inquiry provided for a fair and thorough cross-examination process, allowing all parties involved to present their arguments and question witnesses effectively.

Context and relevance: The independent Commissioners considered the broader context in which the testimonial evidence was presented. This included understanding the background, circumstances, and any relevant historical, social, or cultural factors that may have influenced the testimony's reliability or interpretation. Assessing the relevance of each piece of evidence to the issues at hand was crucial in determining its probative value.

Consistency and contradictions: The independent Commissioners carefully analyzed any inconsistencies or contradictions within the testimonial evidence. Inconsistencies may have raised doubts about the accuracy or reliability of the testimony, while contradictions may have required further clarification or investigation.

Independent expert advice: When necessary, the independent Commissioners sought independent expert advice to evaluate complex or technical aspects of the testimonial evidence. Expert opinions provide additional insights and assist in assessing the credibility and reliability of the evidence.

Transparency and documentation: The independent Commissioners maintained transparency throughout the evaluation process by documenting their reasoning and decision-making. This included providing clear and well-reasoned explanations for the weight given to different testimonial evidence and any conclusions drawn.

5.3.7. Preparing the Report

Several steps were involved in the process of preparing this Report. Following is a general outline of the key elements involved in preparing a final report.

Review of Evidence: Each of the four Commissioners thoroughly reviewed all the evidence presented during the public hearing. This included testimonies, documents, expert reports, and any other relevant materials. The Commissioners analyzed and evaluated the evidence based on its credibility, relevance, and overall weight.

Analysis and Findings: The Commissioners carefully analyzed the evidence to identify key issues, patterns, and relevant facts. They assessed the credibility and reliability of the evidence, considering any corroborating or conflicting information. The Commissioners may have also consulted legal frameworks, relevant policies, and precedents to guide their analysis.

Assessing Legal and Ethical Standards: The Commissioners applied relevant legal and ethical standards to the evidence and testimonies presented. This may have involved considering any applicable laws, regulations, or guidelines governing the subject matter of the Public Hearing. The Commissioners' analysis and findings aligned with these standards.

Drafting the Report: Based on the analysis and findings, the Commissioners drafted the Final Report. This Report includes an introduction, executive summary, methodology, findings of fact, analysis of legal and ethical issues, conclusions, and recommendations.

Consultation and Peer Review: Before finalizing the Report, the Support Group ensured the accuracy and completeness. Peer review was utilized to help identify any potential biases, errors, or areas that required further clarification.

Including Supporting Documentation: The Final Report includes supporting documentation to provide transparency and credibility. This includes URLs, appendices containing relevant exhibits, transcripts of testimonies, or references to relevant laws, regulations, or policies.

Review: The Commissioners and Support Group reviewed the draft Report for accuracy, consistency, and clarity. Any necessary revisions or edits were made at this stage. The Report also underwent internal review by legal advisors and other experts to ensure its integrity.

Public Release: Once the Report was finalized and approved, it was submitted to the Commission for translation and made available to the public in both official languages of Canada. The Report is published on the Commission's website, shared with relevant stakeholders. Both electronic and hardcopies of the Final Report are made available to the public on the National Citizens Inquiry website.

Implementation and Follow-up: As a result of the evolving nature of the information and far reaching and transformative recommendations and conclusions contained in the Report, the Commissioners may be called upon to take part in a process of public education and debate. Although largely a process that will be carried out by the Commission itself, the Commissioners may monitor the progress of distribution and provide follow-up reports or recommendations as necessary.

The principles of independence, thoroughness, transparency, and fairness guided the Commissioners' work in preparing this Final Report.

It must be clearly understood that although it has always been the intent of the Commissioners to include testimony from all sides of the debate, no public authorities responsible for the planning, design, or implementation of the pandemic measures elected to take part in the hearings.

Testimony was invited from representatives of various levels of governments across Canada, and in order to facilitate schedules, subpoenas were issued and government witnesses were given the option of testifying either in person or on video conference at any of the eight hearing locations or at another agreeable time.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

ZERO members of government appeared at the Public Hearings to testify.

The majority of these representatives did not even take the time to respond to the Commission.

5.3.8. Concluding Observations on the Process

A public inquiry can be an important mechanism for investigating and addressing significant issues of public concern. But only if that inquiry can be shown to be fair and without bias.

Canadians no longer believe they can rely on their elected representatives or public institutions to provide an in-depth, fair, and impartial evaluation of how governments handled and reacted to the COVID-19 pandemic.

Additionally, media institutions, whose traditional role was to question the actions of government and inform the people in a fair and unbiased manner, failed to question government actions and served instead to simply repeat government and public health messaging without question. At the same time, those media institutions received significant funding from the federal government, perhaps contributing to their reluctance to hold it or any government to account.

The only solution, in these unprecedented times, was to form an independent, citizen-led, citizen-funded and non-biased commission such as the National Citizens Inquiry to undertake this historic task.

The National Citizens Inquiry is paid for and operated by the citizens of Canada. The National Citizens Inquiry is not aligned with any political party. The National Citizens Inquiry was deliberately structured so that the Commissioners were free of influence from any person or source.

The National Citizens Inquiry has received no funding from government.

The National Citizens Inquiry has received no large corporate funding.

The National Citizens Inquiry has received no funding from the pharmaceutical industry.

The National Citizens Inquiry is paid for and operated by the citizens of Canada.

The National Citizens Inquiry is not aligned with any political party nor does it have a political agenda, except to represent the best interests of Canadians.

The Commissioners played a crucial role in ensuring fairness and minimizing bias.

The Commissioners were specifically selected from different geographic areas of Canada.

The background, training, and experience of the Commissioners is varied and represents different perspectives.

Although no human being is truly without certain preconceptions and biases, the diverse nature, experience, and background of the Commissioners helped to recognize those biases and address them so that the overall process and Report was fair and without prejudice.

All internal discussions, meetings, and considerations of the Commissioners were held in private, fully independent of any undue influence from outside sources.

Readers of this Report should consider several factors when evaluating the fairness and unbiased nature of the National Citizens Inquiry including:

Independence: A fair and unbiased public inquiry must be independent from any undue influence or interference, ensuring that the investigators and decision-makers are impartial and free from conflicts of interest. This independence was achieved through the appointment of the independent Commissioners who were provided with sufficient authority and resources.

Transparency: The National Citizens Inquiry was transparent, allowing for open access to information, evidence, and proceedings. Transparency is essential to build trust in the Inquiry's findings and ensures that the public has a clear understanding of the investigative process and its outcomes.

Inclusivity: A fair public inquiry should strive to be inclusive, providing opportunities for all relevant stakeholders, including affected individuals, organizations, and experts, to participate and present their perspectives. Inclusivity helps ensure that diverse voices are heard and that the Inquiry's conclusions are well-rounded and comprehensive. Although this inclusivity was extended to all groups, including various levels of government, government representatives elected not to participate.

Evidence-based approach: A fair and unbiased public inquiry relies on an evidence-based approach where facts, data, and expert analysis form the basis for the Inquiry's findings. The collection, analysis, and interpretation of evidence was rigorous and objective, taking into account different sources and viewpoints.

Due process and fair procedures: The principles of due process were upheld in the National Citizens Inquiry, ensuring that all parties involved were treated fairly and had an opportunity to present their case, cross examine witnesses, and challenge evidence. Fair procedures, including the right to legal representation, were essential to maintain the integrity of the Inquiry process.

Report and recommendations: A fair and unbiased public inquiry concludes with a comprehensive Report that presents the findings, analysis, and recommendations based on the evidence and investigations conducted. This Report was written in clear and direct language and is accessible to all. The report provides a fair assessment of the issues under investigation, without undue influence or bias.

By adhering to these principles, the National Citizens Inquiry demonstrated its commitment to fairness, impartiality, the pursuit of truth, ensuring accountability, transparency, and the restoration of public trust in matters of significant public interest.

6. Public Hearings

6.1. Overview

Public hearings were held in locations from coast-to-coast in Canada as follows:

Truro, Nova Scotia	March 16, 17, 18, 2023
Toronto, Ontario	March 30, 31; April 1, 2023
Winnipeg, Manitoba	April 13, 14, 15, 2023
Saskatoon, Saskatchewan	April 20, 21, 22, 2023
Red Deer, Alberta	April 26, 27, 28, 2023
Vancouver, British Columbia	May 2, 3, 4, 2023
Québec City, Québec	May 11, 12, 13, 2023
Ottawa, Ontario	May 17, 18, 19, 2023

Members of the public who wished to testify at the Hearings were invited to apply through online application forms that were available on the NCI website.

<https://nationalcitizensinquiry.ca/testimony/>

Members of the public were offered the option of testifying in person or via live video broadcast.

Approximately 900 members of the public applied to testify.

Approximately 300 members of the public testified at the Hearings.

Many more members of the public are currently providing additional testimony, outside of the Public Hearings, that will be included in the Commission record.

Testimony was invited from representatives of all levels of governments across Canada, and in order to facilitate schedules, subpoenas were issued and government witnesses were given the option of testifying either in person or on video-conference at any of the eight hearing locations.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

Zero members of government appeared at the public hearings to testify.

As a result of the lack of government representation at the hearings, and to properly represent the government position on various topics, sworn affidavits obtained from various court proceedings involving key government witnesses were read into the record. It was this sworn evidence attesting to the actions taken, press releases, statements of policy, and news articles from mainstream media that were utilized to represent the government position.

Actual video-recorded statements and press conferences were aired at a number of the hearing locations.

Despite the fact that the actions taken by all levels of governments represent the most profound intrusions in the lives of all Canadians, essentially tearing at the very heart of Canadian society, publicly elected representatives and the public service employees declined this opportunity to address the Canadian people.

As a citizen-led initiative, the Commission did not have the ability to compel the government witnesses to appear through judicial subpoenas.

In the ensuing sections and throughout the entirety of the Report, we, as the Commissioners, were devoted to conveying the statements made by the witnesses. However, this should not be interpreted that all four Commissioners were in complete agreement with these expressed views. Each Commissioner came to the NCI from different walks of life and, therefore, could see the witness testimony from different worldviews.

6.2. Public Officials Issued Non-Judicial Summons Letter

In order to accommodate busy schedules, the Commission offered to accommodate the witnesses as either in-person testimony (at a location of their choice) or in-virtual hearings.

Hearings were held in eight cities from coast-to-coast in Canada, spanning a period of time from March 16, 2023, through to May 19, 2023.

An additional option of testifying in a closed session with the four Commissioners at a time outside of the formal hearing dates was also offered.

The following public officials had been issued subpoena letters to participate as witnesses in the hearings.

No public officials accepted the invitations.

6.2.1. Truro, Nova Scotia Hearings Summons

[Bruce Fitch NB–Summons](#)

[Dorothy Shephard NB–Summons](#)

[Ernie Hudson PEI–Summons](#)

[Heather Morrison PEI–Summons](#)

[James Aylward PEI–Summons](#)

[Janice Fitzgerald NL–Summons](#)

[Jennifer Russell NB–Summons](#)

[Jill Balser NS–Summons](#)

[John Haggie NL–Summons](#)

[Justice Darlene Jamieson NS–Summons](#)

[Katherine McNally PEI–Summons](#)

[Michelle Thompson NS–Summons](#)

[Randy Delorey NS–Summons](#)

[Robert Strang NS–Summons](#)

[Shelley Deeks NS–Summons](#)

[Tom Osborne NL–Summons](#)

6.2.2. Vancouver, British Columbia Hearings Summons

[Tracey-Anne McPhee YU–Summons](#)

[Mike Farnworth BC–Summons](#)

[Mark Lysyshyn BC–Summons](#)

[Julie Green NWT–Summons](#)

[Dr. Sudit Ranade YU–Summons](#)

[Dr. Patricia Daly BC–Summons](#)

[Dr. Kami Kandola NWT–Summons](#)

[Dr. Catherine Elliott YU–Summons](#)

[Dr. Bonnie Henry BC–Summons](#)

[David Eby BC–Summons](#)

[Brendan E. Hanley YU–Summons](#)

[Adrian Dix BC–Summons](#)

6.2.3. Québec City, Québec Hearings Summons

[Christian Dube–Summons QC](#)

[Francois Legault–Summons QC](#)

[Karen Hogan CA–Summons](#)

[Luc Boileau–Summons QC](#)

[Philippe Dufresne CA–Summons](#)

[Dre Michele de Guise–Summons QC](#)

[Pierre-Gerlier Forest–Summons QC](#)

6.2.4. Toronto, Ontario Hearings Summons

[Christine Elliott ON–Summons](#)

[David Williams ON–Summons](#)

[Kieran Moore ON–Summons](#)

[Sylvia Jones ON–Summons](#)

6.2.5. Winnipeg, Manitoba Hearings Summons

[Audrey Gordon MB–Summons](#)

[Brent Roussin MB–Summons](#)

[Cameron Friesen MB–Summons](#)

[Heather Stefanson MB–Summons](#)

6.2.6. Saskatoon, Saskatchewan Hearings Summons

[Dr. Saqib Shahab SK–Summons](#)

[Hon. Scott Moe SK–Summons](#)

[Jim Reiter SK–Summons](#)

[Nadine Wilson SK–Summons](#)

[Paul Merriman SK–Summons](#)

[Scott Livingston SK–Summons](#)

6.2.7. Red Deer, Alberta Hearings Summons

Registrar, Assistant Registrar and Complaints Director at the CPSA in Alberta

[Invitation was Declined](#)

[Danielle Smith AB–Summons](#)

[Deena Hinshaw AB–Summons](#)

[Jason Copping AB–Summons](#)

[Mark Joffe AB–Summons](#)

[Nicholas Milliken AB–Summons](#)

[Tyler Shandro AB–Summons](#)

[Jason Kenney AB–Summons](#)

[Rachel Notley AB–Summons](#)

[Nancy Whitmore AB–Summons](#)

6.2.8. Ottawa, Ontario Hearings Summons

[Carolyn Bennett CA–Summons](#)

[Jean-Yves Duclos CA–Summons](#)

[Marco Mendicino CA–Summons](#)

[Theresa Tam CA–Summons](#)

[Anil Arora CA–Summons](#)

6.3. Detailed Information from the Public Hearings

The reader should be aware that section 6.3 of this Report contains a tabular listing of the witnesses who testified at both the public and virtual hearings.

For a more comprehensive and accurate understanding of the witness testimonies, we strongly advise the reader to refer to the official witness transcripts, which are included in section 12 of this Report. The transcripts provide verbatim accounts of what was said during the meetings and offer a more complete representation of the witnesses' statements.

Additionally, if you prefer to access videos of the witness testimonies directly, they are also available on the NCI website for your convenience.

Details of each of the eight Public Hearings held across Canada follows.

6.3.1. Truro, Nova Scotia

Public Hearings were held in Truro, Nova Scotia on March 16, 2023, March 17, 2023 and March 18, 2023.

The schedule of witnesses is as follows:

Truro, Nova Scotia, Day One, March 16, 2023		
	Name of Witness	Subject
1	Chris Milburn, MD	Response of public health
2	Peter McCullough, MD, MPH	Medical protocols
3	Patrick Phillips, MD	Public health restrictions placed on doctors
4	Cathy Careen	Alleged vaccine injury
5	Shelly Hipson	Statistics of hospital visits during pandemic
6	Stephen Bate, DDS	Statistics of vaccine efficacy
7	Vonnie Allen	Registered nurse, job loss due mandates
8	Leigh-Anne Coolen	Alleged vaccine injury
9	Chet Chisholm	Paramedic, alleged vaccine injury
10	Artur Anslem	Alleged vaccine injury
11	Kassandra Murray	Teacher, effects of mandates on children and work

Full transcripts of each witness testimony are included in Volume Three of this report.

Truro, Nova Scotia, Day Two, March 17, 2023		
	Name of Witness	Subject
12	Darrell Shelley	Effect of mandates on business
13	Terry LaChappelle	Job loss due to mandates
14	Peter Van Caulart	Loss of work and business due to mandates
15	Amie Johnson	Job loss due to mandates
16	Kathy Howland	Alleged vaccine injury
17	Allison Petten	Registered nurse, vaccine injection methods and adverse effects
18	Elizabeth Cummings	Alleged vaccine injury
19	Joseph Fraiman, MD	Review of medical statistics on vaccine
20	Paula Doiron	Alleged vaccine injury
21	Chief John Greg Burke	Attacked and arrested for not masking
22	Sabrina McGrath	Job loss due to vaccine mandates
23	Pastor Jason McVicar	Job loss due to vaccine mandates
24	Bliss Behar	Dropped out of school due to mandates
25	Joe Behar	Job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Truro, Nova Scotia, Day Three, March 18, 2023		
	Name of Witness	Subject
26	Laura Braden, PhD	Presentation on vaccine safety
27	Matthew Tucker, MD	Medical and mental issues related to COVID-19 measures
28	Aris Lavranos, MD	Public health restrictions placed on doctors
29	Dion Davidson, MD	Adverse events and COVID effects
30	Ellen Smith	Alleged vaccine injury
31	Scott Spidle	Alleged injury due to medical services
32	Janessa Blauvelt	Nurse, job loss due to mandates
33	Jordan Peterson, PhD	General discussion of mandate effects on Canadians
34	Josephine Fillier	Effects of mandates on family
35	Linda Adshade	Reported statistics did not match data
36	Katrina Burns	Schoolteacher, effects of mandates on children
37	Kirk Desrosiers	Alleged vaccine injury
38	Tami Clarke	Impact of husband's alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.2. Toronto, Ontario

Public Hearings were held in Toronto, Ontario on March 30, 2023, March 31, 2023 and April 1, 2023.

The schedule of witnesses is as follows:

Toronto, Ontario, Day One, March 30, 2023		
	Name of Witness	Subject
39	Rodney Palmer	Media propoganda
40	Robert Malone, MD	Psychological operations
41	Bruce Pardy, LLM	Discussion of legal issues with Charter
42	Marc Auger	Parent in long-term care during COVID-19 measures
43	Catherine Swift	Information from advocacy business group
44	Elizabeth Galvin	Daughter's suicide during C19 lockdowns
45	Oliver Kennedy	Job loss due to vaccine mandates
46	Richard Lizotte	Alleged vaccine injury
47	Victoria McGuire	Registered nurse, job loss due to mandates
48	Deanna McLeod	COVID-19 vaccine research on children
49	Remus Nasui	Paramedic, impact of mandates on work culture
50	Rodney Palmer	Additional testimony on media propaganda
51	Leanne Duke	Mandate effects on elderly father's care
52	James Paquin	Impact of COVID restrictions on business

Full transcripts of each witness testimony are included in Volume Three of this report.

Toronto, Ontario, Day Two, March 31, 2023		
	Name of Witness	Subject
53	Rick Nicholls	Former MPP Ontario, lost position due to vaccine mandates
54	Lynn Kofler	Registered nurse, observations of mandates
55	Tom Marazzo	Discussion of government response to protestors
56	Laura Jeffery	Embalmer, observations of changes
57	Sean Mitchell	Paramedic, observations of vaccine injuries
58	Natasha Petite	Attacked for not wearing a mask, despite medical exempt
59	Tamara Ugolini	Lost family business due to mandates
60	Michael Alexander, LLM	Lawyer, legal issues with mandates
61	Cindy Campbell, RN, MSc	Job loss due to vaccine mandates
62	Heather Church, PhD	Professor, vaccine injury
63	Wesley Mack, Hon. PhD	Mandates and church attendance
64	Rev. Randy Banks	Mandates and pastoral care
65	Meredith Klitzke	Alleged vaccine injury
66	Kimberly Snow	Job loss due to vaccine mandates
67	Greg Hill	Revisions to airline pilot health rules
68	Ksenia Usenko	Nurse, job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Toronto, Ontario, Day Three, April 1, 2023		
	Name of Witness	Subject
69	Jay McCurdy	Teacher, effects of mandates on children
70	Julie Pinder	Alleged vaccine injury
71	Catarina Burguete	Effects of mandates on family, job loss in healthcare
72	Eric Payne, MD, MPH	Mandates and doctors
73	Colleen Brandse	Registered nurse, alleged vaccine injuries
74	Jason Kurz	Nuclear power plant technician, job loss due to mandates
75	Scarlett Martyn	Paramedic, job loss due to mandates
76	Dan Hartman	Death of son due to alleged vaccine injury
77	Irvin Studin, PhD	Impact of COVID measures on children and education
78	Mark Trozzi, MD	Discussion of mRNA vaccines
79	Vincent Gircys	Police and government response to pandemic
80	Maureen Somers	Impact of mandates on family
81	Dianne Spaulding	Alleged vaccine injury
82	Jan Francey	Alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.3. Winnipeg, Manitoba

Public Hearings were held in Winnipeg, Manitoba on April 13, 2023, March 14, 2023 and March 15, 2023.

The schedule of witnesses is as follows:

Winnipeg, Manitoba, Day One, April 13, 2023		
	Name of Witness	Subject
83	Jessica Rose, PhD	Expert on vaccine safety and adverse events
84	Jayanta Bhattacharya, MD, PhD	Effectiveness of pandemic measures
85	Deanna McLeod	Changes to health safety regulations for approval of COVID-19 vaccines
86	James Erskine	Retired police officer, pandemic response
87	Shea Ritchie	Effects of pandemic measures on business
88	Sharon Vickner	Job loss due to mandates
89	Pierre Attallah	Mandates at children's school
90	Tobias Tissen	Impact of mandates on religious gatherings
91	Michael Welch	Radio journalist, show cancelled due to censorship
92	Mike Vogiatzakis	Funeral director, effects of mandates on society
93	Michael MacIver	Embalmer, observations of changes post-vaccine

Full transcripts of each witness testimony are included in Volume Three of this report.

Winnipeg, Manitoba, Day Two, April 14, 2023		
	Name of Witness	Subject
94	Patrick Allard	Effect of mandates on community
95	Jeffrey Tucker	Impact of pandemic measures
96	Diedrich Wall	Effects of pandemic measures on business
97	Natalie Björklund-Gordon, PhD	Effects of mandates on community
98	Brian Giesbrecht	Retired judge, pandemic measures and the judiciary
99	Martha Voth	Death of husband due to pandemic measures
100	Sara Martens	Death of husband due to alleged vaccine injury
101	Sean Howe	Job suspended due to vaccine mandates
102	Michelle Kucher	Mother died due to pandemic measures
103	Charles Hooper	Alternative pandemic treatments
104	Don Woodstock	Effects of pandemic mandates on business
105	Gerald Bohemier, DC	Pandemic mandates and legal issues
106	Carley Walterson-Dupuis	Alleged vaccine injury
107	Shelley Overwater	Lawyer, impact of COVID measures on family and work

Full transcripts of each witness testimony are included in Volume Three of this report.

Winnipeg, Manitoba, Day Three, April 15, 2023		
	Name of Witness	Subject
108	Cassandra Schroeder	Impact of vaccine mandates on education and career
109	Steven Setka	Effect of mandates on family
110	Steven Kiedyk	Alleged vaccine injury
111	Devon Sexstone	Job loss due to vaccine mandates
112	Leigh Vossen	Effects of mandates on students
113	Brandon Pringle	Effects of mandates on family
114	Richard Abbot	Former police officer, effect of mandates on police service and job loss
115	Robert Ivan Holloway	Lawyer, observations concerning mandates and freedom
116	Jessica Kraft	Job loss due to vaccine mandates
117	David Leis	Public policy and legal effects of mandates
118	Mike Vogiatzakis	Funeral director, effects of mandates on society
119	Kyra Pituley	Effects of mandates on students
120	Michelle Malkoske	Nurse, job suspension due to vaccine mandates
121	Todd McDougall	Job loss due to vaccine mandates
122	Michel Gagnon	Early retirement from military due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.4. Saskatoon, Saskatchewan

Public Hearings were held in Saskatoon Saskatchewan on April 20, 2023, April 21, 2023 and April 22, 2023.

The schedule of witnesses is as follows:

Saskatoon, Saskatchewan, Day One, April 20, 2023		
	Name of Witness	Subject
123	Francis Christian, MD	Data manipulation of the vaccinated and unvaccinated
124	Steve Kirsch	Statistics concerning inconsistency of vaccine data
125	Angela Taylor	Nurse, alleged vaccine injury
126	Ann McCormack	Former pharmacist, job loss due to vaccine mandates
127	Randy Schiller	Freedom of information requests concerning mandates
128	Mark Friesen	COVID-19 and hospital care
129	Joseph Bourgault	Effect of mandates on company and alternative treatments
130	Bryan Baraniski	COVID-19 and hospital care, along with impact on business
131	Cindy Stevenson	Job loss due to vaccine mandates
132	Marjaleena Repo	Public reaction to mask exemption

Full transcripts of each witness testimony are included in Volume Three of this report.

Saskatoon, Saskatchewan, Day Two, April 21, 2023		
	Name of Witness	Subject
133	James Kitchen	Lawyer, mandates and legal system
134	Barry and Suzanne Thesen	Alleged vaccine injury
135	Maria Gutschi, PharmD	Quality control of vaccines, assessing safety and efficacy
136	Stephanie Foster	Death of mother allegedly due to vaccine
137	Ryan Orydzuk	Testimony on occupational health and safety
138	Adam Konrad	Alleged vaccine injury
139	Elodie Cossette	Job loss due to vaccine mandates
140	Steven Flippin	Pastor, effects of mandates on church
141	Charlotte Garrett	Alleged vaccine injury
142	Krista Hamilton	Alleged vaccine injury
143	Bridgette Hounjet	Unpaid leave due to vaccine mandates
144	Kelcy Travis	Job loss due to vaccine mandates
145	Chantel Kona Barreda	Job loss due to vaccine mandates
146	Lee Harding	Journalist, ticketed and fined for covering freedom rally

Full transcripts of each witness testimony are included in Volume Three of this report.

Saskatoon, Saskatchewan, Day Three, April 22, 2023		
	Name of Witness	Subject
147	Leighton Grey	Lawyer, mandates and legal challenges
148	Jody McPhee	Job loss due to vaccine mandates
149	Christopher Flowers, MD	Discussion of mRNA technology and adverse events
150	Magda Havas, PhD	5G and public health
151	James Blyth	Alleged vaccine injury
152	Zoey Jebb	Business lost due to pandemic mandates
153	Samantha Lamb	Alleged vaccine injury
154	Carrie Sakamoto	Alleged vaccine injury
155	Mandy Geml	Effects of mandates on community
156	Chong Wong, MD	Medical exemptions and patient treatment
157	Louise Wilson	Ticketed for mandates
158	Heather Burgess	Treatment of seniors due to mandates
159	Nadine Ness	Ticketed for mandates
160	Michele Tournier	Effects of mandates on business

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.5. Red Deer, Alberta

Public Hearings were held in Red Deer, Alberta on April 26, 2023, April 27, 2023 and April 28, 2023.

The schedule of witnesses was as follows:

Red Deer, Alberta, Day One, April 26, 2023		
	Name of Witness	Subject
161	Joelle Valliere	Alleged vaccine injury
162	Catherine Christensen	Lawyer, represents veterans
163	Danny Bulford	Former RCMP, job loss due to vaccine mandates
164	Gregory Chan, MD	ER doctor, observations of alleged vaccine injuries
165	Sunje Petersen	Effect of mandates on business
166	Tracy Walker	Business losses and health impacts due to mandates
167	Judy Soroka	Lack of medical services due to mandates
168	Dean Beaudry	Risk management review of pandemic
169	Colin Murphy	Business losses due to mandates
170	Kyrianna Reimer	Nursing student, effects of mandates
171	Leah Cottam	Alleged vaccine injury
172	Jacques Robert	Job loss due to vaccine mandates
173	Sherry Strong	Director, Children's Health Defense Alberta

Full transcripts of each witness testimony are included in Volume Three of this report.

Red Deer, Alberta, Day Two, April 27, 2023		
	Name of Witness	Subject
174	Lt. Col. David Redman	Emergency planning
175	Justin Chin, MD, MSc	Observations of pandemic in hospital
176	Scott Crawford	Paramedic, job loss due to vaccine mandates
177	Michelle Ellert	Job loss due to vaccine mandates
178	Dianne Molstad	Difficulty accessing medical services due to nonvaccine status
179	Curtis Wall, DC	Investigated by professional association
180	Angela Tabak	Son's suicide due to mandates
181	Drue Taylor	Alleged vaccine injury
182	Jeffrey Rath	Lawyer, Constitutional issues and pandemic mandates
183	Regina Goman	Comparison of Polish resistance in 1981 to pandemic
184	Babita Rana	Job unpaid leave due to vaccine mandates
185	Madison Lowe	Alleged vaccine injury
186	Gary Bredeson	Effect of pandemic mandates on business and family

Full transcripts of each witness testimony are included in Volume Three of this report.

Red Deer, Alberta, Day Three, April 28, 2023		
	Name of Witness	Subject
187	Chris Scott	Whistle Stop Cafe owner; mandates and business
188	Misha Susoeff, DDS	Informed Consent
189	James Coates	Pastor, effects of mandates on religious gatherings
190	Eric Payne, MD	Misinformation of government data; loss of research contract
191	John Carpay	Lawyer, legal discussion of pandemic mandates
192	Jonathan J. Couey, PhD	The biology of RNA viruses; transfection and mRNA
193	Sierra Rotchford	Paramedic, observations through pandemic and vaccine rollout
194	Grace Neustaedter, RN,	Job loss due to vaccine mandates
195	Suzanne Brauti	Alleged vaccine injury
196	Darcy Harsch	Unpaid leave due to vaccine mandates
197	Jennifer Curry	Alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.6. Langley, British Columbia

Public Hearings were held in Langley, British Columbia on May 2, 2023, May 3, 2023 and May 4, 2023.

The schedule of witnesses was as follows:

Langley, British Columbia, Day One, May 2, 2023		
	Name of Witness	Subject
198	William Munroe	Manipulation of pandemic statistics
199	Vanessa Rocchio	Alleged vaccine injury
200	Philip Davidson	Job loss due to vaccine mandates
201	Matthew Cockle, PhD	Conflicts of interest; regulatory and international research
202	Deanna McLeod	Outside interests and approval of COVID-19 vaccines
203	Serena Steven	Former nurse, alleged vaccine injury
204	Chris Shaw, PhD	Neuroscientist, potential neurological vaccine adverse events
205	Alan Cassels	Critical analysis of mRNA vaccine product monographs
206	Sean Taylor	Nurse, job loss; COVID policies inconsistent with good patient

Full transcripts of each witness testimony are included in Volume Three of this report.

Langley, British Columbia, Day Two, May 3, 2023		
	Name of Witness	Subject
207	Donald Gregory Passey, MD	Public policy and legal effects of mandates on military
208	Kim Hunter	Effects of masks on children
209	Caroline Hennig	Pandemic mandate effects on senior father
210	Edward Dowd	Statistical analysis of U.S. all-cause mortality since vaccine
211	Aurora Bisson-Montpetit	Registered nurse, observations of 811 calls
212	Charles HOFFE, MD	Reporting of vaccine adverse events and safety of vaccines
213	Jeff Sandes	Reporter, observations on journalism during pandemic
214	James Jones	Wife committed suicide
215	Lisa Bernard	Registered nurse, alleged vaccine injury
216	Steven Pelech, PhD	Review of immunology and COVID-19
217	Ben Sutherland, PhD	Job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Langley, British Columbia, Day Three, May 4, 2023		
	Name of Witness	Subject
218	Patrica Leidl	Alleged vaccine injury
219	James Kitchen	Lawyer, legal challenges to the pandemic mandates
220	William Sturgess	Testimonies from A Citizen's Hearing, May 2022 (CCCA)
221	Kristin Ditzel	Alleged vaccine injury
222	Lindsey Kenny	Challenges in obtaining FOI requests about mandates
223	Theodore Kuntz	Safety of all vaccines
224	Gail Davidson	Lawyer, expert in international human rights law and pandemic
225	Douglas Allen, PhD	Economist, cost-benefit analysis and forecasting of pandemic
226	Zoran Boskovich	Job loss due to vaccine mandates
227	Wayne Llewellyn	Privacy complaint filed against Bonnie Henry
228	Paul Hollyoak	Alleged vaccine injury
229	Shawn Muldoon	Alleged vaccine injury
230	Camille Mitchell	Pharmacist, job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.7. Québec City, Québec

Public Hearings were held in Québec City, Québec on May 11, 2023, May 12, 2023 and May 13, 2023.

The schedule of witnesses was as follows:

Québec City, Québec, Day One, May 11, 2023		
	Name of Witness	Subject
231	Didier Raoult, MD	Evolution of the virus and treatment alternatives to mRNA
232	Mélissa Sansfaçon	Alleged vaccine injury
233	Pierre Chaillot	Death of many seniors during pandemic due to neglect
235	Jean-Marc Sabatier, PhD	Vaccine harms due to changes in the renin-angiotensin system
236	Christian Perronne, MD	Masks, vaccines, and free speech
237	Caroline Foucault	Alleged vaccine injury
238	Christian Linard, PhD	Spike proteins and mRNA
239	Josée Belleville	Job loss in military for refusing COVID-19 vaccine
240	Denis Rancourt, PhD	Detailed study of all-cause mortality statistics
241	Christian Leray	Media specialist, manipulation of vaccination data

Full transcripts of each witness testimony are included in Volume Three of this report.

Québec City, Québec, Day Two, May 12, 2023		
	Name of Witness	Subject
242	Carole Avoine	Alleged vaccine injury
243	Hélène Banoun, PhD	mRNA vaccines and their alleged side effects
244	Christine Cotton	Review of Pfizer COVID vaccine clinical trials
245	Lynette Tremblay	Treatment of elders in long-term care
246	Marylaine Bélair	Husband was fatally injured by angry customer during COVID
247	Amélie Paul	Podcaster, spoke about censorship
248	Stéphane Hamel	Removed from position with Coalition Avenir Québec
249	Barry Breger, MD	PCR test, vaccine safety, and forced vaccine mandates
250	Évelyne Thérien	Alleged vaccine injury
251	Sabine Hazan, MD	Microbiome research and COVID-19
252	Stéphane Blais	Accountant's professional licence was revoked
253	René Lavigueur, MD	Reporting of vaccine side effects and censorship
254	Francois Amalega	Jailed for four months for defying mask mandates and curfews
255	Shawn Buckley	Drug approval process related to COVID-19 genetic vaccines

Full transcripts of each witness testimony are included in Volume Three of this report.

Québec City, Québec, Day Three, May 12, 2023		
	Name of Witness	Subject
256	Jérémie Miller	Alleged vaccine injury
257	Jérôme Sainton, MD	Vaccine safety profile sheet review
258	Michel Chossudovsky,	Global social and economic collapse due to policies
259	Gary Lalancette	Job loss for refusing mandatory COVID-19 injection
260	Lily Monier	Legal actions taken against government's abuse of power
261	Vincent Cantin	Alleged vaccine injury
262	Myriam Bohémier	Lawyer, children's capacity to consent to the vaccines
263	Éloïse Boies	Censorship of videos and loss of employment as an actor
264	Luc Harvey	Describes court case concerning <i>Youth Protection Act</i>
265	Marc-André Paquette	Failure of pediatricians to raise concerns about vaccines for
266	Jean Saint-Arnaud, MD	Vulnerable persons and COVID-19 vaccination
267	Patrick Provost, PhD	Academic censorship and concerns about mRNA technology

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.8. Ottawa, Ontario

Public Hearings were held in Ottawa, Ontario on May 17, 2023, May 18, 2023 and May 19, 2023.

The schedule of witnesses was as follows:

Ottawa, Ontario Day One, May 17, 2023		
	Name of Witness	Subject
268	Denis Rancourt, PhD	Scientific study of all-cause mortality worldwide
269	Natasha Gonek	Role of regulatory colleges and conflicts of interest
270	Cathy Jones	The CBC's poisonous workplace that developed after mandates
271	Catherine Austin Fitts	COVID-19 pandemic as a financial and political reset
272	Stephen Malthouse, MD	Critique of COVID-19 mandates and vaccines; reported to the regulator
273	Sheila Lewis	Denied life-saving transplant due to refusal to get COVID-19
274	Kristen Nagle	Nurse, job loss; defamed for speaking out against the measures
275	Madison Peake	Student, life devastated by the COVID-19 interventions
276	Mallory Flank	Critical-care paramedic, her severe reaction to the injection
277	Adam Zimpel	Man with severe disability; job loss and isolation due to COVID-19
278	M Tisir Otahbachi	Severe reaction to COVID-19 genetic vaccine; mistreatment by healthcare system
279	Louise MacDonald	Information Health Canada posted on their website about COVID vaccine safety

Full transcripts of each witness testimony are included in Volume Three of this report.

Ottawa, Ontario Day Two, May 18, 2023		
	Name of Witness	Subject
280	James Corbett	International health treaties and regulations
281	Rodney Palmer	Follow-up testimony concerning the alleged bias of the CBC
282	Marianne Klowak	Former CBC reporter, censorship at the CBC
283	Samantha Monaghan	Son died after blood transfusion, believed to be tainted by
284	David Speicher, PhD	PCR tests and rapid antigen tests
285	Jean-Philippe Chabot	Job loss at CBC for not disclosing vaccine status
286	Edward Leyton, MD	Canadian COVID Telehealth and treatment for vaccine injuries
287	Keren Epstein-Gilboa,	Psychological childhood trauma due to COVID-19 interventions
288	David Freiheit	Lawyer and online commentator, the Freedom Convoy in Ottawa
289	Anita Krishna	Terminated from news broadcaster for speaking about
290	William Bigger	Job loss, unable to attend physical therapy due to lockdowns
291	Captain Scott Routly	Pilot, safety concerns about pilots and public due to COVID-19
292	Laurier Mantil	Postal worker, refused vaccine due to her pregnancy
293	Maurice Gatien	Lawyer, intimidation, threats, and suspension from Law Society

Full transcripts of each witness testimony are included in Volume Three of this report.

Ottawa, Ontario Day Three, May 19, 2023		
	Name of Witness	Subject
294	Christopher Shoemaker,	Concerns about mRNA vaccines and adverse events
295	Melanie Alexander	Husband died in hospital during COVID-19 response
296	Kyle Grice, DC	Community networking and grassroots alternatives
297	Jeff Wilson, DVM, DVSc, PhD	Fundamentals of a pandemic response
298	Daniel Nagase, MD	Medical licence lost for treating severely ill patients with
299	Pascal Najadi	Charges filed against the Swiss Minister of Health and two doctors
300	Aidan Coulter	Dropped out of College due to COVID-19 interventions
301	Navid Sadikali	PCR Tests, statistics, financial issues surrounding COVID-19 interventions
302	Kimberly Warren	Alleged COVID-19 vaccine adverse reaction
303	James Lunney	Alternate treatments for COVID-19

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.9. Additional Virtual Testimonies

Virtual hearings were held on June 28, 2023, July 19, 2023 and September 28, 2023.

The schedule of witnesses was as follows:

Additional Virtual Testimony, June 28, 2023		
	Name of Witness	Subject
304	Denis Rancourt, PhD	Follow-up/update on Canadian all-cause death statistics

Additional Virtual Testimony, July 19, 2023		
	Name of Witness	Subject
305	Peter McCullough, MD, MPH	Follow-up/update on Canadian study of autopsy results and injections

Additional Virtual Testimony, September 28, 2023		
	Name of Witness	Subject
306	William Makis, MD	Alberta Health Services mandates, Canadian doctor deaths, & censorship

Full transcripts of each witness testimony are included in Volume Three of this report.

6.4. Exhibit Archive

The following is a list of the Witness Exhibits presented to the Commission during the hearings held across Canada and in subsequent virtual hearings heard by the Commissioners following the completion of the in-person hearings.

This list is current as of September 28, 2023. It should be noted that the list may be updated on the website from time to time, and the reader is encouraged to visit the website at <https://nationalcitizensinquiry.ca/exhibits-2/> to review the latest list of Witness Exhibits.

These exhibits serve as a critical record of the testimonies and evidence presented during the hearings, providing valuable insights into the experiences and perspectives of individuals affected by the issues under investigation.

6.4.1. Truro, Nova Scotia Exhibits March 16, 17, 18, 2023

- [TR-0001-Phillips-CV](#)
- [TR-0001a-Phillips-AEFI Rpt](#)
- [TR-0002-Braden-CV](#)
- TR-0003-Coolen-Hosp Rpt-IC
- TR-0004-Chisholm-Termination Letter-IC
- [TR-0004a-Chisholm-10 yr Cert](#)
- TR-0005-Howland-ENT Rpt-IC
- TR-0005a-Howland-AudiologyRpt-IC
- [TR-0006-Doiron-Flu Shot](#)
- [TR-0006a-Doiron-Gene Analysis](#)
- [TR-0006b-Doiron-MRI](#)
- TR-0007-Burns-Reconsideration LTR-IC
- TR-0007a-Burns-SupportParent Ltr-IC
- TR-0007b-Burns-HRCE DenialExempt-2021-11-18-IC
- TR-0007c-Burns-HRCE Unpd Leave Ltr-2021-11-23-IC
- TR-0008-Murray-Drs. Note-2020-08-31-IC
- [TR-0009a-Caulart-Students in Water Lab](#)
- [TR-0009b-Caulart-Adele Van Caulart](#)
- [TR-0009-Caulart-Image with Students](#)
- [TR-0009c-Caulart-Last time Adele seen Alive by Peter](#)

- [TR-0009d-Caulart-Mask Labeling](#)
- [TR-0009e-Caulart-C-19 Record](#)
- [TR-0009f-Caulart-Gavin_s C-19 Record](#)
- [TR-0010a-Burke-InstructPatients_EMD](#)
- [TR-0010b-Burke-Ltr Sgt Sanford](#)
- [TR-0010-Burke-EMD Instructions](#)
- TR-0010c-Burke-911CallCdnTire-IC
- [TR-0010d-Burke-911CallCdnTire\(2\)](#)
- [TR-0010e-Burke-video](#)
- TR-0011a-Fraiman-CV-IC
- [TR-0011-Fraiman-PPTCovid19HarmBenefitAnalysis](#)
- TR-0012-McVicar-CovidTimelineSummary-IC
- TR-0012a-McVicar-FCC Facebook-IC
- TR-0012b-McVicar-ChurchSvcEmail-2021-10-14-IC
- TR-0012c-McVicar-BdLtr2-2021-10-22-IC
- TR-0012d-McVicar-EMailLtr-2021-10-08-IC
- TR-0012e-McVicar-BdMtg-2021-10-12-IC
- TR-0012f-McVicar-EMailComm with Board-2021-10-09-IC
- TR-0012g-McVicar-FCC Newsletter-2021-10-27-IC
- TR-0012h-McVicar-Ltr From Board-2021-10-20-IC
- TR-0012i-McVicar-ResponseToBoard-2021-10-05-IC
- TR-0012j-McVicar-FullTimeline-IC
- TR-0012k-McVicar-Gmail Re Board Ltr-2021-10-20-IC
- TR-0012l-McVicar-LtrFromBoard-2021-10-03-IC
- TR-13-Tucker-CV-IC
- [TR-14-Spidle-MediaCMcKenna](#)
- [TR-14a-Spidle-DrStrangOnHydroxychloroquine-2020-04-19-](#)
- TR-14b-Spidle-MedicalRecords-IC
- [TR-14c-Spidle-VideoScreenshot-MaskedMan](#)
- [TR-14d-Spidle-PoliceNegotiateWatchDutyWithVeterans-2022-02-12](#)
- [TR-15-Davidson-LtrToJohnLohr-2022-12-31.docx](#)

- TR-15a-Davidson-CV-IC
- TR-16-Lavranos-CV-IC
- [TR-16a-Lavranos-LtrToPremierHouston-2021-09-07](#)
- [TR-16b-Lavranos-LtrToDrNicoleBoutilier-2021-10-29](#)
- [TR-16c-Lavranos-RespnsFromDrNicoleBoutilier-2021-11-10.docx](#)
- [TR-17-Adshade-ViralVectorOfVac-2021-11-30](#)
- TR-18-Desrosiers-ProofOfVac-IC
- TR-18a-Desrosiers-EMail-2023-03-18-IC
- TR-18b-Desrosiers-BP Med 1 of 2-IC
- TR-18c-Desrosiers-Blood Thinner Med Xarelto 1 of 2-IC
- TR-18d-Desrosiers-BP Med 2 of 2-IC
- TR-18e-Desrosiers-ProofOfVaccine-IC
- TR-18f-Desrosiers-BP Med Perindopril 1 of 2-IC
- TR-18g-Desrosiers-Medical-Fit for Firefighting Duties-2021-08-17-IC
- TR-18h-Desrosiers-Blood Thinner Med Xarelto 2 of 2-IC
- TR-18i-Desrosiers-BP Med Perindopril 2 of 2-IC
- TR-18j-Desrosiers-BlueCrossApplication-2022-01-31-IC
- TR-19-Clarke-ProofOfVac-IC
- TR-19a-Clarke-EMail-2023-03-18-IC
- TR-19b-Clarke-VacReq_umentToWork-2023-03-15-IC
- TR-19c-Clarke-WkplaceC-19PreventionProtoForCivilSvc-2023-03-15-IC
- TR-19d-Clarke-VaccineReqment-2021-10-25-IC
- TR-19e-Clarke-NSGEU Statement_ COVID-19 Mandatory Vaccination_2021-08-25-IC
- TR-19f-Clarke-CUPW MandVac_2021-11-19-IC
- TR-19g-Clarke-ProofOfVaccine-2021-11-24.-IC
- TR-19h-Clarke-PublicInputAgainstVacMandate-2022-02-08-IC
- TR-19i-NSGEU MandatoryVacAndDeclaration_2021-10-07-IC
- TR-19j-Clarke-STI Application-2021-11-03-IC
- TR-19k-Clarke-RespnsFromEmplAccommRequest-2022-05-19-IC
- TR-19l-Number unassigned
- TR-19m-Clarke-ResponseToRequestForAccomm-2022-05-24-IC

- TR-19n-Clarke-TurnDownPromo_SecondJobLeaveWithoutPay-2022-08-12-IC
- TR-19o-Clarke-PSCEmpBackToWrkWithoutVacUpdate-2022-03-10.IC
- TR-20-Milburn-CV-IC
- [TR-20a-Milburn-CTV News Article-2021-06-16](#)
- [TR-20b-Milburn-Saltwire Article-2021-06-29](#)
- [TR-20c-Milburn-InfoAM Issue Panel 06-10-21](#)
- TR-21-Fillier-Med Tests-2022-06-09-IC
- TR-21a-Fillier-Med Tests #2-2022-06-09-IC
- TR-21b-Fillier-Med Tests #3-2023-03-16-IC
- TR-21c-Fillier-LabResults-2022-06-09-IC
- TR-21d-Fillier-C-19VacAfterCareImmunRec-2021-06-18-IC
- TR-21e-Fillier-LabResults#2-2022-11-25-IC
- TR-21f-Fillier-LabResults#3-2022-06-09-ic
- [TR-22-McGrath-Ltr to Tim Houston](#)
- [TR-22a-McGrath-NSLC Performance Appraisal-2021-06-30](#)
- [TR-22b-McGrath-NSGEU Ltr re Vac Policy-2021-10-28](#)
- [TR-22c-McGrath-NSLC HRLtr-MandatoryVac-2022-01-13](#)
- [TR-22d-McGrath-NSLC JointOccupHealth_SafetyCommMtg-2021-05-26](#)
- [TR-22e-McGrath-NSLC ROE](#)
- [TR-22f-McGrath-NSLC TerminationLtr-2022-06-13](#)
- [TR-22g-McGrath-NSLC Vaccination Mandate Directive](#)
- [TR-22h-McGrath-Service Canada Denial of EI Letter-2022-02-08](#)
- [TR-22i-McGrath-NSGEU Ltr Not Proceeding with Grievance](#)
- [TR-23-Anselm-Cardiologist Ltr-2022-02-11](#)
- [TR-23a-Anselm-CN Rail Vaccine Mandate Deadline-2021-09-08](#)
- [TR-23b-Anselm-CN Rail Vaccine Mandate Ext-2021-10-14](#)
- [TR-24-Petten-Code of Ethics](#)
- [TR-24a-Petten-Nursing College Communication](#)
- [TR-25-Cummings-Appt Confirmation_ COVID-19 Vac-Pfizer](#)
- TR-25a-Cummings-Proof of Vac (2)-IC
- TR-25b-Cummings-Appt Rescheduled_COVID-19-Pfizer-IC

- TR-25c-Cummings-Proof of Vac-IC
- TR-25d-Cummings-Chiropractic Appt-IC
- TR-25e-Cummings-Massage Therapy-2021-12-07-IC
- TR-25f-Cummings-PfizerDoc5.3.6 PostmarketingExperience-IC
- TR-25g-Cummings-PfizerComplaint-IC
- TR-25h-Cummings-HealthCanadaComplaintReferral-IC
- TR-25i-Cummings-CorresMarketedHealthProductsDirectorate-2022-03-16-IC
- TR-25j-Cummings-DrugHealthProduct-SideEffectRpting-IC
- TR-25k-Cummings-Pfizer-Biontech(FRM-0317)-IC
- TR-25l-Cummings-OilfieldsAppealToCdns-IC
- TR-25m-Cummings-CCCA-The LatestNewsForYou-2022-07-22-IC
- TR-25n-Cummings-Ref OTP-CR-465_21CrimesAgainstHumanity-2022-08-25-IC
- TR-25o-Cummings-Submission#2022-03-07-000044-IC
- TR-26-Johnson-ROE-IC
- TR-26a-Johnson-Job Correspondence-IC
- TR-26b-Johnson-Daughter Dalhousie Ltrs-2022-01-10-IC

6.4.2. Toronto, Ontario Exhibits March 30, 31, April 1, 2023

- [TO-1-Mitchell-\(A\)-Pg 25 from Comprehensive Mstr Plan for Paramedic Svcs](#)
- [TO-1a-Mitchell-\(B\)-2020-03-20-Email from Troy Cheseboro](#)
- [TO-1b-Mitchell-\(C\)-2020-03-07-Email from Troy Cheseboro](#)
- [TO-1c-Mitchell-\(E\)-Pg.18 from 2021 Durham Audited Financial Statements](#)
- [TO-1d-Mitchell-Comprehensive Mstr Plan for Paramedic Svcs-2021-10-07](#)
- [TO-1e-Mitchell-RDPS Covid-19 Update-2020-03-26](#)
- [TO-1f-Mitchell-2021 Durham Audited-Financial-Statements-1](#)
- TO-2-Hartman-PENDINGTBD
- TO-3-Shelley-EMailTravelReqExm-#4605-2020-06-05-IC
- TO-3a-Shelley-EMailTravelReqEXm-#4605_#44212-2020-11-07-IC
- TO-3b-Shelley-ThankYouHomeFirst-2020-06-25-IC
- TO-3C-Shelley-DonateKN95MedGradeMasks-2020-06-12-IC
- TO-3d-Shelley-Lic_13493 (1) (2)-IC
- TO-3e-Shelley-ToBorisGillerProformaInvoiceofKind-CheckCompany-2020-04-30-IC
- TO-3f-Shelley-DonateMasks-2020-06-22-IC
- TO-3g-Shelley-TravelReqExem-#46261-2020-11-09-IC
- TO-4-Studin-BIO-IC
- [TO-5-McLeod-CV](#)
- [TO-6-Pardy-CV for NCI March-2023](#)
- [TO-6a-Pardy-Free North Declaration](#)
- [TO-6b-Pardy-TheCharterWon'tProtectUsFromThePandemicMgerialState-C2C Journal-1](#)
- [TO-8-Duke-MinistryOfLongTermCare](#)
- [TO-9-McCurdy-E3.i](#)
- [TO-9a-McCurdy-E3.ii](#)
- [TO-9b-McCurdy-E4.i](#)
- [TO-10-Spaulding-AEFIClientRecommendationLetter](#)
- [TO-10a-Spaulding-LetterFromPublicHealth-2021-09-07](#)
- [TO-10b-Spaulding-Photo #1](#)
- [TO-10c-Spaulding-Photo #3](#)

- [TO-10d-Spaulding-Photo #4](#)
- [TO-10e-Spaulding-Photo #5](#)
- [TO-10f-Spaulding-Photo #6](#)
- [TO-10g-Spaulding-Photo #7](#)
- [TO-10h-Spaulding-Photo #8](#)
- TO-11-unassigned
- TO-12-unassigned
- TO-13-unassigned
- TO-14-unassigned
- TO-15-unassigned
- TO-16-unassigned
- [TO-17-Marazzo-Email-2021-09-06](#)
- [TO-17a-Marazzo-TerminationLtr-2021-09-13](#)
- [TO-17b-Marazzo-Video.exe](#)
- [TO-18-Pinder-Pic#1Tongue-#128](#)
- [TO-18a-Pinder-Pic#2Tongue-#128](#)
- [TO-18b-Pinder-Pic#3Hand-#128](#)
- [TO-18c-Pinder-Pic#4Hand-#128](#)
- [TO-18d-Pinder-Pic#5Knee-#128](#)
- [TO-18e-Pinder-Pic#6Arm-#128](#)
- [TO-18f-Pinder-Pic#7Rash-#128](#)
- [TO-18g-Pinder-Pic#8Rash-#128](#)
- [TO-19-Klitzke-VacInfo-2021-08-13-#107](#)
- [TO-19a-Klitzke-AEFIAcceptance-2022-08-29-#107](#)
- [TO-19b-Klitzke-VacInfo-2021-06-18-#107](#)
- [TO-19c-Klitzke-CAERSinfo-#107](#)
- [TO-20-Kurz-TerminationLtr-2021-12-29](#)
- [TO-21-Martyn-Citizens_Group_Notice_On_Covid_Vaccine_Safety_&_Informed_Consent_3-2](#)
- [TO-22-Payne-FINAL EXHIBIT B December 12 \(1\)](#)
- [TO-22a-Payne-FINAL OCT APPENDIX AFFIDAVIT](#)
- [TO-23-Malone-CV-Oct-2022](#)

- [TO-24-Alexander-Case J.N. v. C.G.-Court of Appeal for Ontario](#)
- [TO-24a-Alexander-Reasons Motion Evidence-Phillips-21-023-Trozzi-22-006-Luchkiw-22-023-2023.03.23-Public](#)
- [TO-24b-Alexander-Case Saumur v Québec \(City\)](#)
- [TO-24c-Alexander-Glasnost Code Press Conf](#)
- [TO-24d-Alexander-Case R v Oakes](#)
- [TO-24e-Alexander-Glasnost Report](#)
- [TO-24f-Alexander-Case JN v CG Pazaratz](#)
- [TO-24g-Alexander-Case Thirwell 2022onsc2654](#)
- [TO-24h-Alexander-Case Canada \(Minister of Citizenship and Immigration\) v Vavilov](#)
- [TO-25-Usenk-HospitalTrainingSlide 100% Protective](#)
- [TO-26-Gircys-CV-IC](#)
- [TO-27-Jeffrey-Clot Photo A](#)
- [TO-27a-Jeffrey-Clot Photo B](#)
- [TO-27b-Jeffrey-Clot Photo C](#)

6.4.3. Winnipeg, Manitoba Exhibits April 13, 14, 15, 2023

- WI-1-Bjorklund-Gordon-CV-2022-12-27-IC
- [WI-1a-Bjorklund-Gordon-Alberta Data](#)
- [WI-1b-Bjorklund-Gordon-NCI Presentation Final](#)
- WI-2-Hynes-LetterOfLeaveOfAbsence-IC
- [WI-3-Abbott-BLM Photo](#)
- [WI-3a-Abbott-BLM #2 Photo](#)
- [WI-3b-Abbott-Letter to Honorable Madu-2021-10-26](#)
- [WI-3c-Abbott-Photo-Milk River 1](#)
- [WI-3d-Abbott-Photo-Milk River 2](#)
- [WI-3e-Abbott-CV-2023](#)
- [WI-3f-Abbott-BLM-Antifa w_ Uniformed EPS](#)
- [WI-3g-Abbott-BLM](#)
- [WI-3h-Abbott-Milk River](#)
- [WI-3i-Abbott-Business Owner Milk River](#)
- [WI-3j-Abbott-3-Min Milk River \(2\)](#)
- [WI-4-Rose-CV](#)
- [WI-4a-Rose-Lazarus r18hs17045-Lazarus-Final-Report-2011](#)
- [WI-4b-Rose-Rpt re US VAERS of the COVID mRNA Biologicals](#)
- [WI-4c-Rose-RptOnMyocarditisAdverseEvents in the US, etc](#)
- [WI-4d-Rose-Pharmacovigilance VAERS Paper FINAL_2021-10-01](#)
- [WI-4e-Rose-BIO](#)
- [WI-4f-Rose-Video-FDA Open Public Hearing Session](#)
- [WI-4g-Rose-Presentation re: NCI Testimony](#)
- WI-5
- [WI-6-Welch-Letter to CJSF Radio](#)
- [WI-6a-Welch-Radio Show Linked to COVID-19 Conspiracy Website](#)
- [Temporarily Suspended Vancouver Sun](#)
- WI-7-McLeod-CV-IC
- [WI-8-Bhattacharya-Missouri v. Biden ECF 212-3 Proposed Finding of Fact](#)
- [WI-8a-Bhattacharya-Great Barrington Declaration](#)

- [WI-8b-Bhattacharya-CV-Apr2022](#)
- [WI-8c-Bhattacharya-Expert Report_Dr Bhattacharya_Alberta Clean-jb](#)
- [WI-8d-Bhattacharya-Reply Document-Alberta v2-1](#)
- [WI-8e-Bhattacharya-QUESTIONS FOR A COVID-19 COMMISSION by the_Norfolk Group v2](#)
- [WI-9-Hooper-Bio 2023](#)
- [WI-9a-Hooper-Henderson and Hooper on Ivermectin-Econlib](#)
- [WI-9b-Hooper-Ivermectin and Statistical Significance Cato Institute](#)
- [WI-9c-Hooper-Ivermectin and the TOGETHER Trail Cato Institute](#)
- [WI-9d-Hooper-Setting the Record Straight on Ivermectin-Brownstone_Institute](#)

6.4.4. Saskatoon, Saskatchewan Exhibits April 20, 21, 22, 2023

- [SA-1-Havas-CV 2023 March](#)
- [SA-1a-Havas-Canadian-Views-Re-Ottawa-Survey-of-93000-people-Feb-2022](#)
- [SA-1b-Havas-RFR & Covid Reduced HO](#)
- [SA-1c-Havas-Survey Mandate & Convoy Feb 2022-93,000 People HO](#)
- [SA-1d-Havas-Tsiang & Havas COVID & 5G 2021](#)
- [SA-1e-Havas-Rubik & Brown Covid & 5G](#)
- [SA-1f-Havas-Blood Heart ANS 2013](#)
- [SA-1g-Havas-HRV 2010](#)
- [SA-1h-Havas-Nilsson 5G Microware Syndrome Annals of Case Reports 2023](#)
- [SA-1i-Havas-HESA 2015 RFR](#)
- [SA-2-Gutschi-Presentation to NCI April 2023](#)
- [SA-2a-Gutschi-CV-IC](#)
- [SA-2b-Gutschi-Document Library-20230704-0311](#)
- [SA-3-Christian-CV](#)
- [SA-3a-Christian-June 12, 2021 Statement from Dr. Christian](#)
- [SA-3b-Christian-2021-06-17 Press Conference Statement-1](#)
- [SA-3c-Christian-Testimony](#)
- [SA-4-Kirsch-OpenLtrTOCPSOHead Nancy Whitmore_ToStopCOVIDMisinformation](#)
- [SA-4a-Kirsch-Nancy Whitmore Summons-Signed](#)
- [SA-4b-Kirsch-Why can't we talk about it-Steve Kirsch's newsletter](#)
- [SA-4c-Kirsch-Presentation](#)
- [SA-5-Flowers-CV2023](#)
- [SA-5a-Flowers-NCI Saskatoon](#)
- [SA-6-McCormack-AB Informed Consent 2023-04-10](#)
- [SA-6a-McCormack-Sask Information Consent 2023-04-10-IC](#)
- [SA-6b-McCormack-Letter from James Kitchen to AHRC-1-IC](#)
- [SA-7-Grey-Tim Stephens Arrest.mp4](#)
- [SA-7a-Grey-2001-14300-Filed-2022-06-10-Written-Argument-Written-Submission-FILED](#)
- [SA-7b-Grey-2021-08-03-Written Interrogatories for Dr. Hinshaw-FILED](#)

- [SA-7c-Grey-99292-001_BRF-2021-09-01-PRE-TRIAL FACTUM OF _APPLICANT R INGRAM-FILED](#)
- [SA-7d-Grey-99292-001_BRF-Pre-Trial Reply Factum of The Applicant_Rebecca Marie Ingram-FILED](#)
- [SA-7e-Grey-2001-14300-Filed 2022-06-15-Book of Authorities](#)
- [SA-7f-Grey-2001-14300-Filed-2022-06-13-Written-Argument-Written-Submission](#)
- [SA-7g-Grey-2021-09-22 BOOK OF AUTHORITIES TO RESPONDING _BRIEF-FILED](#)
- [SA-7h-Grey-2021-09-22 RESPONDING BRIEF-FILED](#)
- [SA-7i-Grey-2022-07-27 Applicants_ Written Final Reply-Filed](#)
- [SA-7j-Grey-PRE-TRIAL FACUM OF THE APPLICANT, Heights Baptist, _Northside Baptist, Erin Blacklaws, Torry Tanner](#)
- [SA-7k-Grey-111. AB Pre-Trial Factum-Sept 14, 2021-FILED](#)
- [SA-7l-Grey-2022-07-13 Alberta Final Written Argument](#)
- [SA-7m-Grey-2022-11-17 Respondents Brief-FILED](#)
- [SA-7n-Grey-Applicant's Brief-November 9 2022, 2201-14300-Joint Submission](#)
- [SA-7o-Grey-April 5, 2022](#)
- [SA-7p-Grey-April 6, 2022](#)
- [SA-7q-Grey-April 7, 2022](#)
- [SA-7r-Grey-August 26, 2022](#)
- [SA-7s-Grey-February 10, 2022](#)
- [SA-7t-Grey-February 11, 2022](#)
- [SA-7u-Grey-Feb 14, 2022 AM](#)
- [SA-7v-Grey-Feb 14, 2022 PM](#)
- [SA-7w-Grey-Feb 15, 2022 AM](#)
- [SA-7x-Grey-Feb 15, 2022 PM](#)
- [SA-7y-Grey-Feb 16, 2022 AM](#)
- [SA-7z-Grey-Feb 16, 2022 PM](#)
- [SA-7aa-Grey-Feb 17, 2022](#)
- [SA-7bb-Grey-Feb 22, 2022 AM](#)
- [SA-7cc-Grey-Feb 22, 2022 PM](#)
- [SA-7dd-Grey-Feb 23, 2022 AM](#)
- [SA-7ee-Grey-Feb 24, 2022 AM](#)

- [SA-7ff-Grey-Feb 24, 2022 PM](#)
- [SA-7gg-Grey-Jun 1, 2021 AM](#)
- [SA-7hh-Grey-May 13, 2022 Transcript of Proceedings regarding Order_revisions May 13, 2021 \(ACJ Rooke\) \(02652541\)](#)
- [SA-7ii-Grey-TRANSCRIPTS-Aug 26, 2022](#)
- [SA-7jj-Grey-Request for recommendations](#)
- [SA-8-Foster-Mother Walking](#)
- [SA-8a-Foster-Mother Walking No2](#)
- [SA-8b-Foster-911](#)
- [SA-8c-Foster-Facebook Posts](#)
- [SA-9-Orydzuk-BIO](#)
- [SA-9a-Orydzuk-2023.04.10 CV Training Records Learning History](#)
- [SA-9b-Orydzuk-NCI Testimony \(84 Slides\)](#)
- [SA-9c-Orydzuk-2023.04.19 Testimony Evidence-Screenshots and Links](#)
- [SA-9d-Orydzuk-LF Ryan Orydzuk to Canada Post](#)
- [SA-9e-Orydzuk-CV](#)

6.4.5. Red Deer, Alberta Exhibits April 26, 27, 28, 2023

- [RE-1-Chan-AFF-2021-12-12-SupplementalAffidavitOfDr.GregoryChan-FINAL_SIGNED](#)
- [RE-1a-Chan-AEFI_04_LetterFromAlbertaHealthSvcs_v2](#)
- [RE-1b-Chan-AEFI_02-Reporting Form_redacted_v2](#)
- [RE-1c-Chan-AEFI_03_Reporting Form](#)
- [RE-1d-Chan-AEFI_04_Reporting Form](#)
- [RE-1e-Chan-Adverse Event Following Immunization Reporting Alberta Health Services](#)
- [RE-1f-Chan-Curriculum Vitae 2023](#)
- RE-2-unassigned
- RE-2a-unassigned
- [RE-2b-Redman-Due Diligence-Canadian Charter vs Lockdowns-Final-June 4 2021](#)
- [RE-2c-Redman-Surrebuttal of David Redman-99292-001-EXR-2021-08-05](#)
- [RE-2d-Redman-2023-04-27 Presentation-Canada's Deadly Response to COVID-19](#)
- [RE-2e-Redman-1. Canada's Deadly Response to COVID-19-July 1, 2021 w_Links](#)
- [RE-2f-Redman-Expert Report of David Redman 2021-02-21_173418](#)
- [RE-3-Valliere-Feet Before Image](#)
- [RE-3a-Valliere-Feet After No. 1](#)
- [RE-3b-Valliere-Foot After No. 2](#)
- [RE-3c-Valliere-Foot After No 3](#)
- [RE-3d-Valliere-Dialysis](#)
- [RE-3e-Valliere-Immunization Record](#)
- [RE-3f-Valliere-ER Visit Records](#)
- RE-3g-Valliere-Exemption Letters-IC-IC
- RE-3h-Valliere-Renal Biopsy Report-IC-IC
- RE-3i-Valliere-UofA Intake Emergency to Nephrology Unit-IC-IC
- RE-3j-Valliere-Vaccine Injury Intake Form-Included Dr. Courtney's Report-IC-IC
- [RE-4-Bulford-Open Letter to RCMP Commissioner Brenda Lucki-Mounties 4 Freedom](#)
- [RE-5-Beaudry-Presentation re NCI Red Deer-Final](#)
- [RE-6-Goman-Non-Compliance re: Canadian Natural](#)
- [RE-6a-Goman-Religious Exemption Rejection Letter](#)
- [RE-7-Wall-CCOA Decision for Dr. Wall](#)

- RE-8-Reimer-Offence Notice-20230425_164934-IC
- RE-8a-Reimer-Offence Notice-20230425_164949-IC
- [RE-8c-Reimer-Conversation with Sara and Sarah](#)
- RE-9-Crawford-Decision Final-Ltr fr VP-IC
- RE-9a-Crawford-HSAA Investigation Report Jan 12 2022-Jamie Dunn Final-IC
- RE-9b-Crawford-Final Decision Ltr-Complain-4 Mbrs-Ltr fr VP-Jan 2022-IC-IC
- RE-9c-Crawford-R Farmer Report to HSAA-Final Report-January 19 2022-IC
- RE-9d-Crawford-CV-IC
- RE-9e-Crawford-AHS HSAA Ltr of Objection (Mandatory Vaccine) and Harassments Bullying Complaint[100]-IC
- RE-10-Chin-CV With References 2023-IC
- RE-11-Couey-CV-2020 Norway-IC
- [RE-11a-Couey-PresentationGigaohmBiological-2023-04-28](#)
- [RE-12-Carpay-2023-04-28 Protecting Charter Freedoms During a Public Health Emergency AS3](#)
- [RE-12a-Carpay-2023-04-28 Protecting Charter Freedoms During a Public Health Emergency AS3](#)

6.4.6. Vancouver, British Columbia Exhibits May 2, 3, 4, 2023

- [VA-1-Passey-Curriculum Vitae 2022](#)
- [VA-2-Munro-COVID-19 Pre-Testimony](#)
- [VA-3-Cassels-CV May 2023-1](#)
- [VA-3a-Cassels-Presentation May 2nd NCI](#)
- [VA-4-Davidson-International Human Rights Law-The Legality of Vaccine Mandates in Canada-2021-10-28-1](#)
- [VA-4a-Davidson-IHRL Rights to Informed Consent-Violations&Accountability-02.05.23](#)
- [VA-4b-Davidson-PP Informed Consent-03-May2023](#)
- [VA-5-Kuntz-How to Reduce Vaccine Hesitancy 04 18](#)
- [VA-6-Shaw-CV \(Complete package\) 20220124](#)
- [VA-6a-Shaw-Video of Dr. Patricia Daly](#)
- [VA-6b-Shaw-PastedGraphic-32](#)
- [VA-6c-Shaw-CCJ SARS-CoV-2 Peptide Map](#)
- [VA-6d-Shaw-PCR Confirmed COVID-19 Cases_CCJ_SPOT Array](#)
- [VA-6e-Shaw-Outsourced COVID-19 Cases_CCJ_SPOT Array](#)
- [VA-7-Pelech-23MY1_Case against C19 vaccine requirements](#)
- [VA-7a-Pelech-23MYI_Pelech Expert Report-RedactedVersion-NCI](#)
- [VA-7b-Pelech-23FE26_Pelech_FullUBC_CV](#)
- [VA-7c-Pelech-Majdoubi \(2021\) JCI Insight_SARS-CoV2 antibodies](#)
- VA-8-Muldoon-Fraser Health Letter-IC
- [VA-8a-Muldoon-Letter for Vaccine Deferral](#)
- VA-8b-Muldoon-Personal Letter for deferral-IC
- [VA-9-Allen-CovidFactsNC](#)
- [VA-10-Leidl-FINAL WORDS](#)
- [VA-11-Bisson-Montpetit-Video1](#)
- [VA-11a-Bisson-Montpetit-Investigation Summary-PHSA COVID Management](#)
- [VA-11b-Bisson-Montpetit-Investigation Summary-PHSA Covid Response-References](#)
- [VA-12-Boskovic-08_termination_of_employment_of_excluded_employees_policy](#)
- [VA-12a-Boskovic-23_termination-with-just-cause-excl-incl](#)
- [VA-12b-Boskovic-#163 Dismissal Letter Follow Up 6-29-2022](#)

- [VA-12c-Boskovic-#163 Dismissal letter](#)
- [VA-12d-Boskovic-#163 EI benefits denied 2023-05-05 at 9.42.03 PM](#)
- [VA-12e-Boskovic-GE-2202840 Availability Decision_March28,2023](#)
- [VA-12f-Boskovic-GE-22-2841 Misconduct Decision_March28,2023](#)
- [VA-12g-Boskovic-Mandatory vaccination policy rescinded for provincial public servants_BC Gov News](#)
- [VA-12h-Boskovic-OIC 627](#)
- [VA-12i-Boskovic-#163 Recommendation for dismissal_June16,2022 Letter](#)
- [VA-12j-Boskovic-#163 Request_Covid-19 Mandate_Nov22,2021](#)
- [VA-12k-Boskovic-#163-Re Zorica Boskovic EI benefits approved](#)
- [VA-13-Sutherland-#334-policy_on_COVID-19_vaccination_for_the_core_public_admin_incl RCMP](#)
- [VA-14-Hunter-#428 Possible Toxicity of Chronic Carbon Dioxide Exposure Assoc w_Face Mask Use](#)

6.4.7. Québec City, Québec Exhibits May 11, 12, 13, 2023

- [QU-1-Rancourt-Book Of Exhibits](#)
- [QU-1a-Rancourt-CV 2023-02-v8-health-cor](#)
- [QU-2-Buckley-NHPPA-Discussion-Paper-COVID-19-Vaccine-Test-March-17-2023](#)
- [QU-2a-Buckley-French-NHPPA Discussion Paper COVID-19 Vaccine Test Changes March 17 2023](#)
- [QU-2b-Buckley-PPT Presentation Plain v3](#)
- [QU-3-Blais-01_2021qccdcpa10](#)
- [QU-3a-Blais-02_2021qccdcpa43](#)
- [QU-3b-Blais-03_2022qccdcpa20](#)
- [QU-3c-Blais-04_2022qctp60](#)
- [QU-3d-Blais-05_2022qccdcpa3](#)
- [QU-4-Sainton-utf-8"CeNC-présentation](#)
- [QU-6-Paquette-DocumentLibrary](#)
- [QU-07-Harvey-CorrespondenceDoyon](#)
- [QU-08-Harvey-RapportAutopsie](#)
- [QU-9-Harvey-RenéeMariaTremblay](#)
- [QU-10-Harvey-CorrespondencePortelance](#)
- [QU-11-Banoun-Article vaccins ou thérapie génique français](#)
- [QU-11a-Banoun-Article vaccins ou thérapie génique anglais](#)

6.4.8. Ottawa, Ontario Exhibits May 18, 19, 20, 2023

- [OT-1-Rancourt-Book of Exhibits](#)
- [OT-1a-Rancourt-CV 2023-02-v8-health-cor](#)
- [OT-1b-Rancourt-Presentation 2Ottcor-plus](#)
- [OT-1c-Rancourt-Report Did the Covid Pan Harm May 2023.pdf](#)
- [OT-1d-Rancourt-Report Did Lockdowns Work June 2023.pdf](#)
- [OT-1e-Rancourt-Essay There Was No Pandemic 2023-06-22.pdf](#)
- [OT-2-Shoemaker-Resume 2023.docx](#)
- [OT-2a-Video 7-Shoemaker-Meet the frontline doctors-video](#)
- [OT-2b-Video 2-Dr. Shoemaker revealed 40 Trillion Spike Protein Factories in every Booster-video](#)
- [OT-2c-Video 3-Shoemaker-C19Vaxx-The Tragic Damage in 4 minutes-October 21, 2022-video](#)
- [OT-2d-Shoemaker-Slide #1](#)
- [OT-2e-Shoemaker-Slide #2](#)
- [OT-2f-Shoemaker-Slide #3](#)
- [OT-2g-Shoemaker-Slide #4](#)
- [OT-2h-Shoemaker-Video 1 Introduction](#)
- [OT-2i-Shoemaker-Video 4 Link They Knew Ivermectin.html](#)
- [OT-2j-Shoemaker-Video 5-Link High Mortality](#)
- [OT-2k-Shoemaker-Video 6 Link Fauci.html](#)
- [OT-3-Najadi-AUTH_3591_12_21-A complaint on behalf of UsForThem v Pfizer](#)
- [OT-3a-Najadi-Dr. Bhakdi Letter March 18, 2023](#)
- [OT-3b-Najadi-Filing-PN-Supreme Court NY-Manhattan-6.3.2023](#)
- [OT-3c-Najadi-Unterschrift Stempel Befunde Pascal Najadi Blutanalyse Autoimmune Krankheit Prof. Dr. Brigitte König Stempel _ Unterschrift](#)
- [OT-3d-Najadi-Image Men with Flag](#)
- [OT-3e-Najadi-Passport-IC](#)
- [OT-3f-Najadi-Flags Hammer Justice](#)
- [OT-3g-Najadi-British Passport Cover](#)
- [OT-3h-Najadi-PN UK Passport 2023-IC](#)
- [OT-4-Klowak-Slides](#)

- [OT-5-Lewis-2022-04-12 Restricted Court Access Order_Redacted](#)
- [OT-6-Gonek-CV](#)
- [OT-6a-Gonek-AHCIP Bulletin for Covid Vaccine Awareness Program-Billing July 16 2021](#)
- [OT-6b-Gonek-AHCIP Bulletin for Influenza Immunization Sept 22 2019-example PreCovid](#)
- [OT-6c-Gonek-Appendix 2-AHCIP Covid Awareness Bulletin July 2 2021](#)
- [OT-6d-Gonek-Alberta Health Covid 19 Vax Update Nov 23 2021](#)
- [OT-6e-Gonek-Blue Cross ACIP April 2021](#)
- [OT-6f-Gonek-Blue Cross ACIP Feb 2021](#)
- [OT-6g-Gonek-Appendix 5-Blue Cross ACIP April 12, 2021 With Fee Information](#)
- [OT-6h-Gonek-Blue Cross ACIP Mar 15 2021](#)
- [OT-6i-Gonek-Blue Cross ACIP Mar 2021](#)
- [OT-6j-Gonek-Appendix 4-Blue Cross ACIP March 2021 Program Info](#)
- [OT-6k-Gonek-Ministerial Order-Compensation for Pharmacy Svs Mar 21 2022](#)
- [OT-6l-Gonek-Field Law Information on Discipline Costs Oct 2022](#)
- [OT-6m-Gonek-Blue Cross Newsletter Retroactive Claims Dec 2020](#)
- [OT-6n-Gonek-Blue Cross Cov Vax Mar 2023](#)
- [OT-6o-Gonek-Blue Cross Billing for Covid Vax Updated March 30 2023](#)
- [OT-6p-Gonek-Appendix 6-Blue Cross ACIP May 2021 Fee Increase](#)
- [OT-6q-Gonek-NCI Slides Final](#)
- [OT-6r-Gonek-Appendix 1-CNA-Ethical Considerations Page](#)
- [OT-6s-Gonek-Appendix 3-AHCIP medical bulletin covid vaccine awareness program Aug 17, 2021](#)
- [OT-6t-Gonek-Appendix 7-Immunization Partnership Fund-Canada.ca](#)
- [OT-7-MacDonald-Image0-Wkly Updates Jan 8, 2021 to Oct 15, 2021](#)
- [OT-7a-MacDonald-Image1-Wkly Updates Sept 3, 2021 to Apr 8, 2022](#)
- [OT-7b-MacDonald-Image2-Mthly Updates Apr 1, 2022 to Mar 3, 2023](#)
- [OT-7c-MacDonald-Image3-Mthly Updates Jan 8, 2021 to Mar 3, 2023](#)
- [OT-7d-MacDonald-SERIOUS AEFI DELAY IN DOCUMENTING](#)
- [OT-7e-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy2](#)
- [OT-7f-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy](#)
- [OT-7g-MacDonald-3 Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy](#)

- [OT-7h-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy-1](#)
- [OT-7i-MacDonald-Zip File Document Library 1](#)
- [OT-7j-MacDonald-Zip File Document Library 2](#)
- [OT-7k-MacDonald-Zip File Document Library 3](#)
- [OT-7l-MacDonald-Zip File Document Library 4](#)
- [OT-8-Wilson-The Pillars of Outbreak Response-May 17, 2023](#)
- [OT-9-Gatien-NCI PowerPoint-May 18, 2023](#)
- [OT-10-Routly-Resume](#)
- [OT-10a-Routly-Aeronautical Information Manual AIM-2023-1_Ira-e](#)
- [OT-10b-Routly-Handbook for Civil Aviation Medical Examiners-TP 13312](#)
- [OT-10c-Routly-Standard 424-Medical Requirements-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10d-Routly-COVID-19 vaccines and Aviation Medical Certificate holders](#)
- [OT-10e-Routly-Medical fitness for aviation](#)
- [OT-10f-Routly-Standard 421-Flight Crew Permits, Licences and Ratings-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10g-Routly-Canadian Aviation Regulations](#)
- [OT-10h-Routly-Standard 724-Commuter Operations- Aeroplanes-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10i-Routly-Notice of Liability Covid19 Testing](#)
- [OT-10j-Routly-Vaccine Notice of Liability Employer](#)
- [OT-10k-Routly-Repealed-Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 43](#)
- [OT-10l-Routly-AMA100-01](#)
- [OT-11-Fitts-CAFREV of the Financial-Coup \(1\)](#)
- [OT-12-Flank-Website](#)
- [OT-13-Malthouse-NCI testimony slides](#)
- [OT-13a-Malthouse-NCI Script May 17, 2023](#)
- [OT-14-Vandenplas-AB-Summons](#)
- [OT-14a-Vandenplas, Lyne-QC-Summons QC](#)
- [OT-14b-Vandenplas, Lyne-Exhibit A-NCI Summons List](#)
- [OT-14c-Vandenplas, Lyne-Testimony to NCI Regarding Summons Issued](#)
- [OT-15-Palmer-Second Testimony May 18](#)

6.4.9. Virtual Testimony Exhibits

June 28, 2023, Dr. Denis Rancourt

- [VT-1a-NCI-Dr.DenisRancourt-June28-2023.pdf \(slides\)](#)
- [VT-1b-NCI-Dr.DenisRancourt-June28-2023.pptx \(slides\)](#)

July 19, 2023, Dr. Peter McCullough

- [VT-2-McCullough-CV APRIL 2023](#)
- [VT-2a-McCullough-Preprint Hulscher COVID-19 Vaccine Death Autopsies LANCET 2023](#)
- [VT-2b-McCullough-Thorp Pregnancy Vaccine Outcomes JAAPS 2023](#)

September 18, 2023, Dr. William Makis

- [VT-3-Makis-CV 01a-NCI-2023-09-15-CV-Makis](#)
- [VT-3a-Makis-NCI-Sep18-MAKIS-FINAL-PPT](#)
- [VT-3b-Makis-Tweet 01b-NCI-2021-08-Booster-Failure-Twitter](#)
- [VT-3c-Makis-AHS 02a-AHS-Mandate-2021-08-31-from-AHS](#)
- [VT-3d-Makis-AHS Mandate 02b-AHS-Mandate-2021-08-31-Calgary-Herald](#)
- [VT-3e-Makis-Canadian Press 02b-AHS-Mandate-2021-08-31-Canadian-Press](#)
- [VT-3f-Makis-AHS CTV 02b-AHS-Mandate-2021-08-31-CTV](#)
- [VT-3g-Makis-AHS Global 02b-AHS-Mandate-2021-08-31-Global-News](#)
- [VT-3h-Makis-CPSA 02c-NCI-2021-10-12-CPSA-AHS-Mandate-Letter](#)
- [VT-3i-Makis-CMA 1 03a-NCI-2022-09-03-CMA-Letter01](#)
- [VT-3j-Makis-CMA 2 03b-NCI-2022-10-15-CMA-Letter02](#)
- [VT-3k-Makis-CMA 3 03c-NCI-2023-02-18-CMA-Letter03](#)
- [VT-3l-Makis-CMA 4 03d-NCI-2023-08-13-CMA-Letter04](#)
- [VT-3m-Makis-Doctor Deaths Excel 03e-NCI-Canadian Doctor Deaths 2019-2023 \(as of 2023.06.30\)](#)
- [VT-3n-Makis-CMA 03f-NCI-CMA-2022-10-20-CMA](#)
- [VT-3o-Makis-Pfizer 03g-NCI-CMA-2023-04-Pfizer](#)
- [VT-3p-Makis-Toronto Star 04a-2022-11-07-TorontoSTAR](#)
- [VT-3q-Makis-AP 04b-2022-11-25-Australian-AP](#)
- [VT-3r-Makis-Reuters 04c-2022-12-30-Reuters](#)

- [VT-3s-Makis-AFP 04d-2023-01-06-AFP](#)
- [VT-3t-Makis-Kraken 04e-2023-01-14-Kraken](#)
- [VT-3u-Makis-Tampering 05a-NCI-Alberta-Data-Tampering-Part1](#)
- [VT-3v-Makis-Tampering 2 05a-NCI-Alberta-Data-Tampering-Part2](#)
- [VT-3w-Makis-Tampering 3 05a-NCI-Alberta-Data-Tampering-Part3](#)
- [VT-3x-Makis-Tampering 4 05a-NCI-Alberta-Data-Tampering-Part4](#)
- [VT-3y-Makis-Tampering 05b-NCI-Federal-Data-Tampering](#)
- [VT-3z-Makis-Epoch Times 06a-Turbo-cancer-Epoch-Times](#)
- [VT-3aa-Makis-Eens 06b-Turbo-Cancer-Paper01-Eens-Mice](#)
- [VT-3bb-Makis-Cavanna 06b-Turbo-Cancer-Paper02-Cavanna](#)
- [VT-3cc-Makis-Mitsui 06b-Turbo-Cancer-Paper03-Mitsui](#)
- [VT-3dd-Makis-Lam 06b-Turbo-Cancer-Paper04-Lam](#)
- [VT-3ee-Makis-Morais 06b-Turbo-Cancer-Paper05-Morais](#)
- [VT-3ff-Makis-Javais 06b-Turbo-Cancer-Paper06-Javaid](#)
- [VT-3gg-Makis-Seneff 06b-Turbo-Cancer-Paper07-Seneff](#)
- [VT-3hh-Makis-Makis 06b-Turbo-Cancer-Paper08-Makis](#)
- [VT-3ii-Makis-Singh 06b-Turbo-Cancer-Paper09-Singh-p53-BRCA](#)
- [VT-3jj-Makis-Panico 06b-Turbo-Cancer-Paper10-Panico](#)
- [VT-3kk-Makis-Alden 06b Turbo-Cancer-Paper11-Alden](#)
- [VT-3ll-Makis-Strayer 06b-Turbo-Cancer-Paper12-Strayer](#)
- [VT-3mm-Makis-McKernan ET 06b-Turbo-Cancer-Paper13a-McKernan-Epoch-Times](#)
- [VT-3nn-Makis-McKernan Substack 1 06b-Turbo-Cancer-Paper13b-McKernan-Substack01](#)
- [VT-3oo-Makis-McKernan Substack 2 06b-Turbo-Cancer-Paper13b-McKernan-Substack02](#)
- [VT-3pp-Makis-McKernan Substack 3 06b-Turbo-Cancer-Paper13b-McKernan-Substack03](#)
- [VT-3qq-Makis-Butel Turbo Cancer 06b-Turbo-Cancer-Paper13c-Butel-SV40](#)
- [VT-3rr-Makis-Abdelmassih Turbo Cancer 06b-Turbo-Cancer-Paper14-Abdelmassih](#)
- [VT-3ss-Makis-Otmani 06b-Turbo-Cancer-Paper15-Otmani](#)
- [VT-3tt-Makis-Wiseman 06b-Turbo-Cancer-Paper16-Wiseman](#)
- [VT-3uu-Makis-Goldman 06b-Turbo-Cancer-Paper-Other-Goldman](#)
- [VT-3vv-Makis-Jiang 06b-Turbo-Cancer-Paper-Other-Jiang-p53-BRCA](#)
- [VT-3ww-Makis-Kyriakopoulos 06b-Turbo-Cancer-Paper-Other-Kyriakopoulos](#)

- [VT-3xx-Makis-07a-Children-deaths-flu-CBC](#)
- [VT-3yy-Makis-07b-NCI-Children-Injured01-VAERS](#)
- [VT-3zz-Makis-07b-NCI-Children-Injured02-Children-wrong-vaccine-given](#)
- [VT-3aaa-Makis-07b-NCI-Children-Injured03](#)
- [VT-3bbb-Makis-07b-NCI-Children-Injured04](#)
- [VT-3ccc-Makis-07b-NCI-Children-Injured05-Died-some-VAERS](#)
- [VT-3ddd-Makis-07b-NCI-Children-Injured06-Deaths-hidden-VAERS](#)
- [VT-3eee-Makis-08a-NCI-Pregnancy01-breastfeeding-VAERS](#)
- [VT-3fff-Makis-08a-NCI-Pregnancy02-fetal-demise-VAERS](#)
- [VT-3ggg-Makis-08a-NCI-Pregnancy03-Congenital-Malformations-VAERS](#)
- [VT-3hhh-Makis-08a-NCI-Pregnancy04-Stillbirths-Mostly-VAERS](#)
- [VT-3iii-Makis-09a-NCI-Makis-Paper-IgG4-Cancer-Autoimmunity](#)
- [VT-3jjj-Makis-09b-NCI-Makis-Paper-Autopsy-Sudden-Death-Vaccine](#)
- [VT-3kkk-Makis-09b-NCI-Makis-Paper-Autopsy-Sudden-Death-Vaccine-Supp-Table](#)
- [VT-3lll-Makis-09c-NCI-Makis-Paper-Myocarditis-Vaccine](#)